

# National Framework

For assessing children's functional  
strengths and support needs in Australia

December 2024



# Project team

The project team comprised members with diverse personal and professional knowledge, skills, experience, and perspectives relevant to the Framework. The biographies of team members are included in *Supporting Information*.

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## Cover artwork

Kaya (Hello) my name is **Jacinta Anderson**, I am a proud Noongar yorga with family connections to the Mineng area in the Great Southern, the Yuet area in Wheatbelt region and Whadjuk area.

Throughout my artwork I love expressing my culture especially using Aboriginal symbol. As it carries a deep cultural significance often used to convey stories, traditions, and beliefs of indigenous communities. I enjoy creating artwork with the younger generation as I can encourage them express themselves throughout their art, storying telling and having a stronger connection to culture.

I first started painting on wooden serving boards, which lead to few commission pieces for family and friends to now creating artwork for companies, creating digital art, and running art workshops.

I create commissioned pieces, both acrylic paint on a canvas and digital.

## Acknowledgement of Country

We acknowledge and offer respect to the Traditional owners and custodians across the lands in which we live and work. We acknowledge the journey of Elders past, and we recognise historical truths and the enduring impact for Aboriginal and Torres Strait Islander Peoples. We recognise and value the knowledge and wisdom of Elders present, as well as those emerging leaders who share a continuing connection with Aboriginal and Torres Strait Islander Peoples and Country. We are strengthened together through upholding the continuation of the First Peoples lore of cultural and spiritual ways that help to grow children and families strong. We recognise inequalities and commit our efforts to work alongside Aboriginal and Torres Strait Islander Peoples to better understand their lived experience. We support engaging two-worlds to progress deep knowledge of culturally safe, responsive, and timely supports and services. We acknowledge the valuable contribution of Aboriginal and Torres Strait Islander Peoples to this Framework and recognise the perspectives, preferences, and priorities of First Peoples as key to guiding best practice across Australia.

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- Members of the Reference Group representing 23 community and professional organisations, associations, and societies which have been listed as project partners on the preceding pages. Representatives included those with lived experience of disability directly as individuals and/or as parents/family members of individuals with disability.
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# Reference Group

The Reference Group (RG) comprised representatives of 23 community and professional organisations, associations, and societies who brought personal and professional knowledge, skills, experience, and perspectives relevant to the Framework. Further information about the RG is contained in *Supporting Information*.

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\* Indicates the role was shared with another representative of the same organisation.

# Thank you

Thank you to the professional organisations, associations, and societies who brought personal and professional knowledge, skills, experience, and perspectives relevant to the Framework.





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# Introduction

Every child deserves a healthy and happy start to life, which includes participation in childhood activities and life situations that are critical for their development; connections to people, culture, and community; and wellbeing and quality of life. Children are part of families, which take many forms, and their bonds and relationships are precious, important, and indivisible. Understanding and valuing each child and family as a unit is essential to working in ways that are individualised, helpful, and respectful.

All children have strengths, but some children experience challenges in their functioning which can arise from a combination of personal and environmental factors. A child's *functioning* refers to their health, activities, and participation, including the influence of personal and environmental factors. Challenges can vary depending on the time, place, and situation, and arise when there is a gap between what the child and family require and what the environment provides. When challenges exist, children and families may benefit from supports that are tailored to their individual strengths and support needs, irrespective of whether or not a child has one or more diagnosed condition(s).

The starting point for understanding children's functional strengths and support needs is *assessment*, to develop a holistic understanding of each child and family. Assessment first and foremost centres on input from the child and family and is typically carried out by health and/or education professionals, but can involve the input of a range of people. If a child has support needs, *differentiation* of these needs is often required. In schools, *differentiation* refers to the ways teachers individualise learning support based on children's individual needs. In the Framework, this same individualised approach is applied, considering each child's strengths, support needs, and support options in a holistic sense across life situations, knowing that no two children and families are the same and that it is not about prioritising the needs of one child and family over another. The outcomes of an assessment should be *reported* (within a written report) in a manner that is individualised, respectful, and helpful to the child and family.

Assessment of children's functional strengths and support needs is essential for service access across health, disability, education and community services and systems. However, there is a lack of quality and consistency in the approach taken. Institutional policies, processes, and protocols can also discriminate. For example, adopting approaches that only consider Western values and priorities, such as the use of norm-referenced tools with the assumption that 'normal' is the standard to achieve, can further marginalise and exclude minority groups. Therefore, efforts to improve assessment of children's functional strengths and supports needs must be holistic, to address the complex interactions between individual professional's practices and the services and systems in which they work.

# How a Framework can help

Frameworks are commonly used to set out a vision and approach for addressing complex issues, where multiple complementary tools, resources, activities, and approaches may be needed. Frameworks are particularly helpful and important when a single solution is unlikely to be appropriate for all people, in all contexts, but where all solutions should reflect a common understanding, evidence-base, and guiding principles.

## Purpose

The purpose of the *National Framework for assessing children's functional strengths and support needs in Australia* (herein referred to as the *Framework*) is to set out an evidence-based, culturally-appropriate approach for assessment, differentiation, and written reporting of children's functional strengths and support needs.

## Scope

The Framework focuses on professional practice when working with children aged 0-12 years and their families in Australia, including children who do and do not have one or more diagnosed condition(s).

## Questions

The Framework answers the following questions in relation to assessment, differentiation, and written reporting of children's functional strengths and supports needs:

- What guiding principles are important?
- What approach should be used?
- What information is most critical to consider?
- What tools are available?
- What safeguarding should occur?

For more details about how these questions were answered and what information was used, refer to the *Supporting Information* document.



## Target users

The primary users of the Framework are professionals involved in assessing children's functional strengths and support needs across health, education, disability, and community services.

The primary intended beneficiaries are children and families, who can also use the Framework to know what best practice looks like.

The Framework can also be used by:

- **organisations that work with children and families** that want to align current and future services and supports with the Framework.
- **organisations that support professionals** who lead or contribute to assessment of children's functional strengths and support needs including peak bodies, tertiary institutions, and training providers.
- **government departments and agencies** and other professionals that are involved in and/or make use of information resulting from assessment.

## Intended outcomes

The Framework is intended to improve children's health, activities, participation, and wellbeing by improving professional practice and the policy that supports it. The Framework will sit at the centre of a range of future initiatives to improve the approach, experience, and outcomes of services and supports provided to children and their families in Australia.



# Foundations

The following concepts, assumptions, and understandings are foundational to the Framework.

## Human rights

Every child and family have rights that must be protected and advanced through the actions of people, communities, and societies that value and respect them. The Framework is grounded in human rights, consistent with the United Nations *Convention on the Rights of the Child* (1989), *Convention on the Rights of Indigenous Peoples* (United Nations, 2007), and *Convention on the Rights of Persons with Disabilities* (United Nations, 2006).

## Children and families

The rights, strengths, needs, aspirations, preferences, and priorities of children and families are highly interrelated, and must be understood, valued, and respected together. Families and kinship structures take many forms, with *family* used throughout the document for brevity.

## Children's voices

Children's views and preferences should be sought, and they should be involved in decisions that affect them, to the extent that is possible. Every child has a Voice and should be heard, whether they communicate using speech, facial expressions, gestures, body movements, actions, or a range of augmentative communication modes.

As a principle, children's assent, and where possible consent, should be obtained, but not at the expense of their best interests (e.g., health, safety, education), consistent with conventions, regulations, rules, and laws in the places where they live. Family, and in particular parents and guardians, play a crucial role in ensuring children's rights are upheld. They know the children best and their unique understanding, and role in their children's lives, must be affirmed.



## Social and emotional wellbeing

Social and emotional wellbeing is the foundation of physical and mental health for all children. For Aboriginal and Torres Strait Islander people, connection to land, sea, culture and spirituality all influence wellbeing. Social, historical and political factors can also affect a person's wellbeing.

## Functioning

The Framework is an expression of the International Classification of Functioning, Disability and Health (ICF; World Health Organisation, 2001). Functioning is an umbrella term for body function, body structures, activities and participation. It denotes the positive or neutral aspects of the interaction between a person's health condition(s) and that individual's contextual factors (environmental and personal factors).

The F-Words for Child Development (Rosenbaum & Gorter, 2012) are used to express the ICF in a child-focused way:

- Fitness (Body Structure and Function): Physical and mental wellbeing.
- Functioning (Activity): What children do.
- Friends (Participation): Friendships established with others.
- Family (Environmental Factors): The essential 'environment' of all children and youth.
- Fun (Personal Factors): Activities that children enjoy.
- Future: What life is all about.

## Developmental perspective

Children's functional strengths and support needs change over time as they grow, as do the preferences and priorities of children and families. This understanding should inform all aspects of professional practice, including the assessment process, selection and interpretation of tools, and support recommendations to ensure they are age-appropriate, developmentally appropriate, and responsive to changing needs and circumstances.

## Exclusion

Historically, frameworks have not been successful in understanding and creating positive transformational change for the diverse needs of diverse populations (Bourke, et al., 2012). Frameworks discuss the importance of diversity and inclusion, but rarely address the reasons for exclusion, thus exclusion continues to be a barrier within health services and organisational frameworks that often do not lead to positive outcomes (Bourke, et al., 2021). Accordingly, the Framework identifies important aspects of exclusion and how professionals can provide assessment services and supports that are genuinely responsive and inclusive.

The Framework is intended to be applied in ways that are consistent with Indigenous Allied Health Australia's (IAHA; 2015) *Cultural Responsiveness Framework* which outlines practical strategies to strengthen the capabilities of individuals and agencies tasked with the responsibility of providing culturally safe and responsive care and services that meets the needs of Aboriginal and Torres Strait Islander peoples.



There should be guidelines and policies for assessors to discover, document, report and escalate any evidence of discrimination and exclusion of autistic/disabled children during the assessment process. – Family member

## Alignment

Wherever possible, the Framework seeks to align with, not re-invent, existing resources. For example, the Framework aligns with the ICF, rather than replaces it.

## Language and terminology

The words used in this document are intended to be respectful, and align with the ICF for conceptual clarity. People working with children and families are encouraged to use terminology that reflects each individual child's and family's preference.

# Partnering with Aboriginal and Torres Strait Islander children, families, and communities



When working alongside Aboriginal and Torres Strait Islander children and families it is important to understand the social, historical, political and cultural context of the Australian landscape. Australia has a long history of denying Aboriginal and Torres Strait Islander children and families basic human rights. Despite the reports of system failures and personal and institutional racism, health policy continues to fail Aboriginal and Torres Strait Islander children and families (Bond, et al., 2020). Many mainstream services have been constructed to, and continue to operate, in a way that undermines Aboriginal and Torres Strait Islander ways of knowing, being, and doing. Many *'frameworks are inherently racist'* (Sarah, Aboriginal community member) and *'continually ignore the ongoing impact of colonisation'* (Melissa, Aboriginal community member).

When generating the content for this Framework, it was important to understand the lived experiences of Aboriginal and Torres Strait Islander individuals and their family's health journeys. Throughout this section of the Framework, quotes from Aboriginal and Torres Strait Islander individuals will help to guide professionals in their understanding of the health system and the requirements essential to ensuring services are culturally safe and responsive and meet the needs of Aboriginal and Torres Strait Islander families.

To fully understand the cultural and developmental support needs of Aboriginal and Torres Strait Islander peoples, assessment, differentiation and reporting must align with Aboriginal and Torres Strait Islander ways of knowing, being and doing. It is important for professionals to lead and implement system changes that address the exclusion of Aboriginal and Torres Strait Islander children and families from services. The exclusion practices that create culturally unsafe spaces and poor experiences for Aboriginal and Torres Strait Islander peoples may include impersonable interactions/communication, lack of advocacy/support, system challenges, and racism. Therefore, to successfully partner with and create safe and responsive services for Aboriginal and Torres Strait Islander children and families, professionals need to address and disrupt these exclusionary practices and develop a holistic cultural approach that adapts to each family and their functional and support needs (Figure 1). This approach is further outlined below.

## What does a culturally informed, culturally responsive approach look like?

A culturally informed, culturally responsive approach to assessment, differentiation and reporting is one that respects the centrality of Aboriginal and Torres Strait Islander sovereignty, culture, languages, identity and ways of knowing, being and doing. This means health systems and the professionals within the systems respect Aboriginal and Torres Strait Islander values, strengths and intellect, and take a stance against racism and inequality in all its forms.

## Development of genuine meaningful relationships

There is a long history of wrongdoings and mistrust between the health system and Aboriginal and Torres Strait Islander peoples and communities. Therefore, it is important to understand the social, historical, political and cultural contexts that have created inequities and health concerns for Aboriginal and Torres Strait Islander children, families, and communities. *'Health care is often thought of in terms of problems rather than connection'* (Andrew, Aboriginal community member). Professionals must consider the children and families and develop a genuine meaningful relationship through reciprocity and respect. Andrew (Aboriginal community member) stated:

“ Professionals need to use story sharing/storytelling and tell me who you are? It's not just me giving. You've got to tell me about yourself What's your story? What's going to make me trust you to tell you these things?

## Support and advocacy

It is important that children and families are provided support and advocacy throughout their entire journey from engagement, assessment, differentiation and reporting, right through to professionals bridging and building connections to other services. As Melissa (Aboriginal community member) stated, *'the hospital system is a really difficult system to navigate'* and there is a lack of culturally based understanding as to the ways Aboriginal and Torres Strait Islander peoples view health and wellbeing. This is often the case as the question around Indigeneity is not asked and often Aboriginal and Torres Strait Islander peoples become lost in the whole journey. Asking if the children and families would like to engage with the Aboriginal and Torres Strait Islander liaison officer is also important in supporting and advocating for culturally safe and responsive health care for families. Advocating for and developing culturally safe and responsive resources for families to gather further information regarding their child's assessment, diagnosis and differentiation support needs is an important aspect in supporting First Nations children and families.



**Figure 1.** *'Embracing Togetherness'* by Jacinta Anderson.



## Address racism

Racism is very much central to the health systems in which Aboriginal and Torres Strait Islander children and families are required to access services. The National Aboriginal and Torres Strait Islander Health Plan (2013) identifies the relationships between racism and health as one that has a debilitating effect on Aboriginal and Torres Strait Islander peoples' confidence and self-worth and inevitably is a cause of barriers to accessing health care and is central to reduced life expectancy. This presents significant access and engagement concerns for families. Sarah (Aboriginal community member) stated *'mainstream assessments and frameworks are inherently racist, and stereotypes arise when you ask for help from professionals and systems.'* Individual and systemic racism result in a failure of the health system to provide equitable and safe services for Aboriginal and Torres Strait Islander peoples and families, and it is imperative that professionals take an anti-racist stance to address racialised policies and procedures within their organisations.

## Transformational system change

It is important that professionals advocate for system and organisational change that values, respects and implements assessment, differentiation and reporting processes that are responsive to the cultural needs of Aboriginal and Torres Strait Islander children and families. As an Aboriginal community member stated, *'The system's not really built the right way to actually be supporting mob'*. It is therefore very important that care is transformational, action orientated and provides safe experiences for Aboriginal and Torres Strait Islander children and families. To achieve this, professionals should undergo Cultural Responsiveness training (IAHA), consider an anti-racist agenda more explicitly within their training (Watego, et al., 2021) and embed their learnings within all aspects of their practice.



The system's not really built the right way to actually be supporting mob. – Aboriginal community member

## What information is critical?

- The child and family's journey prior to engaging with the service.
- The child and family's priorities through a cultural lens.
- The strengths of children and families. Understanding culture is a determinant of social and emotional wellbeing.
- The child and family's support needs.

## What should the outcome be?

- Aboriginal and Torres Strait Islander children and families live longer, healthier lives.
- Experiences where families and children feel valued and supported and culture is central to care.
- Respect for Aboriginal and/or Torres Strait Islander culture and identity.
- Case history questions only have to be answered once, and families do not have to be re-traumatised by answering the same questions from different professionals at different points of their health journeys.
- Care is genuine and ongoing throughout the family and child's health care journey.
- Culturally safe and responsive care and resources.
- Experiences free of racism.





# The Framework

## Vision

All children and families in Australia have a simple, safe, efficient, and equitable starting point for getting appropriate support for participation in childhood activities, if they need it.

## Overview

The Framework sets out an evidence-based, culturally-responsive approach to assessing children's functional strengths and support needs, including differentiating support needs and written reporting of outcomes.

- **Guiding** principles underpin all aspects of the process.
- **Assessment** focuses on understanding the child and family, culture, and context, through the lens of *functioning, family, fitness, fun, friends, and future*.
- Where a child and family have support needs, **differentiation** involves working with the child and family to identify what is most important, taking into consideration the benefits, as well as potential risks, of different options. It is aligned with, but has broader scope, than the way *differentiation* is used by teachers to individualise learning support based on children's individual needs.
- **Reporting** involves documenting the assessment approach and outcomes in a written report in ways that are individualised, respectful, and helpful.

The Framework is intended to be applied within a broader partnership with children and families that is characterised by professionals listening, understanding, advocating for, and constantly communicating with children and families at every stage consistent with broader characteristics of best practice.



**Figure 2.** The Framework.



# Section 1: Guiding principles

Taking a principles-based approach, assessment, differentiation, and reporting should be ***child- and family-centred, culturally responsive, evidence-based, inclusive, equitable, and coordinated.***

## Child- and family-centred

A child- and family-centred approach respects the rights of children and families and places the child's best interests at the heart of every decision. Children and families are the experts in their own lives and should be treated as such. Children can, and should be, involved in decisions that affect them and the critical role that parents, carers, and legal guardians play in advocating for their child's best interests should be supported and affirmed.

Professionals should work in partnership, based on trust and negotiated care, so that children and families can make informed decisions in the manner and to the extent they desire. This partnership includes considering the child's communication needs and ensuring that modes of communication used with the child are tailored to facilitate their understanding and expression (e.g., using augmentative and alternative communication; AAC).

A child- and family-centred approach acknowledges and respects that every child and family is unique and involves taking a holistic perspective by seeking to understand all aspects of the child and family's life situations, culture, context, and experiences, including prior interactions with services and systems. It acknowledges, respects, and affirms the complexity and intersectionality that exists within and across children and families, including neurodivergence, existing disability, ethnicity and cultural background, geographical location, availability of resources, health and/or safety concerns, and other social and cultural determinants of health and wellbeing, and requires professionals to be trauma informed.

A child- and family-centred approach honours children's Voice, including their consent or assent, and right to play and enjoy being a child, and provides an individualised and holistic understanding of the child and family's strengths and support needs, including the role of extended family and community in the child's life.

## Culturally responsive

The approach should be culturally responsive and strive to provide and uphold cultural safety for all children and families. Cultural responsiveness requires professionals to consider what they need to know, be and do in order to be culturally responsive and safe within their work by incorporating the principles of knowledge (knowing), self-knowledge and behaviour (being) and action (doing).

Professionals should understand and respect cultural differences and be trained to recognise and adapt their approach to the cultural values, beliefs, and practices of the families they work with to ensure that their practices are relevant and culturally responsive. This includes acknowledging differences in language, communication styles, family dynamics, and attitudes towards health and disability and the provision of services and supports, as well as understanding the historical, cultural and current social determinants of health unique to Aboriginal and Torres Strait Islander Peoples (e.g., enduring impacts of invasion, settler colonialism and subsequent displacement from kin and country, institutionalised racism enforced within policy and practice, and intergenerational trauma), as well as those from culturally and linguistically diverse (CALD) backgrounds.

A culturally responsive approach to working with children and families requires professionals to build a trusting and respectful family/professional relationship with the awareness that the time and resources required to do so will depend on a range of individual factors. This can be fostered by providing support for language accessibility (e.g., through interpreters and translated resources), showing genuine interest in what parents share by actively listening and ensuring accurate understanding of the information they provide, and checking parents' understanding of the process.

Working in a culturally responsive manner also requires professionals to develop cultural awareness by reflecting on their own personal and professional biases and continually developing their self-knowledge regarding how their own culture influences their assumptions, values, perceptions, attitudes and expectations, and how these impact relationships with clients. Professionals should ask, and not assume, what culture means to a child and/or their family and intentionally seek this understanding through open exploration and dynamic conversations.

“

- Understanding and respecting cultural differences is crucial.
- Professionals and caregivers should be trained to recognise and adapt to the cultural values, beliefs, and practices of the families they work with. This includes acknowledging differences in communication styles, family dynamics, and attitudes towards disability and intervention. – Reference Group member

## Evidence-based

The process of assessing, differentiating, and reporting children's functional strengths and support needs should reflect best practice, which includes consideration of the best available evidence from research and practice, combined with the preferences and priorities of the child and family and an understanding of their culture and context.

When reflecting on research evidence, professionals should be mindful of the social (i.e., ableist) and racial biases that may be present and critically evaluate literature in terms of the underlying beliefs contained within the narrative about disability (e.g., medical versus social model of disability) and who will benefit from the outcomes. This is particularly important when critiquing literature around Indigenous perspectives, which historically has engendered and perpetuated scientific racism and racialised ideologies where professionals see, name and know Aboriginal and Torres Strait Islander Peoples and communities in terms of deficits and problems, rather than contributing to empowering Indigenous people and communities to exercise sovereignty to self-determine their own needs and priorities.

The evidence-based approach reflected in the Framework is most likely to lead to proper understanding of each child and family's unique characteristics, life situations, strengths, challenges, aspirations, and support needs in the context of personal values and cultural norms. Such an approach also ensures that methods and tools used to gather, analyse, and interpret information regarding children's functional strengths and support needs are appropriate, accurate, and informative. Where there is a lack of evidence regarding best practice when working with children, families, and communities from particular cultural groups, cultural safety should be prioritised.

## Inclusive

Professionals should work in ways that are non-discriminatory, value the diversity of families and communities, and are inclusive of all children and families by embracing their cultural, ethnic, and socioeconomic characteristics and intersectionality. An inclusive approach respects difference and diversity within and across children, families and the broader community and strives to improve accessibility through flexible service provision that emulates true inclusion in the assessment, differentiation and reporting process. This requires professionals to understand, or seek to understand, the social and cultural mechanisms that create and perpetuate systems of privilege that advantage certain groups (e.g., white, English-speaking professionals) while as a consequence, disadvantaging others.

Where appropriate, an inclusive approach will encompass understanding and respecting the diversity and needs of the child's extended family and community. Such an approach enables professionals to negotiate ambiguity, complexity, difference, and similarity within and across children and families in a way that promotes fairness and fosters integrity, to maintain the delivery of safe, secure, and respectful care.



## Equitable

All children and families should be able to access assessment services that meet their needs at the right time and place, regardless of who they are, where they live, the financial resources available to them and/or their ability to navigate health systems. Equitable service provision means identifying and addressing barriers faced by marginalised groups of children and families, including those with physical, intellectual and psychosocial disabilities, fewer resources, or for whom English is not their primary or preferred language.

Professionals should work in ways that provide families in rural and remote areas with access to sustainable and flexible service provision, taking into consideration available resources and adapting their approach accordingly to ensure the process is fit for purpose within the local context. Professionals should use multiple ways to communicate with families, including the use of AAC where appropriate, and negotiate and overcome barriers to equity and engagement. Information should be communicated in ways that are clear and accessible at each stage of the process, including reports being presented in a way that can be easily understood by families and others who will use them.

## Coordinated

Professionals involved in the process of assessing, differentiating, and reporting children's functional strengths and support needs should work in a coordinated way with other relevant service providers to provide integrated care that collectively meets the child and family's individual needs when permission is obtained from families. This may include the child's educators, health professionals, welfare and disability workers, and other individuals from across the child's life contexts.

Coordinated service provision ensures that the child and family are at the centre of service delivery, reduces the burden of information sharing on the family, facilitates access to the right providers at the right time to meet the child and family's needs, and helps ensure children and families who are in need are not missed. Professionals should engage in open and regular communication with others involved in the process and share information in a common language whilst appropriately maintaining privacy and confidentiality. Doing so maintains consistency of care, ensures that all involved understand the next steps, and then progress in a common direction at a pace that is appropriate to the child and family's circumstances.

# Section 2: Assessing children's functional strengths and support needs

The purpose of assessment is to develop a holistic understanding of each child and family, including their home, education, and community contexts, where relevant. This includes understanding the child and family's life situations, functional strengths, and support needs. A summary of the approach, critical information, and outcome of assessment is provided in Figure 3.

## What approach should be used?

The approach involves working in partnership with the child and family, and others where relevant and agreed to, towards an agreed purpose in an appropriate manner.

### Purpose

It is essential to establish the purpose of assessment, through talking with the child and family. The focus should be on developing a meaningful relationship and to build trust so it can be determined, "what question/s are we trying to answer?"

### Focus

Reflecting the agreed purpose, the focus should then be on exploring the child's functioning, including one or more aspects of their *fitness, functioning, friends, family, fun, and future aspirations* (F-Words).

### Scope

The scope will reflect the purpose, and make clear what information will be considered, who needs to be involved, and in what contexts information will be collected (e.g., school versus home and community).

## People

The most important people in assessment are the child and their family. A range of professionals and members of the community may also be involved, when agreed to by the child and family. This may require advocacy and various communication methods to meet the needs and preferences of each person, including involvement of an interpreter, translator, cultural support service, and/or technology as required.

## Settings

Assessment can occur in a range of settings, including via telehealth, provided the information that is needed to fulfil the purpose is gathered and the child and family's rights to privacy, safety, comfort, accessibility (e.g., in regional and remote settings), and cultural safety are upheld.

## Methods

A variety of methods may be used, such as conversations (e.g., semi-structured interviews, yarning), developing an individual profile, administering questionnaires and assessment tools, observing the child (informally and/or formally), creative expression (e.g., play, journals, drawings, photograph albums, vlogs), and evaluating any existing professional reports (e.g., semester school report, health professional assessment or progress report, health records, previous support plan). In the school context, standardised assessment and curriculum-based assessments may be used.

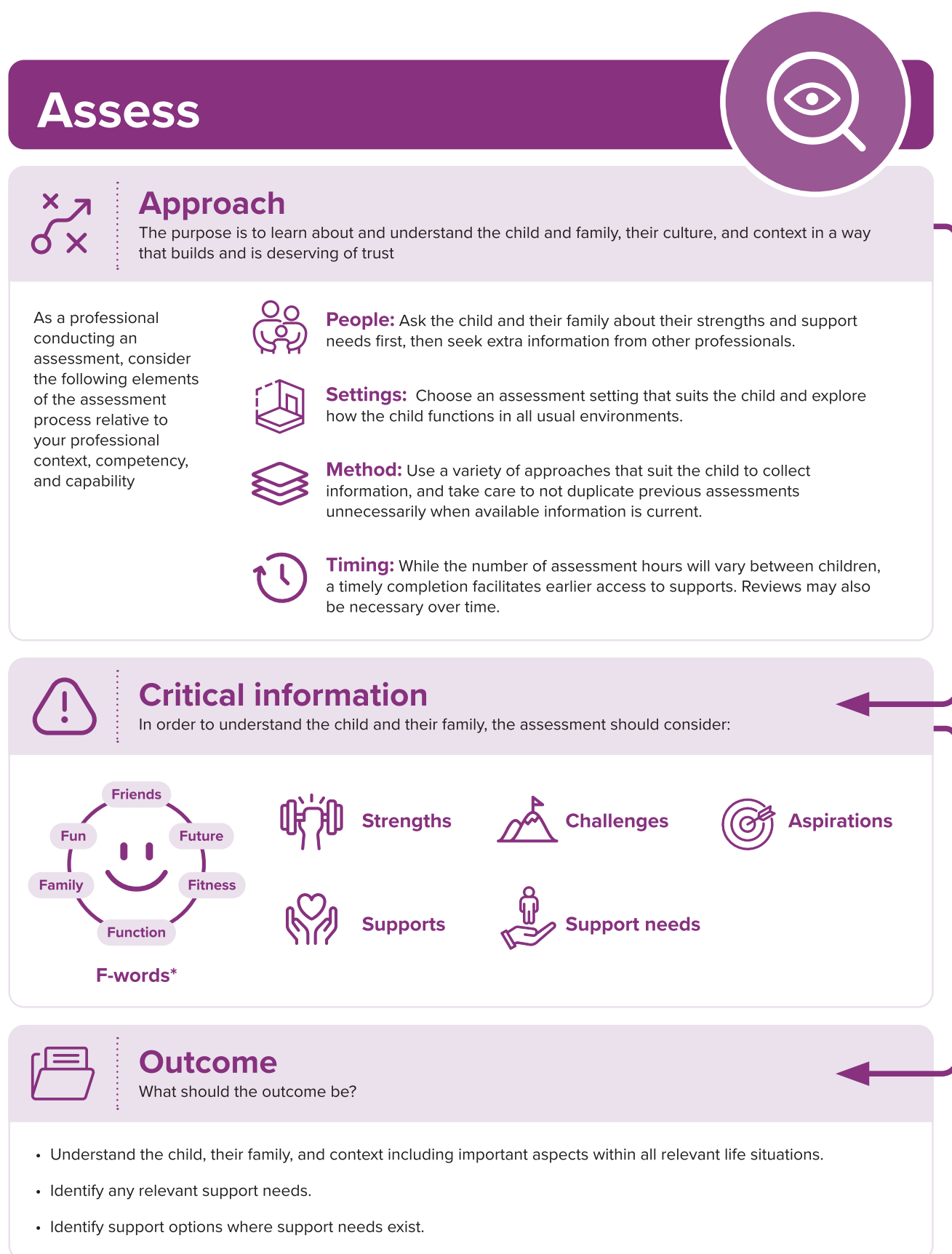
Methods must be culturally and developmentally appropriate, and accessible. When considering previously collected information, it is important to ask the child and family whether they believe it is accurate and relevant to the purpose of the current assessment, and to weigh up the evidence accordingly. Direct liaison with those who have conducted assessments or provided reports for the child previously may be required. Doing so ensures that children and families are not unnecessarily having to respond to questions already asked, which is essential when doing so would force them to relive, and potentially be retraumatised, by retelling their stories. Any remaining inconsistencies or information gaps should be the subject of further assessment.

## Timing

Assessment should happen in a timely manner to facilitate access to supports if required. The amount of time must be sufficient to achieve the agreed purpose in an individualised, helpful, and culturally safe and responsive way. There must be sufficient time to establish understanding and trust, and to discuss observations, impressions, and findings throughout.

Assessment may need to be repeated, updated, or added to over time as circumstances change. However, it is important to avoid repeating assessments and asking questions and/or requesting information unnecessarily. As such, reassessment should occur when previous assessments are outdated or deemed invalid due to changing circumstances, and ongoing support is still required. For example, reassessment may be required as major life transitions arise (e.g., the transition from preschool to primary school), to assess change in participation after receiving supports, or other substantial changes or milestones in the child's life.

**Figure 3.** Summary of the approach, critical information, and outcome of assessment.



\* Adapted from: Rosenbaum, P., & Gorter, J.W. (2012). The 'F-words' in childhood disability: I swear this is how we should think! Child: Care, Health and Development, 38(4), 457 – 463. DOI: 10.1111/j.1365-2214.2011.01338.x



## What information is most critical?

The focus of assessment is on exploring the child's fitness, functioning, friends, family, fun, and future aspirations, consistent with the ICF and as illustrated in Figure 4 on page 22.

Within this process, particular attention should be given to the following:

### Life situations

It is important to understand the child and family's life situations including the people, places, roles, and responsibilities they have, and are willing to share. It is also important to understand the social, historical, political and cultural context within which the child and family live and how these continue to impact Aboriginal and Torres Strait Islander children and families. A common question is "What does a week look like in your lives?" with the answers used to explore aspects of the child's functioning, including strengths, challenges, and supports that are in place or needed.

The methods used to gather information should be culturally responsive, such as yarning for Aboriginal and Torres Strait Islander children and families. Professionals need to work in ways that build and maintain trust and are responsive to the child and family's preferences regarding what they are willing to share and how they share it. They should be aware that a child and family may have had prior experiences that lead them to distrust health, education, disability, or community services and as such, additional support may need to be provided, such as the involvement of a support person or advocate.

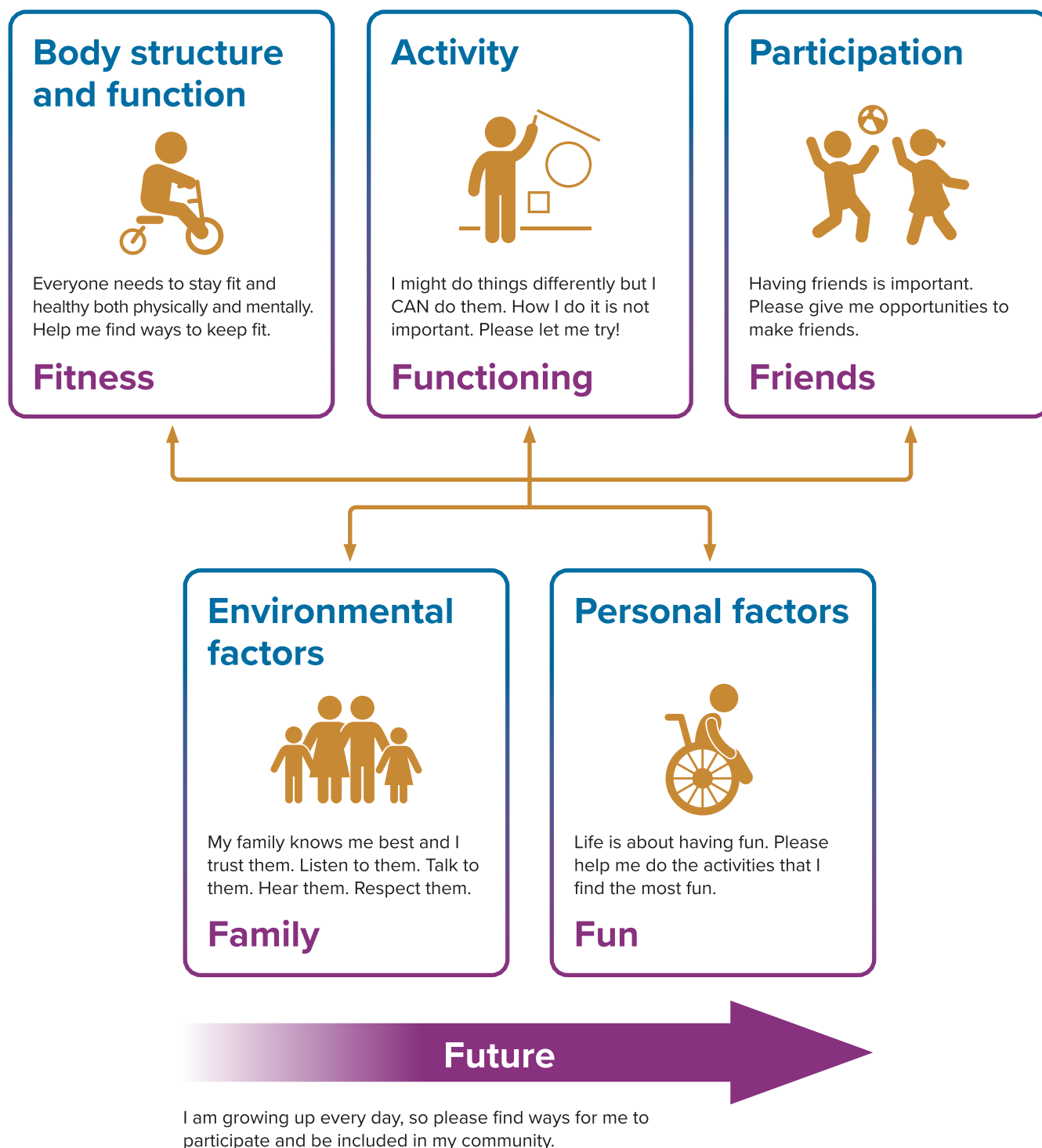
The life situations that are explored in assessment will depend on the purpose and scope. Table 1 provides an example of how the critical information and F-Words can combine to provide a holistic understanding of a child's functional strengths and support needs in an educational context.

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There should be an emphasis on what the individual thinks is most important, with consideration of what needs have the biggest impact on the person's life. – Family member

**Figure 4:** The ICF and the F-Words Frameworks.

## The ICF<sup>1</sup> and the F-Words<sup>2</sup> Frameworks



**Table 1:** An example of assessing a child’s functional strengths and support needs at school.

Aspect	Considerations
<b>Life situations</b>	<p><b>Functioning:</b> Focus on the child’s ability to undertake <i>learning, communication, mobility, and self-care activities at school</i>.</p> <p><b>Fitness:</b> Focus on the child’s physical and mental <i>preparedness to participate in the full range of usual school-related activities expected for their year group and their wellbeing at school</i>.</p> <p><b>Friends:</b> Focus on the child’s friendships and <i>peer relationships at school</i>.</p> <p><b>Family:</b> Focus on the family’s involvement in <i>preparing for the school day, completing school-related activities at home (e.g. homework), and liaising with educators</i>.</p>
<b>Strengths</b>	<b>Fun:</b> Focus on identifying the <i>school-related activities</i> the child enjoys, values, and uses their strengths.
<b>Challenges</b>	Focus on identifying the child’s unique challenges with participating in <i>school-related activities/environments</i> and experiences of <i>learning/ wellbeing at school</i> .
<b>Supports</b>	Along with family supports (see ‘Life situations’), focus on the material, social, attitudinal, and service-related supports currently used <i>at school (e.g. adjustments) or for other school-related activities (e.g. transport, homework) at home or in the community</i> .
<b>Aspirations</b>	<b>Future:</b> Focus on exploring the child and family’s hopes in relation to the child’s <i>school participation</i> in the short- and medium-term, including upcoming transitions.
<b>Support needs</b>	Focus on (1) identifying the current supports that should be maintained to optimise participation in <i>school-related activities</i> ; and (2) identifying gaps between the child’s current performance in <i>school-related activities</i> and desired performance, so that new support needs can be identified. Suggest new and modified support options as required.

## Strengths

Assessment should identify the child's strengths, which includes personal attributes, competencies, and developmental achievements that facilitate their participation and wellbeing within each life situation at home and in their communities. Assessment of personal attributes explores interests, values, and character strengths. These strengths reflect the uniqueness of each child and are fundamental to understanding who they are, their personal resources and their motivational drivers. Interests may be individual, but also collective, such as activities, hobbies, topics, relationships, and cultural or spiritual practices.

Values and character strengths are attributes that help the child navigate their world, such as connection, order, independence, perseverance, tenacity, and curiosity. Interests, values, and character strengths may be culturally bound, reflecting a child's place, connection, and identity within their extended family and community. For example, the cultural determinants of health promote a strengths-based perspective acknowledging Aboriginal and Torres Strait Islander children and families' connection to culture, Country, Ancestors, languages and identities.

Assessment of competencies identifies the unique knowledge base, body functions/structures and activity-related skills, and strategies the child uses to successfully mitigate challenges or capitalise on strengths. Assessment of developmental achievement focuses on aspects of children's health and development. Strengths in a developmental domain, such as motor skills, may be considered in absolute terms (e.g., in relation to culturally appropriate milestones) or relative terms (e.g., in relation to the mixture of strengths and challenges for a particular child or across children).

A range of methods may be used to establish strengths, including asking the child and family, observation, the use of measures, and considering the views and observations of relevant people in the child's life (e.g., teachers, health professionals, support workers, cultural liaison officer or advocate).

## Challenges

Assessment should identify challenges impacting the child's health, safety, and functioning within each life situation. Health and safety challenges can present a range of physical, mental, and environmental risks for children, and those around them. These health and safety challenges may be influenced by social, historical, and political determinants, hence may require assessment using a trauma informed healing lens.

Consistent with the ICF, consideration of challenges of functioning can include body structure differences, body function impairments, activity limitations, participation restrictions, and/or environmental barriers which operate together to impact on a child's functioning in one or more life situations. Like strengths, challenges may be considered in absolute, as well as relative, terms, depending on what is relevant and appropriate.

## Supports

Assessment should identify supports provided by the child's family and community that act as resources to nurture their development, activities, participation, and wellbeing within each life situation, and consider their sustainability.

**Material supports** include money, products, technology, equipment, buildings, and other natural or human-made environments or items that optimise functioning and wellbeing.

**Social supports** take a range of forms, such as relationships with family, friends, community members, and animals, as well as a deep sense of connection to land, seas and waterways. These social supports may involve connection with individuals, groups or organisations, which may or may not be in a professional capacity (e.g., support through a playgroup rather than formal therapy), to promote participation.

**Attitudinal supports** refer to helpful attitudes, norms, practices, and ideologies of people around the child and family, and their society more broadly, such as those who are positive, supportive, inclusive, and believe in the rights of children and people with disabilities.

**Service-related supports** include information, advice, therapies, prescribing of equipment, programs, services, systems, and policies that facilitate positive outcomes for the child. It is essential to understand how existing supports are maintaining the child's current performance, so that these resources can be stated as continuing support needs if applicable and sustainable within the wider context.

**Cultural supports** ensure a holistic, culturally informed, strength-based approach to a child and their family's social, emotional wellbeing. This support ensures that genuine relationships and connection are central to the family's health journey, additional support and advocacy is provided by Indigenous liaison/community workers, resources are culturally safe and responsive, and the health care team understand the family's spiritual and cultural values around health.

## Aspirations

Assessment should identify what is most important to the child and family within each life situation currently, along with what they feel are important hopes for the future. Aspirations refer to how the child and family envisions activities and participation within each life situation would be if they had satisfactory functioning and wellbeing. Hence, aspirations describe where the child wants and/or needs to be in relation to the activities, roles, and contexts necessary or associated with these.

Aspirations may reflect specific challenges they are experiencing and future challenges they are anticipating, as well as opportunities to utilise strengths, connect with socio-cultural communities and elements, and reach their potential.



## Support needs

Assessment should identify the child and family's support needs within each life situation, taking a holistic perspective that considers the past, present, and future.

**A support need is defined as the gap between their current performance in activities and life situations with existing sustainable supports (i.e., where they are now) and the level of performance required to achieve functioning and/or wellbeing (i.e., where they want and/or need to be).**

Notably, all children have support needs and will have a range of existing strategies and supports in place (e.g., all children require a degree of supervision, help with daily living tasks). Therefore, in identifying support needs, it is important to distinguish needs that go beyond what is expected for a child the same age, in the same culture and context.

Assessment should focus primarily on identifying *support needs* through a relational perspective. These needs may or may not be accompanied by recommendations for support options. For example, an assessment may reveal that a child is at substantial risk of self-injury through ingestion of non-edible items (pica). In this case, the *support need* relates to the *gap between where their health and safety is at, and where it needs to be to keep them safe*.

A number of *support options* may be considered, such as dietary changes or supplements if there is a biological basis for the behaviour, environmental modifications, and introduction of safe alternatives (e.g., if the behaviour is meeting a sensory interest or need). In exploring support options, consideration should be given to whether they will be directed towards the child and family, and/or focus on changes in the community such as capacity building and improving accessibility. Potential opportunities, as well as risks, associated with different support needs should be considered.

## Support needs formulation

Within clinical or health-related contexts, a support needs formulation should synthesise relevant information to form a working hypothesis surrounding the child's current support needs and help to guide the child's support plan. The support needs formulation process should involve shared suggestions, discussions, reflection, feedback, and revision with the child, their family, and other people or professionals as relevant and agreed to throughout the assessment process to ensure that the identified support needs are personally meaningful. The support needs formulation, while focusing on current needs, should also be changeable long-term as the child grows and their support needs change.

## What should the outcome be?

Assessment of children's functional strengths and support needs should result in:

- Establishment of a genuine, positive, trusting, and respectful working relationship.
- The gathering of relevant information to understand the child, their family, and context including their life situations, culture, priorities and aspirations, strengths, and challenges.
- An understanding of their current supports and resources.
- Culturally safe and responsive assessment and care.
- If relevant, identification of support needs reflecting the gap between where the child currently is and where they and their family want and/or need to be.
- Where support needs exist, identification of support options, which can include maintaining or changing existing supports, as well as adding those that are new.

“

• Accurate assessments provide families with the critical  
• information needed to make educated decisions about their  
• child's education and support services, enabling them to choose  
• pathways that best fit their child's unique needs. – Organisation

# Section 3: Differentiating children's support needs

When a child has multiple support needs, some prioritisation may be needed. At times, the approach to working out which needs to address first and in what way, is haphazard, inconsistent, and does not place children and families at the centre of decision-making. The Framework sets out an approach that can improve quality and consistency in professional practice when it comes to working with children and families to differentiate their support needs. A summary of the approach, critical information, and outcome for differentiation is provided in Figure 5.

## What approach should be used?

Differentiating support needs should be collaborative with the child and family and ongoing, taking into consideration all strengths, needs, existing supports and resources and family dynamics, and then working out with the child and family what is most relevant to them. The approach should have the following characteristics:

### Individualised

A child- and family-centred approach should be used to differentiate support needs, drawing on all available information gathered from all sources. Some children and families may have many support needs to differentiate, while others may have no additional or only a few at a particular point in time. As such, the time it takes to complete this process can vary considerably between children and families.

Recommendations for support options should also be individualised, including the proposed type and amount of support, who delivers it, the focus on the child, family, and/or other people and accessibility in the environment. The cultural needs of Aboriginal and Torres Strait Islander children and families must be central to the differentiation of a child's support needs to ensure they are culturally informed rather than imposed by mainstream views and perspectives.



• The most important needs are the ones that affect my life the most. – Child/Person with lived experience of disability

## Prioritised

When the purpose of differentiation is to prioritise support needs, the approach should adhere to the following:

Health and safety are critical for a child and family's wellbeing and participation and should always be the highest priority when differentiating support needs whilst being mindful to not exclude other support needs if the child and family highly prioritise them.

Some children will be experiencing high-priority challenges, such as medical needs, wandering, or self-injurious behaviour, that if not addressed can result in substantial harm or death. These challenges may be due to a range of factors, including significant physical or mental health conditions, behavioural patterns, environmental hazards, limited social or material resources and/or signal that the child could be at risk of abuse or experiencing abuse by other people.

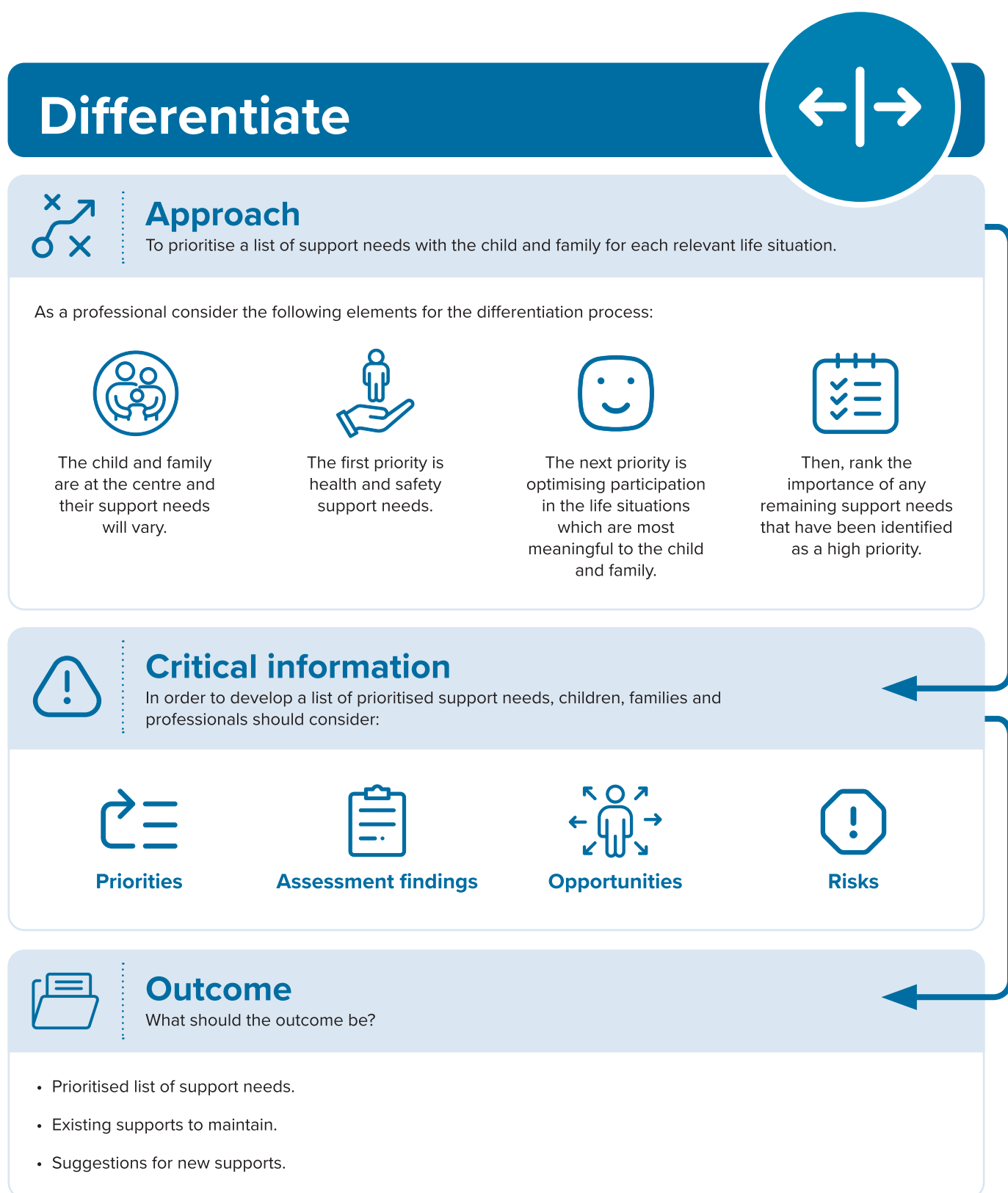
Optimising participation in life situations which are the most meaningful to the child and family should then take priority. This may include prioritising support needs where the child and family feel there is the greatest opportunity to enhance participation and/or lower associated risks, including the risk of further decline in functioning. Then, any remaining support needs that have been identified should be considered within the context of those deemed a higher priority by the child and family.

Throughout this process, the child's strengths and existing supports should be considered, as these may be used to address their needs.



• Through consultation with the child where possible, keeping a person-centred focus first and foremost. The next most important lens would be the family-centred one, where decisions are made in collaboration with the family, or the family is supported by professionals to make decisions in the best interest of their child. Whenever possible, a team should be involved in decision-making, so that diverse perspectives are considered. – Professional

**Figure 5.** Summary of the approach, critical information, and outcome for differentiation.





## Dynamic

The approach to differentiating support needs may occur at one point in time but should be revisited as required to meet the changing needs and circumstances of the child and family. Changes in circumstances may be planned (e.g., transitioning to school) or unplanned (e.g., health emergency for the child or family member). Further assessment may not be required, but if it is, then the information gathered should focus on what is happening currently. This limits the amount of information a family needs to repeat and encourages coordinated service provision.

## What information is most critical?

Working with the child and family to determine what is most relevant involves weighing up all of the information gathered during the assessment, as well as broader evidence and contextual factors. The following four questions can assist in this process:

## What are the child and family's priorities?

The child and family's priorities are centrally important when differentiating support needs in contexts that directly affect them, such as when seeking to determine the most appropriate support options available to them. An open, collaborative and flexible approach between all people involved in the differentiation process allows for the identification of realistic, meaningful, culturally safe, and feasible priorities and aspirations. Priorities may be different across different settings (e.g., home, school and community) and contexts (e.g., diverse language, cultural or socio-economic backgrounds, health or disability-related characteristics, geographical location).

The identification of priorities and aspirations should be led by the child and family, with support from relevant professionals and people in their lives using a shared-decision making approach. However, some children and families may feel that '*They don't know what they don't know*'. It may therefore, be appropriate to draw upon a professional/s perspectives and/or results from any assessments conducted, to work together with children and families to identify relevant priority life areas.

In some circumstances, professionals may need to take on a leading role and engage in more detailed discussions to advocate for the child and their family. Professionals may also need to support children and families to break down their bigger picture aspirations, into smaller, more achievable steps. This enables children and their families to celebrate small successes along the way. However, children and families may also benefit and feel empowered by focussing on their bigger picture aspirations as well as the smaller steps.

## What do we know about the child, family, community and their context?

Drawing upon all relevant information identified through the assessment process is critical to understanding the child, their family, community and context.

Focusing on the child, a fundamental consideration is information about their health and development, including strengths and any identified and/or indicated health conditions and impairments. It is essential that any significant health and safety concerns be identified early and responded to, as appropriate for the situation and context.

Children's activities and participation may be considered individually, but also in relation to peers. Understanding 'where a child is at' in relation to peers the same age, in the same culture and context provides a contextually relevant reference point when considering how close, or far, they are from the experiences of other children in their community, which may inform prioritisation of support needs in the context of their individual developmental trajectories.

Focusing on the family, community, and context, a fundamental consideration is their resources. It is important to consider information regarding family resources including money, housing, and social support, as well as the resources of their community. Understanding the child and family's life situations, including opportunities available and barriers they face, provides a helpful reference for considering existing and potential supports and indications of the need for advocacy to ensure an equitable outcome where they exist.

## What are the opportunities for the child and family?

Opportunities refer to possible positive outcomes that may occur if (a) existing support needs continue to be met, (b) unmet support needs are addressed, and/or (c) supports are modified in a way that delivers additional benefits to the child and family. For example, continuing to address a support need may maintain a child's health, and continue to ensure their safety. Addressing a need may increase a child's participation in a range of meaningful childhood activities, while switching a support may lead to greater generalisation of gains across home, school, and community life situations.

Opportunities can include positive social, emotional, cultural, spiritual, or economic impacts on the child and family. For example, providing personal care support for the child during evening routines may enable a parent to maintain their caregiving capacity. This in turn assists in maintaining or improving the parent's mental and physical health and quality of life. For the child, this may be an opportunity to foster additional life skills in a familiar, safe and supportive environment.

## What are the risks for the child and family?

Risks refer to negative outcomes that may occur if one or more support needs are not met. For example, failing to address a support need may negatively impact a child's health, reduce their safety, and/or limit their participation in activities and life situations. There may also be social, emotional, or economic risks for the child and family.

Often risks and opportunities are thought of as ‘two sides of the same coin’ but articulating them separately allows for precision in their identification, and their weighing up with respect to their characteristics, number, and proposed consequences.

Risks, like opportunities, may include what might happen if an existing support is removed or if one or more additional supports are not provided. For example, the removal of a support may result in reduced functioning. Furthermore, the interaction of supports may give rise to risks, including opportunity costs (when addressing one support need impacts capacity to address another) and other unintended consequences.

## Differentiating across children

Differentiation can happen for one child and family (e.g., working out priorities) or across children and families (e.g., some children in school may require improved physical access, while others require improved communication access).

The purpose of differentiation across children is explicitly not to compare or prioritise one child and family over another, but to consider ‘what stands out’ for individual or groups of children and families so that the most appropriate supports can be provided.

Support needs should first be differentiated for each child and family. Then, professionals may engage in a process of mapping individual support needs across children and families to formulate an integrated approach that addresses the needs of each child and family in a collective way. For example, identifying support needs a number of children have in common may lead to the identification of more equitable support options, such as group-based initiatives and environment modifications including universal design.

## What should the outcome be?

Differentiation of children’s support needs should result in children and families having:

- A clearly outlined set of prioritised support needs.
- Where relevant, a set of prioritised support options to address these needs which can include adding, changing, and/or maintaining supports.
- Support options should capitalise on the strengths of each child, family, and community, be realistic, culturally responsive, and may include a range of material, social, cultural, attitudinal and service-related support options.

# Section 4: Communicating outcomes in a written report

Communication between children, families, and professionals is essential to every part of the assessment process and is consistent with best professional practice. The Framework focuses on a specific aspect of communication – the written report – given that preparation and delivery of this document in a timely, accurate, and appropriate manner is often a key enabler of appropriate service access in health, education, disability, and community settings. However, it is noted that the outcomes will usually be shared in multiple modes, including discussing with the child and family. A summary of the approach, critical information, and outcome of reporting is provided in Figure 6.

## What approach should be used?

Communicating the outcomes of assessment in a written report should be individualised, respectful, and helpful to the child and family.

### Purpose

The report should reflect the purpose of assessment and address the question/s posed which will determine the content and how information is presented.

### Individualised

The report should reflect the individuality of the child and family, and may include their unique life situations, strengths, challenges, supports, aspirations, and support needs depending on the purpose of assessment and the questions addressed. It should be tailored, to the extent possible, to the needs of those who will receive and use it to ensure that the information is conveyed accurately, effectively, and efficiently.

## Respectful

The report should be respectful in terms of content, presentation, tone, and terminology, and conveying only information that is necessary to share to minimise its length. It should identify strengths, but also accurately and objectively identify challenges as the basis for establishing any support needs that exist.

## Helpful

The report should be fit for purpose and provide children, families and readers with information that will help them make safe, sensible, evidence-based decisions with and in the best interests of children and their families. Consideration should be given to the knowledge and skills of those who will read and/or use the report, including the family's English skills, literacy and health literacy capacity and professionals from other disciplines.

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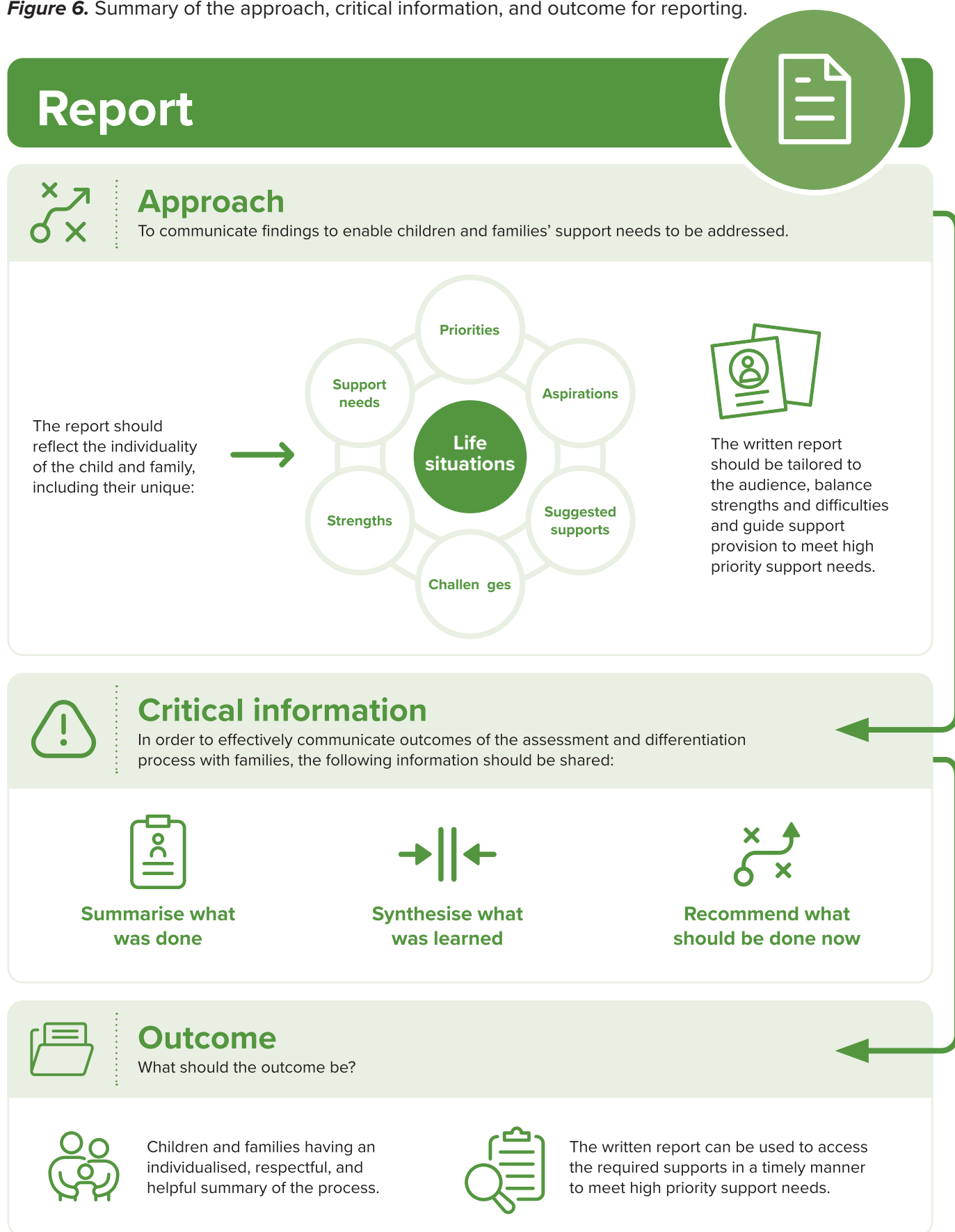
Most importantly this needs to be done in an open and collaborative manner while respecting confidentiality and relevant processes. Information should be clear, concise and unambiguous. The family and child should be at the centre and also steering who the information is to be shared with. – Organisation

## What information is most critical?

Consistent with the approach outlined above, the report will vary depending on the purpose of assessment (i.e., what question/s it was addressing), the purpose of the report (e.g., what the information will be used for, and by whom), and the person writing it. Health and education professionals will each bring different sets of knowledge, skills, considerations, and requirements aligned with their responsibilities and scopes of practice. Accordingly, the Framework focuses on the most critical information that should be common to all professionals who lead or contribute to assessment and differentiation of children's functional strengths and support needs.



**Figure 6.** Summary of the approach, critical information, and outcome for reporting.



## Approach

The report should outline the approach used to gather information, including who was involved, the settings within which information was gathered, the sources of information, and the timing in terms of when and over what period of time the information was gathered. Limitations should also be identified, such as time restrictions and resources available to gather information across contexts.

## Outcomes

The report should contain information that is relevant to the purpose of assessment and therefore provide answers to the question/s being addressed to the extent possible. The answers should present a synthesis of information gathered during the assessment, such as the child and family's life situations, priorities and aspirations, strengths, challenges, existing supports, and identified support needs. Centrally, it should consider the child's *fitness, functioning, friends, family, fun*, and *future* aspirations, consistent with the ICF, and explain the basis on which any conclusions and/or recommendations have been made.

## Recommendations

If relevant, the professional should provide recommendations for how support needs may be met, drawing on the synthesis of information, knowledge of the range of support options in the client's context and community, and the weighing of evidence for their potential opportunities and risks. The recommendations should reflect collaborative decision making with the child and family.

## What should be the outcome be?

The written report should result in:

- Children and families having an individualised, respectful, and helpful summary of the assessment and differentiation process, including synthesis of findings and recommendations where relevant.
- People who will use the report having timely, accurate, and appropriate information to inform further collaboration with the child and family, including any decisions regarding supports.

# Section 5: Use of tools

A range of tools may be used to support assessment and differentiation of children's functional strengths and support needs. However, care must be taken to ensure the tools that are used are appropriate and culturally safe for the child and family, and relevant to the assessment purpose.

## What approach should be used?

The selection, use, and interpretation of information from tools should occur within a culturally responsive, evidence-based practice framework that considers the purpose of assessment and questions being addressed, best available evidence (e.g., validity and reliability), evidence from practice (e.g., educational or clinical experience), the preferences and priorities of children and their families, and contextual considerations (e.g., cultural appropriateness, language and cognitive characteristics of the child).

The use of assessment tools should be consented to by the parent(s) or guardian(s) and typically have the assent of children. There may be circumstances in which the use of a tool may not be met with the child's assent but be in their best interests. However, such situations call for heightened scrutiny and the weighing up of children's rights and the benefits and risks of using the tool within professional, ethical, regulatory, and legal requirements.

It is also important that professionals develop genuine relationships with families to ensure informed prior consent to the administration of assessment tools occurs.

# Key considerations

In selecting, using, and interpreting tools, the following information should be considered:

## Appropriateness

Assessment tools must be fit for the purpose of assessment, including having clinical value, being safe, culturally appropriate, appropriate for any health conditions the child may have, feasible, and respectful in their administration, the information they produce, and the conclusions they may lead to. When considering whether a tool is appropriate or not, decisions should be made relative to the context and services available within the child and family's community and whether those administering the tool are appropriately qualified.

## Reliability and validity

Any tool used must be reliable, meaning the results are consistent regardless of the time, place and different people using it. A range of factors can influence reliability, such as the person using the tool, the context, and timing, as well as the emotional, cognitive, or physical state of the person or situation being assessed, and these must be considered when selecting and using tools and interpreting outcomes.

Tools must also be valid, meaning they measure what they say they do, across time, setting, and person. It is possible that a tool is reliable, but not valid, and vice versa so they must be considered together. For example, a standardised tool may reliably measure an aspect of functioning but not be valid for use with Aboriginal and Torres Strait Islander children and/or those from CALD backgrounds, or children with a particular diagnosis. Similarly, a tool may only measure a sub-set of all relevant aspects of a person's functioning, resulting in an incomplete picture.

## Benefits and risks

The use of any tool has potential benefits and risks, which can range from opportunity costs (i.e., taking up time and resources using one tool, when another approach may be more appropriate) through to adverse events and effects. Accordingly, benefits relating to the information that will be gathered must be weighed against risks.

## Interpretation

Some tools yield information that can be interpreted by any person, whereas others require specific knowledge and skills through training. For example, a goal setting tool may yield results that are interpretable to most people, whereas interpreting findings from norm-referenced assessment tools requires statistical knowledge and discipline-specific professional capability.

The findings of any tools must be considered within a broader approach to reasoning that considers the purpose of assessment and all available information.

## Contribution

It is important to consider what the tool will contribute to understanding the child, family, and their context, and what alternatives there are for gathering the same information. Of key concern is the appropriate and efficient use of time and resources, at the same time as reducing the burden on children and families, particularly if the same information has been collected previously or can be gathered without placing additional stress (or demands) on the child and family.

## Coverage

Finally, it is important to consider what a tool will, and will not cover and contribute to assessing, and if relevant differentiating, children's functional strengths and supports needs. A key conclusion of the research review, environmental scan, community consultation, co-production, and community review activities conducted in developing the Framework is that no single tool can account for all considerations, for all children, all of the time.

“

• A gold standard assessment will not always be the most  
• complex or most, you know, most fancy assessment. It will be  
• the assessment that matches the needs of the child and family  
• in terms of the ability to attend, the ability to meet their cultural  
• needs, the kind of the timeliness of it, the time that it takes, the  
• ability to meet the needs of the child's disability or the child's  
• individual kind of diversity. – Reference Group member



# Section 6: Professional competency and capability

It is essential that professionals involved in assessing children's functional strengths and support needs have competencies and core capabilities that match their roles and responsibilities. This also applies to people who work with the findings. Within the Framework, competencies refer to the core knowledge and skills professionals should have, while core capabilities focus on the integrated application of core knowledge and skills in practice to achieve key outcomes that are safe and responsive to the child's needs.

## What approach should be used?

A child- and family-centred approach places the child at the centre when determining what knowledge and skills professionals require to work with them in safe and effective ways. Adopting this approach, and as illustrated in Figure 7, the Framework sets out three key requirements:

### 1. "They understand me, my family, and my life"

Children need professionals who have the knowledge and skills to understand them, their families, communities, and contexts. This includes their life situations, strengths, challenges, supports, aspirations, and support needs.

## 2. “They understand where I am at and where I want or need to be”

Children need professionals who have the knowledge and skills to understand where they are at in relation to functioning, including their body structures and functions, activities and participation, environmental factors, cultural determinants, and personal factors as per the ICF.

## 3. “They know how to help me and my family get there”

Children need professionals with appropriate training in child development, who have the knowledge and skills to weigh up and synthesise often complex and at times competing sources of information, within evidence-based and human rights frameworks, to differentiate support needs and where relevant make support recommendations.

This includes understanding the context, including support options, and carefully working with the child and family to weigh up the opportunities and risks associated with different support needs and support options as the basis for their informed decision making. This also includes moving beyond rapport to the development of genuine ongoing connection where professionals are required at times to advocate against the system in which they operate to ensure families support needs are prioritised and upheld.

“

Professionals involved in the assessment should have competencies in child development, cultural competence, trauma-informed care, and collaboration. Critical to this process is that they should build a sound rapport with children, families and the community around the young person, communicate effectively, and work collaboratively with other professionals. – Organisation

## Key considerations

All professionals should have practice foundations and core knowledge and skills through their professional training, workplace experience, and continuing professional development. This includes cultural responsiveness training where systems are transformed, and individuals and organisations engage in genuine dialogue to improve practice and outcomes alongside Aboriginal and Torres Strait Islander children and families (IAHA, 2019).

## Practice foundations

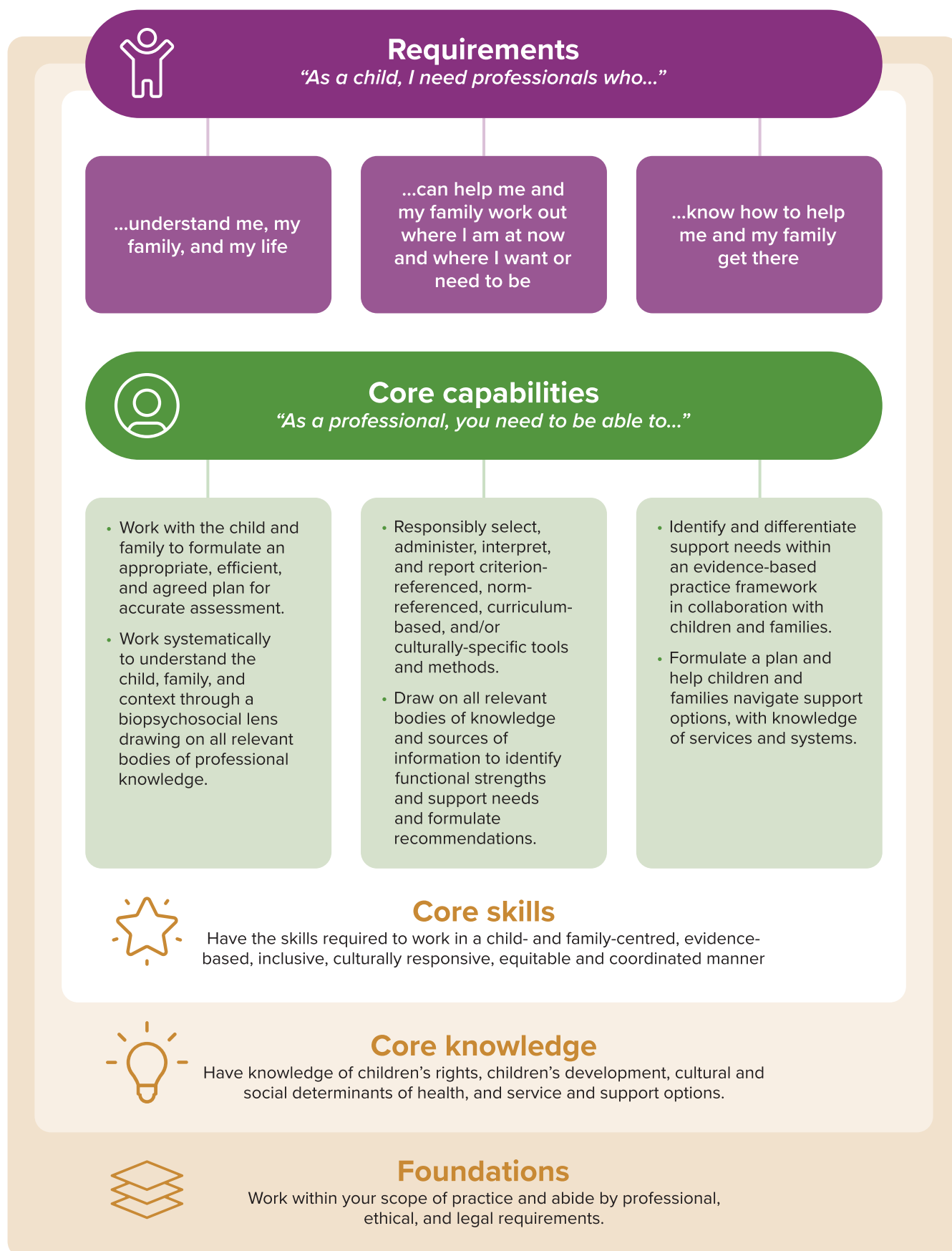
All professionals should operate within their scope of practice and professional, ethical, and legal requirements. This includes having, and demonstrating, the foundational competencies that are outlined in their individual professional standards.

## Core knowledge and skills

*Core knowledge and skills* are shared across a wide range of professionals who may contribute to assessing, differentiating, and reporting children's functional strengths and support needs. These include knowledge of children's rights and child development as well as those skills and knowledge bases that have been neglected in policy and practice and are only beginning to be understood to be fundamental to safe, effective, and appropriate practice.

Foremost are trauma informed healing and culturally responsive practice, which requires systems and individuals working within them to bring together knowledge, self-knowledge and behaviour, and action to inform transformational systems change and to improve practice and outcomes (IAHA, 2019). Furthermore, professionals must have knowledge of contextual factors such as cultural and social determinants of health, and service and support options within the child and family's community or via online delivery.

**Figure 7.** A child-centric approach to competency.



## Core capabilities

The Framework identifies six core capabilities as follows.

### **1. Able to work with the child and family to formulate an appropriate, efficient, and agreed plan for assessment.**

Consistent with a principles-based approach, it is essential that children and families are centrally involved in defining the purpose of assessment and determining how it will be conducted. Capable professionals are able to support the child's Voice at all stages of the process through a relational lens and work in ways that are culturally responsive.

Key considerations include who will be involved, what information will be gathered, in what settings assessment will occur and/or information gathered from, the methods used to gather it, and over what number of occasions and period assessment will occur.

### **2. Able to work systematically to understand the child, family, and context.**

Capable professionals apply their knowledge and skills within a biopsychosocial framework (i.e., ICF and the F-words). They draw on multiple bodies of knowledge, including cultural, scientific, and clinical insights, information, and evidence in a holistic and integrated manner to conceptualise and explore children's functional strengths and support needs.

### **3. Able to responsibly select, administer, interpret, and report results from criterion-referenced, norm-referenced, curriculum-based, and/or culturally specific tools and methods where appropriate.**

Capable professionals use high-level integration of knowledge and skills to select, use, and interpret criterion-referenced, norm-referenced, curriculum-based, and/or culturally specific tools in an appropriate manner within their professional scope of practice. This includes understanding that tools which are used to compare children against benchmarks, milestones, and normative data may be helpful when used and interpreted appropriately, but also carry substantial risk of harm if used when they are not appropriate to the child's characteristics (e.g., cultural background, language, and cognitive abilities).



“

- [A practitioner] must have experience with the condition/disability
- or be supervised by an experienced allied health professional.
- Must be able to look at the whole person, family and community
- including limited community supports. – Community member

#### **4. Able to draw on all relevant bodies of knowledge and sources of information to identify functional strengths and support needs and formulate recommendations.**

Professionals who are involved in assessing one or more aspects of a child’s health, safety, development, or functioning must have knowledge and skills that are specific to those aspects (e.g., a psychologist when assessing cognition). This includes identifying impairments in body structures and functions and measuring the impact on functioning in daily activities. A capable professional will refer to other suitably qualified and capable professionals when necessary and support families throughout their journeys to the greatest extent possible and desired by the child and family.

Capable professionals are also aware of the history regarding scientific evidence and how the *evidence* may not accurately represent the truth regarding Aboriginal and Torres Strait Islander children and families.

#### **5. Able to differentiate support needs within an evidence-based practice framework in collaboration with children and families.**

It is essential that professionals engage in reasoning (e.g., clinical reasoning, formulation) when working with children and families to differentiate support needs. Capable professionals have the knowledge and skills to gather, make sense of, and share information in ways that will help children and families arrive at a prioritised list of support recommendations, where supports are required.

Capable professionals draw on all relevant information, as well as the best available evidence from research, practice, and the preferences and priorities of the child and family in differentiating support needs.

## 6. Able to formulate a plan and help children and families navigate support options, with knowledge of services and systems.

Professionals involved in assessment, as well as those who work with the findings and recommendations of assessment, must be able to apply knowledge and skills in the development of a plan for supports, where required. Planning should happen in partnership with the family via a relational lens so that they are empowered by the process, rather than rendered dependant.

Capable professionals will have knowledge of, and/or know how to help the child and family find and navigate relevant supports and the health, education, disability, and community service systems in which they exist. It is important for professionals to work collaboratively with children and families in supporting and advocating their support needs. In working with children and families to formulate a plan, capable professionals will draw on knowledge of conventions, frameworks, and guidelines to help ensure the rights of children and families are upheld by advocating for the child and simultaneously supporting the family to advocate for their child to access the services they need.

Capable professionals work within their scope of practice. Caution is needed when one professional (e.g., medical, allied health, education) is required to formulate a plan that incorporates (or does not) recommendations from other professionals outside their discipline.

It is important to note that capability is influenced by a range of factors such as values, attitudes, core knowledge and skills for the discipline in which professionals work, their scope of practice, the context in which they are working, and the characteristics of the children and families with whom they are working, to name a few. Therefore, experience may be related to, but is not directly correlated with, capability and the extent to which a professional is capable may fluctuate over time depending on the context.



# Section 7: Safeguarding

Within the Framework, safeguarding refers to the policies, procedures and practices that mitigate and manage risk to ensure no child or family member is harmed in the course of assessing, differentiating, and reporting the child's functional strengths and support needs, and for effectively reporting and responding if harm does occur.

## What approach should be used?

A holistic and integrated approach should be used, comprising legal requirements, policies, procedures, and practices that support and carry responsibilities for individuals, organisations, and systems.

There are five key steps that organisations should take to ensuring safeguarding, that are relevant to children and families (Watters & Orsander, 2021).

### Identify

Children and families must know their rights, what they can expect from a service they receive, and how to make a complaint. The starting point is ensuring that staff, volunteers, and any other persons involved with an organisation are aware of the risks to children and families, as well as the safeguarding policies, procedures, and processes in place. Importantly, all staff, volunteers, and any other persons involved should consciously critically appraise the policies, procedures, and processes they are using to identify and interrupt discriminatory, exclusionary, prejudicial, and racist elements.

### Prevent

Threats can take many forms, including physically and psychologically unsafe, discriminatory, exclusionary, prejudicial, and racist practices. Prevention should be multifaceted and include relevant background checks for people working with children, training in policy and procedures and monitoring adherence, and ongoing monitoring of new or changing threats to the safety of children and families.

## Report

Children, families, and people working within the organisation must all have clear, accessible, and efficient ways to report concerns. This includes understanding what to report, how to report it, and what to expect when they do. There must be practical ways for young children and older children with communication challenges to express any concerns they have, including with the support of family, and to know that they will be listened to and people and/or systems will be held accountable. There should be options for anonymous reporting.

## Respond

People who may receive reports of concern should be trained in how to respond in child- and family-centred ways, consistent with the organisation's policies and procedures as well as legal requirements and any external reporting systems (e.g., child protection). Care should be taken to protect the identity of people who make a report and wish to remain anonymous, and the response of the organisation needs to be clearly communicated and documented.

## Learn

It is essential that safeguarding policies, process, and practices are regularly reviewed, and that they evolve to meet changing needs and address any shortcomings or sub-optimal outcomes that eventuate. Involving children, families, staff and other relevant people in the review process is important, to ensure all voices are heard and that changes that are made are likely to be appropriate, feasible, and effective when implemented in practice.



Safeguarding is an ongoing process and needs to be considered for every interaction. – Professional

## Key considerations

Safeguarding in relation to assessment, differentiation, and reporting of children's functional strengths and support needs sits within the broader professional responsibilities regarding safeguarding.

The following is the description of three issues that are prominent in this specific context, but in no way negate or diminish the broader range of responsibilities professionals have for safeguarding in professional practice with children and families more broadly.

## Co-designing approaches to safeguarding

Safeguarding is most likely to be successful when children and families are involved in the co-design of strategies and monitoring of outcomes. Understanding risks and rights from their perspective, as well as opportunities to enhance and barriers to achieving safeguarding, helps ensure that policies, procedures, and practices are most likely to be appropriate, feasible, and effective. Furthermore, the act of co-designing approaches to safeguarding further empowers children and families to raise concerns, and to feel confident that their concerns will be listened to. Involving staff and other personnel in the co-design of approaches is also important in ensuring they will be feasible and implemented in practice.

## Creating and maintaining strong relationships

Safeguarding relies on many factors, but one that can have a strong protective influence is the creation of a strong, respectful, reciprocal, and empowering relationship with children and their families. For professionals working with children and families, sharing in their lives is a privilege and brings with it a range of responsibilities. Recognising and working to mitigate power imbalances; acknowledging and addressing racism, and conscious and unconscious bias; and working in ways that are culturally responsive, inclusive, and affirming are all critical to creating and maintaining a relationship that is likely to be empowering, respectful, reciprocal, and helpful to the child and family.

## Asking for, expecting, and supporting the child's Voice

As noted at the outset, it is imperative that children's best interests are at the heart of every decision made about them, which means asking for, expecting, and supporting their Voice. Irrespective of age and communication methods, all children are able to provide indications of what they like, what they do not like, when they feel comfortable, and when they feel unsafe. Supporting the child's Voice by communicating openly about why it is important, creating the expectation and space for it to be heard, and providing practical support for it to happen are all critical to safeguarding. Practical support can include AAC, working with the family to understand the child's ways of communicating and being clear in the family's right and role in advocating for them, and utilising supported decision-making tools and processes.



# Section 8: Implementing the Framework

The Framework is designed to sit in the middle of a range of initiatives to improve assessment, differentiation, and reporting of children's functional strengths and support needs, and in turn the quality and consistency of decisions, services, and supports that flow from it. The following are examples of how the Framework can be implemented to achieve this important outcome. Some of these examples can happen immediately, while others represent practical steps that can be taken through further co-designed collaborative work across the disability, health, education, and community services sectors.

## Improving professional practice

The Framework sets out an evidence-based, co-produced approach that can be used by professionals, and the organisations that support them, to improve practice through education, self-auditing, professional development, and regulation. Developed through co-production, it provides a unified, consensus-based understanding of the fundamentals of best practice which can then be supported in each discipline individually and collectively. Some practical examples include:

- Professionals referring to the Framework to self-audit and enhance their practice.
- Organisations, societies, and associations providing professional development resources, training, and supervision and mentoring opportunities.
- Tertiary education using the Framework to inform curriculum, develop assessments, and meet accreditation requirements.
- Professionals using the Framework to ensure a culturally informed and culturally responsive approach to working alongside Aboriginal and Torres Strait Islander children and families.

The Framework sets out six core capabilities that professionals involved in assessment, differentiation, and reporting of children's functional strengths and support needs require. This extends to people who use the information to help children and families to explore, weigh up, select, and navigate services and supports. There is an opportunity to develop trans-disciplinary professional development and training in each of these six areas to build a capable workforce of people who can work in appropriate, consistent, culturally safe, collaborative and effective ways in support of children and families at each step. For example, people employed in roles that involve helping children and families develop a plan for accessing supports should be trained in, and able to demonstrate, capability 6 (developing a support plan).

## Deconstructing exclusion

Improving practice requires deliberate, multifaceted, ongoing effort and initiatives not only to support inclusive policies, procedures, and practices but also to identify and address those that cause exclusion. Therefore, in addition to professionals being adept in six core capability areas, individuals, and the organisations and systems they work within, have a responsibility to take concerted action. The Framework must not be viewed in isolation of these responsibilities.

The Framework can, however, provide a focal point when it comes to addressing exclusion, and promoting inclusion, for all children and families. For instance, adopting the principles-based approach to assessment, differentiation, and reporting that emphasises the importance of culturally responsive practice, and then operationalising this in policy, procedures, and practice provides an avenue for the transformative change that is required. Valuing, respecting, and affirming the culture, community, and context of each child and family, working in ways that are safe, respectful, and empowering, and continually building on professional competencies and capabilities that prioritise culturally responsive practice are all practical steps the Framework can inform.

## Harmonising services and systems

A constant challenge for children, families, and professionals seeking to support them is the fragmented service and support system, leading to unclear, inconsistent, and often sub-optimal pathways and outcomes for children and families. A key challenge is the lack of a high quality, consistent, feasible, culturally safe, appropriate, and mutually agreeable approach to gathering and utilising information. Enduring issues, such as children and families having to provide the same information repeatedly to different people, professionals not knowing what information is most critical to include in a report, and people reading reports who do not have the training to interpret and apply the information they contain all negatively impact the experience and outcomes for children and families.

The Framework provides a pathway to resolving these issues:

- It transcends the approach and interests of one discipline, to instead focus on the aspects of practice that are relevant to all. Through community consultation and co-production, a consensus-based approach has been achieved.

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There is a minimum level of care every child should be able to access in a universal health system, rural often doesn't and we need to be mindful when we look at the word responsive, that we make sure it is for rural communities also, not just responsive in the urban setting. – Reference Group member

- The Partnering with Aboriginal and Torres Strait Islander section of the Framework is child, family and community focussed with an emphasis on an evidenced based, culturally informed and culturally responsive approach to assessment, differentiation and reporting of a child's functional strengths and support needs. The Aboriginal community members involved in the development of this Framework have addressed key capabilities that foster the social, emotional wellbeing of their children and families; development of genuine meaningful relationships; support and advocacy; addressing racism; and transformational system change. This approach will ensure services are culturally safe and responsive and enable an outcome where Aboriginal and Torres Strait Islander children and families feel value and supported to live long and healthy lives where culture is central to health care.
- The critical information in each aspect of the Framework is child-centred, specifying in plain language what is required (e.g., life situations, strengths, challenges, existing supports, aspirations, and support needs). These are core concepts that children and families, professionals, and all relevant stakeholders can potentially contribute information towards, thereby concentrating and uniting efforts in gathering and utilising the most critical information. For the first time, there is an opportunity to harmonise written reporting processes, such as through (a) the development of a brief communicating template used by all relevant people, supplemented where relevant by a more comprehensive report or evidence, as well as (b) online systems to integrate information across services and systems. The opportunities, the parameters, and the safeguarding that is required are each addressed in the Framework.
- Within the Framework, differentiation centres around four key questions (what do we know about the child, family, and context; what are their priorities, what are the opportunities for the child and family; and what are the risks?). Accordingly, they provide a common approach to weighing up all relevant information, whether as a parent, a professional, school principal, or policy maker. The approach is also dynamic, meaning that although all questions are always relevant, the relative weighting of each can reflect the context in which differentiation is occurring. For example, a process aimed at establishing a group of children's attainment of curriculum goals or developmental milestones may focus on 'what do we know about each child?' whereas when it comes to considering support needs and support options the focus may turn to 'opportunities' and 'risks' for the children, individually and collectively when it comes to different support options.

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To know where to direct our efforts to drive positive outcomes for children. Supports need to meet a child where they are at and encourage progress from each child’s unique starting point with the skills families see as a priority. – Professional

## Development of new tools and resources

A common question from several members of the Reference Group when developing the Framework was whether there is a tool that encompass all aspects of assessment, differentiation, and reporting, and if not, are there any that come close. As outlined in *Supporting Information*, our comprehensive, international search of research (systematic review) and grey literature (e.g., organisation websites, unpublished research) revealed no tools that could directly support differentiation for all children (see *Supporting Information* pages 100 to 103). The outcome, while not surprising, points to the need for an individualised and nuanced approach to assessment, differentiation, and reporting of children’s functional strengths and support needs, and to this end the Framework offers several important directions for tool development.

First, by identifying the most *critical information*, the Framework provides an opportunity for new tools to be developed. The question of what should be covered in one or more tools is now addressed. Furthermore, the Framework sets out the parameters for new tools that will be developed (e.g., validity, reliability, culturally responsive) as well as the core capabilities the professionals will require to use them. In essence, the Framework outlines what tools are needed, what they should contain, and how they should be used.

Second, the Framework clarifies the role of existing tools, and where there are gaps (see *Supporting Information* pages 102 to 107). It is common, for example, that a tool that is used clinically to determine if a child has impairment in one or more areas of development (e.g., norm-referenced language measure), is mistakenly considered by untrained users to be a valid and reliable measure of functioning (e.g., how effectively the child can use language to communicate in life situations). This is not the case. The Framework contextualises tools that are used to establish ‘where children are at’ in relation to benchmarks, milestones, or normative data for children the same age in the same culture and context within the *assessment* aspect (i.e., understanding the child’s strengths and challenges within a biopsychosocial framework).

Determining functional impact, and identifying and differentiating support needs, are related but different processes. Bringing precision to how assessment, differentiation, and communicating is conceptualised can support the development of more specific tools. For example, there is both an opportunity and a need to develop a tool to support the structured approach to differentiation the Framework outlines that involves weighing up all available information. There is potential for both qualitative and quantitative measures in this regard, provided they adhere to the principles-based approach presented in the Framework.

## Empowering children and families

The final examples of how the Framework can be implemented are deliberately reserved for children and families, and the opportunity to empower them. This includes empowering children and families with information and working in ways that amplify their Voices.

The Framework sets out what children and families need from professionals and how these needs can be met. The overarching goal of any assessment that considers a child's functional strengths and support needs is to understand where they are at now, where they want or need to be, and if needed how to get there. The Framework can help set children's and families' expectations about what the approach should be like (i.e., child- and family-centred), feel like (e.g., respectful), and result in (e.g., helpful recommendations) as a central pillar for re-balancing power and supporting informed decision making.

## Appropriate use of the Framework

Use of the Framework comes with two key responsibilities. The first is to use it in its entirety. For example, foundational concepts; partnering with Aboriginal and Torres Strait Islander children, families, and communities; and guiding principles permeate all elements of the Framework, and cannot be singled out, or separated. Second, the Framework should be used in ways that uplift services and systems, including professionals who contribute to them, not to denigrate them. For example, workforce capacity and resource limitations in regional and remote communities may make implementing aspects of the Framework more challenging for professionals working in those areas. The responsibility for policy makers is to uplift services and systems in these areas so that that can operate in ways that are consistent with the Framework, and to recognise and value the resilience and initiative of professionals working within constraints. The Framework should not be used to reduce or remove services and supports that have not yet been sufficiently resourced.



# Glossary

## Activity

A task (e.g., eating, riding a bike, playing a game) or action (e.g., copying a gesture, focussing attention, walking) that a child may undertake.

## Biopsychosocial Framework

Conceptualises a person's level of functioning as a dynamic interaction between an individual's health condition(s) and that individual's contextual factors (environmental and personal factors)

## Capability

The application of knowledge and skills required of professionals involved in assessing, differentiating, and/or communicating children's functional strengths and support needs.

## Challenges

Body structure differences, body function challenges, activity limitations, participation restrictions, and/or environmental barriers that operate together to impact on children's functioning in one or more life situations.

## Codesign

The process of bringing together all relevant people, including children, families, and those seeking to support them, to make decisions, including but not limited to decisions about policies, procedures, and practices.

## Competency

Knowledge and skills required of professionals involved in assessing, differentiating, and/or communicating children's functional strengths and support needs.

## Differentiation

Differentiating support needs is the collaborative and ongoing process of considering all strengths, needs, existing supports and resources then working out with the child and family what is most relevant.

## Family

Refers to people who are centrally important in the child's life including people related by blood, kinship, step, adoption, fostering, marriage, or consensual union.

## Framework

The Framework sets out an evidence-based approach to assessing, differentiating, and communicating children's functional strengths and support needs.

## Functioning

Functioning is an umbrella term for body function, body structures, activities and participation. It denotes the positive or neutral aspects of the interaction between a person's health condition(s) and that individual's contextual factors (environmental and personal factors; World Health Organisation, 2001).

## Participation

Involvement in a life situation, such as being a friend, engaging in school-related activities, or belonging to a sports team.

## Relational approach

The process of people together attempting to accomplish change or make a difference to benefit the common good (IAHA, 2019).

## Reporting

Within assessment of functioning, communicating refers to the formal process of communicating and then sharing findings in a written report, including recommendations if relevant.

## Safeguarding

Within the Framework, safeguarding refers to the policies, procedures and practices that mitigate and manage risk to ensure no child or family member is harmed in the course of assessing, differentiating, and communicating the child's functional strengths and support needs, and for effectively communicating and responding if harm does occur.

## Strengths

Personal attributes and competencies that facilitate children's participation and wellbeing at home and in their communities.

## Support

Any activity that seeks to improve a person's experience of the world, either through helping the child acquire skills that promote their learning, participation and wellbeing, empowering parents to support and advocate for their child and promote their own and their family's wellbeing, and/or create safe and accessible environments that support learning, participation, and child and family wellbeing.

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Established in 2013, Autism CRC is the world's first national, cooperative research effort focused on autism. We are the independent national source of evidence for best practice in relation to autism across the lifespan and the spectrum.