



ENGLAND



Child and Adolescent Needs and Strengths (CANS)

Standard Comprehensive for England

Reference Guide 2020

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ENGLAND



The Centre for Outcomes of Care

About the Standard Comprehensive Child and Adolescent Needs and Strengths (CANS) for England

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TCOM England is a not-for-profit initiative, led by The Centre for Outcomes of Care (OOC) in partnership with the Praed Foundation, to adapt and introduce Transformational Collaborative Outcomes Management (TCOM) and its communimetric assessment tools (CANS, FAST and ANSA) for use by practitioners and organisations in England. All tools provided through TCOM England are with the permission of the Praed Foundation and Dr. John Lyons, who developed the communimetric assessment concept. To find out more about TCOM England, visit tcomengland.org

A large number of individuals have collaborated in the development of the Child and Adolescent Needs and Strengths. The CANS is designed to support individual case planning and the planning and evaluation of service systems. The CANS is an open domain tool for use in multiple systems that address the needs and strengths of children, young people, and their families.

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THE CANS

The CANS is a multiple purpose information integration tool that is designed to be the output of an assessment process. The purpose of the CANS Comprehensive is to accurately represent the shared vision of the child/young person and system serving them —children, young person(s), and families. As such, completion of the CANS Comprehensive is accomplished in order to allow for the effective communication of this shared vision for use at all levels of the system. Since its primary purpose is communication, the CANS Comprehensive is designed based on communication theory rather than the psychometric theories that have influenced most measurement development. There are six key principles of a communimetric measure that apply to understanding the CANS Comprehensive.

SIX KEY PRINCIPLES OF THE CANS

- Items were selected because they are each relevant to service/treatment planning. An item exists because it might lead you down a different pathway in terms of planning actions.
- Each item uses a 4-level rating system. Those levels are designed to translate immediately into action levels. Different action levels exist for needs and strengths. For a description of these action levels please see below.
- Rating should describe the child/young person, not the child/young person in services. If an intervention is present that is masking a need but must stay in place, this should be factored into the rating consideration and would result in a rating of an “actionable” need (i.e. ‘2’ or ‘3’).
- Culture and development should be considered prior to establishing the action levels. Cultural sensitivity involves considering whether cultural factors are influencing the expression of needs and strengths. Ratings should be completed considering the child/young person’s developmental and/or chronological age depending on the item. In other words, anger control is not relevant for a very young child but would be for an older child/young person regardless of developmental age. Alternatively, school achievement should be considered within the framework of expectations based on the child/young person and their developmental age.
- The ratings are generally “agnostic as to etiology”. In other words this is a descriptive tool; it is about the “what” not the “why”. Only one item, Adjustment to Trauma, has any cause-effect judgments.
- A 30-day window is used for ratings in order to make sure assessments stay “fresh” and relevant to the child/young person and their present circumstances. However, the action levels can be used to over-ride the 30-day rating period.

HISTORY AND BACKGROUND OF THE CANS

The Child and Adolescent Needs and Strengths is a multi-purpose tool developed to support care planning and level of care decision-making, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services. The CANS was developed from a communication perspective in order to facilitate the linkage between the assessment process and the design of individualized service plans including the application of evidence-based practices.

The CANS Comprehensive gathers information on child/young person and parents/caregivers' needs and strengths. Strengths are the child/young person's assets: areas of life where he or she is doing well or has an interest or ability. Needs are areas where a child/young person requires help or serious intervention. Care providers use an assessment process to get to know the child/young person and families with whom they work and to understand their strengths and needs. The CANS helps care providers decide which of a child/young person's needs are the most important to address in a treatment or service plan. The CANS Comprehensive also helps identify strengths, which can be the basis of a treatment or service plan. By working with the child/young person and family during the assessment process and talking together about the CANS

Comprehensive, care providers can develop a treatment or service plan that addresses a child/young person's strengths and needs while building strong engagement.

The CANS Comprehensive is made of domains that focus on various areas in a child/young person's life, and each domain is made up of a group of specific items. There are domains that address how the child/young person functions in everyday life, on specific emotional or behavioural concerns, on risk behaviours, on strengths and on skills needed to grow and develop. There is also a section that asks about the family's beliefs and preferences, and a section that asks about general family concerns. The provider gives a number rating to each of these items. These ratings help the provider, child/young person and family understand where intensive or immediate action is most needed, and also where a child/young person has assets that could be a major part of the treatment or service plan.

The CANS Comprehensive ratings, however, do not tell the whole story of a child/young person's strengths and needs. Each section in the CANS Comprehensive is merely the output of a comprehensive assessment process and is documented alongside narratives where a care provider can provide more information about the child/young person.

HISTORY

The Child and Adolescent Needs and Strengths grew out of John Lyons' work in modeling decision-making for psychiatric services. To assess appropriate use of psychiatric hospital and residential treatment services, the childhood Severity of Psychiatric Illness (CSPI) tool was created. This measure assesses those dimensions crucial to good clinical decision-making for intensive mental health service interventions and was the foundation of the CANS. The CSPI tool demonstrated its utility in informing decision-making for residential treatment (Lyons, Mintzer, Kisiel, & Shallcross, 1998) and for quality improvement in crisis assessment services (Lyons, Kisiel, Dulcan, Chesler & Cohen, 1997; Leon, Uziel-Miller, Lyons, Tracy, 1998). The strength of this measurement approach has been that it is face valid and easy to use, yet provides comprehensive information regarding clinical status.

The CANS Comprehensive assessment builds upon the methodological approach of the CSPI, but expands the assessment to include a broader conceptualisation of needs and an assessment of strengths – both of the child/young person and the parent/caregiver, looking primarily at the 30-day period prior to completion of

the CANS Comprehensive. It is a tool developed with the primary objective of supporting decision making at all levels of care: children, young people and families, programs and agencies, systems serving children and young people. It provides for a structured communication and critical thinking about the child/young person and their context. The CANS Comprehensive is designed for use either as a prospective assessment tool for decision support and recovery planning or as a retrospective quality improvement device demonstrating an individual child/young person's progress. It can also be used as a communication tool that provides a common language for all services/ entities around the child/young person to discuss their needs and strengths. A review of the case record in light of the CANS Comprehensive assessment tool will provide information as to the appropriateness of the recovery plan and whether individual goals and outcomes are achieved.

Annual training and certification is required for providers who administer the CANS Comprehensive and their supervisors. Additional training is available for CANS super users as experts of CANS assessment administration, scoring, and use in the development of service or recovery plans.

MEASUREMENT PROPERTIES

RELIABILITY

Strong evidence from multiple reliability studies indicates that the CANS can be completed reliably by individuals working with children/young people and families. A number of individuals from different backgrounds have been trained and certified to use the CANS assessment reliably including health and mental health providers, social/case workers, probation officers, and family advocates. With approved training, any professional adult can learn to complete the tool reliably, although some applications or more complex versions of the CANS require a higher educational degree or relevant experience. The average reliability of the CANS is 0.78 with vignettes across a sample of more than 80,000 trainees. The reliability is higher (0.84) with case records, and can be above 0.90 with live cases (Lyons, 2009). The CANS[®] is auditable and audit reliabilities demonstrate that the CANS[®] is reliable at the item level (Anderson et al., 2001). Training and certification with a reliability of at least 0.70 on a test case vignette is required for ethical use. In most jurisdictions, re-certification is annual. A full discussion on the reliability of the CANS assessment is found in Lyons (2009) *Communimetrics: A Communication Theory of Measurement in Human Service Settings*.

VALIDITY

Studies have demonstrated the CANS' validity, or it's the ability to measure and their caregiver's needs and strengths. In a sample of more than 1,700 cases in 15 different program types across New York State, the total scores on the relevant dimensions of the CANS-Mental Health retrospectively distinguished level of care (Lyons, 2004). The CANS[®] assessment has also been used to distinguish needs of children in urban and rural settings (Anderson & Estle, 2001). In numerous jurisdictions, the CANS has been used to predict service utilisation and costs, and to evaluate outcomes of clinical interventions and programs (Lyons, 2004; Lyons & Weiner, 2009; Lyons, 2009). Five independent research groups in four states have demonstrated the reliability and validity of decision support algorithms using the CANS (Chor, et al, 2012, 2013, 2014; Cardall, et al, 2016; Epstein, et al, 2015; Israel, et al, 2015, Lardner, 2015).

RATING NEEDS & STRENGTHS

The CANS Comprehensive is easy to learn and is well liked by children, young people and families, providers and other partners in the services system because it is easy to understand and does not necessarily require scoring in order to be meaningful to the child/young person and family.

- Basic core items – grouped by domain - are rated for all individuals.
- A rating of 1, 2 or 3 on key core questions triggers extension modules.
- Individual assessment module questions provide additional information in a specific area

Each CANS Comprehensive rating suggests different pathways for service planning. There are four levels of rating for each item with specific anchored definitions. These item level definitions, however, are designed to translate into the following action levels (separate for needs and strengths):

Basic Design for Rating Needs

Rating	Level of Need	Appropriate Action
0	No evidence of need	No action needed
1	Significant history or possible need that is not interfering with functioning	Watchful waiting/prevention/additional assessment
2	Need interferes with functioning	Action/intervention required
3	Need is dangerous or disabling	Immediate action/Intensive action required

Basic Design for Rating Strengths

Rating	Level of Strength	Appropriate Action
0	Centerpiece strength	Central to planning
1	Strength preset	Useful in planning
2	Identified strength	Build or develop strength
3	No strength identified	Strength creation or identification may be indicated

The rating of 'N/A' for 'not applicable' is available for a few items under specified circumstances (see reference guide descriptions). For those items where the 'N/A' rating is available, the N/A rating should be used only in the rare instances where an item does not apply to that particular child/young person.

To complete the CANS Comprehensive, a CANS trained and certified care coordinator, case worker, clinician, or other care provider, should read the anchor descriptions for each item and then record the appropriate rating on the CANS Comprehensive form (or electronic record).

Remember that the item anchor descriptions are examples of circumstances which fit each rating (0, 1, 2, or 3). The descriptions, however, are not inclusive. The rater must consider the basic meaning of each level to determine the appropriate rating on an item for an individual.

The CANS Comprehensive is an information integration tool, intended to include multiple sources of information (e.g., child/young person and family, referral source, treatment providers, school, and observation of the rater). As a strength-based approach, the CANS Comprehensive supports the belief that children, child/young person, and families have unique talents, skills, and life events, in addition to specific unmet needs. Strength-based approaches to assessment and service or treatment planning focus on collaborating with children/young people and their families to discover individual and family functioning and

strengths. Failure to demonstrate a child/young person's skill should first be viewed as an opportunity to learn the skill as opposed to the problem. Focusing on their strengths instead of weaknesses with their families may result in enhanced motivation and improved performance. Involving the family and child/young person in the rating process and obtaining information (evidence) from multiple sources is necessary and improves the accuracy of the rating. Meaningful use of the CANS Comprehensive and related information as tools (for reaching consensus, planning interventions, monitoring progress, psychoeducation, and supervision) support effective services for children/young people and families.

As a quality improvement activity, a number of settings have utilized a fidelity model approach to look at service/treatment/action planning based on the CANS Comprehensive assessment. A rating of '2' or '3' on a CANS Comprehensive need suggests that this area must be addressed in the service or treatment plan. A rating of a '0' or '1' identifies a strength that can be used for strength-based planning and a '2' or '3' a strength that should be the focus on strength-building activities. It is important to remember that when developing service and treatment plans for healthy trajectories, balancing the plan to address risk behaviours/needs and protective factors/strengths is key. It has been demonstrated in the literature that strategies designed to develop a child/young person and their capabilities are a promising means for development, and play a role in reducing risky behaviours.

Finally, the CANS Comprehensive can be used to monitor outcomes. This can be accomplished in two ways. First, CANS Comprehensive items that are initially rated a '2' or '3' are monitored over time to determine the percent of individuals who move to a rating of '0' or '1' (resolved need, built strength). Dimension scores can also be generated by summing items within each of the domains (Symptoms, Risk Behaviours, Functioning, etc.). These scores can be compared over the course of treatment. CANS Comprehensive dimension/domain scores have been shown to be valid outcome measures in residential treatment, intensive community treatment, foster care and treatment foster care, community mental health, and juvenile justice programs.

The CANS has demonstrated reliability and validity. With training, anyone with a bachelor's degree can learn to complete the tool reliably, although some applications require a higher degree. The average reliability of the CANS is 0.75 with vignettes, 0.84 with case records, and can be above 0.90 with live cases. The CANS is auditable, and audit reliabilities demonstrate that the CANS tool is reliable at the item level. Validity is demonstrated with the CANS relationship to level of care decisions and other similar measures of symptoms, risk behaviours, and functioning.

The CANS Comprehensive is an open domain tool that is free for anyone to use with training and certification. There is a community of people who use the various versions of the CANS and share experiences, additional items, and supplementary tools.

How is the CANS used?

The CANS is used in many ways to transform the lives of children, young people and their families and to improve the services and systems that serve them. This guide will help you to also use the CANS as a multi-purpose tool.

IT IS AN ASSESSMENT STRATEGY

When initially meeting children/young people and their caregivers, this guide can be helpful in ensuring that all the information required is gathered. Most items include “Questions to Consider” which may be useful when asking about needs and strengths. These are not questions that must be asked, but are available as suggestions. Many care providers have found this useful to use during initial sessions either in person or over the phone if there are follow up sessions required to get a full picture of needs before treatment or service planning and beginning therapy or other services.

IT GUIDES CARE AND TREATMENT/ACTION PLANNING

When an item on the CANS is rated a ‘2’ or ‘3’ (‘action needed’ or ‘immediate action needed’) it indicates not only that it is a serious need for the individual in our care, but one that we are going to attempt to work on during the course of our treatment. As such, when you write your treatment plan, you should do your best to address any needs or impacts on functioning that you rate as a ‘2’ or ‘3’ during your assessment process.

IT FACILITATES OUTCOMES MEASUREMENT

Many users of the CANS and organisations complete the tool every 6 months to measure change and transformation. We work with children, young people and families and their needs tend to change over time. Needs may change in response to many factors including quality clinical support provided. One way we determine how our supports are helping to alleviate suffering and restore functioning is by re-assessing needs, adjusting treatment or service plans, and tracking change.

IT IS A COMMUNICATION TOOL

When a client leaves a treatment programs, a closing CANS may be completed to define progress, measure ongoing needs and help us make continuity of care decisions. Doing a closing CANS, much like a discharge summary integrated with CANS ratings, provides a picture of how much progress has been made, and allowing for recommendations for future care which tie to current needs. And finally, it allows for a shared language to talk about our child/young person and creates opportunities for collaboration. It is our hope that this guide will help you to make the most out of the CANS Comprehensive and guide you in filling it out in an accurate way that helps you make good clinical decisions.

CANS: A behaviour/mental health care strategy

The CANS is an excellent strategy in addressing children and young people’s behaviour and mental health. As it is meant to be an outcome of an assessment, it can be used to organise and integrate the information gathered from clinical interviews, records reviews, and information from screening tools and other measures.

It is a good idea to know the CANS Comprehensive and use the domains and items to help with your assessment process and information gathering sessions/clinical interviews with the child/young person and family. This will not only help the organisation of your interviews, but will make the interview more conversational if you are not reading from a form. A conversation is more likely to give you good information, so have a general idea of the items.

The CANS Comprehensive domains can be a good way to think about capturing information. You can start your assessment with any of the sections—Life Domain Functioning or Behavioural/Emotional Needs, Risk Behaviours or Strengths, or Caregiver Resources & Needs—this is your judgment call. Sometimes, people need to talk about needs before they can acknowledge strengths. Sometimes, after talking about strengths, then they can better explain the needs. Trust your judgment, and when in doubt, always ask, “We can start by talking about what you feel that you and your child need, or we can start by talking about the things that are going well and that you want to build on. Do you have a preference?”

Some people may “take off” on a topic. Being familiar the CANS Comprehensive items can help in having more natural conversations. So, if the family is talking about situations around a child’s anger control and then shift into something like---“you know, he only gets angry when he is in Mr. S’s classroom”, you can follow that and ask some questions about situational anger, and then explore other school related issues that you know are a part of the School/Nursery/Daycare module. .

Making the Best use of the CANS

Children and young people have families involved in their lives, and their family can be a great asset to their treatment. To increase family involvement and understanding, it is important to talk to them about the assessment process and describe CANS Comprehensive and how it will be used. The description of the CANS Comprehensive should include teaching the child/young person and family about the needs and strengths rating scales, identifying the domains and items, as well as how the actionable items will be used in treatment or serving planning. When possible, have share with the child/young person and family the CANS domains and items (see the CANS Comprehensive Core Item list on page 14) and encourage the family to look over the items prior to your meeting with them. The best time is your decision—you will have a sense of the timing as you work with each family. Families often feel respected as partners when they are prepared for a meeting or a process. A copy of the completed CANS Comprehensive ratings should be reviewed with each family. Encourage families to contact you if they wish to change their answers in any area that they feel needs more or less emphasis.

Listening using the CANS

Listening is the most important skill that you bring to working with the CANS. Everyone has an individual style of listening. The better you are at listening, the better the information you will receive. Some things to keep in mind that make you a better listener and that will give you the best information:

- **Use nonverbal and minimal verbal prompts.** Head nodding, smiling and brief “yes,” “and”—things that encourage people to continue.
- **Be nonjudgmental and avoid giving a person advice.** You may find yourself thinking “if I were this person, I would do X” or “that’s just like my situation, and I did “X.” But since you are not that person, what you would do is not particularly relevant. Avoid making judgmental statements or telling them what you would do. It’s not really about you.
- **Be empathic.** Empathy is being warm and supportive. It is the understanding of another person from their point of reference and acknowledging feelings. You demonstrate empathetic listening when you smile, nod, maintain eye contact. You also demonstrate empathetic listening when you follow the person’s lead and acknowledge when something may be difficult, or when something is great. You demonstrate empathy when you summarise information correctly. All of this demonstrates to the family that you are with them.
- **Be comfortable with silence.** Some people need a little time to get their thoughts together. Sometimes, they struggle with finding the right words. Maybe they are deciding how they want to respond to a question. If you are concerned that the silence means something else, you can always ask “does that make sense to you”? Or “do you need me to explain that in another way”?
- **Paraphrase and clarify—avoid interpreting.** Interpretation is when you go beyond the information given and infer something—in a person’s unconscious motivations, personality, etc. The CANS is not a tool to come up with causes. Instead, it identifies things that need to be acted upon. Rather than talk about causation, focus on paraphrasing and clarifying. Paraphrasing is restating a message very clearly in a different form, using different words. A paraphrase helps you to (1) find out if you really have understood an answer; (2) clarify what was said, sometimes making things clearer; and (3) demonstrate empathy. For example, you ask the questions about health, and the person you are talking to gives a long description. You paraphrase by saying “Ok, it sounds like ... is that right? Would you say that is something that you feel needs to be watched, or is help needed?”

Redirect the conversation to individuals’ own feelings and observations

Often, people will make comments about other people’s observations such as “well, my mother thinks that his behaviour is really obnoxious.” It is important to redirect people to talk about their observations: “So your mother feels that when he does X, that is obnoxious. What do YOU think?” The FAST is a tool to organise all points of observation, but the parent or caregiver’s perspective can be the most critical. Once you have their perspective, you can then work on organising and coalescing the other points of view.

Acknowledge feelings

People will be talking about difficult things and it is important to acknowledge that. Simple acknowledgement such as “I hear you saying that it can be difficult when ...” demonstrates empathy.

Wrapping it up

At the end of the assessment, we recommend the use of two open-ended questions. These questions ask if there are any past experiences that people want to share that might be of benefit to planning for their family, and if there is anything that they would like to add. This is a good time to see if there is anything “left over”—feelings or thoughts that they would like to share with you.

Take time to summarise with the family those areas of strengths and of needs. Help them to get a “total picture” of the individual and family, and offer them the opportunity to change any ratings. Take a few minutes to talk about what the next steps will be. Now you have information organised into a framework that moves into the next stage—planning.

You might close with a statement such as: “OK, now the next step is a ‘brainstorm’ where we take this information that we’ve organised and start writing a plan—it is now much clearer which needs must be met and what we can build on. So, let’s start. . .”

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CANS BASIC STRUCTURE

Child Strengths Domain (6+)

Family Strengths
Interpersonal
Optimism
Educational Setting
Vocational
Talents & Interests
Spiritual / Religious
Community Life
Relationship Permanence
Resiliency
Resourcefulness
Cultural Identity
Natural Supports

Life Functioning Domain (6+)

Family Functioning
Living Situation
Social Functioning
Recreational
Developmental/Intellectual*
Job Functioning
Legal
Medical/Physical
Sexual Development
Sleep
School Attendance
School Behaviour
School Achievement
Decision-Making

Behavioural/Emotional Needs Domain (6+)

Psychosis (Thought Disorder)
Impulsivity/Hyperactivity
Attention/Concentration
Depression
Anxiety
Oppositional
Conduct (Antisocial Behaviour)
Adjustment to Trauma
Anger Control
Substance Use*
Eating Disturbance
Attachment Difficulties
Behavioural Regression
Somatisation

Risk Behaviours Domain (6+)

Suicide Risk
Non-Suicidal Self Harm
Behaviour
Other Self-Harm
(Recklessness)
Danger to Others*
Sexual Aggression*
Offending/Criminal
Behaviour*
Running Away*
Intentional Misbehaviour
Fire Setting*
Sexually Reactive Behaviour
Victimisation/Exploitation*
Gang Involvement

Cultural Factors Domain

Language
Traditions & Rituals
Cultural Stress
Cultural Differences within the
Family

Transition Age Needs (16+)

Interpersonal Problems
Independent Living Skills
Young Carer/Parenting Roles*
Job Functioning*
Self-Care
Medication Adherence
Intimate Relationships
Transportation

Early Childhood (0-5)

Challenges
Impulsivity/Hyperactivity
Depression
Anxiety
Oppositional
Attachment Difficulties
Adjustment to Trauma
Regulatory: Body/Emotion
Atypical Behaviours
Sleep (12mo+)
Family Functioning
Early Education
Social Emotional Funct.
Development/Intellectual

Medical/Physical
Self-Injury (12mo+)
Prenatal Care
Exposure
Labour & Delivery
Birth Weight
Failure to Thrive

Strengths

Family Strengths
Interpersonal
Natural Supports
Resiliency
Relationship Permanence
Playfulness

Potentially

Traumatic/Adverse Childhood Experiences Domain (All ages)

Sexual Abuse*
Physical Abuse
Neglect
Emotional Abuse
Medical Trauma
Natural or Manmade Disaster
Witness to Family Violence
Witness to Community/School
Violence
War/Terrorism Affected
Witness/Victim of Criminal
Acts
Parental Criminal Behaviour
Disruption in
Caregiving/Attachment

Traumatic Stress Symptoms (All ages)

Intrusions/Re-experiencing
Emotional and/or Physical
Dysregulation
Traumatic Grief
Hyperarousal
Avoidance
Numbing
Dissociation
Time Before Treatment

Caregiver Needs/Resources

Supervision
Involvement with Care
Knowledge
Organisation
Social Resources
Residential Stability
Medical/Physical
Mental Health
Substance Use*
Developmental
Safety
Family Stress
Caregiver Post-traumatic
Marital/Partner Violence in
Home

Age 6+ Child Strengths Domain

This domain describes the assets of the child/young person that can be used to advance healthy development. It is important to remember that strengths are NOT the opposite of needs. Increasing a child/young person's strengths while also addressing his or her behavioural/emotional needs leads to better functioning, and better outcomes, than does focusing just on the individual's needs. Identifying areas where strengths can be built is a significant element of service planning. In these items the 'best' assets and resources available to the child/young person are rated based on how accessible and useful those strengths are. These are the only items that use the Strength Rating Scale with action levels.

For the Age 6+ Child Strengths Domain, use the following *strengths rating* action levels:

0	Well-developed, centrepiece strength; may be used as a focus of an intervention plan.
1	Identified and useful strength. Strength will be used, maintained or built upon in plan.
2	Strengths have been identified but require strength-building efforts before they can be effectively utilised as part of a plan. Identified but not useful.
3	An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.

Family Strengths		CH/Str/01
<p>This item refers to the presence of a sense of family identity as well as love and communication among family members. Even families who are struggling often have a firm foundation that consists of a positive sense of family and strong underlying love and commitment to each other. These are the constructs this strength is intended to identify. As with Family Functioning, the definition of family comes from the child's perspective (i.e., who the child describes as their family). If this information is not known, then we recommend a definition of family that includes biological/adoptive relatives and their significant others with whom the child is still in contact.</p>		
<p>Questions to consider:</p> <p>Does the child have good relationships with any family member?</p> <p>Is there potential to develop positive family relationships?</p> <p>Is there a family member that the child can go to in time of need for support? That can advocate for the child?</p>	0	<p><i>Well-developed, centrepiece strength; may be used as a focus of an intervention/ plan.</i></p> <p>Family has strong relationships and significant family strengths. This level indicates a family with much love and respect for one another. There is at least one family member who has a strong loving relationship with the child and is able to provide significant emotional or concrete support. Child is fully included in family activities.</p>
	1	<p><i>Identified and useful strength. Strength will be used, maintained or built upon in plan.</i></p> <p>Family has some good relationships and good communication. Family members are able to enjoy each other's company. There is at least one family member who has a strong, loving relationship with the child and is able to provide limited emotional or concrete support.</p>
	2	<p><i>Strengths have been identified but require strength-building efforts before they can be effectively utilised as part of a plan. Identified but not useful.</i></p> <p>Family needs some assistance in developing relationships and/or communications. Family members are known, but currently none are able to provide emotional or concrete support</p>
	3	<p><i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i></p> <p>Family needs significant assistance in developing relationships and communications, or child has no identified family. Child is not included in normal family activities.</p>

Interpersonal		CH/Str/02
<p>This item is used to identify a child's social and relationship skills. Interpersonal skills are rated independently of Social Functioning because a child can have social skills but still struggle in their relationships at a particular point in time. This strength indicates an ability to make and maintain long-standing relationships.</p>		
<p>Questions to consider:</p> <p>Does the child/young person have the trait ability to make friends?</p> <p>Do you feel that the child/young person is pleasant and likable?</p> <p>Do adults or same age peers like the child/young person?</p>	0	<p><i>Well-developed, centrepiece strength; may be used as a focus of an intervention/ plan.</i></p> <p>Significant interpersonal strengths. Child/young person has well-developed interpersonal skills and healthy friendships.</p>
	1	<p><i>Identified and useful strength. Strength will be used, maintained or built upon in plan.</i></p> <p>Child/young person has good interpersonal skills and has shown the ability to develop healthy friendships.</p>
	2	<p><i>Strengths have been identified but require strength-building efforts before they can be effectively utilised as part of a plan. Identified but not useful.</i></p> <p>Child/young person requires strength building to learn to develop good interpersonal skills and/or healthy friendships. Child/young person has some social skills that facilitate positive relationships with peers and adults but may not have any current healthy friendships.</p>
	3	<p><i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i></p> <p>There is no evidence of observable interpersonal skills or healthy friendships at this time and/or child/young person requires significant help to learn to develop interpersonal skills and healthy friendships.</p>

Optimism		CH/Str/6+/12
<p>This item should be rated based on the child/young person's sense of self in their own future. This rates the child/young person's future orientation.</p>		
<p>Questions to consider:</p> <p>Does the child/young person have a generally positive outlook on things; have things to look forward to?</p> <p>How does the child/young person see themselves in the future?</p> <p>Is the child/young person forward looking/sees themselves as likely to be successful?</p>	0	<p><i>Well-developed, centrepiece strength; may be used as a focus of an intervention/ plan.</i></p> <p>Child/young person has a strong and stable optimistic outlook for their future.</p>
	1	<p><i>Identified and useful strength. Strength will be used, maintained or built upon in plan.</i></p> <p>Child/young person is generally optimistic about their future.</p>
	2	<p><i>Strengths have been identified but require strength-building efforts before they can be effectively utilised as part of a plan. Identified but not useful.</i></p> <p>Child/young person has difficulty maintaining a positive view of themselves and their life. Child/young person's outlook may vary from overly optimistic to overly pessimistic.</p>
	3	<p><i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i></p> <p>There is no evidence of optimism at this time and/or child/young person has difficulties seeing positive aspects about themselves or their future.</p>

Educational Setting		CH/Str/03
This rating refers to the strengths of the education system or setting, and may or may not reflect any specific educational skills possessed by the child or young person. Rate n/a if young person has completed education.		
<p>Questions to consider:</p> <p>Is the school an active partner in the child/young person's education?</p> <p>Does the child/young person like school?</p> <p>Has there been at least one year in which the child/young person did well in school?</p> <p>When has the child/young person been at their best in school?</p>	0	<p><i>Well-developed, centrepiece strength; may be used as a focus of an intervention/ plan.</i></p> <p>This level indicates a child/young person who is in an educational setting and is involved with an educational plan that appears to exceed expectations. The educational setting works exceptionally well with family and caregivers to create a special learning environment that meets the child/young person's needs. Someone in the educational setting goes above and beyond to take a healthy interest in the educational success of the child/young person.</p>
	1	<p><i>Identified and useful strength. Strength will be used, maintained or built upon in plan.</i></p> <p>This level indicates a child/young person who is in education and has a plan that appears to be effective. Educational setting works fairly well with family and caregivers to ensure appropriate educational development.</p>
	2	<p><i>Strengths have been identified but require strength-building efforts before they can be effectively utilised as part of a plan. Identified but not useful.</i></p> <p>This level indicates a child/young person who is in an educational setting but has a plan that does not appear to be effective.</p>
	3	<p><i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i></p> <p>This level indicates a child who is either not in an educational setting or is in an educational setting that does not further his/her education.</p>
	N/A	Rate n/a if young person has completed education.

Vocational		CH/Str/6+/13
Generally this rating is reserved for young people and is not applicable for children 14 years and younger. Computer skills would be rated here.		
<p>Questions to consider:</p> <p>Does the young person have career aspirations?</p> <p>How are their vocational skills?</p>	0	<p><i>Well-developed, centrepiece strength; may be used as a focus of an intervention/ plan.</i></p> <p>This level indicates a young person with vocational skills who is currently working in a natural environment.</p>
	1	<p><i>Identified and useful strength. Strength will be used, maintained or built upon in plan.</i></p> <p>This level indicates a young person with pre-vocational and some vocational skills but limited work experience.</p>
	2	<p><i>Strengths have been identified but require strength-building efforts before they can be effectively utilised as part of a plan. Identified but not useful.</i></p> <p>This level indicates a young person with some pre-vocational skills but who is not presently working in any area related to those skills. This also may indicate a child or young person with a clear vocational preference.</p>
	3	<p><i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i></p> <p>This level indicates an adolescent with no known or identifiable vocational or pre-vocational skills and no expression of any future vocational preferences.</p>
	N/A	Rate n/a if child is 14 years old or younger.

Talents and Interests		CH/Str/6+/14
<p>Questions to consider:</p> <p>What does the child/young person do with free time?</p> <p>What does the child/young person enjoy doing?</p> <p>Is the child/young person engaged in any pro-social activities?</p> <p>What are the things that the child/young person does particularly well?</p>	0	<p><i>Well-developed, centrepiece strength; may be used as a focus of an intervention/ plan.</i></p> <p>Child/young person has a talent that provides pleasure and/or self-esteem. A child/young person with significant creative/artistic/athletic strengths would be rated here.</p>
	1	<p><i>Identified and useful strength. Strength will be used, maintained or built upon in plan.</i></p> <p>Child/young person has a talent, interest, or hobby that has the potential to provide pleasure and self-esteem. This level indicates a child/young person with a notable talent. For example, a child/young person who is involved in athletics or plays a musical instrument would be rated here.</p>
	2	<p><i>Strengths have been identified but require strength-building efforts before they can be effectively utilised as part of a plan. Identified but not useful.</i></p> <p>Child/young person has expressed interest in developing a specific talent, interest or hobby even if that talent has not been developed to date, or whether it would provide them with any benefit.</p>
	3	<p><i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i></p> <p>There is no evidence of identified talents, interests or hobbies at this time and/or child/young person requires significant assistance to identify and develop talents and interests.</p>

Community Life		CH/Str/6+/16
<p>This item reflects the child's connection to people, places or institutions in their community. This connection is measured by the degree to which the child is involved with institutions of that community which might include (but are not limited to) community centers, little league teams, jobs, after-school activities, religious groups, etc. Connections through specific people (e.g., friends and family) could be considered an important community connection, if many people who are important to the child live in the same neighbourhood.</p>		
<p>Questions to consider:</p> <p>Does the child/young person feel like they are part of a community?</p> <p>Are there activities that the child/young person does in the community?</p>	0	<p><i>Well-developed, centrepiece strength; may be used as a focus of an intervention/ plan.</i></p> <p>Child/young person is well integrated into their community. The child/young person is a member of community organisations and has positive ties to the community. For example, child/young person may be a member of a community group (e.g. Girl or Boy Scouts) for more than one year, may be widely accepted by neighbours, or involved in other community activities, informal networks, etc.</p>
	1	<p><i>Identified and useful strength. Strength will be used, maintained or built upon in plan.</i></p> <p>Child/young person is somewhat involved with their community. This level can also indicate a child with significant community ties although they may be relatively short term.</p>
	2	<p><i>Strengths have been identified but require strength-building efforts before they can be effectively utilised as part of a plan. Identified but not useful.</i></p> <p>Child/young person has an identified community but has only limited, or unhealthy, ties to that community.</p>
	3	<p><i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i></p> <p>There is no evidence of an identified community of which child/young person is a member at this time.</p>

Relationship Permanence		CH/Str/04
<p>This rating refers to the stability and consistency of significant relationships in the child's life. This includes parents and other family members but may also include other adults or peers.</p>		
<p>Questions to consider:</p> <p>What relationships with adults have lasted throughout the child's lifetime?</p> <p>What contact does the child have with both parents?</p> <p>What relatives has he/she maintained long-lasting relationships with?</p>	0	<p><i>Well-developed, centrepiece strength; may be used as a focus of an intervention/ plan.</i></p> <p>This level indicates a child who has very stable relationships. Family members, friends, and community have been stable for most of his/her life and are likely to remain so in the foreseeable future. Child is involved with both parents.</p>
	1	<p><i>Identified and useful strength. Strength will be used, maintained or built upon in plan.</i></p> <p>This level indicates a child who has had stable relationships but there is some concern about instability in the near future (one year) due to transitions, illness, or age. A stable relationship with only one parent may be rated here.</p>
	2	<p><i>Strengths have been identified but require strength-building efforts before they can be effectively utilised as part of a plan. Identified but not useful.</i></p> <p>This level indicates a child who has had at least one stable relationship over his/her lifetime but has experienced other instability through factors such as divorce, moving, removal from home, and death.</p>
	3	<p><i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i></p> <p>This level indicates a child who does not have any stability in relationships. Independent living or adoption must be considered.</p>

Resiliency		CH/Str/6+/17
<p>This rating refers to the child/young person's ability to recognise his or her internal strengths and use them in times of stress and in managing daily life. Resilience also refers to the child/young person's ability to bounce back from stressful life events.</p>		
<p>Questions to consider:</p> <p>What does the child/young person do well?</p> <p>Is the child/young person able to recognise the child/young person's skills as strengths?</p> <p>Is the child/young person able to use the child/young person's strengths to problem solve and address difficulties or challenges?</p>	0	<p><i>Well-developed, centrepiece strength; may be used as a focus of an intervention/ plan.</i></p> <p>Child/young person's internal strength in overcoming or the ability to bounce back is a core part of identity and associated with a well-developed and recognisable set of supports and strengths for dealing with challenges.</p>
	1	<p><i>Identified and useful strength. Strength will be used, maintained or built upon in plan.</i></p> <p>Child/young person uses internal strengths in overcoming or the ability to bounce back for healthy development, problem solving, or dealing with stressful life events.</p>
	2	<p><i>Strengths have been identified but require strength-building efforts before they can be effectively utilised as part of a plan. Identified but not useful.</i></p> <p>Child/young person has limited ability to recognise and use internal strengths in overcoming or the ability to bounce back to effectively to support the child/young person's healthy development, problem solving or dealing with stressful life events.</p>
	3	<p><i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i></p> <p>Child/young person is currently unable to identify internal strengths for preventing or overcoming negative life events or outcomes.</p>

Resourcefulness		CH/Str/6+/18
This rating should be based on the child/young person's ability to identify and use external/environmental strengths in managing daily life.		
Questions to consider: Does the child/young person have external or environmental strengths? Does the child/young person use their external or environmental strengths to aid in their well-being?	0	<i>Well-developed, centrepiece strength; may be used as a focus of an intervention/ plan.</i> Child/young person is quite skilled at finding the necessary resources required to aid the child/young person in managing challenges.
	1	<i>Identified and useful strength. Strength will be used, maintained or built upon in plan.</i> Child/young person has some skills at finding necessary resources required to aid the child/young person in a healthy lifestyle but sometimes requires assistance at identifying or accessing these resources.
	2	<i>Strengths have been identified but require strength-building efforts before they can be effectively utilised as part of a plan. Identified but not useful.</i> Child/young person has limited skills at finding necessary resources required to aid in achieving a healthy lifestyle and requires temporary assistance both with identifying and accessing these resources.
	3	<i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> Child/young person has no skills at finding the necessary resources to aid in achieving a healthy lifestyle and requires ongoing assistance with both identifying and accessing these resources.

Cultural Identity		CH/Str/06
Cultural identity refers to the child's view of self as belonging to a specific cultural group. This cultural group may be defined by a number of factors including race, religion, ethnicity, geography, sexual orientation or gender identity and expression.		
Questions to consider: Does the child/young person identify with any racial/ ethnic/cultural group? Does the child/young person find this group a source of support?	0	<i>Well-developed, centrepiece strength; may be used as a focus of an intervention/ plan.</i> The child/young person has defined a cultural identity and is connected to others who support the child/young person's cultural identity.
	1	<i>Identified and useful strength. Strength will be used, maintained or built upon in plan.</i> The child/young person is developing a cultural identity and is seeking others to support the child/young person's cultural identity.
	2	<i>Strengths have been identified but require strength-building efforts before they can be effectively utilised as part of a plan. Identified but not useful.</i> The child/young person is searching for a cultural identity and has not connected with others.
	3	<i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> The child/young person does not express a cultural identity.

Natural Supports		CH/Str/07
<p>This item refers to unpaid helpers in the child/young person’s natural environment. These include individuals who provide social support to the target child/young person and family. All family members and paid caregivers are excluded.</p>		
<p>Questions to consider:</p> <p>Who does the child/young person consider to be a support?</p> <p>Does the child/young person have non-family members in the child/young person’s life that are positive influences?</p>	0	<p><i>Well-developed, centrepiece strength; may be used as a focus of an intervention/ plan.</i> Child/young person has significant natural supports that contribute to helping support the child/young person’s healthy development.</p>
	1	<p><i>Identified and useful strength. Strength will be used, maintained or built upon in plan.</i> Child/young person has identified natural supports that provide some assistance in supporting the child/young person’s healthy development.</p>
	2	<p><i>Strengths have been identified but require strength-building efforts before they can be effectively utilised as part of a plan. Identified but not useful.</i> Child/young person has some identified natural supports however the child/young person is not actively contributing to the child/young person’s healthy development.</p>
	3	<p><i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> Child/young person has no known natural supports (outside of family and paid caregivers).</p>

Age 6+ Child Life Functioning Domain

Life domains are the different arenas of social interaction found in the lives of children, young people, and their families. This domain rates how they are functioning in the individual, family, peer, school, and community realms. This section is rated using the needs scale and therefore will highlight any struggles the individual and family are experiencing.

For the Age 6-21 Child Functioning Domain, use the following *needs rating* action levels:

0	No evidence of any needs; no need for action.
1	Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.
2	Action is required to ensure that the identified need is addressed; need is interfering with functioning.
3	Need is dangerous or disabling; requires immediate and/or intensive action

Family Functioning		CH/Func/01
<p>This rates the child/young person's relationships with those who are in the child/young person's family. It is recommended that the description of family should come from the child/young person's perspective (i.e. who the child/young person describes as their family). In the absence of this information, consider biological and adoptive relatives and their significant others with whom the child/young person is still in contact. Foster families should only be considered if they have made a significant commitment to the child/young person. For child/young person involved with child welfare, family refers to the person(s) fulfilling the permanency plan. When rating this item, take into account the relationship the child/young person has with the child/young person's family as well as the relationship of the family as a whole.</p>		
<p>Questions to consider:</p> <p>Is there conflict in the family relationship that requires resolution?</p> <p>Is treatment required to restore or develop positive relationship in the family?</p>	0	<p><i>No evidence of any needs; no need for action.</i></p> <p>No evidence of problems in relationships with family members, and/or child/young person is doing well in relationships with family members.</p>
	1	<p><i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i></p> <p>History or suspicion of problems. Child/young person might be doing adequately in relationships with family members, although some problems may exist. For example, some family members may have problems in their relationships with child/young person. Arguing may be common but does not result in major problems.</p>
	2	<p><i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i></p> <p>Child/young person is having problems with parents, siblings and/or other family members that are impacting the child/young person's functioning. Frequent arguing, difficulty maintaining positive relationships may be observed.</p>
	3	<p><i>Need is dangerous or disabling; requires immediate and/or intensive action.</i></p> <p>Child/young person is having severe problems with parents, siblings, and/or other family members. This would include problems of domestic violence, absence of any positive relationships, etc.</p>

Living Situation		CH/Func/6+/07
<p>This item refers to how the child/young person is functioning in the child/young person's current living arrangement, which could be with a relative, in a foster home, etc. This item should exclude respite, brief detention/jail, and brief medical and psychiatric hospitalisation.</p>		
<p>Questions to consider:</p> <p>How has the child/young person been behaving and getting along with others in the current living situation?</p>	0	<p><i>No evidence of any needs; no need for action.</i></p> <p>No evidence of problem with functioning in current living environment. Child/young person and caregivers feel comfortable dealing with issues that come up in day-to-day life.</p>
	1	<p><i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i></p> <p>Child/young person experiences mild problems with functioning in current living situation. Caregivers express some concern about child/young person's behaviour in living situation, and/or child/young person and caregiver have some difficulty dealing with issues that arise in daily life.</p>
	2	<p><i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i></p> <p>Child/young person has moderate to severe problems with functioning in current living situation. Child/young person's difficulties in maintaining appropriate behaviour in this setting are creating significant problems for others in the residence. Child/young person and caregivers have difficulty interacting effectively with each other much of the time.</p>
	3	<p><i>Need is dangerous or disabling; requires immediate and/or intensive action.</i></p> <p>Child/young person has profound problems with functioning in current living situation. Child/young person is at immediate risk of being removed from living situation due to problematic behaviours.</p>

Social Functioning		CH/Func/02
<p>This item rates social skills and relationships. It includes age appropriate behaviour and the ability to make and sustain relationships. Social functioning is different from Interpersonal (Strengths) in that functioning is a description of how the child/young person is doing currently. Strengths are longer-term assets.</p>		
<p>Questions to consider:</p> <p>Is the child/young person pleasant and likeable?</p> <p>Do same age peers like the child/young person?</p> <p>Do you feel that the child/young person can act appropriately in social settings?</p>	0	<p><i>No evidence of any needs; no need for action.</i></p> <p>No evidence of problems and/or child/young person has developmentally appropriate social functioning.</p>
	1	<p><i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i></p> <p>There is a history or suspicion of problems in social relationships. Child/young person is having some difficulty interacting with others and building and/or maintaining relationships.</p>
	2	<p><i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i></p> <p>Child/young person is having some problems with social relationships that interfere with functioning in other life domains.</p>
	3	<p><i>Need is dangerous or disabling; requires immediate and/or intensive action.</i></p> <p>Child/young person is experiencing significant disruptions in social relationships. Child/young person may have no friends or have constant conflict in relations with others, or have maladaptive relationships with others. The quality of the child/young person's social relationships presents imminent danger to the child/young person's safety, health, and/or development.</p>

Recreational This item rates the child/young person's access to and use of leisure activities		CH/Func/6+/08
Questions to consider:		
Does the child/young person have things that they like to do with free time?	0	<i>No evidence of any needs; no need for action.</i> No evidence of any problems with recreational functioning. Child/young person has access to sufficient activities that the child/young person enjoys.
Things that give the child/young person pleasure?	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> Child/young person is doing adequately with recreational activities although some problems may exist.
Activities that are a positive use of the child/young person's extra time?	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/young person is having moderate problems with recreational activities. Child/young person may experience some problems with effective use of leisure time.
Does the child/young person often claim to be bored or have nothing to do?	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/young person has no access to or interest in recreational activities. Child/young person has significant difficulties making use of leisure time.

Developmental/Intellectual* This item describes the child's development as compared to standard developmental milestones, as well as rates the presence of any developmental (motor, social and speech) or intellectual disabilities. It includes Intellectual Developmental Disorder (IDD) and Autism Spectrum Disorders. Rate the item depending on the significance of the disability and the related level of impairment in personal, social, family, school, or occupational functioning.		CH/Func/03T
Questions to consider:		
Does the child's growth and development seem healthy?	0	<i>No evidence of any needs; no need for action.</i> No evidence of developmental delay and/or child has no developmental problems or intellectual disability.
Has the child reached appropriate developmental milestones (such as walking, talking)?	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> There are concerns about possible developmental delay. Child may have low IQ, a documented delay, or documented borderline intellectual disability (i.e. FSIQ 70-85). Mild deficits in adaptive functioning are indicated.
Has anyone ever mentioned that the child may have developmental problems?	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child has mild developmental delays (e.g., deficits in social functioning, inflexibility of behaviour causing functional problems in one or more settings) and/or mild to moderate Intellectual Disability/Intellectual Disability Disorder. (If available, FSIQ 55-69.) IDD impacts communication, social functioning, daily living skills, judgment, and/or risk of manipulation by others.
Has the child developed like other same age peers?	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child has severe to profound intellectual disability (FSIQ, if available, less than 55) and/or Autism Spectrum Disorder with marked to profound deficits in adaptive functioning in one or more areas: communication, social participation and independent living across multiple environments.
Developmental Needs 'trigger module' to be completed when this item is rated 1, 2 or 3		

Developmental Needs Module

Cognitive This item rates the child/young person's IQ and cognitive functioning.		CH/Dev/11
Questions to consider: Has the child/young person been tested for or diagnosed with a learning disability? Does the child/young person have an intellectual disability or delay?	0	<i>No evidence of any needs; no need for action.</i> Child/young person's intellectual functioning appears to be in normal range. There is no reason to believe that the child/young person has any problems with intellectual functioning.
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> Child/young person has mild learning disability. IQ is between 55 and 70.
	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/young person has mild learning disability. IQ is between 55 and 70.
	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/young person has moderate to profound learning disability. IQ is less than 55.

Developmental This item rates the level of developmental delay/disorders that are present.		CH/Dev/17
Questions to consider: Is the child/young person progressing developmentally in a way similar to peers of the same age? Has the child/young person been diagnosed with a developmental disorder?	0	<i>No evidence of any needs; no need for action.</i> Child/young person's development appears within normal range. There is no reason to believe that the child/young person has any developmental problems.
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> Evidence of a mild developmental delay.
	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Evidence of a pervasive developmental disorder including Autism, Tourette's, Down's Syndrome or other significant developmental delay.
	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Severe developmental disorder.

Communication This item rates the child/young person's ability to communicate with others via expression and reception.		CH/Dev/17
Questions to consider: Is the child/young person vocal about their needs and wants? Has the child/young person ever been diagnosed with a communication disorder?	0	<i>No evidence of any needs; no need for action.</i> Child/young person's receptive and expressive communication appears developmentally appropriate. There is no reason to believe that the child/young person has any problems communicating.
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> Child/young person has receptive communication skills but limited expressive communication skills
	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/young person has both limited receptive and expressive communication skills.
	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/young person is unable to communicate.

Self-Care/Daily Living Skills This item aims to describe the child/young person's ability and motivation to engage in developmentally appropriate self-care tasks such as eating, bathing, dressing, toileting, and other such tasks related to keeping up with one's personal hygiene.		CH/Dev/18
Questions to consider: Does the child/young person show age appropriate self-care skills? Is the child/young person able to groom themselves?	0	<i>No evidence of any needs; no need for action.</i> Child/young person's self-care and daily living skills appear developmentally appropriate. There is no reason to believe that the child/young person has any problems performing daily living skills.
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> Child/young person requires verbal prompting on self-care tasks or daily living skills.
	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/young person requires assistance (physical prompting) on self-care tasks or attendant care on one self-care task (e.g. eating, bathing, dressing, and toileting).
	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/young person requires attendant care on more than one of the self-care tasks-eating, bathing, dressing, toileting.

End of Developmental Needs Module

Job functioning If the child/young person is working, this item describes their functioning in a job setting.		CH/Func/6+/15T
Questions to consider:	0	<i>No evidence of any needs; no need for action.</i> No evidence of any problems in work environment. Child/young person is excelling in a job environment.
Is the child/young person able to meet expectations at work?	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> Child/young person has some mild problems at work (e.g., lateness, conflict). Child/young person is functioning adequately in a job environment.
Does the child/young person have regular conflict at work?	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/young person has moderate problems at work. Child/young person has problems with development of vocational or prevocational skills.
Is the child/young person timely and able to complete responsibilities?	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/young person has severe problems at work in terms of attendance, performance or relationships. Child/young person may have recently lost a job
	n/a	Child/young person not currently working nor recently employed

Legal This item indicates the individual's level of involvement with the justice system. Family involvement with the courts is not rated here—only the identified individual's involvement is relevant to this rating. Issues of family involvement in the justice system are not rated here		CH/Func/6+/16
Questions to consider:	0	<i>No evidence of any needs; no need for action.</i> Child/young person has no known legal difficulties or involvement with the court system.
Has the child/young person ever admitted that the child/young person has broken the law?	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> Child/young person has a history of legal problems (e.g., status offenses such as young person/family conflict, in-county runaway, truancy, petty offenses) but currently is not involved with the legal system; or immediate risk of involvement with the legal system.
Has the child/young person ever been arrested?	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/young person has some legal problems and is currently involved in the legal system due to moderate delinquent behaviours (misdemeanors such as offenses against persons or property, drug-related offenses, underage drinking).
Has the child/young person ever been in detention?		
	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/young person has serious current or pending legal difficulties that place him/her at risk for a court ordered out of home placement, or incarceration (ages 18 to 21) such as serious offenses against person or property (e.g., robbery, aggravated assault, possession with intent to distribute controlled substances, 1st or 2nd degree offenses).

Medical/Physical This item describes both health problems and chronic/acute physical conditions or impediments.		CH/Func/04
Questions to consider:	0	<i>No evidence of any needs; no need for action.</i> No evidence that the child/young person has any medical or physical problems, and/or they are healthy.
Does the child/young person have anything that limits their physical activities?	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> Child/young person has mild, transient or well-managed physical or medical problems. These include well-managed chronic conditions like diabetes or asthma.
How much does this interfere with the child/young person's life?	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/young person has serious medical or physical problems that require medical treatment or intervention. Or child/young person has a chronic illness or a physical challenge that requires ongoing medical intervention.
	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/young person has life-threatening illness or medical/physical condition. Immediate and/or intense action should be taken due to imminent danger to child/young person's safety, health, and/or development.

Sexual Development This item looks at broad issues of sexual development including developmentally inappropriate sexual behaviour or sexual concerns, and the reactions of others to any of these factors. The child's sexual orientation, gender identity and expression (SOGIE) could be rated here only if they are leading to difficulties. Sexually abusive behaviours are rated elsewhere.		CH/Func/6+/10
Questions to consider:	0	<i>No evidence of any needs; no need for action.</i> No evidence of issues with sexual development.
Are there concerns about the child's healthy sexual development? Is the child sexually active?	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> History or suspicion of problems with sexual development, but does not interfere with functioning in other life domains. May include the child's concerns about sexual orientation, gender identity and expression (SOGIE), or anxiety about the reaction of others.
Does the child have less/more interest in sex than other same age peers?	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Moderate to serious problems with sexual development that interferes with the child's life functioning in other life domains.
	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Severe problems with sexual development. This would include very frequent risky sexual behaviour or victim of sexual exploitation.

Sleep		CH/Func/09
This item rates the child/young person's sleep patterns. This item is used to describe any problems with sleep, regardless of the cause including difficulties falling asleep or staying asleep as well as sleeping too much. Both bedwetting and nightmares should be considered sleep issues.		
Questions to consider:	0	<i>No evidence of any needs; no need for action.</i> Child/young person gets a full night's sleep each night.
Does the child/young person appear rested? Is the child/young person often sleepy during the day?	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> Child/young person has some problems sleeping. Generally, child/young person gets a full night's sleep but at least once a week problems arise. This may include occasionally awakening or bed wetting or having nightmares.
Does the child/young person have frequent nightmares or difficulty sleeping?	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/young person is having problems with sleep. Sleep is often disrupted and child/young person seldom obtains a full night of sleep.
How many hours does the child/young person sleep each night?	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/young person is generally sleep deprived. Sleeping is almost always difficult and the child/young person is not able to get a full night's sleep.

School Attendance		CH/Func/6+/12
If school is not in session, rate the last 30 days when school was in session.		
Questions to consider:	0	<i>No evidence of any needs; no need for action.</i> No evidence of attendance problems. Child attends regularly.
How is the child doing in school? Is the child experiencing any problems related to academic progress? Behavioural problems?	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> Child has some problems attending school, although he/she generally goes to school. He/she may miss up to one day per week on average. Or, he/she may have had moderate to severe problems in the past six months but has been attending school regularly in the past month.
	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child is having problems with school attendance. He/she is missing at least two days per week on average.
	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child is generally truant or refusing to go to school or a school-aged child not enrolled in school.
	N/A	

School Behaviour		CH/Func/6+/14
This item rates the behaviour of the child or young person in school or school-like settings (e.g. pre-school). A rating of 3 would indicate a child who is still having problems after special efforts have been made, i.e., problems in a special education class		
Questions to consider: How is the child doing in school? Is the child experiencing any problems related to academic progress? Behavioural problems?	0	<i>No evidence of any needs; no need for action.</i> No evidence of behaviour problems at school or day care. Child is behaving well.
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> Child is having mild behavioural problems at school. May be related to either relationships with teachers or peers. A single detention might be rated here.
	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child is having moderate behavioural difficulties at school. He/she is disruptive and may receive sanctions including suspensions or multiple detentions.
	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child is having severe problems with behaviour in school. He/she is frequently or severely disruptive. School placement may be in jeopardy due to behaviour.
	N/A	

School Achievement		CH/Func/6+/13
This item describes academic achievement and functioning.		
Questions to consider: How is the child doing in school? Is the child experiencing any problems related to academic progress? Behavioural problems?	0	<i>No evidence of any needs; no need for action.</i> Child is working at grade level, passing all classes and is on track with his/her educational plan.
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> Child is doing adequately in school, although some problems with achievement exist.
	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child is having moderate problems with school achievement. He/she may be failing some subjects and/or be at risk for failing the current grade.
	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child is having severe achievement problems. He/she may be failing most subjects or is more than one year behind same age peers in school achievement, and/or will certainly not pass to next grade level.
	N/A	

Decision-Making		CH/Func/6+/17
This item describes the child/young person's age-appropriate decision-making process and understanding of choices and consequences.		
<p>Questions to consider:</p> <p>How is the child/young person's judgment and ability to make good decisions?</p> <p>Does the child/young person typically make good choices for the child/young person?</p>	0	<p><i>No evidence of any needs; no need for action.</i></p> <p>No evidence of problems with judgment or decision making that result in harm to development and/or well-being.</p>
	1	<p><i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i></p> <p>There is a history or suspicion of problems with judgment in which the child/young person makes decisions that are in some way harmful to the child/young person's development and/or well-being.</p>
	2	<p><i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i></p> <p>Problems with judgment in which the child/young person makes decisions that are in some way harmful to the child/young person's development and/or well-being. As a result, more supervision is required than expected for the child/young person's age.</p>
	3	<p><i>Need is dangerous or disabling; requires immediate and/or intensive action.</i></p> <p>Child/young person makes decisions that would likely result in significant physical harm to self or others. Therefore, child/young person requires intense and constant supervision, over and above that expected for the child/young person's age.</p>

Age 6+ Behavioural/Emotional Needs Domain

For the Age 6+ /Mental Health Needs Domain, use the following *needs rating* action levels:

0	No evidence of any needs; no need for action.
1	Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.
2	Action is required to ensure that the identified need is addressed; need is interfering with functioning.
3	Need is dangerous or disabling; requires immediate and/or intensive action

Psychosis (Thought Disorder)		CH/BMHN/6+/01
<p>This item rates the symptoms of psychiatric disorders with a known neurological base, including schizophrenia spectrum and other psychotic disorders. The common symptoms of these disorders include hallucinations (i.e. experiencing things others do not experience), delusions (i.e. a false belief or an incorrect inference about reality that is firmly sustained despite the fact that nearly everybody thinks the belief is false or proof exists of its inaccuracy), disorganised thinking, and bizarre/idiosyncratic behaviour.</p>		
<p>Questions to consider:</p> <p>Does the child exhibit behaviours that are unusual or difficult to understand?</p> <p>Does the child engage in certain actions repeatedly?</p> <p>Are the unusual behaviours or repeated actions interfering with the child's functioning?</p>	0	<p><i>No evidence of any needs; no need for action.</i></p> <p>No evidence of psychotic symptoms. Both thought processes and content are within normal range.</p>
	1	<p><i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i></p> <p>Evidence of disruption in thought processes or content. Child may be somewhat tangential in speech or evidence somewhat illogical thinking (age-inappropriate). This also includes a child with a history of hallucinations but none currently. Use this category for children who are below the threshold for one of the diagnoses listed above.</p>
	2	<p><i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i></p> <p>Evidence of disturbance in thought process or content that may be impairing the child's functioning in at least one life domain. Child may be somewhat delusional or have brief intermittent hallucinations. Speech may be at times quite tangential or illogical.</p>
	3	<p><i>Need is dangerous or disabling; requires immediate and/or intensive action.</i></p> <p>Clear evidence of dangerous hallucinations, delusions, or bizarre behaviour that might be associated with some form of psychotic disorder that places the child or others at risk of physical harm.</p>

Impulsivity/Hyperactivity		CH/BMHN/02
<p>Problems with impulse control and impulsive behaviours, including motoric disruptions, are rated here. This includes behavioural symptoms associated with Attention-Deficit Hyperactivity Disorder (ADHD) and Impulse-Control Disorders as indicated in clinical criteria. Children with impulse problems tend to engage in behaviour without thinking, regardless of the consequences. This can include compulsions to engage in gambling, violent behaviour (e.g., road rage), sexual behaviour, fire-starting or stealing.</p>		
<p>Questions to consider:</p> <p>Is the child unable to sit still for any length of time?</p> <p>Does the child have trouble paying attention for more than a few minutes?</p> <p>Is the child able to control their behaviour, talking?</p>	0	<p><i>No evidence of any needs; no need for action.</i></p> <p>No evidence of symptoms of loss of control of behaviour.</p>
	1	<p><i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i></p> <p>There is a history or evidence of mild levels of impulsivity evident in action or thought that place the child at risk of future functioning difficulties. The child may exhibit limited impulse control, e.g., child may yell out answers to questions or may have difficulty waiting one's turn. Some motor difficulties may be present as well, such as pushing or shoving others.</p>
	2	<p><i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i></p> <p>Clear evidence of problems with impulsive, distractible, or hyperactive behaviour that interferes with the child's functioning in at least one life domain. This indicates a child with impulsive behaviour who may represent a significant management problem for adults (e.g., caregivers, teachers, coaches, etc.). A child who often intrudes on others and often exhibits aggressive impulses would be rated here.</p>
	3	<p><i>Need is dangerous or disabling; requires immediate and/or intensive action.</i></p> <p>Clear evidence of a dangerous level of hyperactivity and/or impulsive behaviour that places the child at risk of physical harm. This indicates a child with frequent and significant levels of impulsive behaviour that carries considerable safety risk (e.g., running into the street, dangerous driving or bike riding). The child may be impulsive on a nearly continuous basis. The child endangers self or others without thinking.</p>

Attention/Concentration		CH/BMHN/6+/03
<p>Problems with attention, concentration and task completion would be rated here. These may include symptoms that are part of Attention-Deficit Hyperactivity Disorder. Inattention/distractibility not related to opposition would also be rated here.</p>		
<p>Questions to consider:</p>	0	<p><i>No evidence of any needs; no need for action.</i></p> <p>This rating is used to indicate a child with no evidence of attention or concentration problems. This child is able to stay on task in an age-appropriate manner.</p>
	1	<p><i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i></p> <p>This rating is used to indicate a child with evidence of mild problems with attention or concentration. Child may have some difficulties staying on task for an age-appropriate time period in school or play.</p>
	2	<p><i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i></p> <p>This rating is used to indicate a child with moderate attention problems. In addition to problems with sustained attention, child may become easily distracted or forgetful in daily activities, have trouble following through on activities, and become reluctant to engage in activities that require sustained effort. A child who meets diagnostic criteria for ADHD would be rated here.</p>
	3	<p><i>Need is dangerous or disabling; requires immediate and/or intensive action.</i></p> <p>This rating is used to indicate a child with severe impairment of attention or concentration. A child with profound symptoms of ADHD or significant attention difficulties related to another diagnosis would be rated here.</p>

Depression		CH/BMHN/04
This item rates symptoms such as irritable or depressed mood, social withdrawal, sleep disturbances, weight/eating disturbances, and loss of motivation, interest or pleasure in daily activities. This item can be used to rate symptoms of the depressive disorders as specified in clinical criteria.		
Questions to consider:	0	<i>No evidence of any needs; no need for action.</i> No evidence of problems with depression.
Is child/young person concerned about possible depression or chronic low mood and irritability?	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> History or suspicion of depression or evidence of depression associated with a recent negative life event with minimal impact on life domain functioning. Brief duration of depression, irritability, or impairment of peer, family, or academic functioning that does not lead to pervasive avoidance behaviour.
Has the child/young person withdrawn from normal activities?	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Clear evidence of depression associated with either depressed mood or significant irritability. Depression has interfered significantly in child/young person's ability to function in at least one life domain.
Does the child/young person seem lonely or not interested in others?	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Clear evidence of disabling level of depression that makes it virtually impossible for the child/young person to function in any life domain. This rating is given to a child/young person with severe depression. This would include a child/young person who stays at home or in bed all day due to depression or one whose emotional symptoms prevent any participation in school, friendship groups, or family life. Disabling forms of depressive diagnoses would be rated here.

Anxiety		CH/BMHN/05
This item rates symptoms associated with Anxiety Disorders characterised by excessive fear and anxiety and related behavioural disturbances (including avoidance behaviours). Panic attacks can be a prominent type of fear response.		
Questions to consider:	0	<i>No evidence of any needs; no need for action.</i> No evidence of anxiety symptoms.
Does the child/young person have any problems with anxiety or fearfulness?	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> There is a history, suspicion, or evidence of mild anxiety associated with a recent negative life event. This level is used to rate either a mild phobia or anxiety problem that is not yet causing the child/young person significant distress or markedly impairing functioning in any important context.
Is the child/young person avoiding normal activities out of fear?	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Clear evidence of anxiety associated with either anxious mood or significant fearfulness. Anxiety has interfered in the child/young person's ability to function in at least one life domain.
Does the child/young person act frightened or afraid?	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Clear evidence of debilitating level of anxiety that makes it virtually impossible for the child/young person to function in any life domain.

Oppositional (Non-Compliance with Authority)		CH/BMHN/06
This item rates the child/young person's relationship with authority figures. Generally oppositional behaviour is displayed in response to conditions set by a parent, teacher or other authority figure with responsibility for and control over the child/young person.		
<p>Questions to consider:</p> <p>Does the child/young person follow their caregivers' rules?</p> <p>Have teachers or other adults reported that the child/young person does not follow rules or directions?</p> <p>Does the child/young person argue with adults when they try to get the child to do something?</p> <p>Does the child/young person do things they have been explicitly told not to do?</p>	0	<p><i>No evidence of any needs; no need for action.</i></p> <p>No evidence of oppositional behaviours.</p>
	1	<p><i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i></p> <p>There is a history or evidence of mild level of defiance towards authority figures that has not yet begun to cause functional impairment. Child/young person may occasionally talk back to teacher, parent/caregiver; there may be letters or calls from school.</p>
	2	<p><i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i></p> <p>Clear evidence of oppositional and/or defiant behaviour towards authority figures that is currently interfering with the child's functioning in at least one life domain. Behaviour causes emotional harm to others. A child/young person whose behaviour meets the criteria for Oppositional Defiant Disorder would be rated here.</p>
	3	<p><i>Need is dangerous or disabling; requires immediate and/or intensive action.</i></p> <p>Clear evidence of a dangerous level of oppositional behaviour involving the threat of physical harm to others. This rating indicates that the child/young person has severe problems with compliance with rules or adult instruction or authority.</p>

Conduct (Antisocial behaviour)		CH/BMHN/6+/07
This item rates the degree to which a child/young person engages in behaviour that is consistent with the presence of a Conduct Disorder.		
<p>Questions to consider:</p> <p>Is the child/young person seen as dishonest? How does the child/young person handle telling the truth/lies?</p> <p>Has the child/young person been part of any criminal behaviour?</p> <p>Has the child/young person ever shown violent or threatening behaviour towards others?</p> <p>Has the child/young person ever tortured animals?</p> <p>Does the child/young person disregard or is unconcerned about the feelings of others (lack empathy)?</p>	0	<p><i>No evidence of any needs; no need for action.</i></p> <p>No evidence of serious violations of others or laws.</p>
	1	<p><i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i></p> <p>There is a history, suspicion or evidence of some problems associated with antisocial behaviour including but not limited to lying, stealing, manipulation of others, acts of sexual aggression, or violence towards people, property or animals. The child/young person may have some difficulties in school and home behaviour. Problems are recognisable but not notably deviant for age, sex and community.</p>
	2	<p><i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i></p> <p>Clear evidence of antisocial behaviour including but not limited to lying, stealing, manipulating others, sexual aggression, violence towards people, property, or animals. A child/young person rated at this level will likely meet criteria for a diagnosis of Conduct Disorder.</p>
	3	<p><i>Need is dangerous or disabling; requires immediate and/or intensive action.</i></p> <p>Evidence of a severe level of aggressive or antisocial behaviour, as described above, that places the child or community at significant risk of physical harm due to these behaviours. This could include frequent episodes of unprovoked, planned aggressive or other antisocial behaviour.</p>

Adjustment to Trauma		CH/BMHN/08T
<p>This item is used to describe the child/young person who is having difficulties adjusting to a traumatic experience, as defined by the child/young person. This is one item where speculation about why a person is displaying a certain behaviour is considered. There should be an inferred link between the trauma and behaviour.</p>		
<p>Questions to consider:</p> <p>What was the child/young person's trauma?</p> <p>How is it connected to the current issue(s)?</p> <p>What are the child/young person's coping skills?</p> <p>Who is supporting the child/young person?</p>	0	<p><i>No evidence of any needs; no need for action.</i></p> <p>No evidence that child/young person has experienced a traumatic life event, OR child/young person has adjusted well to traumatic/adverse experiences.</p>
	1	<p><i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i></p> <p>The child/young person has experienced a traumatic event and there are some changes in their behaviour that are managed or supported by caregivers. These symptoms are expected to ease with the passage of time and therefore no current intervention is warranted. Child/young person may be in the process of recovering from a more extreme reaction to a traumatic experience, which may require a need to watch these symptoms or engage in preventive action.</p>
	2	<p><i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i></p> <p>Clear evidence of adjustment problems associated with traumatic life event(s). Symptoms can vary widely and may include sleeping or eating disturbances, regressive behaviour, behaviour problems or problems with attachment. Adjustment is interfering with child/young person's functioning in at least one life domain.</p>
	3	<p><i>Need is dangerous or disabling; requires immediate and/or intensive action.</i></p> <p>Clear evidence of debilitating level of trauma symptoms that makes it virtually impossible for the child/young person to function in any life domain including symptoms such as flashbacks, nightmares, anxiety, intrusive thoughts, and/or re-experiencing trauma (consistent with PTSD).</p>
<p>Supplementary information: This item covers both adjustment disorders and posttraumatic stress disorder. Behaviours which might indicate trauma reactions include anxiousness/hyper-vigilance, regression to behaviour of younger ages (e.g., toileting problems, babyish speech, failure to engage in self-feeding, bathing, and other self-care), appetite disruption, withdrawal of interest from pleasurable activities, and other signs of emotional dysregulation after significant life events.</p>		

Anger Control		CH/BMHN/6+/09
<p>This item captures the child's ability to identify and manage their anger when frustrated.</p>		
<p>Questions to consider:</p> <p>How does the child/young person control their emotions?</p> <p>Does the child/young person get upset or frustrated easily?</p> <p>Does the child/young person overreact if someone criticises or rejects them?</p> <p>Does the child/young person seem to have dramatic mood swings?</p>	0	<p><i>No evidence of any needs; no need for action.</i></p> <p>No evidence of any anger control problems.</p>
	1	<p><i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i></p> <p>History, suspicion of, or evidence of some problems with controlling anger. Child/young person may sometimes become verbally aggressive when frustrated. Peers and family are aware of and may attempt to avoid stimulating angry outbursts.</p>
	2	<p><i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i></p> <p>Child/young person's difficulties with controlling anger are impacting functioning in at least one life domain. Child/young person's temper has resulted in significant trouble with peers, family and/or school. Anger may be associated with physical violence. Others are likely quite aware of anger potential.</p>
	3	<p><i>Need is dangerous or disabling; requires immediate and/or intensive action.</i></p> <p>Child/young person's temper or anger control problem is dangerous. Child/young person frequently gets into fights that are often physical. Others likely fear the child.</p>

Substance Use*		CH/BMHN/6+/10T
<p>This item describes problems related to the use of alcohol and illegal drugs, the misuse of prescription medications, and the inhalation of any chemical or synthetic substance by a child. This rating is consistent with clinical criteria for Substance-Related and Addictive Disorders. This item does not apply to the use of tobacco or caffeine.</p>		
<p>Questions to consider:</p> <p>Has the child/young person used alcohol or drugs on more than an experimental basis?</p> <p>Do you suspect that the child/young person may have an alcohol or drug use problem?</p> <p>Has the child/young person been in a recovery program for the use of alcohol or illegal drugs?</p>	0	<p><i>No evidence of any needs; no need for action.</i></p> <p>Child/young person has no notable substance use difficulties at the present time.</p>
	1	<p><i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i></p> <p>Child/young person has substance use problems that occasionally interfere with daily life (e.g., intoxication, loss of money, reduced work/school performance, parental concern). History of substance use problems without evidence of current problems related to use is rated here.</p>
	2	<p><i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i></p> <p>Child/young person has a substance use problem that consistently interferes with the ability to function optimally but does not completely preclude functioning in an unstructured setting.</p>
	3	<p><i>Need is dangerous or disabling; requires immediate and/or intensive action.</i></p> <p>Child/young person has a substance use problem that represents complications to functional issues that may result in danger to self, public safety issues, or the need for detoxification of the child/young person.</p>

Substance Use Module

The items in this module focus on identifying mental health needs. This module is to be completed when the Substance Use item is rated '1,' '2' or '3.' Rate the following items within the last 30 days unless specified by anchor descriptions.

Severity of Use		CH/BMHN/SUD/1
<p>This item rates the frequency and severity of the individual's current substance use.</p>		
<p>Questions to consider:</p> <p>Is the individual currently using substances? If so, how frequently?</p> <p>Is there evidence of physical dependence on substances?</p>	0	Individual is currently abstinent and has maintained abstinence for at least six months.
	1	Individual is currently abstinent but only in the past 30 days or individual has been abstinent for more than 30 days but is living in an environment that makes substance use difficult.
	2	Individual actively uses alcohol or drugs but not daily.
	3	Individual uses alcohol and/or drugs on a daily basis.

Duration of Use		CH/BMHN/SUD/2
This item identifies the length of time that the individual has been using drugs or alcohol.		
Questions to consider: How long has the individual been using drugs and/or alcohol?	0	Individual has begun use in the past year.
	1	Individual has been using alcohol or drugs for at least one year but has had periods of at least 30 days where the individual did not have any use.
	2	Individual has been using alcohol or drugs for 1+ years (but less than 5 years), but not daily.
	3	Individual has been using alcohol or drugs daily for more than the past year or intermittently for at least five years.

Stage of Recovery		CH/BMHN/SUD/3
This item identifies where the individual is in their recovery process.		
Questions to consider: In relation to stopping substance use, at what stage of change is the individual?	0	Individual is in maintenance stage of recovery. Individual is abstinent and able to recognise and avoid risk factors for future alcohol or drug use.
	1	Individual is actively trying to use treatment to remain abstinent
	2	Individual is in contemplation phase, recognizing a problem but not willing to take steps for recovery.
	3	Individual is in denial regarding the existence of any substance use problem.

Peer Influences		CH/BMHN/SUD/4
This item rates the impact that the individual's social group has on their alcohol and drug use.		
Questions to consider: What role do the individual's peers play in their alcohol and drug use?	0	Individual's primary peer social network does not engage in alcohol and/or drug use.
	1	Individual has peers in their primary peer network who do not engage in alcohol and/or drug use, but has some peers who do.
	2	Individual predominantly has peers who engage in alcohol and/or drug use.
	3	Individual is a member of a peer group that consistently engages in alcohol and/or drug use.

Environmental Influences		CH/BMHN/SUD/5
This item rates the impact of the individual's community environment on their alcohol and drug use.		
Questions to consider: Are there factors in the individual's community that impacts their alcohol and drug use?	0	No evidence that the individual's environment stimulates or exposes them to any alcohol or drug use.
	1	Suspicion that individual's environment might expose them to alcohol or drug use.
	2	Individual's environment clearly exposes them to alcohol or drug use.
	3	Individual's environment encourages or enables them to engage in alcohol or drug use.

Recovery Support in Community		CH/BMHN/SUD/6
This item describes the individual's participation in recovery programs such as AA, NA, or other types of recovery groups or activities that are community-based.		
Questions to consider: Does the individual attend or participate in recovery groups or activities?	0	No problems with maintaining social connectivity through recovery support groups or activities. Individual attends recovery support groups and meetings regularly.
	1	Problems with maintaining social connectivity through recovery support groups or activities. Individual may attend meetings irregularly.
	2	Individual struggles with maintaining social connectivity through recovery support groups or activities. Individual has attended recovery support groups in the past but is no longer attending meetings.
	3	Individual is unable to maintain social connectivity through recovery support groups or activities. Individual has never participated in recovery support groups or activities.

Acute Intoxication		CH/BMHN/SUD/7
This item describes reversible, substance-related, maladaptive psychological or behavioural changes causing physiological effects of the central nervous system by recent ingestion of or exposure to a substance: alcohol, illicit drug, medication, or toxin (Medical Dictionary.com).		
Questions to consider: Is there evidence of acute intoxication (e.g., withdrawal symptoms)? Are substance intoxication difficulties interfering with functioning?	0	Individual has no identified substance intoxication difficulties at the present time.
	1	Individual has occasional intoxication which requires preventive activities. History of occasional intoxication and/or withdrawal symptoms without evidence of current problems would be rated here.
	2	Evidence of acute intoxication interferes with individual's ability to function with moderate risks, requiring preventive or withdrawal management services.
	3	Individual has a substance use problem with complications that may result in danger to self or detoxification (e.g., managing acute alcohol poisoning after binge drinking, overdose, or significant risk of withdrawal symptoms, seizures, or medical complications based on withdrawal history and substance use: amount, frequency, duration, and recent discontinuation).

Withdrawal History		CH/BMHN/SUD/8
<p>Withdrawal refers to a psychological and/or physical syndrome caused by abruptly stopping or reducing substance use in a habituated person. Specific symptoms and risks differ based on substance. Key in assessing risk and planning care, this item considers past substance use and withdrawal experience.</p>		
<p>Questions to consider:</p> <p>Is there evidence of withdrawal symptoms related to substance use?</p> <p>Do they impact functioning or affect the individual's health?</p>	0	No evidence of prior withdrawal symptoms related to substance use, medications or toxins.
	1	History of occasional acute withdrawal symptoms following substance use (e.g., mild nausea, mild tactile disturbances or sensitivity to light, slight headache, cannot do serial additions or uncertain about date, mild anxiety or irritability, chills or flushing, restless).
	2	History of withdrawal symptoms after decreasing or discontinuing substance use or medications (e.g., anxiety, nausea, fever, tremor) that impact the individual's functioning. OR, chronic physical health problems could be worsened by withdrawal symptoms.
	3	History of significant withdrawal symptoms after decreasing or discontinuing substance use or medications (e.g., seizures, delirium tremens, rapid heartbeat). Individual may have medical condition which could be worsened due to withdrawal.

Awareness of Relapse Triggers		CH/BMHN/SUD/10
<p>Relapse refers to resuming substance use after a period of recovery. This item refers to the individual's awareness of potential triggers (emotional stresses or circumstances: exposure to rewarding substances and behaviours, environmental cues for use) that increase the likelihood of using substances.</p>		
<p>Questions to consider:</p> <p>Is the individual aware of what triggers their relapses?</p> <p>If so, does the individual use strategies to manage challenges?</p>	0	Individual is aware of potential relapse triggers and actively uses recovery strategies (e.g., developed resilience and support to cope with stressors and manage challenges: craving, behavioural control, problems in relationships).
	1	Individual is aware of relapse triggers and usually engages recovery strategies to address recovery challenges, but requires some effort to maximise and sustain efforts. Awareness might be used and built upon in treatment.
	2	Individual is aware of some, but not all, relapse triggers or seldom uses recovery strategies to address challenges.
	3	Individual is unaware of relapse triggers and does not use recovery strategies to address challenges.

Withdrawal Risks		CH/BMHN/SUD/9
<p>This item describes the current risk of withdrawal from alcohol and/or other substance use and need for withdrawal management services. Severity of withdrawal risk varies by type of substance(s) used, duration and frequency of use, withdrawal history, concurrent mental and/or physical health conditions, involvement in recovery, and family/natural and environmental supports. Higher risks occur with withdrawal from alcohol and benzodiazepines or the use of multiple substances.</p>		
<p>Questions to consider:</p> <p>How does the individual manage withdrawal symptoms?</p> <p>Is the individual's health or safety at risk from the withdrawal symptoms?</p>	0	The individual is fully functioning. Individual is able to tolerate and deal with mild withdrawal discomfort.
	1	Individual has minimal risk of severe withdrawal. Sustained withdrawal management services without evidence of current problems could be rated here. Examples include an individual using alcohol or benzodiazepines with mild withdrawal symptoms (anxiety, sweating, and insomnia, but no tremors); not withdrawing from another substance; previously stopped using in the past year without severe withdrawal symptoms; no more than mild, stable physical health conditions; motivated to complete the withdrawal process; understands and willing to engage in treatment, and has a positive support system with safe housing.
	2	Evidence of moderate level of withdrawal risks includes symptoms (sweating, anxiety, nausea, fever, and tremor), current physical symptoms (nausea or vomiting at no more than moderate intensity); no withdrawal from other substances; no more than mild, stable mental or physical health conditions; understanding, commitment, and cooperation in withdrawal management process; and at least minimally supportive family/friends and access to safe housing OR withdrawal symptoms with no tremor, but barrier to effective withdrawal management related to history of severe withdrawal symptoms, moderate or unstable mental or physical health condition(s), limited commitment, high relapse risk, or unsupportive friends/family.
	3	Individual has significant or severe risk of withdrawal symptoms, seizures, or medical complications. Significant withdrawal risk is characterised by significant anxiety with moderate to severe tremor; possible concurrent withdrawal from other substances; OR moderate symptoms and not withdrawing from another substance, but with other problems that complicate withdrawal management (history of severe withdrawal symptoms, moderate to severe physical or mental health conditions, high relapse risk, questionable cooperation, significant others not supportive of the process or inadequate housing). Severe risk of withdrawal is characterized by confusion; new onset of hallucinations; seizure; or inability to understand OR severe anxiety; moderate to severe tremor; concurrent withdrawal from another substance; and either history of seizure or delirium tremens; severe, unstable physical health condition(s); uncooperative; or requiring more than hourly medical monitoring.

End of Substance Use Module

Eating Disturbance		CH/BMHN/6+/11
This item rates problems with eating, including disturbances in body image, refusal to maintain normal body weight, recurrent episodes of binge eating, and hoarding food.		
Questions to consider:		
How does the child feel about their body?	0	<i>No evidence of any needs; no need for action.</i> No evidence of eating disturbances.
Does the child seem to be overly concerned about their weight?	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> There is a history, suspicion or mild level of eating disturbance. This could include some preoccupation with weight, calorie intake, or body size or type when of normal weight or below weight. This could also include some binge eating patterns.
Does the child ever refuse to eat, binge eat, or hoard food?		<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Eating disturbance impairs child's functioning in at least one life domain. This could include a more intense preoccupation with weight gain or becoming fat when underweight, restrictive eating habits or excessive exercising in order to maintain below normal weight, and/or emaciated body appearance. This level could also include more notable binge eating episodes that are followed by compensatory behaviours in order to prevent weight gain (e.g., vomiting, use of laxatives, excessive exercising). The child may meet criteria for clinically defined feeding and eating disorders (including Anorexia Nervosa, Bulimia Nervosa, Avoidant/Restrictive Food Intake Disorder, etc.). Food hoarding also would be rated here.
Has the child ever been hospitalised for eating-related issues?	2	
	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child's eating disturbance is dangerous or puts their health at risk. This could include significantly low weight where hospitalisation is required or excessive binge-purge behaviours (at least once per day).
Supplementary information: Anorexia Nervosa is characterised by refusal to maintain a body weight that is at or above the minimum normal weight for age and height, intense fear of gaining weight or becoming fat, denying the seriousness of having a low body weight, or having a distorted image of your appearance or shape. Repeated bingeing and getting rid of the extra calories from bingeing by vomiting, excessive exercise, fasting, or misuse of laxatives, diuretics, enemas or other medications characterise Bulimia Nervosa.		

Attachment Difficulties		CH/BMHN/12
This item rates the level of difficulties the child has with attachment and their ability to form relationships.		
Questions to consider: Does the child struggle with separating from caregiver? Does the child approach or attach to strangers?	0	<i>No evidence of any needs; no need for action.</i> No evidence of attachment problems. Caregiver-child relationship is characterized by mutual satisfaction of needs and child's development of a sense of security and trust. Caregiver is able to respond to child cues in a consistent, appropriate manner, and child seeks age-appropriate contact with caregiver for both nurturing and safety needs.
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> Some history or evidence of insecurity in the caregiver-child relationship. Caregiver may have difficulty accurately reading child's bids for attention and nurturance; may be inconsistent in response; or may be occasionally intrusive. Child may have some problems with separation (e.g., anxious/clingy behaviours in the absence of obvious cues of danger) or may avoid contact with caregiver in age-inappropriate way. Child may have minor difficulties with appropriate physical/emotional boundaries with others.
	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Problems with attachment that interfere with child's functioning in at least one life domain and require intervention. Caregiver may consistently misinterpret child cues, act in an overly intrusive way, or ignore/avoid child bids for attention/nurturance. Child may have ongoing difficulties with separation, may consistently avoid contact with caregivers, and have ongoing difficulties with physical or emotional boundaries with others.
	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child is unable to form attachment relationships with others (e.g., chronic dismissive /avoidant/ detached behaviour in care giving relationships) OR child presents with diffuse emotional/physical boundaries leading to indiscriminate attachment with others. Child is considered at ongoing risk due to the nature of their attachment behaviours. Child may have experienced significant early separation from or loss of caregiver, or have experienced chronic inadequate care from early caregivers, or child may have individual vulnerabilities (e.g., mental health, developmental disabilities) that interfere with the formation of positive attachment relationships.

Behavioural Regression		CH/BMHN/6+/13
These ratings are used to describe shifts in previously adaptive functioning evidenced in regression in behaviours or physiological functioning.		
Questions to consider:	0	<i>No evidence of any needs; no need for action.</i> This rating is given to a child with no evidence of behavioural regression.
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> This rating is given to a child with some regressions in age-level of behaviour (e.g., thumb sucking, whining when age inappropriate).
	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> This rating is given to a child with moderate regressions in age-level of behaviour including loss of ability to engage with peers, stopping play or exploration in environment that was previously evident, or occasional bedwetting.
	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> This rating is given to a child with more significant regressions in behaviours in an earlier age as demonstrated by changes in speech or loss of bowel or bladder control.

Psycho-somatic Symptoms (Somatisation)		CH/BMHN/6+/14
These ratings are used to describe the presence of recurrent physical complaints without apparent physical cause or conversion-like phenomena (e.g. pseudoseizures).		
Questions to consider:	0	<i>No evidence of any needs; no need for action.</i> This rating is for a child with no evidence of somatic symptoms.
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> This rating indicates a child with a mild level of somatic problems. This could include occasional headaches, stomach problems (nausea, vomiting), joint, limb or chest pain without medical cause.
	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> This rating indicates a child with a moderate level of somatic problems or the presence of conversion symptoms. This could include more persistent physical symptoms without a medical cause or the presence of several different physical symptoms (e.g., stomach problems, headaches, backaches). This child may meet criteria for a somatoform disorder. Additionally, the child could manifest any conversion symptoms here (e.g., pseudoseizures, paralysis).
	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> This rating indicates a child with severe somatic symptoms causing significant disturbance in school or social functioning. This could include significant and varied symptomatic disturbance without medical cause.

Age 6-21 Child Risk Behaviours Domain

This section focuses on behaviours that can get children and young people in trouble or put them in danger of harming themselves or others. Time frames in this section can change (particularly for ratings '1' and '3') away from the standard 30-day rating window. **For the Age 6-21 Child Risk Behaviours Domain, use the following *needs rating* action levels:**

0	No evidence of any needs; no need for action.
1	Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.
2	Action is required to ensure that the identified need is addressed; need is interfering with functioning.
3	Need is dangerous or disabling; requires immediate and/or intensive action

Suicide Risk		CH/Risk/01
<p>This item is intended to describe the presence of thoughts or behaviours aimed at taking one's life. This rating describes both suicidal and significant self-injurious behaviour. This item rates overt and covert thoughts and efforts on the part of a child to end their life. A rating of '2' or '3' would indicate the need for a safety plan. Notice the specific time frames for each rating.</p>		
<p>Questions to consider:</p> <p>Has the child ever talked about a wish or plan to die or to kill themselves?</p> <p>Has the child ever tried to commit suicide?</p>	0	<p><i>No evidence of any needs; no need for action.</i> No evidence of suicidal ideation.</p>
	1	<p><i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> History of suicidal ideation, but no recent ideation or gesture. History of suicidal behaviours or significant ideation but none during the recent past.</p>
	2	<p><i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Recent, but not acute, suicidal ideation or gesture.</p>
	3	<p><i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Current suicidal ideation and intent OR command hallucinations that involve self-harm.</p>

Non-Suicidal Self-Harm/Self-Injury		CH/Risk/02
<p>This item includes repetitive, physically harmful behaviour that generally serves as a self-soothing function to the child (e.g., cutting, carving, burning self, face slapping, head banging, etc.).</p>		
<p>Questions to consider:</p> <p>Does the behaviour serve a self-soothing purpose (e.g., numb emotional pain, move the focus of emotional pain to the physical)?</p> <p>Does the child ever purposely hurt themselves (e.g., cutting)?</p>	0	<p><i>No evidence of any needs; no need for action.</i> No evidence of any forms of self-injury.</p>
	1	<p><i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> A history or suspicion of self-injurious behaviour.</p>
	2	<p><i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Engaged in self-injurious behaviour (e.g., cutting, burns, piercing skin with sharp objects, repeated head banging) that does not require medical attention.</p>
	3	<p><i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Engaged in self-injurious behaviour requiring medical intervention (e.g., sutures, surgery) and that is significant enough to put the child's health at risk.</p>

Other Self-Harm		CH/Risk/03
<p>This item includes risk-taking and dangerous behaviours that, while not intended to harm self or others, place the child or others in some jeopardy. Suicidal or self-injurious behaviours are not rated here.</p>		
<p>Questions to consider:</p> <p>Does the child act without thinking?</p> <p>Has the child ever talked about or acted in a way that might be dangerous to themselves (e.g., reckless/risk-taking behaviour such as riding on top of cars, reckless driving, climbing bridges, etc.)?</p>	0	<p><i>No evidence of any needs; no need for action.</i></p> <p>No evidence of behaviours (other than suicide or self-harm) that place the child at risk of physical harm.</p>
	1	<p><i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i></p> <p>There is a history or suspicion of or mild reckless or risk-taking behaviour (other than suicide or self-harm) that places child at risk of physical harm.</p>
	2	<p><i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i></p> <p>Engaged in reckless or intentional risk-taking behaviour (other than suicide or self-harm) that places the child in danger of physical harm.</p>
	3	<p><i>Need is dangerous or disabling; requires immediate and/or intensive action.</i></p> <p>Engaged in reckless or intentional risk-taking behaviour (other than suicide or self-harm) that places the child at immediate risk of death.</p>

Danger to Others*		CH/Risk/04T
<p>This item rates the child's violent or aggressive behaviour. The intention of this behaviour is to cause significant bodily harm to others. A rating of '2' or '3' would indicate the need for a safety plan. Reckless behaviour that may cause physical harm to others is NOT rated on this item.</p>		
<p>Questions to consider:</p> <p>Has the child ever injured another person on purpose?</p> <p>Does the child get into physical fights?</p> <p>Has the child ever threatened to kill or seriously injure others?</p>	0	<p><i>No evidence of any needs; no need for action.</i></p> <p>No evidence or history of aggressive behaviours or significant verbal threats of aggression towards others (including people and animals).</p>
	1	<p><i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i></p> <p>History of aggressive behaviour or verbal threats of aggression towards others. History of fire setting would be rated here.</p>
	2	<p><i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i></p> <p>Occasional or moderate level of aggression towards others. Child has made verbal threats of violence towards others.</p>
	3	<p><i>Need is dangerous or disabling; requires immediate and/or intensive action.</i></p> <p>Acute homicidal ideation with a plan, frequent or dangerous (significant harm) level of aggression to others. Child is an immediate risk to others.</p>
<p>*A rating of 1, 2 or 3 on this item triggers the 'Violence' Module</p>		

Age 6+ Child Violence Module

This module is to be completed when the Child Risk Behaviours – Danger to Others item is rated 1, 2 or 3. The History of Violence item is rated for the child's lifetime. The other items are based on the last 30 days. **Please note** that the first section of items within this module are rated at Needs, others are rated as Strengths.

CH History of Violence (Need)		CH/Risk/Viol/01
This item rates the child/young person's history of violence. Rate this item for the lifetime.		
Questions to consider: Has the child/young person ever been violent with a sibling, peer, and adult?	0	<i>No evidence of any needs; no need for action.</i> No evidence of any history of violent behaviour by the child/young person.
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> Child/young person has engaged in mild forms of violent behaviour including vandalism, minor destruction of property, physical fights in which no one was injured (e.g. shoving, wrestling).
	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/young person has engaged in moderate forms of violent behaviour including fights in which participants were injured. Cruelty to animals would be rated here unless it resulted in significant injury or death of the animal.
	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/young person has initiated unprovoked violent behaviours on other people that resulted in injuries to these people. Cruelty to animals that resulted in significant injury or death to the animal would be rated here.

CH Frustration Management (Need)		CH/Risk/Viol/02
This item describes the child/young person's ability to manage their own anger and frustration tolerance.		
Questions to consider: How does the child/young person control the child/young person's temper? Does the child/young person get upset or frustrated easily? Does the child/young person become physically aggressive when angry? Does the child/young person have a hard time managing anger if someone criticise s or rejects the child/young person?	0	<i>No evidence of any needs; no need for action.</i> Child/young person appears to be able to manage frustration well. No evidence of problems of frustration management.
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> Child/young person has some mild problems with frustration, or has done in the past. The child/young person may anger easily when frustrated; however, the child/young person is able to calm self-down following an angry outburst.
	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/young person has problems managing frustration. The child/young person's anger when frustrated is causing functioning problems in school, at home, or with peers.
	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/young person becomes explosive and dangerous to others when frustrated. The child/young person demonstrates little self-control in these situations and others must intervene to restore control

CH Bullying (Need)		CH/Risk/Viol/03
This item describes perpetrators of the exploitation of others. Generally, this refers to bullying other children or child/young person (usually smaller or younger ones); however, it could include child/young person who bully adults.		
Questions to consider:		
Have there been any reports that the child/young person has picked on, made fun or, harassed or intimidated another person?	0	<i>No evidence of any needs; no need for action.</i> Child/young person has never engaged in bullying at school or in the community.
Are there concerns that the child/young person might bully other children?	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> Child/young person has been involved with groups that have bully other child/young person either in school or the community; however, child/young person has not had a leadership role in these groups.
Does the child/young person hang around with other people who bully?	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/young person has bullied other child/young person in school or community. Child/young person has either bullied the other child/young person individually or led a group that bullied child/young person
	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/young person has repeatedly utilised threats or actual violence to bully child/young person in school and/or community.

Hostility (Need)		CH/Risk/Viol/04
This item rates the perception of others regarding the child/young person's level of anger and hostility.		
Questions to consider:		
Does the child/young person seem hostile frequently or in inappropriate environments/situations?	0	<i>No evidence of any needs; no need for action.</i> Child/young person appears to not experience or express hostility except in situations where most people would become hostile.
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> Child/young person appears hostile but does not express it. Others experience child/young person as being angry.
	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/young person expresses hostility regularly.
	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/young person is almost always hostile either in expression or appearance. Others may experience child/young person as 'full of rage' or 'seething'.

CH Paranoid Thinking (Need) This item rates the existence/level of paranoid thinking experienced by the child/young person.		CH/Risk/Viol/05
Questions to consider: Does the child/young person seem suspicious? Is there any evidence of paranoid thinking/beliefs? Is the child/young person very guarded?	0	<i>No evidence of any needs; no need for action.</i> Child/young person does not appear to engage in any paranoid thinking.
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> Child/young person is suspicious of others but is able to test out these suspicions and adjust their thinking appropriately.
	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/young person believes that others are 'out to get' the child/young person. Child/young person has trouble accepting that these beliefs may not be accurate. Child/young person at times is suspicious and guarded but at other times can be open and friendly.
	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/young person believes that others plan to cause them harm. Child/young person is nearly always suspicious and guarded.

CH Secondary Gains from Anger (Need) This item is used to rate the presence of anger to obtain additional benefits.		CH/Risk/Viol/06
Questions to consider: What happens after the child/young person gets angry? Does the child/young person get anything in return? Does the child/young person typically get what the child/young person wants from expressing anger?	0	<i>No evidence of any needs; no need for action.</i> Child/young person either does not engage in angry behaviour or, when they do become angry, does not appear to derive any benefits from this behaviour.
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> Child/young person unintentionally has benefited from angry behaviour; however, there is no evidence that child/young person intentionally uses angry behaviour to achieve desired outcomes.
	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/young person sometimes uses angry behaviour to achieve desired outcomes with parents, caregivers, teachers, or peers.
	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/young person routinely uses angry behaviour to achieve desired outcomes with parents, caregivers, teachers, or peers. Others in child/young person's life appear intimidated.

CH Violent Thinking (<i>Need</i>)		CH/Risk/Viol/07
This item rates the level of violence and aggression in the child/young person's thinking.		
Questions to consider:		
<p>Does the child/young person report having violent thoughts?</p> <p>Does the child/young person verbalise the child/young person's violent thoughts either specifically or by using violent themes?</p>	0	<i>No evidence of any needs; no need for action.</i> There is no evidence that child/young person engages in violent thinking.
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> Child/young person has some occasional or minor thoughts about violence.
	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/young person has violent ideation. Language is often characterised as having violent themes and problem solving often refers to violent outcomes.
	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/young person has specific homicidal ideation or appears obsessed with thoughts about violence. For example, a child/young person who spontaneously and frequently draws only violent images may be rated here.

CH Awareness of Violence Potential (<i>Strength</i>)		CH/Risk/Viol/08
This item rates the child/young person's insight into their risk of violence.		
Questions to consider:		
<p>Is the child/young person aware of the risks of their potential to be violent?</p> <p>Is the child/young person concerned about these risks?</p> <p>Can the child/young person predict when/where/for what reason the child/young person will get angry and/or possibly become violent?</p>	0	<i>Well-developed, centrepiece strength; may be used as a focus of an intervention/ plan.</i> Child/young person is completely aware of the child/young person's level of risk of violence. Child/young person knows and understands risk factors. Child/young person accepts responsibility for past and future behaviours. Child/young person is able to anticipate future challenging circumstances. A child/young person with no violence potential would be rated here.
	1	<i>Identified and useful strength. Strength will be used, maintained or built upon in plan.</i> Child/young person is generally aware of their potential for violence, knowledgeable about their risk factors and generally able to take responsibility. Child/young person may be unable to anticipate future circumstances that may challenge them.
	2	<i>Strengths have been identified but require strength-building efforts before they can be effectively utilised as part of a plan. Identified but not useful.</i> Child/young person has some awareness of their potential for violence. Child/young person may have tendency to blame others but is able to accept some responsibility for their own actions.
	3	<i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> Child/young person has no awareness of their potential for violence. Child/young person may deny past violent acts or explain them in terms of justice or as deserved by the victim.

CH Response to Consequences (<i>Strength</i>)		CH/Risk/Viol/09
This item rates the child/young person's reaction when they experience consequences/repercussions of their violence or aggression.		
Questions to consider: How does the child/young person react to consequences given for violent or aggressive behaviour?	0	<i>Well-developed, centrepiece strength; may be used as a focus of an intervention/ plan.</i> Child/young person is clearly and predictably responsive to identified consequences. Child/young person is regularly able to anticipate consequences and adjust behaviour.
	1	<i>Identified and useful strength. Strength will be used, maintained or built upon in plan.</i> Child/young person is generally responsive to identified consequences; however, not all appropriate consequences have been identified or the child/young person may sometimes fail to anticipate consequences.
	2	<i>Strengths have been identified but require strength-building efforts before they can be effectively utilised as part of a plan. Identified but not useful.</i> Child/young person responds to consequences on some occasions but sometimes does not appear to care about consequences of their violent behaviour.
	3	<i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> Child/young person is unresponsive to consequences for their violent behaviour.

CH Commitment to Self-Control (<i>Strength</i>)		CH/Risk/Viol/10
This item rates the child/young person's willingness and commitment to controlling aggressive and/or violent behaviours.		
Questions to consider: Does the child/young person want to change the child/young person's behaviours? Is the child/young person committed to such change?	0	<i>Well-developed, centrepiece strength; may be used as a focus of an intervention/ plan.</i> Child/young person fully committed to controlling the child/young person's violent behaviour.
	1	<i>Identified and useful strength. Strength will be used, maintained or built upon in plan.</i> Child/young person is generally committed to control the child/young person's violent behaviour; however, child/young person may continue to struggle with control in some challenging circumstances.
	2	<i>Strengths have been identified but require strength-building efforts before they can be effectively utilised as part of a plan. Identified but not useful.</i> Child/young person ambivalent about controlling the child/young person's violent behaviour.
	3	<i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> Child/young person not interested in controlling the child/young person's violent behaviour at this time.

CH Treatment Involvement (<i>Strength</i>)		CH/Risk/Viol/11
This item rates the child/young person and/or family's involvement in their treatment.		
Questions to consider: Is the child/young person on medication or have a treatment plan? Does the child/young person and family know what the plan is?	0	<i>Well-developed, centrepiece strength; may be used as a focus of an intervention/ plan.</i> Child/young person fully involved in their own treatment. Family supports treatment as well.
	1	<i>Identified and useful strength. Strength will be used, maintained or built upon in plan.</i> Child/young person or family are involved in treatment but not both. Child/young person may be somewhat involved in treatment, while family members are active or child/young person may be very involved in treatment while family members are unsupportive.
	2	<i>Strengths have been identified but require strength-building efforts before they can be effectively utilised as part of a plan. Identified but not useful.</i> Child/young person and family are ambivalent about treatment involvement. Child/young person and/or family may be skeptical about treatment effectiveness or suspicious about clinician intentions.
	3	<i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> Child/young person and family are uninterested in treatment involvement. A child/young person with treatment needs who is not currently in treatment would be rated here.

End of Age 6+ Child Violence Module

Sexual Aggression*		CH/Risk/05T
This item is intended to describe both aggressive sexual behaviour and sexual behaviour in which the child takes advantage of a younger or less powerful child. The severity and recency of the behaviour provide the information needed to rate this item.		
Questions to consider: Has the child ever been accused of being sexually aggressive towards another child? Has the child had sexual contact with a younger individual?	0	<i>No evidence of any needs; no need for action.</i> No evidence of sexually aggressive behaviour.
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> History or suspicion of sexually aggressive behaviour and/or sexually inappropriate behaviour within the past year that troubles others such as harassing talk or public masturbation.
	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child engages in sexually aggressive behaviour that negatively impacts functioning. For example, frequent inappropriate sexual behaviour (e.g., inappropriate touching of others). Frequent disrobing would be rated here only if it was sexually provocative.
	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child engages in a dangerous level of sexually aggressive behaviour. This would indicate the rape or sexual abuse of another person involving sexual penetration.
*A rating of 1, 2 or 3 on this item triggers the 'Sexually Aggressive Behaviour (SAB) Module		

Age 6+ Child Sexually Aggressive Behaviour Module

This module is to be completed when the Child Risk Behaviours – Sexually Aggression item is rated 1, 2 or 3. **Note:** Please rate the most recent episode of sexually aggressive behaviour.

Relationship		CH/Risk/SAB/01
This item rates the nature of the relationship between the child/young person and the victim of their aggression.		
Questions to consider:	0	No evidence of victimising others. All parties in sexual activity appear to be consenting. No power differential.
How does the child/young person know the other children involved?	1	Although parties appear to be consenting, there is a significant power differential between parties in the sexual activity with this child/young person being in the position of authority.
Is there a power differential between parties?	2	Child/young person is clearly victimising at least one other individual with sexually abusive behaviour.
Did the sexual aggression include physical harm to another person?	3	Child/young person is severely victimising at least one other individual with sexually abusive behaviour. This may include physical harm that results from either the sexual behaviour or physical force associated with sexual behaviour.

Physical Force/Threat		CH/Risk/SAB/02
This item rates the level of physical force involved in the sexual aggression.		
Questions to consider:	0	No evidence of the use of any physical force or threat of force in either the commission of the sex act nor in attempting to hide it
Did the sex act include physical force or the threat of force? If so, how intense was that force?	1	Evidence of the use of the threat of force in an attempt to discourage the victim from reporting the sex act.
	2	Evidence of the use of mild to moderate force in the sex act. There is some physical harm or risk of physical harm.
Was the victim physically harmed or at risk of serious harm?	3	Evidence of severe physical force in the commission of the sex act. Victim harmed or at risk for physical harm from the use of force.

Planning		CH/Risk/SAB/03
This item should be rated only for the perpetrator.		
Questions to consider: Does the child/young person plan the sexually aggressive activities, or do they happen spontaneously?	0	No evidence of any planning. Sexual activity appears entirely opportunistic.
	1	Some evidence of efforts to get into situations where likelihood of opportunities for sexual activity are enhanced.
	2	Evidence of some planning of sex act.
	3	Considerable evidence of predatory sexual behaviour in which victim is identified prior to the act, and the act is premeditated.

Age Differential		CH/Risk/SAB/04
Please rate the highest level from the most recent episode of sexual behaviour. This item should be rated only for the perpetrator.		
Questions to consider: What are the ages of the individuals the child/young person has had sex with?	0	Ages of the perpetrator and victim and/or participants essentially equivalent (less than 3 years apart).
	1	Age differential between perpetrator and victim and/or participants is 3 to 4 years.
	2	Age differential between perpetrator and victim at least 5 years, but perpetrator less than 13 years old.
	3	Age differential between perpetrator and victim at least 5 years and perpetrator 13 years old or older.

Type of Sex Act		CH/Risk/SAB/05
This item rates the kind of the sex act involved in the aggression. Rate the most serious type of aggression present.		
Questions to consider: What was the exact sex act(s) involved in the child/young person's aggression?	0	Sex act(s) involve touching or fondling only
	1	Sex act(s) involve fondling plus possible penetration with fingers or oral sex.
	2	Sex act(s) involve penetration into genitalia or anus with body part.
	3	Sex act involves physically dangerous penetration due to differential size or use of an object

Response to Accusation		CH/Risk/SAB/06
This item rates how the child/young person responded to the accusation and the remorse felt by the child/young person.		
Questions to consider: Is the child/young person sorry for their behaviour? Does the child/young person admit to the sex acts?	0	Child/young person admits to behaviour and expresses remorse and desire to not repeat.
	1	Child/young person partially admits to behaviours and expresses some remorse.
	2	Child/young person admits to behaviour but does not express remorse.
	3	Child/young person neither admits to behaviour nor expresses remorse. Child/young person is in complete denial.

Temporal Consistency		CH/Risk/SAB/07
Temporal consistency relates to a child/young person's patterns and history of sexually problematic behaviour.		
Questions to consider: How long has the child/young person exhibited sexually problematic behaviour(s)?	0	This level indicates a child/young person who has never exhibited sexually abusive behaviour or who has developed this behaviour only in the past three months following a clear stressor.
	1	This level indicates a child/young person who has been sexually abusive during the past two years OR child/young person who has become sexually abusive in the past three months despite the absence of any clear stressors.
	2	This level indicates a child/young person who has been sexually abusive for an extended period of time (e.g. more than two years), but who has had significant symptom-free periods.
	3	This level indicates a child/young person who has been sexually abusive for an extended period of time (e.g. more than two years) without significant symptom-free periods.

History of Sexually Aggressive Behaviour		CH/Risk/SAB/08
This item rates the quantity of sexually aggressive behaviours exhibited by the child/young person.		
Questions to consider: How many incidents have been identified and/or investigated? How many victims have been identified?	0	Child/young person or adolescent has only one incident of sexually abusive behaviour that has been identified and/or investigated.
	1	Child/young person or adolescent has two or three incidents of sexually abusive behaviour that have been identified and/or investigated.
	2	Child/young person or adolescent has four to ten incidents of sexually abusive behaviour that have been identified and/or investigated with more than one victim.
	3	Child/young person or adolescent has more than ten incidents of sexually abusive behaviour with more than one victim.

End of Age 6+ Child Sexually Aggressive Behaviour Module

Running Away* This item describes the risk of running away/going missing/absconding or actual absconding behaviour.		CH/Risk/07T
Questions to consider:	0	<i>No evidence of any needs; no need for action.</i> Child has no history of running away or ideation of escaping from current living situation.
Has the child ever run away from home, school, or any other place?	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> Child has no recent history of running away but has expressed ideation about escaping current living situation. Child may have threatened running away on one or more occasions or has a history of running away but not in the recent past.
If so, where did the child go? How long did they stay away? How was the child found?	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child has run from home once or run from one treatment setting. Also rated here is a child who has run home (parental or relative).
Does the child ever threaten to run away?	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child has run from home and/or treatment settings in the recent past and presents an imminent flight risk. A child who is currently a runaway is rated here.
*A rating of 1, 2 or 3 on this item triggers the 'Running Away' Module		

Running Away Module

This module is to be completed when the Child Risk Behaviours – Running Away item is rated 1, 2 or 3.

Frequency of Running This item describes how often the child/young person runs away.		CH/Risk/RA/01
Questions to consider:	0	Child/young person has only run away once in past year.
How often does the child/young person run away?	1	Child/young person has run on multiple occasions in past year.
	2	Child/young person runs run often but not always.
	3	Child/young person runs at every opportunity.

Consistency of Destination		CH/Risk/RA/02
This item describes whether or not the child/young person runs away to the same place, area, or neighbourhood.		
Questions to consider: Does the child/young person always run to the same spot?	0	Child/young person always runs to the same location.
	1	Child/young person generally runs to the same location or neighbourhood
	2	Child/young person runs to the same community but the specific locations change.
	3	Child/young person runs to no planned destination.

Safety of Destination		CH/Risk/RA/03
This item describes how safe the area is where the child/young person runs.		
Questions to consider: Does the child/young person run to safe locations?.	0	Child/young person runs to a safe environment that meets the child/young person' basic needs (e.g. food, shelter).
	1	Child/young person runs to generally safe environments; however, they might be somewhat unstable or variable.
	2	Child/young person runs to generally unsafe environments that cannot meet the child/young person's basic needs.
	3	Child/young person runs to very unsafe environments where the likelihood that the child/young person will be victimised is high.

Involvement in Illegal Activities		CH/Risk/RA/04
This item describes what type of activities the child/young person is involved in while on the run and whether or not they are legal activities.		
Questions to consider: When the child/young person runs, is the child/young person involved in illegal acts?	0	Child/young person does not engage in illegal activities while on run beyond those involved with the running itself.
	1	Child/young person engages in status offenses beyond those involved with the running itself while on run (e.g. curfew violations, underage drinking)
	2	Child/young person engages in delinquent activities while on run.
	3	Child/young person engages in dangerous delinquent activities while on run (e.g. prostitution)

Likelihood of Return on Own		CH/Risk/RA/05
This item describes whether or not the child/young person returns from a running episode on their own, whether they need prompting, or whether they need to be brought back by force (police).		
Questions to consider: Does the child/young person usually return home on their own?	0	Child/young person will return from run on the child/young person's own without prompting.
	1	Child/young person will return from run when found but not without being found.
	2	Child/young person will make the child/young person difficult to find and/or might passively resist return once found.
	3	Child/young person makes repeated and concerted efforts to hide so as to not be found and/or resists return.

Involvement with Others		CH/Risk/RA/06
This item describes whether or not others help the child/young person to run away.		
Questions to consider: Are others involved in the running activities?	0	Child/young person runs by self with no involvement of others. Others may discourage behaviour or encourage child/young person to return from run.
	1	Others enable child/young person running by not discouraging child/young person's behaviour.
	2	Others involved in running by helping child/young person not be found.
	3	Child/young person actively is encouraged to run by others. Others actively cooperate to facilitate running behaviour.

Realistic Expectations		CH/Risk/RA/07
This item describes what the child/young person's expectations are for when they run away.		
Questions to consider: Does the child/young person have realistic expectations when they run away?	0	Child/young person has realistic expectations about the implications of their running behaviour.
	1	Child/young person has reasonable expectations about the implications of their running behaviour but may be hoping for a somewhat 'optimistic' outcome.
	2	Child/young person has unrealistic expectations about the implications of their running behaviour.
	3	Child/young person has obviously false or delusional expectations about the implications of their running behaviour.

Planning		CH/Risk/RA/08
This item describes how much planning the child/young person put into running away or if the child/young person runs spontaneously.		
Questions to consider:	0	Running behaviour is completely spontaneous and emotionally impulsive.
Does the child/young person plan when they run away?	1	Running behaviour is somewhat planned but not carefully.
	2	Running behaviour is planned.
	3	Running behaviour is carefully planned and orchestrated to minimise chances of being found.

End of Running Away Module

Offending/Criminal Behaviour*		CH/Risk/06T
This item includes both criminal behaviour and status offenses that may result from child failing to follow required behavioural standards (e.g., truancy, curfew violations, driving without a license). Sexual offenses should be included as criminal behaviour. If caught, the child could be arrested for this behaviour.		
Questions to consider:	0	<i>No evidence of any needs; no need for action.</i> No evidence or no history of offending/criminal behaviour.
Do you know of laws that the child has broken (even if the child has not been charged or caught)?	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> History or suspicion of offending/criminal behaviour, but none in the recent past. Status offenses would generally be rated here.
Has the child ever been arrested?	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Currently engaged in offending/criminal behaviour (e.g., vandalism, shoplifting, etc.) that puts the child at risk.
	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Serious recent acts of offending/criminal activity that place others at risk of significant loss or injury, or place the child at risk of adult sanctions. Examples include car theft, residential burglary and gang involvement.
*A rating of 1, 2 or 3 on this item triggers the 'Offending/Criminal Behaviour' Module		

Age 6+ Offending/Criminal Behaviour Module

This module is to be completed when the Child Risk Behaviours – Offending/Criminal Behaviour item is rated 1, 2 or 3.

History This item rates the child/young person’s history of offending/criminal behaviour.		CH/Risk/OFF/01
Questions to consider: How many times has the child/young person offended? How long has this behaviour been happening, and how often?	0	Current criminal behaviour is the first known occurrence.
	1	Child/young person has engaged in multiple delinquent acts in the past one year.
	2	Child/young person has engaged in multiple delinquent acts for more than one year but has had periods of at least 3 months where the child/young person did not engage in delinquent behaviour.
	3	Child/young person has engaged in multiple criminal or delinquent acts for more than one year without any period of at least 3 months where the child/young person did not engage in criminal or delinquent behaviour.

Seriousness This item rates the seriousness of the child/young person’s criminal offenses.		CH/Risk/OFF/02
Questions to consider: What are the behaviours/ actions that have made the child/young person involved in the justice or adult criminal system	0	Child/young person has engaged only in status violations (e.g. curfew).
	1	Child/young person has engaged in delinquent behaviour.
	2	Child/young person has engaged in criminal behaviour.
	3	Child/young person has engaged in delinquent criminal behaviour that places other citizens at risk of significant physical harm.

Planning This item rates the premeditation or spontaneity of the criminal acts.		CH/Risk/OFF/03
Questions to consider: Does the child/young person engage in preplanned or spontaneous or impulsive criminal acts?	0	No evidence of any planning. Delinquent behaviour appears opportunistic or impulsive.
	1	Evidence suggests that child/young person places the child/young person self into situations where the likelihood of delinquent behaviour is enhanced.
	2	Evidence of some planning of delinquent behaviour.
	3	Considerable evidence of significant planning of delinquent behaviour. Behaviour is clearly premeditated.

Community Safety		CH/Risk/OFF/04
This item rates the level to which the criminal behaviour of the child/young person puts the community's safety at risk.		
Questions to consider:	0	Child/young person presents no risk to the community. The child/young person could be unsupervised in the community.
Is the delinquency violent in nature?	1	Child/young person engages in behaviour that represents a risk to community property.
Does the child/young person commit violent crimes against people or property?	2	Child/young person engages in behaviour that places community residents in some danger of physical harm. This danger may be an indirect effect of the child/young person's behaviour.
	3	Child/young person engages in behaviour that directly places community members in danger of significant physical harm.

Peer Influences		CH/Risk/OFF/05
This item rates the level to which the child/young person's peers engage in offending or criminal behaviour.		
Questions to consider:	0	Child/young person's primary peer social network does not engage in criminal behaviour.
Do the child/young person's friends also engage in criminal behaviour?	1	Child/young person has peers in the child/young person's primary peer social network who do not engage in criminal behaviour but has some peers who do.
Are the members of the child/young person's peer group involved in the criminal justice system or on parole/probation?	2	Child/young person predominantly has peers who engage in criminal behaviour but child/young person is not a member of a gang.
	3	Child/young person is a member of a gang whose membership encourages or requires illegal behaviour as an aspect of gang membership.

Parental Criminal Behaviour		CH/Risk/OFF/06
This item rates the influence of parental criminal behaviour on the child/young person's delinquent or criminal behaviour.		
Questions to consider:	0	There is no evidence that child/young person's parents have ever engaged in criminal behaviour.
Have the child/young person's parent(s) ever been arrested?	1	One of child/young person's parents has history of criminal behaviour but child/young person has not been in contact with this parent for at least one year.
If so, how recently has the child/young person seen his parent(s)?	2	One of child/young person's parents has history of criminal behaviour and child/young person has been in contact with this parent in the past year.
	3	Both of child/young person's parents have history of criminal behaviour.

Environmental Influences		CH/Risk/OFF/07
This item rates the influence of community criminal behaviour on the child/young person's delinquent or criminal behaviour.		
Questions to consider:		
Does the child/young person live in a neighbourhood/ community with high levels of crime? Is the child/young person a frequent witness or victim of such crime?	0	No evidence that the child/young person's environment stimulates or exposes the child/young person to any criminal behaviour.
	1	Mild problems in the child/young person's environment that might expose the child/young person to criminal behaviour.
	2	Moderate problems in the child/young person's environment that clearly expose the child/young person to criminal behaviour.
	3	Severe problems in the child/young person's environment that stimulate the child/young person to engage in criminal behaviour.

Legal Compliance		CH/Risk/OFF/08
This item rates the individual's compliance with the rules of the court and probation. Please rate the highest level from the past 30 days.		
Questions to consider:		
Is the child/young person involved in the legal system? Does the child/young person comply with mandates?	0	Young person is fully compliant with all responsibilities imposed by the court (e.g. work attendance, treatment, restraining orders), or no court orders are currently in place.
	1	Young person is in general compliance with responsibilities imposed by the court (e.g. occasionally does not follow court order).
	2	Young person is in partial noncompliance with court orders (e.g. young person is not attending court-ordered treatment).
	3	Young person is in serious noncompliance with court orders (e.g. parole violations).

End of Offending/Criminal Behaviour Module

Fire Setting*		CH/Risk/09T
This item refers to behaviour involving the intentional setting of fires that might be dangerous to the child or others. This includes both malicious and non-malicious fire-setting. This does NOT include the use of candles or incense or matches to smoke or accidental fire-setting.		
Questions to consider:		
Has the child ever started a fire?	0	<i>No evidence of any needs; no need for action.</i> No evidence of fire setting by the child.
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> History of fire setting but not in the recent past.
Has the incident of fire setting put anyone at harm or at risk of harm?	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Recent fire setting behaviour but not of the type that has endangered the lives of others OR repeated fire-setting behaviour in the recent past.
	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Acute threat of fire setting. Set fire that endangered the lives of others (e.g. attempting to burn down a house).
*A rating of 1, 2 or 3 on this item triggers the 'Fire Setting' Module		

Fire Setting Module

This module is to be completed when the Child Risk Behaviours – Fire Setting item is rated 1, 2 or 3.

History		CH/Risk/FS/01
This item rates the child/young person's history of fire setting including the number of fire setting events and the time elapsed between fire setting events.		
Questions to consider:		
How many times has the child/young person started fires? When did this happen?	0	Only one known occurrence of fire setting behaviour.
	1	Child/young person has engaged in multiple acts of fire setting in the past year.
	2	Child/young person has engaged in multiple acts of fire setting for more than one year but has had periods of at least 6 months where the child/young person did not engage in fire setting behaviour.
	3	Child/young person has engaged in multiple acts of fire setting for more than one year without any period of at least 3 months where fire setting behaviour did not occur.

Seriousness This item rates the extent of damage or harm caused by the child/young person's fire setting behaviour.		CH/Risk/FS/02
Questions to consider: What happened after the fires were started? What was the extent of the damage? Was any property damaged or were there any injuries?	0	Child/young person has engaged in fire setting that resulted in only minor damage (e.g. camp fire in the back yard which scorched some lawn).
	1	Child/young person has engaged in fire setting that resulted only in some property damage that required repair.
	2	Child/young person has engaged in fire setting which caused significant damage to property (e.g. burned down house).
	3	Child/young person has engaged in fire setting that injured self or others.

Planning This item rates the level of planning involved in the fire setting behaviour.		CH/Risk/FS/03
Questions to consider: Do child plan to set fires or do it spontaneously because the opportunity suddenly presents itself?	0	No evidence of any planning. Fire setting behaviour appears opportunistic or impulsive.
	1	Evidence suggests that child/young person places the child/young person self into situations where the likelihood of fire setting behaviour is enhanced.
	2	Evidence of some planning of fire setting behaviour.
	3	Considerable evidence of significant planning of fire setting behaviour. Behaviour is clearly premeditated.

Use of Accelerants This item rates the child/young person's use of chemicals and other flammable materials (accelerants) to aid the spread of fire or to make the fire more intense.		CH/Risk/FS/04
Questions to consider: Have you used accelerants to start a fire, such as gasoline or anything that will help you start a fire rapidly?	0	No evidence of any use of accelerants (e.g., gasoline). Fire setting involved only starters such as matches or a lighter.
	1	Evidence suggests that the fire setting involved some use of mild accelerants (e.g. sticks, paper) but no use of liquid accelerants.
	2	Evidence that fire setting involved the use of a limited amount of liquid accelerants but that some care was taken to limit the size of the fire.
	3	Considerable evidence of significant use of accelerants in an effort to secure a very large and dangerous fire.

Intention to Harm This item rates the extent to which the child/young person intended to injure others when fire setting.		CH/Risk/FS/05
Questions to consider: When child started the fire, did they intend to harm/injure or kill someone? Were they seeking revenge?	0	Child/young person did not intend to harm others with fire. The child/young person took efforts to maintain some safety.
	1	Child/young person did not intend to harm others but took no efforts to maintain safety.
	2	Child/young person intended to seek revenge or scare others but did not intend physical harm, only intimidation.
	3	Child/young person intended to injure or kill others.

Community Safety Rate this item within the last 30 days. This item rates the level of risk the child/young person poses to the community due to the child/young person's fire setting behaviour.		CH/Risk/FS/06
Questions to consider: When child/young person started the fires, did they place other people in their community at risk? Do other people think that the child puts them at risk when they start fires? Does child/young person intentionally try to hurt others when starting a fire?	0	Child/young person presents no risk to the community. The child/young person could be unsupervised in the community.
	1	Child/young person engages in fire setting behaviour that represents a risk to community property.
	2	Child/young person engages in fire setting behaviour that places community residents in some danger of physical harm. This danger may be an indirect effect of the child/young person's behaviour.
	3	Child/young person engages in fire setting behaviour that intentionally places community members in danger of significant physical harm. Child/young person attempts to use fires to hurt others.

Response to Accusation This item rates the reaction of the child/young person as the child/young person is confronted with the behaviour.		CH/Risk/FS/07
Questions to consider: How did the child react when accused of setting fires? How does the child feel about that?	0	Child/young person admits to behaviour and expresses remorse and desire to not repeat.
	1	Child/young person partially admits to behaviours and expresses some remorse.
	2	Child/young person admits to behaviour but does not express remorse.
	3	Child/young person neither admits to behaviour nor expresses remorse. Child/young person is in complete denial.

Remorse This item rates the degree to which the child/young person expresses regret for the behaviour.		CH/Risk/FS/08
Questions to consider: Does the child/young person feel responsible for starting that fire? How did the child/young person apologise for what they did?	0	Child/young person accepts responsibility for behaviour and is truly sorry for any damage/risk caused. Child/young person is able to apologise directly to effected people.
	1	Child/young person accepts responsibility for behaviour and appears to be sorry for any damage/risk caused. However, child/young person is unable or unwilling to apologise to effected people.
	2	Child/young person accepts some responsibility for behaviour but also blames others. May experience sorrow at being caught or receiving consequences. May express sorrow/remorse but only in an attempt to reduce consequences.
	3	Child/young person accepts no responsibility and does not show any remorse.

Likelihood of Future Fire Setting This item rates the potential for reoccurrence of fire setting behaviour in the future.		CH/Risk/FS/09
Questions to consider: How is the child/young person willing to control themselves to prevent setting fires in the future?	0	Child/young person is unlikely to set fires in the future. Child/young person able and willing to exert self-control over fire setting.
	1	Child/young person presents mild to moderate risk of fire setting in the future. Should be monitored but does not require ongoing treatment/intervention.
	2	Child/young person remains at risk of fire setting if left unsupervised. Child/young person struggles with self-control.
	3	Child/young person presents a real and present danger of fire setting in the immediate future. Unable or unwilling to exert self-control over fire setting behaviour.

End of Fire Setting Module

Intentional Misbehaviour		CH/Risk/08
<p>This item describes intentional behaviours that a child engages in to force others to administer consequences. This item should reflect problematic social behaviours (socially unacceptable behaviour for the culture and community in which the child lives) that put the child at some risk of consequences. It is not necessary that the child be able to articulate that the purpose of their misbehaviour is to provide reactions/consequences to rate this item. There is always, however, a benefit to the child resulting from this unacceptable behaviour even if it does not appear this way on the face of it (e.g., child feels more protected, more in control, less anxious because of the sanctions). This item should not be rated for children who engage in such behaviour solely due to developmental delays.</p>		
<p>Questions to consider:</p> <p>Does the child intentionally do or say things to upset others or get in trouble with people in positions of authority (e.g., parents or teachers)?</p> <p>Has the child engaged in behaviour that was insulting, rude or obnoxious and which resulted in sanctions for the child such as suspension, job dismissal, etc.?</p>	<p>0</p> <p><i>No evidence of any needs; no need for action.</i> Child shows no evidence of problematic social behaviours that cause adults to administer consequences.</p> <p>1</p> <p><i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> Some problematic social behaviours that force adults to administer consequences to the child. Provocative comments or behaviour in social settings aimed at getting a negative response from adults might be included at this level.</p> <p>2</p> <p><i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child may be intentionally getting in trouble in school or at home and the consequences, or threat of consequences, is causing problems in the child's life.</p> <p>3</p> <p><i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Frequent seriously inappropriate social behaviours force adults to seriously and/or repeatedly administer consequences to the child. The inappropriate social behaviours may cause harm to others and/or place the child at risk of significant consequences (e.g. expulsion from school, removal from the community).</p>	

Bullying		CH/Risk/13
<p>This item rates behaviour that involves intimidation (verbal or physical) of others; threatening others with harm if they do not comply with the individual's demands is rated here. A victim of bullying is not rated here.</p>		
<p>Questions to consider:</p> <p>Are there concerns that the child might bully other children?</p> <p>Have there been any reports that the child has picked on, made fun of, harassed or intimidated another person?</p> <p>Does the child hang around with other people who bully?</p>	<p>0</p> <p><i>No evidence of any needs; no need for action.</i> No evidence that the child has ever engaged in bullying at school or in the community.</p> <p>1</p> <p><i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> History or suspicion of bullying, or child has engaged in bullying behaviour or associated with groups that have bullied other children.</p> <p>2</p> <p><i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child has bullied other children in school or in the community. They have either bullied the other children, or led a group that bullied other children.</p> <p>3</p> <p><i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child has repeatedly utilised threats or actual violence when bullying others in school and/or in the community.</p>	

Victimisation/Exploitation*		CH/Risk/11T
<p>This item describes a child who has been victimised by others. This item is used to examine a history and pattern of being the object of abuse and/or whether the child is at current risk for re-victimization. It would also include children who are victimised in other ways (e.g., sexual abuse, sexual exploitation, inappropriate expectations based on a child's level of development, a child who is forced to take on a parental level of responsibility, etc.).</p>		
<p>Questions to consider:</p> <p>Has the child ever been bullied or the victim of a crime?</p> <p>Has the child traded sexual activity for goods, money, affection or protection?</p> <p>Has the child been a victim of human trafficking?</p> <p>Is the child parentified or has taken on parental responsibilities and has this impacted their functioning?</p>	0	<p><i>No evidence of any needs; no need for action.</i></p> <p>No evidence that the child has experienced victimisation or exploitation.</p>
	1	<p><i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i></p> <p>Suspicion or history of victimisation or exploitation, but the child has not been victimised to any significant degree in the past year. Child is not presently at risk for re-victimisation or exploitation.</p>
	2	<p><i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i></p> <p>Child has been recently victimised (within the past year) and may be at risk of re-victimisation. This might include physical or sexual abuse, significant psychological abuse by family or friend, sexual exploitation, or violent crime.</p>
	3	<p><i>Need is dangerous or disabling; requires immediate and/or intensive action.</i></p> <p>Child has been recently or is currently being victimised or exploited, including human trafficking (e.g., labour or sexual exploitation including the production of pornography, sexually explicit performance, sexual activity) or living in an abusive relationship, or constantly taking on responsibilities of being a parent to other family members.</p>
<p>*A rating of 1, 2 or 3 on this item triggers the 'Commercial Sexual Exploitation' Module</p>		

Age 6-21 Commercial Sexual Exploitation Module

This module is to be completed when the Risk Behaviour - Victimisation/Exploitation item is rated '1', '2' or '3'. **Note:** For the purpose of this module, exploitation is defined as engaging in sexual activities for the exchange of goods.

Duration of Exploitation		CH/Risk/CSE/01
<p>This item describes how long the exploitation of the child/young person has occurred.</p>		
<p>Questions to consider:</p> <p>How long has the exploitation occurred?</p>	0	Exploitation has begun in the last three months.
	1	Exploitation has begun in the past year.
	2	Exploitation has been intermittent for more than two years.
	3	Exploitation has been ongoing for more than two years.

Age of Onset – Exploitation		CH/Risk/CSE/02
This item describes when the exploitation of the child/young person began.		
Questions to consider: When did the exploitation of the child/young person begin?	0	Exploitation began after the age of 16.
	1	Exploitation began between the ages of 14 and 16.
	2	Exploitation began between the ages of 12 and 14.
	3	Exploitation began prior to age 12.

Perception of Dangerousness		CH/Risk/CSE/03
This item describes the child/young person's awareness of the danger involved in their exploitive circumstances and behaviour.		
Questions to consider: Is the child/young person aware that they are in danger?	0	Child/young person is fully aware of the dangerousness of their situation and behaviour. Child/young person may take precautions to reduce dangerousness, such as using protection for intercourse or avoiding conflicts.
	1	Child/young person is partially aware of the dangerousness of their situation and behaviour. Child/young person generally fails to take precautions.
	2	Child/young person is unaware of the dangerousness of their situation and behaviour.
	3	Child/young person actively minimises the dangerousness of their situation and behaviour.

Knowledge of Exploitation		CH/Risk/CSE/04
This item describes whether the child/young person recognises that they are being exploited. This includes knowledge of the abuse in the relationship with the exploiter(s) and exploitation related activity.		
Questions to consider: Does the child/young person know that they are being exploited?	0	Child/young person understands that they are currently being exploited.
	1	Child/young person has some understanding that they might currently be exploited, however, the child/young person is unsure.
	2	Child/young person is unaware of their exploitation.
	3	Child/young person actively denies and/or rationalises their exploitation.

Trauma Bond		CH/Risk/CSE/05
This item describes the emotional bond that the child/young person feels towards their exploiter(s). This emotional bond is formed as a result of the cycle of abuse, the power differential between the child/young person and exploiter(s), and intermittent reinforcement that the child/young person receives. Trauma bonding does not necessitate a lot of time in or consistency of relationship with an exploiter.		
Questions to consider:	0	No evidence of the child/young person having a relationship with an exploiter.
Does the child/young person have an attachment towards their exploiter?	1	Exploitation exists in the child/young person's world or environment – e.g., sibling is exploited, or friend is an exploiter – but the child/young person is not currently being exploited. If the child/young person was previously exploited, the emotional connection to the exploiter(s) is minimal as is the exploiter's influence over the child/young person.
Does the child/young person believe that the exploiter cares for them?	2	Child/young person responds positively to the exploiter(s), finding safety and stability in the exploitative relationship(s). Child/young person may occasionally recognise that the exploiter(s) is not operating with their best interest in mind, but the child/young person continues to empathise with the exploiter(s), minimise their exploitation, and remain actively connected to the exploiter(s).
	3	Child/young person experiences extreme distress when not actively engaged with an exploiter. Child/young person denies the exploitation and normalises the relationship with the exploiter(s) (e.g., Child/young person may experience harm towards them by the exploiter(s) as expressions of love or a special connection). Child/young person may protect the exploiter(s) from accusations of exploitation. Child/young person is unable to perceive alternatives to exploitation, placing them in dangerous situations that require immediate and/or intensive action.

Exploitation of Others		CH/Risk/CSE/06
This item describes child/young person's involvement in the exploitation of others. The exploitation of others may result from trauma or need for survival.		
Questions to consider:	0	No evidence that the child/young person exploits other people.
Does the child/young person expose others to exploitation?	1	Child/young person occasionally exposes other to exploitation, potentially grooming others for exploitation.
Does the child/young person recruit others into exploitation?	2	Child/young person actively recruits others into exploitation.
	3	Child/young person is facilitating others' exploitation. Child/young person's exploitation of others is putting at least one of these individuals at risk of harm.

Reproductive Health		CH/Risk/CSE/07
This item describes any needs related to the child/young person's reproductive health and/or sexual health practices, including treatment for sexually transmitted diseases, pre-natal care, education regarding safe sex practices, etc.		
Questions to consider:	0	No evidence of reproductive health needs.
Does the child/young person have any reproductive health needs?	1	Young person may have a history of a need related to their reproductive/sexual health, but is not experiencing active symptoms or behaviours that suggest a current need in this area.
	2	Child/young person is in need of assistance to treat/address reproductive health needs and/or sexual health practices.
	3	Child/young person is in immediate need of assistance to treat/address reproductive health needs and/or sexual health practices. This may include high risk pregnancies or sexual health practices.

Arrests for Loitering/Solicitation		CH/Risk/CSE/08
This item includes arrests for crimes committed during or associated with exploitation.		
Questions to consider:	0	Child/young person has not been arrested for loitering or soliciting.
Has the child/young person ever been arrested for loitering or solicitation that was associated with exploitation?	1	Child/young person has been arrested once or twice for loitering or soliciting.
	2	Child/young person has been arrested three, four or five times for loitering or soliciting.
	3	Child/young person has been arrested six or more times for loitering or soliciting.

Exploitation History		CH/Risk/CSE/09
This item describes any history of involvement in exploitation of the child/young person's family.		
Questions to consider:	0	Family members have no known history of involvement in exploitation.
Does the child/young person's family have a history of involvement in exploitation?	1	One family member has some history of involvement in exploitation. This exploitation history has not affected relationships in the family.
	2	One or more family members have known history of involvement in exploitation. The members of the family have been exposed to this exploitation history.
	3	One or more family members have involved the child/young person in exploitation with them.
Have any family members involved the child/young person in exploitation with them?		

END of Age 6-21 Commercial Sexual Exploitation Module

Gang Involvement		CH/Risk/12
This item describes the child/young person's involvement (not the family's) involvement with gangs. 'Gangs' should be interpreted according to local usage and may include a child/young person's involvement with other individuals that regularly engages in negative activities but does not formally call itself a 'gang'.		
Questions to consider: Is the child/young person involved with a gang or have they been in the past? Are there gang affiliations that affect this child/young person's functioning or place them at risk? If no evidence, is there suspicion of gang involvement?	0	<i>No evidence of any needs; no need for action.</i> Child/young person has no known gang affiliations.
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> Child/young person has a history of gang affiliations or associates with current gang members but this does not appear to impact their functioning.
	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/young person has current gang affiliations that impact at least one aspect of their life. For example the child/young person may get into arguments with member of other gangs or refuse to work with them. Child/young person may be attempting to gain attention from or admission to a gang by acting out in the community.
	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/young person has a current gang affiliation which plays a major role in their life. Child/young person's activities with the gang place them in dangerous situations. The child/young person is in need of immediate or intensive action.

Cultural Factors Domain

These items identify linguistic or cultural issues for which service providers need to make accommodations (e.g., provide interpreter, finding therapist who speaks family’s primary language, and/or ensure that a family has the opportunity to participate in cultural rituals associated with their cultural identity). Items in the Cultural Factors Domain describe difficulties that families may experience or encounter as a result of their membership in any cultural group, and/or because of the relationship between members of that group and members of the dominant society. The cultural issues in this domain should be considered in relation to the impact they are having on the life of the individuals within the family.

For the Cultural Factors Domain, use the following *needs rating* action levels:

0	No evidence of any needs; no need for action.
1	Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.
2	Action is required to ensure that the identified need is addressed; need is interfering with functioning.
3	Need is dangerous or disabling; requires immediate and/or intensive action

Language		CH/CF/01
This item looks at whether the child/young person and family need help with communication to obtain the necessary resources, supports and accommodations (e.g., interpreter). This item includes spoken, written, and sign language, as well as issues of literacy. (For children aged 0-5, rate this for the family.)		
Questions to consider:		
What language does the family speak at home?	0	<i>No evidence of any needs; no need for action.</i> No evidence that there is a need or preference for an interpreter and/or the child/young person and family speak and read the primary language where the child/young person or family lives.
Is there a child interpreting for the family in situations that may compromise the child or family’s care?	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> Child/young person and/or family speak or read the primary language where the child/young person or family lives, but potential communication problems exist because of limited vocabulary or comprehension of the nuances of the language.
Does the child or significant family members have any special needs related to communication (e.g., ESL, ASL, Braille, or assisted technology)?	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/young person and/or significant family members do not speak the primary language where the child/young person or family lives. Translator or family’s native language speaker is needed for successful intervention; a qualified individual(s) can be identified within natural supports.
	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/young person and/or significant family members do not speak the primary language where the child/young person or family lives. Translator or family’s native language speaker is needed for successful intervention; no such individual is available from among natural supports.

Traditions and Rituals		CH/CF/02
<p>This item rates the child/young person and family's access to and participation in cultural tradition, rituals and practices, including the celebration of culturally specific holidays such as Kwanza, Dia de los Muertos, Yom Kippur, Quinceanera, etc. This also may include daily activities that are culturally specific (e.g., wearing a hijab, praying toward Mecca at specific times, eating a specific diet, access to media), and traditions and activities to include newer cultural identities. (For children aged 0-5, rate this for the family.)</p>		
Questions to consider:		
	0	<i>No evidence of any needs; no need for action.</i> Child/young person and/or family are consistently practice their chosen traditions and rituals consistent with their cultural identity.
What holidays does the child/young person celebrate?	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> Child/young person and/or family are generally practice their chosen traditions and rituals consistent with their cultural identity; however, they sometimes experience some obstacles to the performance of these practices.
What traditions are important to the child/young person?	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/young person and/or family experience significant barriers and are sometimes prevented from practicing their chosen traditions and rituals consistent with their cultural identity.
Does the child/young person fear discrimination for practicing the child/young person's traditions and rituals?	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/young person and/or family are unable to practice their chosen traditions and rituals consistent with their cultural identity.

Cultural Stress		CH/CF/03
<p>This item identifies circumstances in which the child/young person's cultural identity is met with hostility or other problems within the child/young person's environment due to differences in attitudes, behaviour, or beliefs of others (this includes cultural differences that are causing stress between the child/young person and the child/young person's family). Racism, negativity and other forms of discrimination would be rated here.</p>		
Questions to consider:		
	0	<i>No evidence of any needs; no need for action.</i> No evidence of stress between the child/young person's cultural identity and current living situation.
What does the family believe is their reality of discrimination? How do they describe discrimination or oppression?	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> Some mild or occasional stress resulting from friction between the child/young person's cultural identity and current living situation.
Does this impact their functioning as both individuals and as a family?	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/young person is experiencing cultural stress that is causing problems of functioning in at least one life domain. Child/young person needs support to learn how to manage culture stress.
How does the caregiver support the child/young person's identity and experiences if different from the child/young person's own?	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/young person is experiencing a high level of cultural stress that is making functioning in any life domain difficult under the present circumstances. Child/young person needs immediate plan to reduce culture stress.

Cultural Differences within the Family		F/Func/03
<p>Sometimes child members within a family have different backgrounds, values and/or perspectives. This might occur in a family where a child is adopted from a different race, culture, ethnicity, or socioeconomic status. The parent may struggle to understand or lack awareness of the experience of discrimination. Additionally this may occur in families where the parents are first generation immigrants. The child may refuse to adhere to certain cultural practices, choosing instead to participate more in popular culture.</p>		
<p>Questions to consider:</p> <p>Do the parents and the child have different understandings of appropriate behaviours that are rooted in cultural traditions?</p> <p>Do the family and child understand and respect each other's perspectives?</p> <p>Do the family and child have conflicts that result from different cultural perspectives?</p>	0	<p><i>No evidence of any needs; no need for action.</i></p> <p>No evidence of conflict, stress or disengagement within the family due to cultural differences or family is able to communicate effectively in this area.</p>
	1	<p><i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i></p> <p>Child and family have struggled with cultural differences in the past, but are currently managing them well or there are mild issues of disagreement.</p>
	2	<p><i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i></p> <p>Child and family experience difficulties managing cultural differences within the family that negatively impacts the functioning of the child.</p>
	3	<p><i>Need is dangerous or disabling; requires immediate and/or intensive action.</i></p> <p>Child and family experience such significant difficulty managing cultural differences within the family that it interferes with the Child's functioning and/or requires immediate action.</p>

Early Childhood (0-5) Domain - Challenges

Impulsivity/Hyperactivity		CH/BMHN/02
<p>Problems with impulse control and impulsive behaviours, including motoric disruptions, are rated here. This includes behavioural symptoms associated with Attention-Deficit Hyperactivity Disorder (ADHD) and Impulse-Control Disorders as indicated in clinical criteria. Children with impulse problems tend to engage in behaviour without thinking, regardless of the consequences. This can include compulsions to engage in gambling, violent behaviour (e.g., road rage), sexual behaviour, fire-starting or stealing.</p>		
Questions to consider:		
	0	<p><i>No evidence of any needs; no need for action.</i> No evidence of symptoms of loss of control of behaviour.</p>
<p>Is the child unable to sit still for any length of time?</p> <p>Does the child have trouble paying attention for more than a few minutes?</p>	1	<p><i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> There is a history or evidence of mild levels of impulsivity evident in action or thought that place the child at risk of future functioning difficulties. The child may exhibit limited impulse control, e.g., child may yell out answers to questions or may have difficulty waiting one's turn. Some motor difficulties may be present as well, such as pushing or shoving others.</p>
<p>Is the child able to control their behaviour, talking?</p>	2	<p><i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Clear evidence of problems with impulsive, distractible, or hyperactive behaviour that interferes with the child's functioning in at least one life domain. This indicates a child with impulsive behaviour who may represent a significant management problem for adults (e.g., caregivers, teachers, coaches, etc.). A child who often intrudes on others and often exhibits aggressive impulses would be rated here.</p>
	3	<p><i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Clear evidence of a dangerous level of hyperactivity and/or impulsive behaviour that places the child at risk of physical harm. This indicates a child with frequent and significant levels of impulsive behaviour that carries considerable safety risk (e.g., running into the street, dangerous driving or bike riding). The child may be impulsive on a nearly continuous basis. The child endangers self or others without thinking.</p>

Depression		CH/BMHN/04
<p>This item refers to any symptoms of Depression which may include irritability, changes in eating and sleeping, and withdrawal from playing or activities that were once of interest. A rating of '2' could be a two year old who is often irritable, does not enjoy playing with toys as he used to, is clingy to caretaker and is having sleep issues.</p>		
<p>Questions to consider:</p> <p>Are the caregivers concerned that the child is depressed, has chronic low mood or irritability?</p> <p>Has s/he withdrawn from normal activities?</p> <p>Does the child seem lonely or not interested in others?</p>	<p>0</p>	<p><i>No evidence of any needs; no need for action.</i></p> <p>No evidence of problems with depression.</p>
	<p>1</p>	<p><i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i></p> <p>History, suspicion, or mild depression associated with a recent negative life event with minimal impact on life domain functioning. Brief duration of depression, irritability, or impairment of peer, family, or academic functioning that does not lead to gross avoidance behaviour. There are some indicators that the child may be depressed or has experienced situations that may lead to depression. Infants may appear to be withdrawn and slow to engage or may express emotions in a muted way at times during the day. Older children are irritable or do not demonstrate a range of affect</p>
	<p>2</p>	<p><i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i></p> <p>This rating is given to a child with moderate problems with depression. Infants demonstrate a change from previous behaviour and appear to have a flat affect with little responsiveness to interaction most of the time. Older children may have negative verbalisations, dark themes in play and demonstrate little enjoyment in play and interactions. This level is used to rate children who meet the criteria for an affective disorder</p>
	<p>3</p>	<p><i>Need is dangerous or disabling; requires immediate and/or intensive action.</i></p> <p>This rating is given to a child with a severe level of depression. This would include a child who stays at home or in bed all day due to depression or one whose emotional symptoms prevent any participation in school, friendship groups, or family life. Disabling forms of depressive diagnoses would be coded here. This level is used to indicate an extreme case of one of the disorders listed above. Clear evidence of disabling level of depression that makes it virtually impossible for the child to function in any life domain. This rating is given to a child with a severe level of depression</p>

Anxiety This item rates symptoms associated with Anxiety Disorders characterised by excessive fear and anxiety and related behavioural disturbances (including avoidance behaviours). Panic attacks can be a prominent type of fear response.		CH/BMHN/05
Questions to consider: Does the child have any problems with anxiety or fearfulness? Is the child avoiding normal activities out of fear? Does the child act frightened or afraid?	0	<i>No evidence of any needs; no need for action.</i> No evidence of anxiety symptoms.
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> Mild level of disturbance. History or suspicion of anxiety problems or mild anxiety associated with a recent negative life event that does not lead to gross avoidance behaviour. This level is used to rate either a mild phobia or anxiety problem or a level of symptoms that is below the threshold for the other listed disorders. An infant may appear anxious in certain situations but has the ability to be soothed. Older children may appear in need of extra support to cope with some situations but are able to be calmed.
	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Moderate level of disturbance. Clear evidence of anxiety associated with either anxious mood or significant fearfulness. Anxiety has interfered significantly in child's ability to function in at least one life domain. This is used to rate children who meet the criteria for an anxiety disorder listed above. Infants may be irritable, over reactive to stimuli, have uncontrollable crying and significant separation anxiety. Older children may have all of the above with persistent reluctance or refusal to cope with some situations.
	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Severe level of disturbance. This would include evidence of debilitating level of anxiety that makes it virtually impossible for the child to function in any life domain. More severe forms of anxiety diagnoses would be coded here. This level is used to indicate an extreme case of one of the disorders listed above.

Oppositional (Non-Compliance with Authority) This item rates the child's relationship with authority figures. Generally oppositional behaviour is displayed in response to conditions set by a parent, teacher or other authority figure with responsibility for and control over the child.		CH/BMHN/06
Questions to consider: Does the child follow their caregivers' rules? Have teachers or other adults reported that the child does not follow rules or directions? Does the child argue with adults when they try to get the child to do something? Does the child do things that they have been explicitly told not to do?	0	<i>No evidence of any needs; no need for action.</i> No evidence of oppositional behaviours.
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> There is a history or evidence of mild level of defiance towards authority figures that has not yet begun to cause functional impairment. Child may occasionally talk back to teacher, parent/caregiver; there may be letters or calls from school.
	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Clear evidence of oppositional and/or defiant behaviour towards authority figures that is currently interfering with the child's functioning in at least one life domain. Behaviour causes emotional harm to others. A child whose behaviour meets the criteria for Oppositional Defiant Disorder would be rated here.
	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Clear evidence of a dangerous level of oppositional behaviour involving the threat of physical harm to others. This rating indicates that the child has severe problems with compliance with rules or adult instruction or authority.

Attachment Difficulties		CH/BMHN/12
This item should be rated within the context of the child's significant parental or caregiver relationships.		
<p>Questions to consider:</p> <p>Does your child struggle with separating from caregiver?</p>	0	<p><i>No evidence of any needs; no need for action.</i></p> <p>No evidence of attachment problems. Caregiver-child relationship is characterised by mutual satisfaction of needs and child's development of a sense of security and trust. Caregiver appears able to respond to child cues in a consistent, appropriate manner, and child seeks age-appropriate contact with caregiver for both nurturing and safety needs.</p>
<p>Does your child approach or attach to strangers in indiscriminate ways?</p> <p>Does your child have the ability to make healthy attachments to appropriate adults or are their relationships marked by intense fear or avoidance?</p>	1	<p><i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i></p> <p>Mild problems with attachment. There is some evidence of insecurity in the child-caregiver relationship. Caregiver may at times have difficulty accurately reading child's bids for attention and nurturance; may be inconsistent in response; or may be occasionally intrusive. Child may have mild problems with separation (e.g., anxious/clingy behaviours in the absence of obvious cues of danger) or may avoid contact with caregiver in age-inappropriate way. Child may have minor difficulties with appropriate physical/emotional boundaries with others.</p>
<p>Does your child have separation anxiety issues that interfere with ability to engage in childcare or nursery?</p>	2	<p><i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i></p> <p>Moderate problems with attachment. Attachment relationship is marked by sufficient difficulty as to require intervention. Caregiver may consistently misinterpret child cues, act in an overly intrusive way, or ignore/avoid child bids for attention/nurturance. Child may have ongoing difficulties with separation, may consistently avoid contact with caregivers, and may have ongoing difficulties with physical or emotional boundaries with others.</p>
	3	<p><i>Need is dangerous or disabling; requires immediate and/or intensive action.</i></p> <p>Severe problems with attachment. Child is unable to form attachment relationships with others (e.g., chronic dismissive/avoidant/detached behaviour in care giving relationships) OR child presents with diffuse emotional/physical boundaries leading to indiscriminate attachment with others. Child is considered at ongoing risk due to the nature of his/her attachment behaviours. A child who meets the criteria for an Attachment Disorder in DSM would be rated here. Child may have experienced significant early separation from or loss of caregiver, or have experienced chronic inadequate care from early caregivers, or child may have individual vulnerabilities (e.g., mental health, developmental disabilities) that interfere with the formation of positive attachment relationships.</p>

Adjustment to Trauma		CH/BMHN/08T
<p>This item is used to describe the child who is having difficulties adjusting to a traumatic experience, as defined by the child. Please note: To rate this item a traumatic event is not required to meet the clinical definition of trauma, but rather an event defined as traumatic by the child, e.g., changing schools could be viewed as traumatic. This is one item where speculation about why a child is displaying a certain behaviour is considered. There should be an inferred link between the trauma and current behaviour. A rating of '2' would indicate significant problems with adjustment where an infant may be regressing developmentally. A rating of '3' represents a debilitating level of symptoms for the child</p>		
<p>Questions to consider:</p> <p>Has child experienced a traumatic event?</p>	<p>0</p>	<p><i>No evidence of any needs; no need for action.</i> No evidence of problems associated with traumatic life events. The child has experienced a traumatic event and is not demonstrating symptoms or there are mild changes in the child's behaviour that are controlled by caregivers.</p>
<p>Does s/he experience frequent nightmares?</p> <p>Is s/he troubled by flashbacks?</p>	<p>1</p>	<p><i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> History or suspicion of problems associated with traumatic life event/s. The child has experienced a traumatic event and is not demonstrating symptoms or there are mild changes in the child's behaviour that are controlled by caregivers.</p>
<p>Is s/he unusually afraid of being alone, or of participating in normal activities?</p>	<p>2</p>	<p><i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Clear evidence of traumatic stress symptoms such those present in Post Traumatic Stress Disorder or Acute Stress Disorder. Adjustment is interfering with child's functioning in at least one life domain. Infants may have developmental regression, and/or eating and sleeping disturbance. Older children may have all of the above as well as behavioural symptoms, tantrums and withdrawn behaviour.</p>
	<p>3</p>	<p><i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Clear evidence of debilitating symptoms of Post-Traumatic Stress Disorder or Acute Stress Disorder, which may include flashbacks, nightmares, significant anxiety, and intrusive thoughts of the trauma experience.</p>

Regulatory:Body/Emotional		CH/Dev/15
<p>This item refers to the child’s ability to be comforted as well as regulate bodily functions such as eating, sleeping and elimination, as well as activity level/intensity and sensitivity to external stimulation. The child’s ability to regulate intense emotions is also rated here, which includes coping with frustration and transitions.</p>		
<p>Questions to consider:</p> <p>Does child have particular challenges around transitioning from activity to another resulting at times in the inability to engage in activities?</p> <p>Does child exhibit severe reactions to changes in temperature or clothing such that it interferes with engaging in activities/school or play?</p> <p>Does child require more adult supports to cope with frustration than other children in similar settings?</p> <p>Is there concern that child has more distressing tantrums or yelling fits than other children or has a teacher/childcare worker expressed concern about intensity or frequency of tantrums?</p>	0	<p><i>No evidence of any needs; no need for action.</i></p> <p>No evidence of regulatory problems.</p>
	1	<p><i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i></p> <p>Some problems with regulation are present or suspected. Infants may have unpredictable patterns and be difficult to console. Older children may require a great deal of structure and need more support than other children in coping with frustration and difficult emotions. There is a history, suspicion of or some mild problems with regulation are present. Infants may have unpredictable patterns and be difficult to console. Older children may require a great deal of structure and need more support than other children in coping with frustration and difficult emotions.</p>
	2	<p><i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i></p> <p>Infants may demonstrate significant difficulties with transitions, and irritability such that consistent adult intervention is necessary and disruptive to the family. Older children may demonstrate severe reactions to sensory stimuli and emotions that interfere with their functioning and ability to progress developmentally. Older children may demonstrate such unpredictable patterns in their eating and sleeping routines that the family is disrupted and distressed.</p>
	3	<p><i>Need is dangerous or disabling; requires immediate and/or intensive action.</i></p> <p>Profound problems with regulation are present that place the child’s safety, well-being and/or development at risk.</p>

Atypical Behaviours		CH/BMHN/Early/15
<p>This item rates whether the child repeats certain actions over and over again, or demonstrates behaviours that are unusual or difficult to understand. Behaviours may include mouthing after 1 year, head banging, smelling objects, spinning, twirling, hand flapping, finger-flicking, rocking, toe walking, staring at lights, or repetitive and bizarre verbalisations. This is important in early childhood to assess due to the possible indication that this may be related to pervasive developmental disorders. Early intervention to assess the etiology of these symptoms is critical.</p>		
<p>Questions to consider: Does child have particular challenges around transitioning from activity to another resulting at times in the inability to engage in activities? Does child exhibit severe reactions to changes in temperature or clothing such that it interferes with engaging in activities/school or play? Does child require more adult supports to cope with frustration than other children in similar settings? Is there concern that child has more distressing tantrums or yelling fits than other children or has a teacher/childcare worker expressed concern about intensity or frequency of tantrums?</p>	0	<p><i>No evidence of any needs; no need for action.</i> No evidence of atypical behaviours in the infant/child.</p>
	1	<p><i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> History or reports of atypical behaviours from others that have not been observed by caregivers</p>
	2	<p><i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Clear evidence of atypical behaviours reported by caregivers that are observed on an ongoing basis.</p>
	3	<p><i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Clear evidence of atypical behaviours that are consistently present and interfere with the infant's/child's functioning on a regular basis.</p>
<p>Supplementary Information: Are there any unusual or odd behaviours that concern you in your child (especially repetitive behaviours that stand out)? Has anyone ever expressed concern around your child's odd behaviours (e.g., teacher commenting that your child spins in corners or other children making fun of your child for unusual actions)?</p>		

Sleep (12mo+)		CH/Func/09
<p>This item rates the child/young person's sleep patterns. This item is used to describe any problems with sleep, regardless of the cause including difficulties falling asleep or staying asleep as well as sleeping too much. Both bedwetting and nightmares should be considered sleep issues.</p>		
<p>Questions to consider: Does the child/young person appear rested? Is the child/young person often sleepy during the day? Does the child/young person have frequent nightmares or difficulty sleeping? How many hours does the child/young person sleep each night?</p>	0	<p><i>No evidence of any needs; no need for action.</i> Sleep patterns are normative for age/developmental level.</p>
	1	<p><i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> Child has some problems with sleep. Toddlers resist sleep and consistently need a great deal of adult support to sleep. Preschoolers may have either a history of poor sleep or continued problems 1-2 nights per week.</p>
	2	<p><i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child is having problems with sleep. Toddlers and preschoolers may experience difficulty falling asleep, night waking, night terrors or nightmares on a regular basis.</p>
	3	<p><i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child is experiencing significant sleep problems that result in sleep deprivation. Parents have exhausted numerous strategies for assisting child.</p>

Family Functioning		CH/Func/01
<p>This item evaluates and rates the child's relationships with those who are in his/her family. It is recommended that the definition of family should come from the child's perspective (i.e. who the child describes as his/her family). If you do not know this information, then we recommend a definition of family that includes biological relatives and their significant others with whom the child is still in contact. When rating this item, you should take into account the relationship the child has with his/her family as well as the relationship of the family as a whole.</p>		
<p>Questions to consider:</p> <p>How does the child get along with the family? Are there problems between family members? Has there ever been any violence in the family?</p>	0	<p><i>No evidence of any needs; no need for action.</i></p> <p>No evidence of problems in relationships with family members and/or child is doing well in relationships with family members.</p>
	1	<p><i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i></p> <p>There is a history or suspicion of problems and/or child is doing adequately in relationships with family members, although some problems may exist. For example, some family members may have problems in their relationships with child. Arguing may be common but does not result in major problems.</p>
	2	<p><i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i></p> <p>Child is having significant problems with parents, siblings and/or other family members. Frequent arguing, difficulty maintaining positive relationships may be observed.</p>
	3	<p><i>Need is dangerous or disabling; requires immediate and/or intensive action.</i></p> <p>Child is having severe problems with parents, siblings, and/or other family members. This would include problems of domestic violence, absence of any positive relationships, etc.</p>

Early Education		CH/Func/Early/05
<p>This item rates the child's experiences in educational settings (such as nursery and daycare) and the child's ability to get their needs met in these settings. This item also considers the presence of problems within these environments in terms of attendance, progress, support from the school staff to meet the child's needs, and the child's behavioural response to these environments. Children under 5 who are not in any congregate learning settings would be rated a '0' here.</p>		
<p>Questions to consider:</p> <p>What is the child's experience in daycare/nursery? Does the child have difficulties with learning new skills, social relationships or behaviour?</p>	0	<p><i>No evidence of any needs; no need for action.</i></p> <p>No evidence of problem with functioning in current educational environment.</p>
	1	<p><i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i></p> <p>History or evidence of problems with functioning in current nursery or daycare environment. Child may be enrolled in a special program.</p>
	2	<p><i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i></p> <p>Child is experiencing difficulties maintaining their behaviour, attendance, and/or progress in this setting.</p>
	3	<p><i>Need is dangerous or disabling; requires immediate and/or intensive action.</i></p> <p>Child's problems with functioning in the nursery or daycare environment place them at immediate risk of being removed from program due to their behaviours, lack of progress, or unmet needs.</p>

Social and Emotional Functioning		CH/Func/02
<p>This item rates the child's social and relationship functioning. This includes age appropriate behaviour and the ability to engage and interact with others. When rating this item, consider the child's level of development.</p>		
<p>Questions to consider:</p> <p>How does the child get along with others?</p> <p>Can an infant engage with and respond to adults? Can a toddler interact positively with peers?</p> <p>Does the child interact with others in an age-appropriate manner?</p>	0	<p><i>No evidence of any needs; no need for action.</i></p> <p>No evidence of problems with social functioning; child has positive social relationships.</p>
	1	<p><i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i></p> <p>Child is having some problems in social relationships. Infants may be slow to respond to adults, toddlers may need support to interact with peers and preschoolers may resist social situations.</p>
	2	<p><i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i></p> <p>Child is having problems with their social relationships. Infants may be unresponsive to adults, and unaware of other infants. Toddlers may be aggressive and resist parallel play. Preschoolers may argue excessively with adults and peers and lack ability to play in groups even with adult support.</p>
	3	<p><i>Need is dangerous or disabling; requires immediate and/or intensive action.</i></p> <p>Child is experiencing disruptions in their social relationships. Infants show no ability to interact in a meaningful manner. Toddlers are excessively withdrawn and unable to relate to familiar adults. Preschoolers show no joy or sustained interaction with peers or adults, and/or aggression may be putting others at risk.</p>

Developmental/Intellectual		CH/Func/03T
<p>This item describes the child's development as compared to standard developmental milestones, as well as rates the presence of any developmental or intellectual disabilities or delays. It includes Intellectual Developmental Disorder (IDD) and Autism Spectrum Disorders.</p>		
<p>Questions to consider:</p> <p>Does the child's growth and development seem age appropriate?</p> <p>Has the child been screened for any developmental problems?</p>	0	<p><i>No evidence of any needs; no need for action.</i></p> <p>No evidence of developmental delay and/or child has no developmental problems or intellectual disability.</p>
	1	<p><i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i></p> <p>There are concerns about possible developmental delay. Child may have low IQ, a documented delay, or documented borderline intellectual disability (i.e. FSIQ 70-85). Mild deficits in adaptive functioning or development are indicated.</p>
	2	<p><i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i></p> <p>Child has mild developmental delays (e.g., deficits in social functioning, inflexibility of behaviour causing functional problems in one or more settings) and/or mild to moderate Intellectual Disability/Intellectual Disability Disorder. (If available, FSIQ 55-69.) IDD impacts communication, social functioning, daily living skills, judgment, and/or risk of manipulation by others.</p>
	3	<p><i>Need is dangerous or disabling; requires immediate and/or intensive action.</i></p> <p>Child has severe to profound intellectual disability (FSIQ, if available, less than 55) and/or Autism Spectrum Disorder with marked to profound deficits in adaptive functioning in one or more areas: communication, social functioning and self-care across multiple environments.</p>

Medical/Physical This item describes both health problems and chronic/acute physical conditions or impediments.		CH/Func/04
Questions to consider: Is the child generally healthy? Does the child have any medical problems? How much does the health or medical issue interfere with the child's life?	0	<i>No evidence of any needs; no need for action.</i> No evidence that the child has any medical or physical problems, and/or they are healthy.
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> Child has mild, transient or well-managed physical or medical problems. These include well-managed chronic conditions like diabetes or asthma.
	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child has serious medical or physical problems that require medical treatment or intervention. Or child has a chronic illness or a physical challenge that requires ongoing medical intervention.
	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child has life-threatening illness or medical/physical condition. Immediate and/or intense action should be taken due to imminent danger to child's safety, health, and/or development.
Supplemental information: Most transient, treatable conditions would be rated as a '1'. Most chronic conditions (e.g., diabetes, severe asthma, HIV) would be rated a '2'. The rating '3' is reserved for life threatening medical conditions.		

Self-Injury (12months+) This item includes reckless and dangerous behaviours that, while not intended to harm self or others, place the child or others at some jeopardy. Intentional self-harm behaviours are NOT rated here.		CH/Dev/01
Questions to consider: Has the child head banged or done other self-harming behaviours? If the child does self-harming behaviours, does the caregiver's support help stop the behaviour?	0	<i>No evidence of any needs; no need for action.</i> No evidence.
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> Mild level of self-injuring behaviour, or history of self-injury.
	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Moderate level of self-injury behaviour such as head banging that cannot be influenced by caregiver and interferes with child's functioning.
	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Severe level of self-injury behaviour that puts the child's safety and well-being at risk.

Prenatal Care This item refers to the health care and birth circumstances experienced by the child in utero.		CH/Dev/03
Questions to consider: What kind of prenatal care did the biological mother receive? Did the mother have any unusual illnesses or risks during pregnancy?	0	<i>No evidence of any needs; no need for action.</i> Child's biological mother had adequate prenatal care (e.g., 10 or more planned visits to a physician) that began in the first trimester. Child's mother did not experience any pregnancy-related illnesses.
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> Child's biological mother had some short-comings in prenatal care, or had a mild form of a pregnancy-related illness. A child whose mother had 6 or fewer planned visits to a physician would be rated here (her care must have begun in the first or early second trimester). A child whose mother had a mild/well-controlled form of pregnancy-related illness such as gestational diabetes, or an uncomplicated high-risk pregnancy, would be rated here.
	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child's biological mother received poor prenatal care, initiated only in the last trimester, or had a moderate form of pregnancy-related illness. A child whose mother had 4 or fewer planned visits to a physician would be rated here. A mother who experienced a high-risk pregnancy with some complications would be rated here.
	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child's biological mother had no prenatal care, or had a severe form of pregnancy-related illness. A mother who had toxemia/preeclampsia would be rated here.

Exposure This item describes the child's exposure to substance use and abuse both before and after birth.		CH/Dev/04
Questions to consider: Was the child exposed to substances during the pregnancy? If so, what substances?	0	<i>No evidence of any needs; no need for action.</i> Child had no in utero exposure to alcohol or drugs, and there is currently no exposure in the home.
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> Child had either mild in utero exposure (e.g., mother ingested alcohol or tobacco in small amounts fewer than four times during pregnancy), or there is current alcohol and/or drug use in the home.
	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child was exposed to significant alcohol or drugs in utero. Any ingestion of illegal drugs during pregnancy (e.g., heroin, cocaine, methamphetamine), or frequent use of alcohol or tobacco, would be rated here.
	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child was exposed to alcohol or drugs in utero and continues to be exposed in the home. Any child who evidenced symptoms of substance withdrawal at birth (e.g., crankiness, feeding problems, tremors, weak and continual crying) would be rated here.

Labour and Delivery This item refers to conditions associated with and consequences arising from complications in labour and delivery of the child.		CH/Dev/05
Questions to consider: Were there any unusual circumstances related to the labour and delivery of the child as baby?	0	<i>No evidence of any needs; no need for action.</i> Child and biological mother had normal labour and delivery. A child who received an Apgar score of 7-10 at birth would be rated here.
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> Child or mother had some mild problems during delivery, but child does not appear to be affected by these problems. An emergency C-Section or a delivery-related physical injury (e.g., shoulder displacement) to the child would be rated here.
	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child or mother had problems during delivery that resulted in temporary functional difficulties for the child or mother. Extended fetal distress, postpartum hemorrhage, or uterine rupture would be rated here. A child who received an Apgar score of 4-7, or who needed some resuscitative measures at birth, would be rated here.
	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child had severe problems during delivery that have long-term implications for development (e.g., extensive oxygen deprivation, brain damage). A child who received an Apgar score of 3 or lower, or who needed immediate or extensive resuscitative measures at birth, would be rated here.

Birth Weight This item describes the child's weight as compared to normal development.		CH/Dev/06
Questions to consider: How did the child's birth weight compare to typical averages?	0	<i>No evidence of any needs; no need for action.</i> Child is within normal range for weight and has been since birth. A child with a birth weight of 5.5 pounds (2500 grams) or greater would be rated here.
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> Child was born underweight but is now within normal range or child is slightly beneath normal range. A child with a birth weight of between 3.3 pounds (1500 grams) and 5.4 pounds (2499 grams) would be rated here.
	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child is considerably under weight to the point of presenting a development risk to the child. A child with a birth weight of 2.2 pounds (1000 grams) 3.2 pounds (1499 grams) would be rated here.
	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child is extremely under weight to the point where the child's life is threatened. A child with a birth weight of less than 2.2 pounds (1000 grams) would be rated here.

Failure to Thrive		CH/Dev/08
Symptoms of failure to thrive focus on normal physical development such as growth and weight gain.		
Questions to consider:	0	<i>No evidence of any needs; no need for action.</i> The child does not appear to have any problems with regard to weight gain or development. There is no evidence of failure to thrive.
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> The child has mild delays in physical development or may have experienced past problems with growth and ability to gain weight. The infant/child may be presently experiencing slow development in this area.
	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child is experiencing delays in physical development including problems in ability to maintain weight or growth. May be below the 5th percentile for age and sex, may weigh less than 80% of ideal weight for age, have depressed weight for height, or a rate of weight gain that causes a decrease in two or more major percentile lines over time, (75th to 25th).
	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> The child has severe problems with physical development (including more than one of the above) that puts him/her at serious medical risk.

Early Childhood (0-5) Domain - Strengths

Family Strengths		Ch/Str/01
<p>This item refers to the presence of a sense of family identity as well as love and communication among family members. Even families who are struggling often have a firm foundation that consists of a positive sense of family and strong underlying love and commitment to each other. These are the constructs this strength is intended to identify. As with Family Functioning, the definition of family comes from the child's perspective (i.e., who the child describes as their family). If this information is not known, then we recommend a definition of family that includes biological/adoptive relatives and their significant others with whom the child is still in contact.</p>		
<p>Questions to consider:</p> <p>Does the child have good relationships with any family member?</p> <p>Is there potential to develop positive family relationships?</p> <p>Is there a family member that the child can go to in time of need for support? That can advocate for the child?</p>	0	<p><i>Well-developed, centrepiece strength; may be used as a focus of an intervention/ plan.</i></p> <p>Family has strong relationships and significant family strengths. This level indicates a family with much love and respect for one another. There is at least one family member who has a strong loving relationship with the child and is able to provide significant emotional or concrete support. Child is fully included in family activities.</p>
	1	<p><i>Identified and useful strength. Strength will be used, maintained or built upon in plan.</i></p> <p>Family has some good relationships and good communication. Family members are able to enjoy each other's company. There is at least one family member who has a strong, loving relationship with the child and is able to provide limited emotional or concrete support.</p>
	2	<p><i>Strengths have been identified but require strength-building efforts before they can be effectively utilised as part of a plan. Identified but not useful.</i></p> <p>Family needs some assistance in developing relationships and/or communications. Family members are known, but currently none are able to provide emotional or concrete support.</p>
	3	<p><i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i></p> <p>Family needs significant assistance in developing relationships and communications, or child has no identified family. Child is not included in normal family activities.</p>

Interpersonal		CH/Str/02
<p>This item is used to identify a child's social and relationship skills. Interpersonal skills are rated independently of Social Functioning because a child can have social skills but still struggle in their relationships at a particular point in time. This strength indicates an ability to make and maintain long-standing relationships.</p>		
<p>Questions to consider:</p> <p>How does the child interact with other children and adults?</p> <p>How does the child do in social settings?</p>	0	<p><i>Well-developed, centrepiece strength; may be used as a focus of an intervention/ plan.</i></p> <p>Significant interpersonal strengths. Child has well-developed interpersonal skills and healthy friendships.</p>
	1	<p><i>Identified and useful strength. Strength will be used, maintained or built upon in plan.</i></p> <p>Child has good interpersonal skills and has shown the ability to develop healthy friendships.</p>
	2	<p><i>Strengths have been identified but require strength-building efforts before they can be effectively utilised as part of a plan. Identified but not useful.</i></p> <p>Child requires strength building to learn to develop good interpersonal skills and/or healthy friendships. Child has some social skills that facilitate positive relationships with peers and adults but may not have any current healthy friendships.</p>
	3	<p><i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i></p> <p>There is no evidence of observable interpersonal skills or healthy friendships at this time and/or child requires significant help to learn to develop interpersonal skills and healthy friendships.</p>

Natural Supports Refers to unpaid helpers in the child’s natural environment. All family members and paid caregivers are excluded.		CH/Str/07
Questions to consider: Does the child have non-family members in his/her life that are positive influences and provide support?	0	<i>Well-developed, centrepiece strength; may be used as a focus of an intervention plan.</i> Child has significant natural supports that contribute to helping support the child’s healthy development.
	1	<i>Identified and useful strength. Strength will be used, maintained or built upon in plan.</i> Child has identified natural supports that provide some assistance in supporting the child’s healthy development.
	2	<i>Strengths have been identified but require strength-building efforts before they can be effectively utilised as part of a plan. Identified but not useful.</i> Child has some identified natural supports however he/she is not actively contributing to the child’s healthy development.
	3	<i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> Child has no known natural supports (outside of family and paid caregivers).
Supplementary information: The existing body of research in system of care indicates that this is the single hardest aspect of wraparound philosophy to develop. However, it is also one of the most powerful aspects of intensive community-based intervention. The concept of natural supports comes from the African parable that ‘it takes a village’ to raise a child. Paid individuals only count as natural supports if it is someone who would remain involved with the family even if they were not receiving a paycheck.		

Resiliency (Persistence and Adaptability)		CH/Str/05
<p>Resilience refers to a child's persistence in tackling new tasks or skills, even when they are difficult, and their ability to transition between environment or activities smoothly. Some children may display persistence in tackling new skills or tasks while others may be easily frustrated and struggle with persistence even with adult support. Some children may transition easily between environments or activities while others may find such adjustments difficult. A toddler who cries when transitioning from one activity to another, but is able to make the transition with adult support would be rated '1'. A child who requires some adult support to persist with a challenging new skill or task, but can persist with adult support, would also be rated '1'.</p>		
<p>Questions to consider:</p> <p>Does child show grit / ability to hang in there even when frustrated by a challenging task/game?</p> <p>Does child routinely require adult support in trying a new game/skill/activity that does not come easily at first?</p> <p>Can child easily and willingly transition between activity?</p> <p>Does child require little support to adapt to changes in activities and schedules or is this a source of challenge for your child?</p>	0	<p><i>Well-developed, centrepiece strength; may be used as a focus of an intervention plan.</i></p> <p>Child has a strong ability to adjust to changes and transitions. Child has a strong ability to continue an activity when challenged or meeting obstacles.</p>
	1	<p><i>Identified and useful strength. Strength will be used, maintained or built upon in plan.</i></p> <p>Child has some ability to adjust to changes and transitions and when challenged the infant/child is successful with support from a supervising adult. Child has some ability to continue an activity that is challenging. Adults can assist a child to continue attempting the task or activity.</p>
	2	<p><i>Strengths have been identified but require strength-building efforts before they can be effectively utilised as part of a plan. Identified but not useful.</i></p> <p>Child has difficulties much of the time adjusting to changes and transitions even with caregiver support. Child has limited ability to continue an activity that is challenging and adults are only sometimes able to assist the infant/child in this area.</p>
	3	<p><i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i></p> <p>Child has difficulties most of the time coping with changes and transitions. Adults are only minimally able to impact child's difficulties in this area. Child has difficulties most of the time coping with challenging tasks. Support from adults has only a minimal impact the child's ability to demonstrate persistence.</p>
<p>Supplementary information:</p> <p>The existing body of research in system of care indicates that this is the single hardest aspect of wraparound philosophy to develop. However, it is also one of the most powerful aspects of intensive community-based intervention. The concept of natural supports comes from the African parable that 'it takes a village' to raise a child. Paid individuals only count as natural supports if it is someone who would remain involved with the family even if they were not receiving a paycheck.</p>		

Relationship Permanence		CH/Str/04
<p>This rating refers to the stability and consistency of significant relationships in the child's life. This includes parents and other family members but may also include other adults or peers.</p>		
<p>Questions to consider:</p> <p>What relationships with adults have lasted throughout the child's lifetime?</p> <p>What contact does the child have with both parents?</p> <p>What relatives has he/she maintained long-lasting relationships with?</p>	0	<p><i>Well-developed, centrepiece strength; may be used as a focus of an intervention/ plan.</i></p> <p>This level indicates a child who has very stable relationships. Family members, friends, and community have been stable for most of his/her life and are likely to remain so in the foreseeable future. Child is involved with both parents.</p>
	1	<p><i>Identified and useful strength. Strength will be used, maintained or built upon in plan.</i></p> <p>This level indicates a child who has had stable relationships but there is some concern about instability in the near future (one year) due to transitions, illness, or age. A stable relationship with only one parent may be rated here.</p>
	2	<p><i>Strengths have been identified but require strength-building efforts before they can be effectively utilised as part of a plan. Identified but not useful.</i></p> <p>This level indicates a child who has had at least one stable relationship over his/her lifetime but has experienced other instability through factors such as divorce, moving, removal from home, and death.</p>
	3	<p><i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i></p> <p>This level indicates a child who does not have any stability in relationships. Independent living or adoption must be considered.</p>

Playfulness		CH/Str/Early08
<p>This item rates the degree to which a child is given opportunities for and participates in age-appropriate play. Play should be understood developmentally. When rating this item, you should consider if the child is interested in play and/or whether the child needs adult support while playing. Problems with either solitary or group (e.g. parallel) play could be rated here.</p>		
<p>Questions to consider:</p> <p>Is the child easily engaged in play?</p> <p>Does the child initiate play? Can the child sustain play?</p> <p>Does the child need adult support in initiating and sustaining play more than what is developmentally appropriate?</p>	0	<p><i>Well-developed, centrepiece strength; may be used as a focus of an intervention/ plan.</i></p> <p>The child consistently demonstrates the ability to make use of play to further their development. Their play is consistently developmentally appropriate, spontaneous, self-initiated and enjoyable.</p>
	1	<p><i>Identified and useful strength. Strength will be used, maintained or built upon in plan.</i></p> <p>The child demonstrates play that is developmentally appropriate, self-initiated, spontaneous and enjoyable much of the time. Child needs some assistance making full use of play.</p>
	2	<p><i>Strengths have been identified but require strength-building efforts before they can be effectively utilised as part of a plan. Identified but not useful.</i></p> <p>The child demonstrates the ability to enjoy play and use it to support their development some of the time or with support of a caregiver. Even with this in place there does not appear to be investment and enjoying in the child.</p>
	3	<p><i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i></p> <p>The child does not demonstrate the ability to play in a developmentally appropriate or quality manner.</p>

Transition Age (16+) Domain

Interpersonal Problems		CH/Func/Tr/19
<p>This item identifies problems with relating to other people including significant manipulative behaviour, social isolation, or significant conflictual relationships. The presence of any clinically defined personality disorder may be rated here.</p>		
Questions to consider:	0	<p><i>No evidence of any needs; no need for action.</i> Young person has well-developed interpersonal skills and friends.</p>
	1	<p><i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> Young person has good interpersonal skills and has shown the ability to develop healthy friendships.</p>
	2	<p><i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Young person needs assistance in developing good interpersonal skills and/or healthy friendships. Mild level of interpersonal strengths. Child has some social skills that facilitate positive relationships with peers and adults but may not have any current healthy friendships.</p>
	3	<p><i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Young person needs significant help in developing interpersonal skills and healthy friendships. Very limited ability to make and maintain positive friendships. Child lacks social skills and has no history of positive relationships with peer and adults.</p>

Independent Living Skills		CH/Func/Tr/20
<p>This rating focuses on the presence or absence of skills and impairments in independent living abilities or the readiness to take on those responsibilities.</p>		
Questions to consider:	0	<p><i>No evidence of any needs; no need for action.</i> This level indicates a person who is fully capable of independent living. No evidence of any deficits or barriers that could impede maintaining own home.</p>
	1	<p><i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> This level indicates a person with mild impairment of independent living skills. Some problems exist with maintaining reasonable cleanliness, diet and so forth. Problems with money management may occur at this level. These problems are generally addressable with training or supervision.</p>
	2	<p><i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> This level indicates a person with moderate impairment of independent living skills. Notable problems with completing tasks necessary for independent living are apparent. Difficulty with cooking, cleaning, and self-management when unsupervised would be common at this level. Problems are generally addressable with in-home services and supports.</p>
	3	<p><i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> This level indicates a person with profound impairment of independent living skills. This individual would be expected to be unable to live independently given their current status. Problems require a structured living environment.</p>

Young Carer/Parenting Roles*		CH/Func/Tr/21T
This item is intended to rate the individual in any caregiver roles. For example, an individual with a son or daughter or an individual at least partially responsible for caring for an elderly parent or grandparent would be rated here. Include pregnancy as a parenting role.		
Questions to consider:	0	<i>No evidence of any needs; no need for action.</i> Individual has a parenting/caregiving role and he/she is functioning appropriately in that role.
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> The individual has responsibilities as a parent/caregiver but occasionally experiences difficulties with this role.
	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> The individual has responsibilities as a parent/caregiver and either the individual is struggling with these responsibilities or these issues are currently interfering with the individual's functioning in other life domains.
	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> The individual has responsibilities as a parent/caregiver and the individual is currently unable to meet these responsibilities or these responsibilities are making it impossible for the individual to function in other life domains. Individual has the potential of abuse or neglect in his/her parenting.
Young Carer/Parenting Role Module to be triggered when this item is rated 1, 2 or 3		

Young Carer/Parenting Roles Module

Knowledge of Needs		CH/PCGR/1
This item is based on the individual's knowledge of the specific strengths of the child or adult in their care and any needs experienced by the child or adult, and the individual's ability to understand the rationale for the treatment or management of these problems.		
Questions to consider:	0	<i>No evidence of any needs; no need for action.</i> Individual is fully knowledgeable about the psychological strengths and needs and limitations of the child or adult being cared for.
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> Individual, while being generally knowledgeable about the child or adult being cared for, has some mild deficits in knowledge or understanding of the psychological condition or skills and assets of the child or adult being cared for.
	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Individual does not know or understand the child or adult being cared for well. Significant deficits exist in the caregiver's ability to relate to the problems or strengths of the child or adult being cared for.
	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Individual has little or no understanding of the condition of the child or adult being cared for. The individual is unable to cope with the child or adult being cared for given their status at the time, not because of the needs of the dependent child/adult but because the individual does not understand or accept the situation.

Supervision		CH/PCGR/2
This item rates the capacity of the individual to provide the level of monitoring needed by the child or adult in their care.		
Questions to consider:		<i>No evidence of any needs; no need for action.</i>
		Does the individual set appropriate limits on the child? 0 Individual's supervision and monitoring of child or adult in their care is appropriate and functioning well.
		Does the individual provide appropriate support to the child/adult being cared for? 1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> Individual's supervision is generally adequate but inconsistent.
		Does the individual think they need some help with these issues? 2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Individual's supervision and monitoring are very inconsistent. They are frequently absent.
3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Individual's supervision and monitoring are nearly always absent or inappropriate.		

Involvement with Care		CH/PCGR/3
This item rates the level of involvement and follow-through the individual has in the planning and provision of mental health, child social care, educational and medical services on behalf of the child or adult in their care.		
Questions to consider:		<i>No evidence of any needs; no need for action.</i>
		Is the individual actively involved in helping to get services for the child/adult in their care? 0 Individual is actively involved in the planning and/or implementation of services and is able to be an effective advocate on behalf of the child or adult in their care.
		Is the individual willing to follow up on recommendations for the child/adult? 1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> Individual is consistently involved in the planning and/or implementation of services for the child/adult but is not an active advocate on behalf of the child or adult in their care.
		Is the individual uninterested in or unwilling to become involved in child's/adult's care? 2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Individual is minimally involved in the care of the child or adult in their care. Individual may take the child/adult to services but not participate themselves, or be minimally involved in service planning and implementation.
3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Individual is uninvolved with the care of the child or adult. Individual may want child/adult out of the home or fails to visit the child/adult when in out-of-home placement.		

Organisation This item should be based on the ability of the individual to participate in or direct the organisation of the household, services, and related activities.		CH/PCGR/4
Questions to consider: Does the individual need or want help with managing their home? Do they have difficulty getting to appointments or managing a schedule?	0	<i>No evidence of any needs; no need for action.</i> Individual is well organised and efficient.
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> History or evidence of individual's difficulties with organising and maintaining household to support needed services. For example, may be forgetful about appointments or occasionally fails to return case manager calls.
	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Individual has moderate difficulties in organising and maintaining household to support needed services.
	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Individual is unable to organise household to support needed services. Help is needed.

Marital/Partner Violence in the Home This item describes the degree of difficulty or conflict in the individual's relationship and the impact on parenting and childcare.		CH/PCGR/4
Questions to consider: How does the individual and their spouse/partner manage conflict between them? How is power and control handled in the individual and their spouse/partner's relationship with each other? Does the individual and their spouse/partner's conflict escalate to verbal aggression, physical attacks, or destruction of property?	0	<i>No evidence of any needs; no need for action.</i> Individual and their spouse/partner appear to be functioning adequately. There is no evidence of notable conflict in the parenting relationship. Disagreements are handled in an atmosphere of mutual respect and equal power.
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> Individual's marital difficulties and partner arguments are generally able to be kept to a minimum when dependent individual or adult being cared for is present. Occasional difficulties in conflict resolution or use of power and control by one partner over another.
	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Individual's marital difficulties and/or partner conflicts, including frequent arguments, often escalate to verbal aggression, the use of verbal aggression by one partner to control the other, or significant destruction of property which dependent child/adult being cared for often witnesses.
	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Individual's partner or marital difficulties often escalate to violence and the use of physical aggression by one partner to control the other. These episodes may exacerbate the difficulties experienced by the dependent child or adult being cared for, placing the child/adult at greater risk.
	n/a	

End of Young Carer/Parenting Module

Job Functioning* This item is intended to describe functioning in vocational settings.		CH/Func/Tr/22T
Questions to consider:	0	<i>No evidence of any needs; no need for action.</i> Young person is gainfully employed in a job and experiencing no problems in attendance, performance or relationships.
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> Young person is gainfully employed but may have some difficulties at work with attendance, performance or relationships.
	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Young person has significant job-related problems with attendance, performance, or relationships.
	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Young person is experiencing severe problems in an employment situation with performance or relationships.
	n/a	
RISEmploy Module to be triggered when this item is rated 1, 2 or 3		

RISEmploy Module

Career Aspirations This item is used to describe the degree to which an individual has ideas about what type of job they would want or a clear idea of a career direction.		CH/Employ/01
Questions to consider: Does the individual have goals for their job or career development? Is the individual able to identify a job or career path, and do they have resources needed to get there?	0	<i>Well-developed, centrepiece strength; may be used as a focus of an intervention/ plan.</i> Individual has clear and feasible career plans.
	1	<i>Identified and useful strength. Strength will be used, maintained or built upon in plan.</i> Individual has career plans but significant barriers may exist to achieving these plans.
	2	<i>Strengths have been identified but require strength-building efforts before they can be effectively utilised as part of a plan. Identified but not useful.</i> Individual wants to work but does not have a clear idea regarding jobs or careers.
	3	<i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> Individual has no career plans or aspirations.

Aspirational Congruence		CH/Employ/02
This item is used to describe the degree to which the individual's career related goals are consistent with their background including education, experiences, skills and interests.		
Questions to consider: What are the individual's career aspirations? Do they seem realistic based on the individual's current education level and/or skills? Might skills need to be built, or more education or training needed, in order for these aspirations to be realistic?	0	<i>Well-developed, centrepiece strength; may be used as a focus of an intervention/ plan.</i> Individual's career aspirations are very consistent with their education, skills and interests.
	1	<i>Identified and useful strength. Strength will be used, maintained or built upon in plan.</i> Individual's career aspirations are reasonable given their education, skills and interests.
	2	<i>Strengths have been identified but require strength-building efforts before they can be effectively utilised as part of a plan. Identified but not useful.</i> Individual's career aspirations are inconsistent with their education, skills or interests.
	3	<i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> Individual's career aspirations are in conflict with their education, skills or interests.

Job Market Expectations		CH/Employ/03
This item is used to describe the degree to which an individual's ideal job is available in the labor market where they are seeking employment.		
Questions to consider: Does the individual have an over- or under-realistic understanding of what jobs may be available to them based on their past job experience, skills, education level, or other qualifications?	0	<i>Well-developed, centrepiece strength; may be used as a focus of an intervention/ plan.</i> Individual understands what jobs will likely be available to them based on their qualifications.
	1	<i>Identified and useful strength. Strength will be used, maintained or built upon in plan.</i> Individual has a sense of what jobs are available but might be overly optimistic or pessimistic about job prospects.
	2	<i>Strengths have been identified but require strength-building efforts before they can be effectively utilised as part of a plan. Identified but not useful.</i> Individual has limited sense of jobs currently available.
	3	<i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> Individual has a very unrealistic idea of what jobs will be available to them based on their qualifications.

Work Ethic		CH/Employ/04
This item is used to describe how committed the individual is to working and whether they get any personal satisfaction from working hard on something.		
Questions to consider: Does the individual have a strong work ethic, or would you say that they only do the minimum? Does the individual slack off when no one is watching? Or is the individual self-motivated or self-directed? Is the individual proactive or go "above and beyond"?	0	<i>Well-developed, centrepiece strength; may be used as a focus of an intervention/ plan.</i> Individual has a strong work ethic and puts considerable effort into doing anything that they try, to the best of their abilities.
	1	<i>Identified and useful strength. Strength will be used, maintained or built upon in plan.</i> Individual has some sense of work ethic and tends to make an effort if they can see a benefit in doing so.
	2	<i>Strengths have been identified but require strength-building efforts before they can be effectively utilised as part of a plan. Identified but not useful.</i> Individual has not developed a work ethic and tends to see employment strictly as a means to get money.
	3	<i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> Individual has no work ethic and often chooses to do nothing when given the choice.

Work History This item is used to describe whether the individual has a history of employment.		CH/Employ/05
Questions to consider: Has the individual ever held a job? Would previous employers be willing to re-hire the individual? Does individual use any previous employers as positive references?	0	<i>Well-developed, centrepiece strength; may be used as a focus of an intervention/ plan.</i> Individual has a job history with employers who would be willing to provide positive references (beyond documenting employment).
	1	<i>Identified and useful strength. Strength will be used, maintained or built upon in plan.</i> Individual has a job history but no employers who would be willing to provide a positive reference.
	2	<i>Strengths have been identified but require strength-building efforts before they can be effectively utilised as part of a plan. Identified but not useful.</i> Individual has a limited job history.
	3	<i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> Individual has never held a job.

Time Since Last Job This item is used to describe the duration of time that the individual has been out of the labor market.		CH/Employ/06
Questions to consider: How long has it been since the individual was last employed?	0	<i>Well-developed, centrepiece strength; may be used as a focus of an intervention/ plan.</i> Individual worked within the past six months.
	1	<i>Identified and useful strength. Strength will be used, maintained or built upon in plan.</i> Individual worked within the past two years.
	2	<i>Strengths have been identified but require strength-building efforts before they can be effectively utilised as part of a plan. Identified but not useful.</i> Individual has worked but not in more than two years.
	3	<i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> Individual has never held a job or has not worked in more than 10 years.

Job Turnover This item is used to describe how often the individual has changed jobs or how stable their employment has been.		CH/Employ/07
Questions to consider: Does the individual stay at a job for a reasonable period of time or does the individual change jobs frequently?	0	<i>Well-developed, centrepiece strength; may be used as a focus of an intervention/ plan.</i> Individual has averaged more than two years on the job for each job they have held.
	1	<i>Identified and useful strength. Strength will be used, maintained or built upon in plan.</i> Individual has held at least one job for more than two years.
	2	<i>Strengths have been identified but require strength-building efforts before they can be effectively utilised as part of a plan. Identified but not useful.</i> Individual has held at least one job for at least six months but none for at least two years.
	3	<i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> Individual has never held a job for more than six months.
	n/a	Individual has never worked.

Job Attendance This item is used to ability to consistently make it to work based on their job history.		CH/Employ/08
Questions to consider: Has the individual experienced communication or disciplinary action for work attendance issues? Is the individual meeting expectations for attendance?	0	<i>Well-developed, centrepiece strength; may be used as a focus of an intervention/ plan.</i> Individual goes to work consistently as scheduled.
	1	<i>Identified and useful strength. Strength will be used, maintained or built upon in plan.</i> Individual has occasional problems going to work. They may sometimes call in sick when not ill.
	2	<i>Strengths have been identified but require strength-building efforts before they can be effectively utilised as part of a plan. Identified but not useful.</i> Individual has difficulty consistently going to work.
	3	<i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> Individual has severe job attendance problems that threaten termination or have resulted in recent firing.

Job Performance This item is used to describe the individual's prior performance based on their job history.		CH/Employ/09
Questions to consider: What feedback has the individual received regarding their job performance?	0	<i>Well-developed, centrepiece strength; may be used as a focus of an intervention/ plan.</i> Individual is a productive employee.
	1	<i>Identified and useful strength. Strength will be used, maintained or built upon in plan.</i> Individual is generally a productive employee but some performance issues exist.
	2	<i>Strengths have been identified but require strength-building efforts before they can be effectively utilised as part of a plan. Identified but not useful.</i> Individual is having problems performing adequately on the job.
	3	<i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> Individual has severe performance problems that threaten or have resulted in recent firing.

Job Relations This item is used to describe the individual's history of relationships in work environments.		CH/Employ/10
Questions to consider: Are individual's relationships at the job setting a source of distress or source of strength for them?	0	<i>Well-developed, centrepiece strength; may be used as a focus of an intervention/ plan.</i> Individual gets along well with superiors and co-workers.
	1	<i>Identified and useful strength. Strength will be used, maintained or built upon in plan.</i> Individual is experiencing some problems with relationships at work.
	2	<i>Strengths have been identified but require strength-building efforts before they can be effectively utilised as part of a plan. Identified but not useful.</i> Individual is having problems with their relationships with superiors and/or co-workers. Difficulties are causing functioning problems at work.
	3	<i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> Individual is having severe relationship problems with superiors and/or co-workers. Relationship issues threaten employment or have resulted in recent firing.

Job Enjoyment		CH/Employ/11
This item is used to describe the degree to which the individual enjoys the experience of employment.		
Questions to consider: Are there aspects of previous jobs that the individual enjoyed?	0	<i>Well-developed, centrepiece strength; may be used as a focus of an intervention/ plan.</i> Individual is able to spontaneously describe aspects of a previous job that gave them obvious enjoyment.
	1	<i>Identified and useful strength. Strength will be used, maintained or built upon in plan.</i> Individual is able to identify aspects of a previous job they enjoyed, with some prompting.
	2	<i>Strengths have been identified but require strength-building efforts before they can be effectively utilised as part of a plan. Identified but not useful.</i> Individual has no prior work history but can describe aspects that they think they might enjoy.
	3	<i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> Individual has no ability to identify any aspect of a job, either in the past or anticipated, which might provide them enjoyment.

Customer Orientation		CH/Employ/12
This item is used to describe the degree to which the individual is able to understand and present a customer-first view of employment.		
Questions to consider: Does the individual have an understanding of what good customer services looks like? Does the individual understand what is required to provide good customer service? Can they provide it consistently?	0	<i>Well-developed, centrepiece strength; may be used as a focus of an intervention/ plan.</i> Individual has experience and success working with a positive customer orientation. Individual could be an ideal employee in a customer friendly workplace.
	1	<i>Identified and useful strength. Strength will be used, maintained or built upon in plan.</i> Individual has the ability to understand and express a positive customer orientation but has no experience.
	2	<i>Strengths have been identified but require strength-building efforts before they can be effectively utilised as part of a plan. Identified but not useful.</i> Individual has some limited experience with a customer-oriented job but had difficulties maintaining a positive customer orientation.
	3	<i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> Individual is unable to understand or express a positive customer orientation.

Routine		CH/Employ/13
This item is used to describe the degree to which the individual's life style has established routines that would be supportive on ongoing employment.		
Questions to consider: Does the individual have a daily routine? If so, could this routine accommodate a work schedule?	0	<i>Well-developed, centrepiece strength; may be used as a focus of an intervention/ plan.</i> Individual has and maintains a daily routine in which work would easily fit.
	1	<i>Identified and useful strength. Strength will be used, maintained or built upon in plan.</i> Individual has and maintains a daily routine that, with adjustments, could include regular employment.
	2	<i>Strengths have been identified but require strength-building efforts before they can be effectively utilised as part of a plan. Identified but not useful.</i> Individual has and maintains a routine, but employment would require a major adjustment.
	3	<i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> Individual has no routine to their daily life.

Skills Relevant to Aspirations		CH/Employ/14
This item is used to describe the development of an individual's skill set relative to their career aspirations.		
<p>Questions to consider:</p> <p>Does the individual have the necessary skills to be successful in their desired job?</p> <p>Do skills need to be enhanced or built?</p> <p>If so, is the individual interested in or willing to develop skills?</p>	0	<i>Well-developed, centrepiece strength; may be used as a focus of an intervention/ plan.</i> Individual has all needed skills to successfully perform in desired job.
	1	<i>Identified and useful strength. Strength will be used, maintained or built upon in plan.</i> Individual has some well-developed skills necessary to successfully perform in desired job and has a plan to develop any additional needed skills that they do not currently possess.
	2	<i>Strengths have been identified but require strength-building efforts before they can be effectively utilised as part of a plan. Identified but not useful.</i> Individual has basic job skills necessary to perform successfully in desired job but must create a plan to develop these skills.
	3	<i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> Individual is uninterested in or unwilling to develop necessary skills to successfully perform the desired job.

Digital Literacy		CH/Employ/15
This item is used to describe the degree of the individuals understanding of and skills with computers and relevant software.		
<p>Questions to consider:</p> <p>Is the individual comfortable using technology (e.g., using computers, doing tasks online, using social media)?</p> <p>Are there gaps in technological knowledge/experience that impact the individual's ability to be successful in their job?</p>	0	<i>Well-developed, centrepiece strength; may be used as a focus of an intervention/ plan.</i> Individual has excellent digital literacy. Individual is fluent in all the computer software needed for their desired job.
	1	<i>Identified and useful strength. Strength will be used, maintained or built upon in plan.</i> Individual has digital literacy. They are comfortable using a computer and are knowledgeable about some common computer software.
	2	<i>Strengths have been identified but require strength-building efforts before they can be effectively utilised as part of a plan. Identified but not useful.</i> Individual has minimal digital literacy. Individual has some very basic computer skills but does not currently use any software beyond standard social media platforms.
	3	<i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> Individual has no digital literacy.

Financial Literacy		CH/Employ/16
This item is used to describe the individual's understanding of money.		
<p>Questions to consider:</p> <p>Does the individual have money management skills (e.g., pay bills, check balances, understand a budget)?</p> <p>Are training or services needed in order to help the individual manage their finances?</p>	0	<i>Well-developed, centrepiece strength; may be used as a focus of an intervention/ plan.</i> Individual has excellent financial literacy. Individual has solid money management skills.
	1	<i>Identified and useful strength. Strength will be used, maintained or built upon in plan.</i> Individual has financial literacy. Individual is generally able to manage money well but may have occasional difficulties.
	2	<i>Strengths have been identified but require strength-building efforts before they can be effectively utilised as part of a plan. Identified but not useful.</i> Individual has minimal financial literacy. Individual has some limited money management skills and may need some assistance in managing some financial tasks.
	3	<i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> Individual has no financial literacy. Individual has no money management skills.

CV/Cover Letter		CH/Employ/17
This item is used to describe the degree to which the individual is able to develop a CV and cover letter for seeking employment opportunities.		
Questions to consider: Does the individual have a resume? If so, is it current and/or an accurate representation of their job history and skills? Has the individual ever written a cover letter?	0	<i>Well-developed, centrepiece strength; may be used as a focus of an intervention/ plan.</i> Individual has developed a strong and accurate CV and cover letter.
	1	<i>Identified and useful strength. Strength will be used, maintained or built upon in plan.</i> Individual has a resume that was developed for them or developed one that is not an accurate portrayal of their skills, interests and job history.
	2	<i>Strengths have been identified but require strength-building efforts before they can be effectively utilised as part of a plan. Identified but not useful.</i> Individual does not currently have a resume but has developed one in the past.
	3	<i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> Individual has no experience with resumes or cover letters.

Interview Clothes		CH/Employ/17
This item is used to describe the degree to which the individual has clothing appropriate for a job interview.		
Questions to consider: Does the individual have clothes that would be appropriate to wear to an interview for their desired job? Does the individual know what type of clothing is appropriate for a job interview?	0	<i>Well-developed, centrepiece strength; may be used as a focus of an intervention/ plan.</i> Individual has good interview clothes consistent with the type of job they desire.
	1	<i>Identified and useful strength. Strength will be used, maintained or built upon in plan.</i> Individual has clean clothes that would be passable in most job interviews.
	2	<i>Strengths have been identified but require strength-building efforts before they can be effectively utilised as part of a plan. Identified but not useful.</i> Individual understands how they should dress for a job interview, but needs help getting the appropriate interview clothes.
	3	<i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> Individual has no clear concept of dressing for a job interview.

End of RISEmploy Module

Self-Care		CH/Func/Tr/23
This item aims to describe the young person's ability and motivation to engage in developmentally and age appropriate self-care tasks such as eating, bathing, dressing, toileting, and other such tasks related to keeping up with one's personal hygiene.		
Questions to consider:	0	<i>No evidence of any needs; no need for action.</i> Young person's self-care and daily living skills appear developmentally appropriate. There is no reason to believe that the child/young person has any problems performing daily living skills.
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> Young person requires verbal prompting on self-care tasks or daily living skills.
	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Young person requires assistance (physical prompting) on self-care tasks or attendant care on one self-care task (e.g. eating, bathing, dressing, and toileting).
	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/young person requires attendant care on more than one of the self-care tasks-eating, bathing, dressing, toileting.

Medication Adherence		CH/Func/Tr/24
This rating focuses on the level of the individual's willingness or ability to participate in taking prescribed medications. If the individual does not have any prescribed medication, rate 0 or n/a if available.		
Questions to consider:	0	<i>No evidence of any needs; no need for action.</i> This level indicates a person who self-administers any prescribed medications as prescribed and without reminders, or a person who is not currently on any medication.
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> This level indicates a person who will take prescribed medications routinely, but who sometimes needs reminders to maintain compliance. Also, a history of medication noncompliance but no current problems would be rated here.
	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> This level indicates a person who is sporadically non-compliant. This person may be resistant to taking prescribed medications or this person may tend to overuse his or her medications. He/she might comply with prescription plans for periods of time (1-2 weeks) but generally does not sustain taking medication in prescribed dose or protocol. This would include children/young people who are sporadically noncompliant with medications for physical health that may place them at medical risk.
	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> This level indicates a person who has refused to take prescribed medications during the past 30-day period or a person who has abused his or her medications to a significant degree (e.g., overdosing or over using medications to a dangerous degree).

Intimate Relationships		CH/Func/Tr/25
This item is used to rate the individual's current status in terms of romantic/intimate relationships. Note, if the individual has never had a romantic/intimate partner relationship and this is not causing significant personal or interpersonal/environmental stress, then he/she would receive a 0 on this item.		
Questions to consider:	0	<i>No evidence of any needs; no need for action.</i> Adaptive partner relationship. Individual has a strong, positive, partner relationship with another adult, or they have maintained a positive partner relationship in the past but are not currently in an intimate relationship.
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> Mostly adaptive partner relationship. Individual has a generally positive partner relationship with another individual. This relationship may, at times, impede the individual's healthy development.
	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Limited adaptive partner relationship. For example, the individual has a recent history of being in a domestically violent relationship or a recent history of being in a relationship where he/she was overly dependent on his/her partner. Individual may or may not be currently involved in any partner relationship with another individual.
	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Significant difficulties with partner relationships. For example, individual is currently involved in a negative or domestically violent relationship or a relationship where he/she is totally dependent on his/her partner.

Transportation		CH/Func/Tr/26
This item is used to rate the level of transportation required to ensure that the individual could effectively participate in his/her own treatment and in other life activities. Only unmet transportation needs should be rated here.		
Questions to consider:	0	<i>No evidence of any needs; no need for action.</i> The individual has no unmet transportation needs.
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> The individual has occasional unmet transportation needs (e.g., appointments). These needs would be no more than weekly and not require a special vehicle. The needs can be met with minimal support, for example, assistance with bus routes to facilitate independent navigation, or provision of a bus card.
	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> The individual has occasional transportation needs that require a special vehicle or frequent transportation needs (e.g., daily to work or therapy) that do not require a special vehicle. Individual can self-transport with a specially-equipped transport service.
	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> The individual requires frequent (e.g., daily to work or therapy) transportation in a special vehicle. He or she is completely reliant on others for transportation and cannot self-transport.

Child Potentially Traumatic/Adverse Childhood Experiences Domain (All ages, lifetime exposure)

This Domain assesses whether a child/young person has been exposed to Potentially Traumatic/Adverse Childhood Experiences, at any time in their life. For the Potentially Traumatic/Adverse Childhood Experiences Domain, the following categories and action levels are used.

- No: No evidence of any trauma of this type
- Yes: Child/young person has experienced or there is suspicion that they have experienced this type of trauma – whether one incident, multiple incidents, or chronic, ongoing experiences.

Sexual Abuse*		CH/ACE/01T
This item describes whether or not the child has experienced sexual abuse.		
Questions to consider:	NO	There is no evidence that the child has experienced sexual abuse.
Has the caregiver or child disclosed sexual abuse?	YES	Child has experienced sexual abuse, or there is a suspicion that they have experienced sexual abuse – single or multiple episodes, or chronic over an extended period of time. The abuse may have involved penetration, multiple perpetrators, and/or associated physical injury. Child with exposure to secondary sexual abuse (e.g., witnessing sexual abuse, having a sibling sexually abused) should be rated here.
How often did the abuse occur?		
Did the abuse result in physical injury?		
*A rating of YES on this item triggers the 'Sexual Abuse' Module		

Child Sexual Abuse Sub-Module

Emotional Closeness to Perpetrator		CH/ACE/SA/01
This item rates the relationship the child/young person had with the person who abused them.		
Questions to consider:	0	Perpetrator was a stranger at the time of the abuse.
What is the relationship between the perpetrator and the child/young person?	1	Perpetrator was known to the child/young person at the time of event but only as an acquaintance.
	2	Perpetrator had a close relationship with the child/young person at the time of the event but was not an immediate family member.
	3	Perpetrator was an immediate family member (e.g. parent, sibling).

Frequency of Abuse		CH/ACE/SA/02
Please rate using time frames provided in the anchors.		
Questions to consider: How often does/did the abuse occur?	0	Abuse occurred only one time.
	1	Abuse occurred two times.
	2	Abuse occurred two to ten times.
	3	Abuse occurred more than ten times.

Duration		CH/ACE/SA/03
This item rates the duration of the abuse.		
Questions to consider: How long has the abuse been happening?	0	Abuse occurred only one time.
	1	Abuse occurred within a six-month time period.
	2	Abuse occurred within a six-month to one year time period.
	3	Abuse occurred over a period of longer than one year.

Force		CH/ACE/SA/04
This item rates the level of force that was involved in the sexual abuse.		
Questions to consider: Is/was physical force used during the abuse?	0	No physical force or threat of force occurred during the abuse episode(s).
	1	Sexual abuse was associated with threat of violence but no physical force.
	2	Physical force was used during the sexual abuse.
	3	Significant physical force/violence was used during the sexual abuse. Physical injuries occurred as a result of the force.

Reaction to Disclosure This item rates how others responded to the abuse and how supportive they were upon disclosure.		CH/ACE/SA/05
Questions to consider: How did significant people react when the abuse is disclosed?	0	All significant family members are aware of the abuse and supportive of the child/young person coming forward with the description of their abuse experience.
	1	Most significant family members are aware of the abuse and supportive of the child/young person for coming forward. One or two family members may be less supportive. Parent may be experiencing anxiety/depression/guilt regarding abuse.
	2	Significant split among family members in terms of their support of the child/young person for coming forward with the description of their experience.
	3	Significant lack of support from close family members of the child/young person for coming forward with the description of their abuse experience. Significant relationship (e.g. parent, care-giving grandparent) is threatened.

End of Sexual Abuse Sub-Module

Physical Abuse This item describes whether or not the child has experienced physical abuse.		CH/ACE/02
Questions to consider: Is physical discipline used in the home? What forms? Has the child ever received bruises, marks, or injury from discipline?	NO	There is no evidence that the child has experienced physical abuse.
	YES	Child has experienced or there is a suspicion that they have experienced physical abuse – mild to severe, or repeated physical abuse with sufficient physical harm requiring medical treatment.

Neglect This item describes whether or not the child has experienced neglect. Neglect can refer to a lack of food, shelter or supervision (physical neglect), lack of access to needed medical care (medical neglect), or failure to receive academic instruction (educational neglect).		CH/ACE/03
Questions to consider: Is the child receiving adequate supervision? Are basic needs for food and shelter being met? Is the child allowed access to necessary medical care? Education?	NO	There is no evidence that the child has experienced neglect.
	YES	Child has experienced neglect, or there is a suspicion that they have experienced neglect. This includes occasional neglect (e.g., child left home alone for a short period of time when developmentally inappropriate and with no adult supervision, or occasional failure to provide adequate supervision); multiple and/or prolonged absences of adults, with minimal supervision; or failure to provide basic necessities of life (adequate food, shelter, or clothing) on a regular basis.

Emotional Abuse		CH/ACE/04
This item rates whether the child has experienced verbal and nonverbal emotional abuse, including belittling, shaming, and humiliating, calling names, making negative comparisons to others, or telling the child that they are “no good.” This item includes both “emotional abuse,” which would include psychological maltreatment such as insults or humiliation towards a child and “emotional neglect,” described as the denial of emotional attention and/or support from caregivers.		
Questions to consider: How does the caregiver talk to/interact with the child?	NO	There is no evidence that individual has experienced emotional abuse.
Is there name calling or shaming in the home?	YES	Child has experienced emotional abuse, or there is a suspicion that they have experienced emotional abuse (mild to severe, for any length of time) including: insults or occasionally being referred to in a derogatory manner by caregivers, being denied emotional attention or completely ignored, or threatened/terrorised by others.

Medical Trauma		CH/ACE/05
This item describes whether or not the child has experienced medically-related trauma, resulting from, for example, inpatient hospitalisations, outpatient procedures, and significant injuries.		
Questions to consider: Has the child had any broken bones, stitches or other medical procedures?	NO	There is no evidence that the child has experienced any medical trauma.
Has the child had to go to A&E, or stay overnight in the hospital?	YES	Child has had a medical experience that was perceived as emotionally or mentally overwhelming. This includes events that were acute in nature and did not result in ongoing medical needs; associated distress such as minor surgery, stitches or bone setting; acute injuries and moderately invasive medical procedures such as major surgery that required only short-term hospitalisation; events that may have been life threatening and may have resulted in chronic health problems that alter the child’s physical functioning. A suspicion that a child has had a medical experience that was perceived as emotionally or mentally overwhelming should be rated here.
Supplemental information: This item takes into account the impact of the event on the child. It describes experiences in which the child is subjected to medical procedures that are experienced as upsetting and overwhelming. A child born with physical deformities who is subjected to multiple surgeries could be included. A child who must experience chemotherapy or radiation could also be included. Children who experience an accident and require immediate medical intervention that results in on-going physical limitations or deformities (e.g., burn victims) could be included here. Common medical procedures, which are generally not welcome or pleasant but are also not emotionally or psychologically overwhelming for children (e.g., shots, pills) would generally not be rated here.		

Natural or Manmade Disaster		CH/ACE/06
This item describes the child's exposure to either natural or manmade disasters.		
Questions to consider: Has the child been present during a natural or manmade disaster?	NO	There is no evidence that the child has experienced, been exposed to or witnessed natural or manmade disasters.
Does the child watch television shows containing these themes or overhear adults talking about these kinds of disasters?	YES	Child has experienced, been exposed to or witnessed natural or manmade disasters either directly or second-hand (i.e. on television, hearing others discuss disasters). This includes disasters such as a fire or earthquake or manmade disaster; car accident, plane crashes, or bombings; observing a caregiver who has been injured in a car accident or fire or watching a neighbour’s house burn down; a disaster that caused significant harm or death to a loved one; or there is an ongoing impact or life disruption due to the disaster (e.g. caregiver loses job). A suspicion that the child has experienced, been exposed to or witnessed natural or manmade disasters either directly or second-hand would be rated here.

Witness to Family Violence This item describes exposure to violence within the child's home or family.		CH/ACE/07
Questions to consider:	NO	There is no evidence the child has witnessed family violence.
Is there frequent fighting in the child's family? Does the fighting ever become physical?	YES	Child has witnessed, or there is a suspicion that they have witnessed family violence – single, repeated, or severe episodes. This includes episodes of family violence but no significant injuries (i.e. requiring emergency medical attention) and episodes in which significant injuries have occurred as a direct result of the violence.

Witness to Community/School Violence This item describes the exposure to incidents of violence the child has witnessed or experienced in their community. This includes witnessing violence at the child's school or educational setting.		CH/ACE/08
Questions to consider:	NO	There is no evidence that the child has witnessed violence in the community or in school.
Does the child live in a neighbourhood with frequent violence? Has the child witnessed or directly experienced violence at their school?	YES	Child has witnessed or experienced violence in the community or in school, such as: fighting; friends/family injuries as a result of violence; severe and repeated instances of violence and/or the death of another person in their community/school as a result of violence; is the direct victim of violence/criminal activity in the community/school that was life threatening; or has experienced chronic/ongoing impact as a result of community/school violence (e.g., family member injured and no longer able to work). A suspicion that the child has witnessed or experienced violence in the community would be rated here

Witness/Victim to Criminal Activity This item describes the child's exposure to criminal activity. Criminal behaviour includes any behaviour for which an adult could go to prison including drug dealing, assault or battery.		CH/ACE/09
Questions to consider:	NO	There is no evidence that the child has been victim or a witness to criminal activity.
Has the child or someone in their family ever been the victim of a crime? Has the child seen criminal activity in the community or home?	YES	Child has been victimised, or there is suspicion that they have been victimised or witnessed criminal activity. This includes a single instance, multiple instances, or chronic and severe instances of criminal activity that was life threatening or caused significant physical harm, or child has witnessed the death of a family friend, loved one.
Supplementary information: Any behaviour that could result in incarceration is considered criminal activity. A child who has been sexually abused or witnesses a sibling being sexually abused or physically abused to the extent that assault charges could be filed would be rated here and on the appropriate abuse-specific items. A child who has witnessed drug dealing, assault or battery would also be rated on this item.		

War/Terrorism Affected		CH/ACE/10
This item describes the child's exposure to war, political violence, torture or terrorism.		
Questions to consider:	NO	No evidence that the child has been exposed to war, political violence, torture or terrorism.
<p>Has the child or their family lived in a war-torn region?</p> <p>How close was the child to war or political violence, torture or terrorism?</p> <p>Was the family displaced?</p>	YES	Child has experienced, or there is suspicion that they have experienced or been affected by war, terrorism or political violence. Examples include: Family members directly related to the child may have been exposed to war, political violence, or torture resulting in displacement, injury or disability, or death; parents may have been physically or psychologically disabled from the war and are unable to adequately care for the child; child may have spent an extended amount of time in a refugee camp, or feared for their own life during war or terrorism due to bombings or shelling very near to them; child may have been directly injured, tortured, or kidnapped in a terrorist attack; child may have served as a soldier, guerrilla, or other combatant in their home country. Also included is a child who did not live in war or terrorism-affected region or refugee camp, but family was affected by war.
<p>Supplemental information:</p> <p>Terrorism is defined as "the calculated use of violence or the threat of violence to inculcate fear, intended to coerce or to intimidate governments or societies in the pursuit of goals that are generally political, religious or ideological." Terrorism includes attacks by individuals acting in isolation (e.g. sniper attacks).</p>		

Disruptions in Caregiving/Attachment Losses		CH/ACE/11
This item documents the extent to which a child has had one or more major changes in caregivers, potentially resulting in disruptions in attachment.		
Questions to consider:	NO	There is no evidence that the child has experienced disruptions in caregiving and/or attachment losses.
<p>Has the child ever lived apart from their parents/caregivers?</p> <p>What happened that resulted in the child living apart from their parents/caregivers?</p>	YES	Child has been exposed to, or there is suspicion that they have been exposed to at least one disruption in caregiving with familiar alternative caregivers or unknown caregivers (this includes placement in foster or other out-of-home care such as residential care facilities). Child may or may not have had ongoing contact with primary attachment figure(s) during this disruption. Shift in caregiving may have been temporary or permanent.
<p>Supplemental information:</p> <p>Individuals who have been exposed to disruptions in caregiving involving separation from primary attachment figure(s) and/or attachment losses would be rated here. Individuals who have had placement changes, including stays in foster care, residential treatment facilities or juvenile justice settings, can be rated here. Short-term hospital stays or brief juvenile detention stays, during which the individual's caregiver remains the same, would not be rated on this item.</p>		

Child Traumatic Stress Symptoms Domain (All ages)

Items and this Domain should be rated based on the last 30 days. For the Child Traumatic Stress Symptoms Domain, use the following *needs rating* action levels:

0	No evidence of any needs; no need for action.
1	Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.
2	Action is required to ensure that the identified need is addressed; need is interfering with functioning.
3	Need is dangerous or disabling; requires immediate and/or intensive action

Intrusions/Re-experiencing		CH/TrSS/02
These symptoms consist of intrusive memories or reminders of traumatic events, including nightmares, flashbacks, intense reliving of the events, and repetitive play with themes of specific traumatic experiences. These symptoms are part of clinical criteria for PTSD.		
Questions to consider:	0	<i>No evidence of any needs; no need for action.</i> This rating is given to an individual with no evidence of intrusive symptoms.
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> This rating is given to an individual with some problems with re-experiencing symptoms, such as occasional intrusive thoughts, distressing memories, and/or nightmares about traumatic events.
	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> This rating is given to an individual with moderate difficulties with re-experiencing, such as frequent intrusive symptoms/distressing memories. This individual may have recurrent frightening dreams (i.e., multiple times a week) with or without recognisable content or recurrent distressing thoughts, images, perceptions or memories of traumatic events. This individual may exhibit trauma-specific reenactments through repetitive play with themes of trauma or intense physiological reactions (i.e., racing heart, somatic complaints) to exposure to traumatic cues. These symptoms interfere with child's functioning in at least one area.
	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> This rating is given to an individual with significant problems with re-experiencing, such as frequent and overwhelming intrusive symptoms/distressing memories. This individual may exhibit trauma-specific reenactments that include sexually or physically harmful behaviour that could be traumatising to other children or sexual play with adults or related behaviours that put the safety of the individual or others at risk. This individual may also exhibit persistent flashbacks, delusions or hallucinations related to the trauma that impede the individual's functioning in multiple areas.

<h2>Emotional and/or Physical Dysregulation</h2> <p>These symptoms are characterised by difficulties with arousal regulation. This can include difficulties modulating or expressing emotions and energy states such as emotional outbursts or marked shifts in emotions, overly constricted emotional responses, and intense emotional responses, and/or evidence of constricted, hyperaroused, or quickly fluctuating energy levels. The child may demonstrate such difficulties with a single type or a wide range of emotions and energy states. This can also include difficulties with regulation of body functions, including disturbances in sleeping, eating, and elimination; over-reactivity or under-reactivity to touch and sounds; and physical or somatic complaints. This can also include difficulties with describing emotional or bodily states. The child's behaviour likely reflects their difficulty with affective and physiological regulation, especially for younger children. This can be demonstrated as excessive and chronic silly behaviour, excessive body movements, difficulties regulating sleep/wake cycle, and inability to fully engage in activities.</p>		CH/TrSS/01							
<p>Questions to consider:</p>	<table border="1"> <tr> <td data-bbox="225 495 304 607">0</td> <td data-bbox="304 495 1500 607"> <p><i>No evidence of any needs; no need for action.</i></p> <p>This rating is given to an individual with no difficulties regulating emotional or physiological responses. Emotional responses and energy level are appropriate to the situation.</p> </td> </tr> <tr> <td data-bbox="225 607 304 875">1</td> <td data-bbox="304 607 1500 875"> <p><i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i></p> <p>This rating is given to an individual with some minor and occasional difficulties with emotional/physiological regulation. This individual could have some difficulty tolerating intense emotions and become somewhat jumpy or irritable in response to emotionally charged stimuli, or more watchful or hypervigilant in general or have some difficulties with regulating body functions (e.g., sleeping, eating or elimination). This individual may also have some difficulty sustaining involvement in activities for any length of time or have some physical or somatic complaints.</p> </td> </tr> <tr> <td data-bbox="225 875 304 1211">2</td> <td data-bbox="304 875 1500 1211"> <p><i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i></p> <p>This rating is given to an individual with moderate problems with emotional/physiological regulation. This individual has difficulty/may be unable to modulate emotional responses or have more persistent difficulties in regulating bodily functions. This individual may exhibit marked shifts in emotional responses (e.g., from sadness to irritability to anxiety) or have contained emotions with a tendency to lose control of emotions at various points (e.g., normally restricted affect punctuated by outbursts of anger or sadness). This individual may also exhibit persistent anxiety, intense fear or helplessness, lethargy/loss of motivation, or have persistent physical or somatic complaints. This individual's behaviour likely reflects difficulties with affective or physiological over-arousal or reactivity (e.g., silly behaviour, loose active limbs) or under-arousal (e.g., lack of movement and facial expressions, slowed walking and talking).</p> </td> </tr> <tr> <td data-bbox="225 1211 304 1518">3</td> <td data-bbox="304 1211 1500 1518"> <p><i>Need is dangerous or disabling; requires immediate and/or intensive action.</i></p> <p>This rating is given to an individual with severe and chronic problems with highly dysregulated emotional and/or physiological responses. This individual may have more rapid shifts in mood and an inability to modulate emotional responses (feeling out of control of their emotions or lacking control over their movement as it relates to their emotional states). This individual may also exhibit tightly contained emotions with intense outbursts under stress. Alternately, this individual may be characterised by extreme lethargy, loss of motivation or drive, and no ability to concentrate or sustain engagement in activities (i.e., emotionally "shut down"). This individual may have more persistent and severe difficulties regulating sleep/wake cycle, eating patterns or with elimination problems.</p> </td> </tr> </table>	0	<p><i>No evidence of any needs; no need for action.</i></p> <p>This rating is given to an individual with no difficulties regulating emotional or physiological responses. Emotional responses and energy level are appropriate to the situation.</p>	1	<p><i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i></p> <p>This rating is given to an individual with some minor and occasional difficulties with emotional/physiological regulation. 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This individual may exhibit marked shifts in emotional responses (e.g., from sadness to irritability to anxiety) or have contained emotions with a tendency to lose control of emotions at various points (e.g., normally restricted affect punctuated by outbursts of anger or sadness). This individual may also exhibit persistent anxiety, intense fear or helplessness, lethargy/loss of motivation, or have persistent physical or somatic complaints. This individual's behaviour likely reflects difficulties with affective or physiological over-arousal or reactivity (e.g., silly behaviour, loose active limbs) or under-arousal (e.g., lack of movement and facial expressions, slowed walking and talking).</p>	3	<p><i>Need is dangerous or disabling; requires immediate and/or intensive action.</i></p> <p>This rating is given to an individual with severe and chronic problems with highly dysregulated emotional and/or physiological responses. This individual may have more rapid shifts in mood and an inability to modulate emotional responses (feeling out of control of their emotions or lacking control over their movement as it relates to their emotional states). This individual may also exhibit tightly contained emotions with intense outbursts under stress. Alternately, this individual may be characterised by extreme lethargy, loss of motivation or drive, and no ability to concentrate or sustain engagement in activities (i.e., emotionally "shut down"). This individual may have more persistent and severe difficulties regulating sleep/wake cycle, eating patterns or with elimination problems.</p>
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1	<p><i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i></p> <p>This rating is given to an individual with some minor and occasional difficulties with emotional/physiological regulation. This individual could have some difficulty tolerating intense emotions and become somewhat jumpy or irritable in response to emotionally charged stimuli, or more watchful or hypervigilant in general or have some difficulties with regulating body functions (e.g., sleeping, eating or elimination). This individual may also have some difficulty sustaining involvement in activities for any length of time or have some physical or somatic complaints.</p>								
2	<p><i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i></p> <p>This rating is given to an individual with moderate problems with emotional/physiological regulation. This individual has difficulty/may be unable to modulate emotional responses or have more persistent difficulties in regulating bodily functions. This individual may exhibit marked shifts in emotional responses (e.g., from sadness to irritability to anxiety) or have contained emotions with a tendency to lose control of emotions at various points (e.g., normally restricted affect punctuated by outbursts of anger or sadness). This individual may also exhibit persistent anxiety, intense fear or helplessness, lethargy/loss of motivation, or have persistent physical or somatic complaints. This individual's behaviour likely reflects difficulties with affective or physiological over-arousal or reactivity (e.g., silly behaviour, loose active limbs) or under-arousal (e.g., lack of movement and facial expressions, slowed walking and talking).</p>								
3	<p><i>Need is dangerous or disabling; requires immediate and/or intensive action.</i></p> <p>This rating is given to an individual with severe and chronic problems with highly dysregulated emotional and/or physiological responses. This individual may have more rapid shifts in mood and an inability to modulate emotional responses (feeling out of control of their emotions or lacking control over their movement as it relates to their emotional states). This individual may also exhibit tightly contained emotions with intense outbursts under stress. Alternately, this individual may be characterised by extreme lethargy, loss of motivation or drive, and no ability to concentrate or sustain engagement in activities (i.e., emotionally "shut down"). This individual may have more persistent and severe difficulties regulating sleep/wake cycle, eating patterns or with elimination problems.</p>								
<p>Supplementary information: This item should be rated in the context of what is normative for a child's age/developmental stage.</p>									

Traumatic Grief		CH/TrSS/03
This rating describes the level of traumatic grief the child or young person is experiencing due to death or loss /separation from significant caregivers, siblings, or other significant figures.		
Questions to consider:	0	<i>No evidence of any needs; no need for action.</i> There is no evidence that the individual is experiencing traumatic grief reactions or separation from the loss of significant caregivers. Either the individual has not experienced a traumatic loss (e.g., death of a loved one) or the individual has adjusted well to separation.
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> individual is experiencing a mild level of traumatic grief due to death or loss/separation from a significant person in a manner that is expected and/or appropriate given the recent nature of loss or separation.
	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Individual is experiencing a moderate level of traumatic grief or difficulties with separation in a manner that impairs functioning in some, but not all areas of daily functioning. This could include withdrawal or isolation from others or other problems with day-to-day functioning.
	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> individual is experiencing significant traumatic grief reactions. individual exhibits impaired functioning across most or all areas (e.g., interpersonal relationships, school) for a significant period of time following the loss or separation. Symptoms require immediate or intensive intervention.

Hyperarousal		CH/TrSS/04
These symptoms include difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hypervigilance and/or exaggerated startle response. Individuals may also commonly manifest physical symptoms such as stomach-aches and headaches. These symptoms are part of the clinical criteria for PTSD.		
Questions to consider:	0	<i>No evidence of any needs; no need for action.</i> This rating is given to an individual with no evidence of hyperarousal symptoms.
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> This rating is given to an individual who exhibits mild hyperarousal that does not significantly interfere with his or her day-to-day functioning. May also occasionally manifest distress-related physical symptoms such as stomach-aches and headaches.
	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> This rating is given to an individual with moderate symptoms of hyperarousal or physiological reactivity associated with the traumatic event(s). The individual may exhibit one significant symptom or a combination of two or more of the following symptoms: difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hypervigilance and/or exaggerated startle response. Those who commonly manifest distress-related physical symptoms such as stomach-aches and headaches would be rated here. Symptoms are distressing for the individual and/or caregiver(s) and negatively impact day-to-day functioning.
	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> This rating is given to an individual who exhibits multiple and or severe hyperarousal symptoms including alterations in arousal and physiological and behavioural reactivity associated with traumatic event(s). This may include difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hypervigilance and/or exaggerated startle response. The intensity or frequency of these symptoms are overwhelming for the individual and impede day-to-day functioning in many areas.

Avoidance		CH/TrSS/05
These symptoms include efforts to avoid stimuli associated with traumatic experiences. These symptoms are part of the clinical criteria for PTSD.		
Questions to consider:	0	<i>No evidence of any needs; no need for action.</i> This rating is given to an individual with no evidence of avoidance symptoms.
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> This rating is given to an individual who exhibits some avoidance. This individual may exhibit one primary avoidant symptom, including efforts to avoid thoughts, feelings or conversations associated with the trauma.
	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> This rating is given to an individual with moderate symptoms of avoidance. In addition to avoiding thoughts or feelings associated with the trauma, the individual may also avoid activities, places, or people that arouse recollections of the trauma.
	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> This rating is given to an individual who exhibits significant or multiple avoidant symptoms. This individual may avoid thoughts and feelings as well as situations and people associated with the trauma and be unable to recall important aspects of the trauma.

Numbing		CH/TrSS/06
These symptoms include numbing responses that are part of the clinical criteria for PTSD. These responses were not present before the trauma.		
Questions to consider:	0	<i>No evidence of any needs; no need for action.</i> This rating is given to an individual with no evidence of numbing responses.
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> This rating is given to an individual who exhibits some problems with numbing. This individual may have a restricted range of affect or be unable to express or experience certain emotions (e.g., anger or sadness).
	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> This rating is given to an individual with moderately severe numbing responses. This individual may have a blunted or flat emotional state or have difficulty experiencing intense emotions or feel consistently detached or estranged from others following the traumatic experience.
	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> This rating is given to an individual with significant numbing responses or multiple symptoms of numbing. This individual may have a markedly diminished interest or participation in significant activities and a sense of a foreshortened future.

Dissociation		CH/TrSS/07
Symptoms included in this dimension are daydreaming, spacing or blanking out, forgetfulness, fragmentation, detachment, and rapid changes in personality often associated with traumatic experiences. This dimension may be used to rate dissociative disorders (e.g., Dissociative Disorder NOS, Dissociative Identity Disorder) but can also exist when other diagnoses are primary (e.g., PTSD, depression).		
Questions to consider:	0	<i>No evidence of any needs; no need for action.</i> This rating is given to an individual with no evidence of dissociation.
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> This rating is given to an individual with minor dissociative problems, including some emotional numbing, avoidance or detachment, and some difficulty with forgetfulness, daydreaming, spacing or blanking out.
	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> This rating is given to an individual with a moderate level of dissociation. This can include amnesia for traumatic experiences or inconsistent memory for trauma (e.g., remembers in one context but not another), more persistent or perplexing difficulties with forgetfulness (e.g., loses things easily, forgets basic information), frequent daydreaming or trance-like behaviour, depersonalisation and/or derealisation. This rating would be used for someone who meets criteria for Dissociative Disorder Not Otherwise Specified or another diagnosis that is specified “with dissociative features.”
	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> This rating is given to an individual with severe dissociative disturbance. This can include significant memory difficulties associated with trauma that also impede day to day functioning. individual is frequently forgetful or confused about things he/she should know about (e.g., no memory for activities or whereabouts of previous day or hours). Child shows rapid changes in personality or evidence of distinct personalities. individual who meets criteria for Dissociative Identity Disorder or a more severe level of Dissociative Disorder NOS would be rated here.

Time Before Treatment		CH/TrSS/08
This item identifies the amount of time that passed between the trauma and the beginning of treatment.		
	0	<i>No evidence of any needs; no need for action.</i> Trauma was recognised and treatment started within one month of initial experience.
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> Trauma was recognised and treatment started between one and six months from initial experience.
	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Trauma was recognised and treatment started between six months and one year from initial experience.
	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Trauma was not recognised nor treated for more than a year after the initial experience.

Caregiver Needs and Resources Domain

This section focuses on the strengths and needs of the caregiver. Caregiver ratings should be completed by household. If multiple households are involved in the planning, then this section should be completed once for each household under consideration. If the child/young person is in a foster care or out-of-home placement, please rate the identified parent(s), other relative(s), adoptive parent(s), or caretaker(s) who is planning to assume custody and/or take responsibility for the care of this child/young person.

Supervision		CG/NRS/13
This rating is used to determine the caregiver's capacity to provide the level of monitoring and supervision/discipline needed by the child. Discipline is defined in the broadest sense; including all the things that parents/caregivers can do to promote positive behaviour with their children.		
Questions to consider: How does the caregiver feel about their ability to keep an eye on and discipline the child/young person? Does the caregiver need some help with these issues?	0	No evidence caregiver needs help or assistance in monitoring or disciplining the child/young person, and/or caregiver has good monitoring and discipline skills.
	1	Caregiver generally provides adequate supervision, but is inconsistent. Caregiver may need occasional help or assistance.
	2	Caregiver supervision and monitoring are very inconsistent and frequently absent. Caregiver needs assistance to improve supervision skills.
	3	Caregiver is unable to monitor or discipline the child/young person. Caregiver requires immediate and continuing assistance. Child/young person is at risk of harm due to absence of supervision or monitoring

Involvement with Caregiving		CG/NRS/01
This item refers to the degree to which the caregiver is actively involved in being a parent/caregiver.		
Questions to consider: How actively involved is the caregiver in the daily life of the family? Is the caregiver an advocate for the child? Would they like any help to become more involved?	0	The caregiver is actively and fully involved in daily family life. There is no evidence that the caregiver is not involved with caregiving functions.
	1	The caregiver is generally involved in daily family life. The caregiver may occasionally be less involved for brief periods of time because they are distracted by internal stressors and/or other external events or responsibilities or there is a history of caregiver un-involvement.
	2	The caregiver is involved in daily family life but only maintains minimal daily interactions for extended periods of time.
	3	The caregiver is mostly uninvolved in daily family life. The caregiver may not interact with their children on a daily basis.

Knowledge		CG/NRS/05
This item identifies the caregiver's knowledge of the child's strengths and needs, and their ability to understand the rationale for the treatment or management of these problems.		
Questions to consider: Does the caregiver understand the child's current mental health diagnosis and/or symptoms? Does the caregiver's expectations of the child reflect an understanding of the child's mental or physical challenges?	0	No evidence of caregiver knowledge issues. Caregiver is fully knowledgeable about the child's psychological strengths and weaknesses, talents and limitations.
	1	Caregiver, while being generally knowledgeable about the child, has some mild deficits in knowledge or understanding of the child's psychological condition, talents, skills and assets
	2	Caregiver does not know or understand the child well and significant deficits exist in the caregiver's ability to relate to the child's problems and strengths.
	3	Caregiver has little or no understanding of the child's current condition. Caregiver's lack of knowledge about the child's strengths and needs place the child at risk of significant negative outcomes.

Organisation		CG/NRS/03
This item is used to rate the caregiver's ability to organise and manage their household within the context of intensive community services.		
Questions to consider: Do caregivers need or want help with managing their home? Can they get to appointments or manage a schedule? Do they get their child to appointments or school on time?	0	Caregiver is well organised and efficient. Caregiver organisational skills can drive any plan.
	1	Caregiver has adequate organisational skills to ensure that children's needs are routinely met.
	2	Caregiver has limited ability to stay organised.
	3	No evidence that caregiver is able to organise household to support needed services.

Social Resources		CG/NRS/14
This item rates the social assets (extended family) and resources that the caregiver can bring to bear in addressing the multiple needs of the child/youth and family.		
Questions to consider: Does family have extended family or friends who provide emotional support? Can they call on social supports to watch the child/youth occasionally?	0	Caregiver has significant social and family networks that actively help with caregiving.
	1	Caregiver has some family or friend or social network that actively helps with caregiving.
	2	Work needs to be done to engage family, friends or social network in helping with caregiving.
	3	Caregiver has no family or social network to help with caregiving.

Residential Stability		CG/NRS/15
This item rates the housing stability of the caregiver(s) and does not include the likelihood that the child/young person or child/young person will be removed from the household.		
Questions to consider:		
Is the family's current housing situation stable?	0	Caregiver has stable housing with no known risks of instability.
Are there concerns that they might have to move in the near future?	1	Caregiver has relatively stable housing but either has moved in the recent past or there are indications of housing problems that might force housing disruption.
Has family lost their housing?	2	Caregiver has moved multiple times in the past year. Housing is unstable.
	3	Family is homeless, or has experienced homelessness in the recent past.

Medical / Physical		CG/NRS/08
This item refers to medical problems and/or physical limitations that the caregiver(s) may be experiencing that prevent or limit their ability to provide care for the child. This item does not rate depression or other mental health issues.		
Questions to consider:		
How is the caregiver's health?	0	<i>No evidence of any needs; no need for action.</i> No evidence of medical or physical health problems. Caregiver is generally healthy.
Does the caregiver have any health problems that limit their ability to care for the family?	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> There is a history or suspicion of, and/or caregiver is in recovery from medical/physical problems.
	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Caregiver has medical/physical problems that interfere with the capacity to provide care for the child.
	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Caregiver has medical/physical problems that make providing care for the child impossible at this time.

Mental Health		CG/NRS/09T
This item refers to any serious mental health issues (not including substance abuse) among caregivers that might limit their capacity for parenting/caregiving to the child.		
Questions to consider: Does the caregiver have any mental health needs? Are the mental health needs interfering with their functioning?	0	<i>No evidence of any needs; no need for action.</i> No evidence of caregiver mental health difficulties.
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> There is a history or suspicion of mental health difficulties, and/or caregiver is in recovery from mental health difficulties.
	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Caregiver's mental health difficulties interfere with their capacity to parent.
	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Caregiver has mental health difficulties that make it impossible to parent the child at this time.

Substance Use		CG/NRS/11T
This item rates the impact of any notable substance use by caregivers that might limit their capacity to provide care for the child/young person.		
Questions to consider: Do caregivers have any substance use needs that make parenting difficult? Is the caregiver receiving any services for the substance use problems?	0	<i>No evidence of any needs; no need for action.</i> No evidence of caregiver substance use issues.
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> There is a history of, suspicion or mild use of substances and/or caregiver is in recovery from substance use difficulties where there is no interference in his/her ability to parent.
	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Caregiver has some substance abuse difficulties that interfere with his or her capacity to parent.
	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Caregiver has substance abuse difficulties that make it impossible to parent the child/young person at this time.

Developmental This item describes the presence of limited cognitive capacity or developmental disabilities that challenges the caregiver's ability to parent.		CG/NRS/10
Questions to consider: Has the caregiver been identified with any developmental disabilities or intellectual disabilities?	0	<i>No evidence of any needs; no need for action.</i> No evidence of caregiver developmental disabilities or challenges. Caregiver has no developmental needs.
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> Caregiver has developmental challenges. The developmental challenges do not currently interfere with parenting.
	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Caregiver has developmental challenges that interfere with the capacity to parent the child.
	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Caregiver has severe developmental challenges that make it impossible to parent the child at this time.

Safety This item describes the caregiver's ability to maintain the child/young person's safety within the household. It does not refer to the safety of other family or household members based on any danger presented by the assessed caregiver.		CG/NRS/16
Questions to consider: Is the caregiver able to protect the child/young person from harm in the home? Are there individuals living in the home or visiting the home that may be abusive to the child/young person?	0	<i>No evidence of any needs; no need for action.</i> No evidence of safety issues. Household is safe and secure. Child/young person is not at risk from others.
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> Household is safe but concerns exist about the safety of the child/young person due to history or others who might be abusive.
	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/young person is in some danger from one or more individuals with access to the home.
	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/young person is in immediate danger from one or more individuals with unsupervised access.

Family Stress		CG/NRS/17
This rating describes stress on the family associated with child(ren)'s needs and the caregiver's ability to manage that stress.		
<p>Questions to consider:</p> <p>Are there numerous providers visiting the home or requesting that the family come in for an office visit?</p> <p>Does the child's behaviour cause extraordinary challenges for the family?</p> <p>How have the child's struggles impacted relationships within the family?</p>	0	<i>No evidence of any needs; no need for action.</i> Caregiver is able to manage the stress of child(ren)'s needs.
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> Caregiver has some problems managing the stress of child(ren)'s needs.
	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Caregiver has notable problems managing the stress of child(ren)'s needs. This stress interferes with their capacity to give care.
	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Caregiver is unable to manage the stress associated with child(ren)'s needs. This stress prevents caregiver from parenting, or individual has no known caregiver.

Posttraumatic Reactions		CG/NRS/12T
This item describes posttraumatic reactions faced by caregiver(s), including emotional numbing and avoidance, nightmares and flashbacks, that are related to their child's or their own traumatic experiences.		
<p>Questions to consider:</p> <p>Has the caregiver experienced a traumatic event?</p> <p>Does the caregiver experience frequent nightmares?</p> <p>Are they troubled by flashbacks? What are the caregiver's current coping skills?</p>	0	<i>No evidence of any needs; no need for action.</i> Caregiver has not experienced any significant trauma or has adjusted to traumatic experiences without notable posttraumatic stress reactions.
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> Caregiver has some adjustment problems related to their child's or their own traumatic experiences. Caregiver may exhibit some guilt about their child's trauma or become somewhat detached or estranged from others. These symptoms may mildly impact their ability to provide child care.
	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Caregiver has adjustment difficulties related to traumatic experiences, and these difficulties impact their ability to provide child care. Caregiver may have nightmares or flashbacks of the trauma.
	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Caregiver has significant adjustment difficulties associated with traumatic experiences, and these difficulties make the caregiver unable to provide child care. Symptoms might include intrusive thoughts, hypervigilance, and constant anxiety.
<p>Supplemental information:</p> <p>This is one item where speculation about why a person is displaying a certain behaviour is considered. There should be an inferred link between the trauma and behaviour.</p>		

Marital/Partner Violence in the Home		CG/NRS/18
This rating describes the degree of difficulty or conflict in the caregiver relationship.		
Questions to consider:	0	<i>No evidence of any needs; no need for action.</i> Caregivers appear to be functioning adequately. There is no evidence of notable conflict in the caregiver relationship. Disagreements are handled in an atmosphere of mutual respect and equal power.
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> Mild to moderate level of family problems including marital difficulties and caregiver arguments. Caregivers are generally able to keep arguments to a minimum when child is present. Occasional difficulties in conflict resolution or use of power and control by one partner over another.
	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Significant level of caregiver difficulties including frequent arguments that often escalate to verbal aggression or the use of verbal aggression by one partner to control the other. Child often witnesses these arguments between caregivers or the use of verbal aggression by one partner to control the other.
	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Profound level of caregiver or marital violence that often escalates to mutual attacks or the use of physical aggression by one partner to control the other. These episodes may exacerbate child's difficulties or put the child at greater risk.

Family Relationship to the System		CG/NRS/19
This item describes the degree to which the family's apprehension to engage with the formal health care system creates a barrier to receipt of care. For example, if a family refuses to see a psychiatrist due to their belief that medications are over-prescribed for children, a clinician must consider this belief and understand its impact on the family's choices. These complicated factors may translate into generalised discomfort with the formal health care system and may require the clinician to reconsider their approach.		
Questions to consider:	0	<i>No evidence of any needs; no need for action.</i> The caregiver expresses no concerns about engaging with the formal helping system.
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> The caregiver expresses little or mild hesitancy to engage with the formal helping system that is easily rectified with clear communication about intentions or past issues engaging with the formal helping system.
	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> The caregiver expresses moderate hesitancy to engage with the formal helping system that requires significant discussions and possible revisions to the treatment plan.
	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> The caregiver expresses significant hesitancy to engage with the formal helping system that prohibits the family's engagement with the treatment team at this time. When this occurs, the development of an alternate treatment plan may be required.

Legal Involvement		CG/NRS/20
Questions to consider:	0	<i>No evidence of any needs; no need for action.</i>
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i>
	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i>
	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i>