Supporting Information

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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Citing this document

This document presents supporting information collected as part of the update of the development of *National Framework for assessing children's functional strengths and support needs in Australia*.

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Copyright and disclaimer

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.

Acknowledgements

Autism CRC commissioned this project with support from an Australian Government Department of Social Services Information, Linkages, and Capacity-Building grant. We warmly acknowledge the following individuals and organisations who contributed to the development of the Framework:

- The children, families, and community members who supported the development of the Framework through contributing to the community consultation process and yarning sessions. This includes children, families, and community members who contributed to previous projects such as research, guidelines, and conventions that were considered in the development of the Framework.
- Indigenous Allied Health Australia (IAHA) for partnering in the development of the Framework, through representation on the project team (Tara Lewis), membership of the Reference Group, support for community yarning sessions, and training for the project team.
- The Aboriginal and Torres Strait Islander community members for engaging in the yarning sessions and providing invaluable and powerful stories that have informed this Framework.
- 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.
- Representatives of Australian Government Departments and Agencies who were involved in this project, including from the Department of Social Services, Department of Health and Aged Care, the Department of Education, and the National Disability Insurance Scheme.
- Peter Rosenbaum, Olaf Kraus De Camargo, Marilyn Wright, Rachel Teplicky, and Kinga Pozniak at CanChild who provided independent review of the draft Framework and Supporting Information documents.
- Andrew Whitehouse at The Kids Research Institute Australia who provided independent review of the draft *Framework* and *Supporting Information* documents.

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*.

Amanda Curran	Allied Health Professionals Australia
Eleanor Hoskins	Audiology Australia
Louise Butler	Australasian Society for Developmental Paediatrics
Amanda Curran	Australian Association of Psychologists Inc
Angela Scarfe	Australian Association of Social Workers
Sally Howell	Australian Association of Special Education
Sonia Evans	Australian College of Nurse Practitioners*
Ella van de Velde Fidock	Australian College of Nurse Practitioners*
Giselle D'Mello	Australian Dental Association*
Mihiri Silva	Australian Dental Association*
Omar Al-Ani	Australian Multicultural Health Collaborative
Kristy Nicola	Australian Physiotherapy Association
Bianca Comfort	Australian Psychological Society*
Sara Quinn	Australian Psychological Society*
Cathy O'Toole	Carers Australia
Sue Tape	Children and Young People with Disability Australia
Tara Lewis	Indigenous Allied Health Australia
Thea Dunkley	National Aboriginal Community Controlled Health Organisation
Susi Tegen	National Rural Health Alliance
Ailsa Leslie	Occupational Therapy Australia
Ursula White	Optometrists Association Australia – Optometry Australia
Clare Gibellini	People with Disability Australia
Domenica Decrea	Relmagine Australia*
Yvonne Keane	Relmagine Australia*
James Best	Royal Australian College of General Practitioners
Erin West	Speech Pathology Australia
Valsamma Eapen	The Royal Australian and New Zealand College of Psychiatrists*
Melanie Turner	The Royal Australian and New Zealand College of Psychiatrists*

* 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.

Table of contents

Introduction

Purpose of this document

The purpose of this document is to outline the administrative aspects of the project, and the methods used, as well as to provide further explanation of the Framework components.

Overview of chapters

This document comprises the following chapters:

1. **Introduction.**
2. **Project overview.** This chapter provides information about the project's purpose, scope, target users, and intended outcomes.
3. **Project administration.** This chapter provides information about project governance, organisation, and coordination.
4. **Project methodology.** This chapter provides a summary of the methodology used to develop the Framework.
5. **Guiding Principes.** This chapter provides detail about the information considered, and key findings from research, community consultation, and co-production that informed this aspect of the Framework.
6. **Assessing children's functional strengths and support needs.** This chapter provides detail about the information considered, and key findings from research, community consultation, and co-production that informed this aspect of the Framework.
7. **Differentiating children's functional strengths and support needs.** This chapter provides detail about the information considered, and key findings from research, community consultation, and co-production that informed this aspect of the Framework.
8. **Communicating outcomes in a written report.** This chapter provides detail about the information considered, and key findings from research, community consultation, and co-production that informed this aspect of the Framework.
9. **Use of Tools.** This chapter provides detail about the information considered, and key findings from research, community consultation, and co-production that informed this aspect of the Framework.

10. **Professional competencies and capabilities.** This chapter provides detail about the information considered, and key findings from research, community consultation, and co-production that informed this aspect of the Framework.

11. **Safeguarding.** This chapter provides detail about the information considered, and key findings from research, community consultation, and co-production that informed this aspect of the Framework.

Project overview

This chapter provides information about the project's purpose, scope, questions, target users, and intended outcomes.

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 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?

Target users

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

The primary beneficiaries should be children and families, who may also use the Framework to know what best practice looks like.

The Framework may 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 initiatives to improve the approach, experience, and outcomes of services and supports provided to children and their families in Australia.

Project administration

This chapter provides information about project governance, organisation, and coordination.

Project team

The team that developed the Framework included people with diverse knowledge, skills, experience, and perspectives relevant to the Framework. The team comprised professionals with diverse lived experience and professional experience relevant to the Framework, including in relation to professional disciplines, neurodivergence, cultural and linguistic diversity, human-centred and empathetic design, and framework and guideline development.

Emmah Baque

Emmah is a senior clinical paediatric physiotherapist, early career researcher and physiotherapy lecturer at Griffith University. Her research creates meaningful ways for children with disabilities to optimise their physical activity, participation in daily activities and quality of life. Emmah brings experience investigating the effectiveness of assessments and interventions for children with disabilities. Emmah has also worked in large multi-disciplinary teams across clinical, research and academic settings.

Teena Caithness

Teena is a speech pathologist who has worked in a range of settings including government, non-government and private practice. Teena has experience as a research assistant, has contributed chapters in books and co-developed the Australian Key Word Sign Vocabulary (Auslan version). A former Board member of Speech Pathology Australia, Teena also has experience with clinical guideline development.

Nicole Dargue

Nicole is a Lecturer within the Autism Centre of Excellence, School of Education and Professional Studies at Griffith University. She is a registered Clinical Neuropsychologist who brings experience in the assessment and support of individuals across the lifespan with a range of developmental conditions. Nicole was also involved in the recent update of the *National Guideline for the Assessment and Diagnosis of Autism in Australia (2023)*.

Kiah Evans

Kiah is a Senior Lecturer and Researcher at UWA and an Honorary Research Fellow at The Kids Research Institute Australia. She brings over two decades of clinical, research, and management experience across a range of sectors aimed at enhancing participation and wellbeing among children and adults who have a disability. She coordinated Australia's first National Guideline on autism assessment and diagnosis, and subsequently led a research program exploring strengths, functioning, and support needs of individuals and families in the context of neurodevelopmental conditions.

Amy Fitzpatrick (Co-chair)

Amy is a neurodivergent and disabled speech pathologist with many years of clinical practice in early childhood intervention as a certified practicing speech pathologist and holds a Masters in Health Leadership and Management, as well as being an early career researcher. She is passionate about disability advocacy, neurodiversity-affirming practice, timely access to services, and ensuring the person with disability is the expert and decision maker in their own life, particularly when it comes to decisions about therapy, assistive technology and healthcare.

Sonya Girdler

Sonya is a Professor of Occupational Therapy affiliated with the School of Allied Health at Curtin University and is Director of the Curtin Autism Research Group (CARG). Sonya is particularly interested in understanding functioning in autism using the International Classification of Functioning, Disability and Health (WHO), the development, evaluation and translation into practice of evidence-based interventions (particularly social skills, strengths-based programs and mental health), and research directed at improving the participation of autistic individuals in major life areas such as employment and education.

Libby Groves

Libby is a speech pathologist who brings clinical experience working with people with communication support needs. She also lectures on multi-modal communication within the Master of Speech Pathology Program at Griffith University. Libby worked as a research assistant for the development of the *National Guideline for supporting the learning, participation, and wellbeing of autistic children and their families in Australia (2022)* and for the update of the *National Guideline for the Assessment and Diagnosis of Autism in Australia (2023)*.

Emma Hinze

Emma is a PhD candidate and research assistant at Griffith University, with a Bachelor of Psychology with Honours. As a parent of an autistic son and an individual with a physical disability, she brings a unique dual perspective to her research. Emma brings experience in researching neurodivergence, lived experience of disability and family member experience of disability, and guideline development. Her PhD research focuses on understanding depression in autistic adults, aiming to improve

identification and diagnostic processes. Emma's personal and professional experiences fuel her drive to enhance mental health outcomes within the autistic community. She is a member of the Autism QLD Advisory Committee and has contributed to the updating of the *National Guideline for the Assessment and Diagnosis of Autism in Australia (2023)*.

Tara Lewis

Tara is an Iman woman with connections to Taroom Country in Western Queensland. She grew up on Yuggera and Turrbal Country in Meanjin where she completed her Bachelor of Speech Pathology. Tara is the Knowledge Translation Lead at Indigenous Allied Health Australia (IAHA), where she is responsible for leading and managing the implementation of IAHA's research strategy and IAHA's engagement with impactful research initiatives. Tara also works alongside Aboriginal and Torres Strait Islander communities in establishing and maintaining research governance that enables Aboriginal and Torres Strait Islander peoples to self-determine research priorities and outcomes that will directly impact their communities.

Ashley Llambias

Ashley is a dedicated PhD Candidate and Lecturer in Industrial Design and Engineering at Griffith University. Her research journey is deeply rooted in understanding the sensory needs and preferences of children on the autism spectrum, aiming to contribute to more informed and inclusive designs and devices. With a focus on Human-Centered Design and Empathetic Design practices, Ashley aims to foster practical, innovative solutions that prioritise inclusivity and accessibility for all.

Zheng Yen Ng

Zheng is a Research Fellow at the Menzies Health Institute Queensland (Griffith University). He brings experience in conducting qualitative research, engagement with families and service providers around allied health service provision, specifically for families with diverse language and cultural backgrounds, and consumer and community involvement (CCI) in research.

Rhylee Sulek

Rhylee is a Research Fellow within the School of Health Sciences and Social Work, Griffith University. She brings experience in working with young children on the autism spectrum and their families when receiving early supports and therapies, and the inclusion of key stakeholders in the co-production of research.

David Trembath (Co-chair)

David is Professor of Speech Pathology at Griffith University and Honorary Research Fellow at CliniKids, The Kids Research Institute Australia. His human rights-based research is focused on optimising the learning, participation, and wellbeing of children with neurodevelopmental disability through the delivery of safe, effective, and desirable services and supports. David brings over 20 years of clinical-research experience working with children with neurodevelopmental conditions. He co-chaired the development of the *National Guideline for supporting the learning, participation, and wellbeing of autistic children and their families in Australia (2022)*, and the update of the *National Guideline for Assessment and Diagnosis of Autism in Australia (2023)*.

Kandice Varcin

Kandice is a Research Fellow and psychologist who holds a joint appointment at Griffith University and The Kids Research Institute Australia. Kandice brings expertise in child development, research methodology, data analysis, and translational research. She has experience in early identification and support for neurodivergent children. Kandice was a member of the working groups that developed the NHMRC approved Autism CRC *National Guideline for supporting the learning, participation, and wellbeing of autistic children and their families in Australia* (2022) and the update of the *National Guideline for Assessment and Diagnosis of Autism in Australia* (2023).

Hannah Waddington

Hannah is a Senior Lecturer at Victoria University of Wellington and a practicing Educational Psychologist. She is also Clinic Lead of the Victoria University of Wellington Autism Clinic. She brings experience in early identification and support for autistic children and those with other types of neurodivergence. Hannah was involved in the development and update of National Guidelines relating to the provision of evidence-based services, assessments, and supports for children and their families.

Rachelle Wicks

Rachelle is a neurodivergent Research Fellow at Griffith University, Honorary Research Fellow at The Kids Research Institute Australia, and Chair of the Autism QLD Advisory Committee. She brings lived experience of being diagnosed as autistic/ADHD in adulthood and knowledge of the perspectives of individuals within the autistic and autism communities gained through her research and professional activities. Rachelle was involved in updating the *National Guideline for the Assessment and Diagnosis of Autism in Australia (2023)* and advocates for neurodiversity-affirming practice and research that is co-designed and co-produced with the communities that it aims to benefit.

Reference Group

The Framework was co-produced with community and professional organisations, with engagement from the Australian Government Department of Education, Australian Government Department of Health and Aged Care, Australian Government Department of Social Services, and the National Disability Insurance Agency.

The organisations were invited to contribute based on the fact that they bring views, perspectives, and experiences directly relevant to the development of the Framework, including in relation to children's health, learning, participation, and wellbeing; lived expertise of disability and supporting people with disabilities; Aboriginal and Torres Strait Islander Peoples; and culturally and linguistically diverse communities. The Reference Group comprised of people with lived experience, family members of people with lived experience, and professional experience.

Organisation	Representative
Allied Health Professionals Australia	Amanda Curran
Audiology Australia	Eleanor Hoskins
Australasian Society for Developmental Paediatrics	Louise Butler
Australian Association of Psychologists Inc	Amanda Curran
Australian Association of Social Workers	Angela Scarfe
Australian Association of Special Education	Sally Howell
Australian College of Nurse Practitioners	Ella van de Velde Fidock, Sonia Evans
Australian Dental Association	Mihiri Silva, Giselle D'Mello
Australian Multicultural Health Collaborative	Omar Al-Ani
Australian Physiotherapy Association	Kristy Nicola
Australian Psychological Society	Sara Quin, Bianca Comfort
Carers Australia	Cathy O'Toole
Children and Young People with Disability Australia	Sue Tape
Indigenous Allied Health Australia	Tara Lewis
National Aboriginal Community Controlled Health Organisation	Thea Dunkley
National Rural Health Alliance	Susi Tegen

Organisation	Representative
Occupational Therapy Australia	Ailsa Leslie
Optometrists Association Australia – Optometry Australia	Ursula White
People with Disability Australia	Clare Gibellini
ReImagine Australia	Yvonne Keane, Domenica Decrea
Royal Australian College of General Practitioners	James Best
Speech Pathology Australia	Erin West
The Royal Australian and New Zealand College of Psychiatrists	Valsamma Eapen, Melanie Turner

The project team acknowledge that there is an extensive community of organisations, not included in this list, that are highly relevant and important to the health, learning, participation, and wellbeing of children. Relevant other stakeholder organisations, across the Australian community, were eligible to participate and had been warmly invited to share their views via the community consultation process (see Project Methodology for more details on the community consultation).

Involvement of Aboriginal and Torres Strait Islander peoples and culturally and linguistically diverse communities

A number of individuals and organisations from Aboriginal and Torres Strait Islander communities were centrally involved in the development of the Framework. Tara Lewis, Iman woman and speech pathologist, was a member of the project team and two organisations – Indigenous Allied Health Australia (IAHA) and The National Aboriginal Community Controlled Health Organisation (NACCHO) were represented within the Reference Group. Members of the Reference Group provided input and review of the document through community views (survey) and co-production points (Reference Group meetings). Tara Lewis led the development of a research methodology to support community consultation with First Nations peoples through yarning sessions. We acknowledge that this document may not cover the perspectives of all Aboriginal and Torres Strait Islander Peoples and communities.

The Framework document also received input and review through co-production points (Reference Group meetings) from the organisation Australian Multicultural Health Collaborative, and from a research team member with a diverse language and cultural background to the Australian context and expertise on care services for families with diverse language and cultural backgrounds (Zheng Yen Ng). We acknowledge that this document may not cover the perspectives of all multilingual/multicultural communities.

Language and terminology

Language and terminology is important. To this end, a number of research articles, websites, and guides have been published around diversity/disability (e.g., *The Language of Disability*, ACE DisAbility Network, n.d.; *Language guide*, Australian Federation of Disability Organisations, n.d.; *Language choices around autism and individuals on the autism spectrum*, Autism CRC, n.d.; *Terminology*, Deafness Forum Australia, 2019; *Developmental delay and the early childhood approach*, NDIS, 2024; *Developmental delay,* Raisingchildren.net.au, 2022; *Inclusive Language Guide*, The Kids Research Institute Australia (formerly known as Telethon Kids Institute), n.d.; *Neuroaffirming language*, The Kids Institute Australia, 2024; *Guidelines: how to write about people with disabilities*, The University of Kansas, 2020) and culture (*Cultural responsiveness in action Framework,* IAHA, 2019; *Culturally responsive clinical practice framework: About the standards,* Migrant and Refugee Women's Health Partnership, 2019).

Central to all guides is the notion that language should be respectful to the child and family. Often it is also recommended to tailor language to child and family preferences when appropriate.
The words used in this Framework document are intended to be respectful and align with the International Classification of Functioning, Disability and Health (ICF) for conceptual clarity.

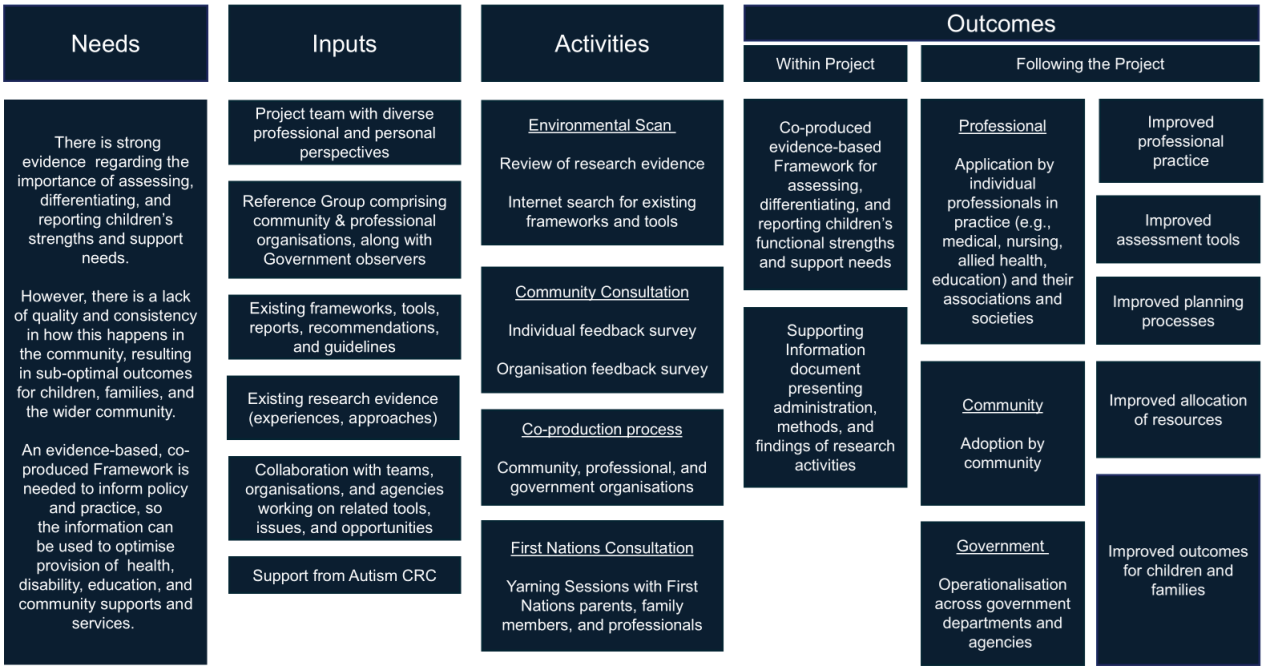
Project methodology

This chapter provides a summary of the methodology used to develop the Framework.

Program logic

A program logic is a tool used to describe the aims, inputs, activities, and proposed outcomes, including relationships between elements, and is presented in Figure 1.

Figure 1. Program logic.



Research questions

Evidence was gathered to answer the following research questions:

1. What principles should guide assessment, differentiation, and reporting of children's functional strengths and support needs, in the age range of 0-12 years?
2. How should children's functional strengths and support needs be assessed, differentiated, and reported?
    i. What approach should be used?
    ii. What information is most critical?
    iii. What tools are available?
    iv. What competencies are required?
    v. What safeguarding should occur?

Overview of research activities

Addressing the research questions involved an iterative process of evidence gathering, evidence synthesis, and consensus building involving organisations represented in the Reference Group.

The research activities included:

1. A systematic review of research evidence.
2. A review of grey literature.
3. Community consultation via an online survey.
4. Co-production with a Reference Group of community and professional organisations, associations, and societies.

The approach of combining evidence from multiple research activities within a systematic co-production process was chosen to (a) maximise opportunities for multiple converging perspectives and sources of evidence to come together to address the research questions, (b) inform the content and presentation of the Framework, and (c) reduce the risk of bias that is a consideration whenever documents of this nature are being developed.

Environmental scan

Environmental scanning is a mixed-methods research methodology that originated in the business context to assist in collecting and organising relevant data used to inform decision making (Choo, 2008). Environmental scans have increasingly been used in health-related research as a tool for gathering evidence regarding a specific health issue and related community healthcare needs and informing research and service provision (Charlton et al., 2021). Currently, there are no specific methodological frameworks for conducting environmental scans, with a range of methodologies used

across studies (Charlton et al., 2021). However, commonalities exist across methods used across studies, with most including the gathering of information through review of peer-reviewed research (e.g., systematic research review, scoping review, umbrella review), grey literature searches (e.g., published reports, government and organisation websites, research registries), and conducting a range of stakeholder/community consultation activities (e.g., community surveys, interviews, focus groups, reference groups of relevant professional representatives).

An environmental scan was selected for this project because of its flexibility, adaptability, and capacity to collect comprehensive information from a range of sources and perspectives to address the project aims and research questions. Importantly, the approach allowed for community consultation and co-production across a range of research activities, as was achieved with the National Practice Guideline for supporting autistic children and their families in Australia (Trembath et al., 2022) and the National Guideline for the assessment and diagnosis of autism in Australia 2023 Update (Goodall et al., 2023), while providing the flexibility to utilise various research activities to ensure a comprehensive knowledge-base is gathered to achieve the project outcomes. The research and consultation activities were designed such that, across the collective set of activities, the Project Team could collect evidence from all key stakeholders, including individuals with disability, parents of children with developmental disabilities, practitioners, professional organisations, and government organisations and agencies.

Two environmental scanning approaches (Graham et al., 2008) were used to gather evidence across the four research activities. Firstly, a *passive* approach (i.e., collecting existing knowledge) was applied by gathering information from secondary sources, such as peer-reviewed research articles and publicly available information on government and organisation websites. An *active* approach (i.e., creating new knowledge) was then utilised, with information collected from primary sources, including community members and representatives from relevant community, professional, and Government organisations and agencies.

Systematic research review

Aim

The aim of the systematic research review was to identify: (i) existing frameworks, and (ii) tools that are relevant to assessing and differentiating strengths and support needs of children with developmental differences or disabilities (aged 0-12 years).

Research questions

1. What frameworks have been developed to guide the assessment and/or differentiation of functional strengths and support needs of children with developmental differences or disabilities?

2. What tools have been developed to guide the differentiation of functional strengths and support needs of children with developmental differences or disabilities?

Key terms

Key terms used for the purpose of this project are defined as follows:

Framework: The structured written presentation (e.g., diagrammatic representation) of integrated information (i.e., from one or more research and/or community sources) *regarding principles, key considerations, and/or clinical processes* for assessing and differentiating the functional strengths and supports needs of children with developmental differences or disabilities.

Tool: An instrument used to *document and order, rank, or otherwise organise* two or more child support needs and strengths for the purpose of differentiation. The tool may use and/or provide quantitative (e.g., algorithm) and/or qualitative (e.g., description of preferences) information.
The purpose of differentiation may include selecting, funding, and or organising disability, education, health, and/or social services.

Developmental difference: An aspect of a child's physical, cognitive, and/or social/emotional development that is atypical, delayed, or different in terms of expected developmental milestones and/or other socio-cultural norms within their context/culture.

Disability: The dynamic interaction between health condition(s) and environmental and personal factors that substantially reduces an individual's functional capacity to undertake activities, such as moving around, communicating, socialising, learning, or undertaking self-care or self-management tasks, and is likely permanent.

Developmental disability: Disability due to a condition that begins during the early childhood developmental period, lasts throughout a person's lifetime, and generally impacts upon daily functioning and necessitates the provision of supports.

Strengths: Aspects of the child's development, personality, and character that are conducive to their learning, participation, and wellbeing.

Support need: A need in relation to the child's learning, participation, and/or wellbeing, that is functional in nature (i.e., relates to daily activities), and identified through consideration of the child's functional capacity (e.g., physical impairment), the child and family's context, and environmental barriers and enablers.

Differentiation: The ordering, ranking, comparing, or otherwise organising information about one or more children's strengths or support needs.

Note that some definitions used in the systematic review were refined through co-production to support interpretation, while maintaining semantic and conceptual alignment.

Method

The research review was conducted in accordance with the procedures outlined in the PRISMA statement (Page et al., 2021). The review involved two researchers with collective expertise in conducting umbrella reviews, qualitative coding and analysis, and guideline development.

Eligibility

Articles were included in the research review if they meet all the following criteria:

1. The central focus of the article must be presentation of a specified framework(s) and/or tool(s) for assessing and/or differentiating the functional strengths and/or support needs of children with developmental differences or disabilities.
2. The framework and/or tool is designed for use with children aged 0-<12 years as indicated by reference to 'children' and/or a specific age group.
3. The article specifies how the framework and/or tool can be used to document and order, rank, compare, or otherwise organise two or more child support needs for the purpose of differentiation.
4. The article presents a research study, research review (narrative or systematic), scientific report, or commentary published in a peer-reviewed journal.
5. Full-text copies are available in the English language.
6. The article was published from 2001-2023 to capture literature published since the first publication of the International Classification of Functioning, Disability and Health ([ICF], World Health Organisation, 2001).

Note that in this Framework, the original International Classification of Functioning, Disability, and Health (ICF; World Health Organization, 2001) was used as part of criteria for the systematic review and grey literature process. Items from the International Classification of Functioning, Disability, and Health – Children & Youth Version (ICF-CY; World Health Organization, 2007) and the online ICF Browser (https://apps.who.int/classifications/icfbrowser/) were accessed to operationalise the ICF for this Framework. The exclusion criteria were:

1. The article or review does not specifically label the framework or tool under consideration.
2. The article refers to a framework but does not present a structured written presentation (e.g., diagrammatic representation) of integrated information (i.e., from one or more research and/or community sources) regarding principles, key considerations, and/or clinical processes for assessing and differentiating the functional strengths and supports needs of children with developmental differences or disabilities.
3. The article/review refers to a tool, but it does not specify how the tool can be used to document and compare, organise information about one or more children's strengths and support needs for the purpose of differentiation.
4. The article or review is focused solely on a specific tool for assessment and does not discuss how the tool may be used to differentiate strengths and support needs.
5. The study is solely focused on mapping items of an assessment tool onto a framework (e.g., ICF).
6. The article or review is focused on assessment and differentiation of support needs of parents/caregivers/family members and/or other individuals without developmental differences/disabilities.

Search strategy

Literature searches were conducted in November 2023 using the following databases: PsycINFO, Education Resources Information Centre (ERIC), Medline, PubMED, EMBASE, and CINAHL. The search was not limited to a specific type of developmental difference/disability, and ancestral searches were completed using the reference lists of included articles. Google Scholar was used to supplement database searches, with the first 100 results reviewed.

The search terms were:

[framework* OR tool*] AND [assess* OR differentiat* OR priorit*] AND [function* OR "support need*" OR strength*] AND ["developmental delay*" OR "developmental disabilit*"] AND [child*]

The term "delay" was selected, rather than "difference", to reflect the extant literature published within the time parameters of the search.

Study selection

All articles retrieved from the database searches were imported into the Covidence software platform. Duplicates identified by the software were automatically removed prior to screening. Initial title and abstract screening of all identified studies according to eligibility criteria was independently conducted by two reviewers (Rachelle Wicks and Libby Groves). Articles were excluded if they met one or more exclusion criteria. Any disagreements were discussed and resolved via consensus. The percentage of agreement [agreements/(disagreements + agreements) × 100] for the title and abstract screening was 95.6%.

The two reviewers then independently screened the full-text reports of all remaining articles according to the eligibility criteria. Articles were excluded if they met one or more exclusion criteria. Following consensus checks, both reviewers met to discuss disagreements. Disagreements were resolved via consensus between the two reviewers, with the majority of disagreements related to reason for exclusion. The percentage of agreement [agreements/(disagreements + agreements) × 100] for the full text screening was 88%. A critical appraisal was considered but not performed due to the nature of the review purpose. This exclusion was determined a priori and noted in the review protocol registered in PROSPERO.

Data extraction

One reviewer (Rachelle Wicks) read each of the included articles in full, including supplementary material where relevant. For each identified framework and tool, information relevant to the review aims was extracted into a standardised data extraction form, including the framework/tool name, authors, date of first publication, target population, purpose/type of article, overview and key components of the framework/tool, and geographical location/s used. A second reviewer (Libby Groves) then conducted consensus checks on data extraction for 20% of fields in the extraction form for each of the frameworks/tools identified. The percentage of agreement [agreements/(disagreements + agreements) × 100] for data extraction was 100%.

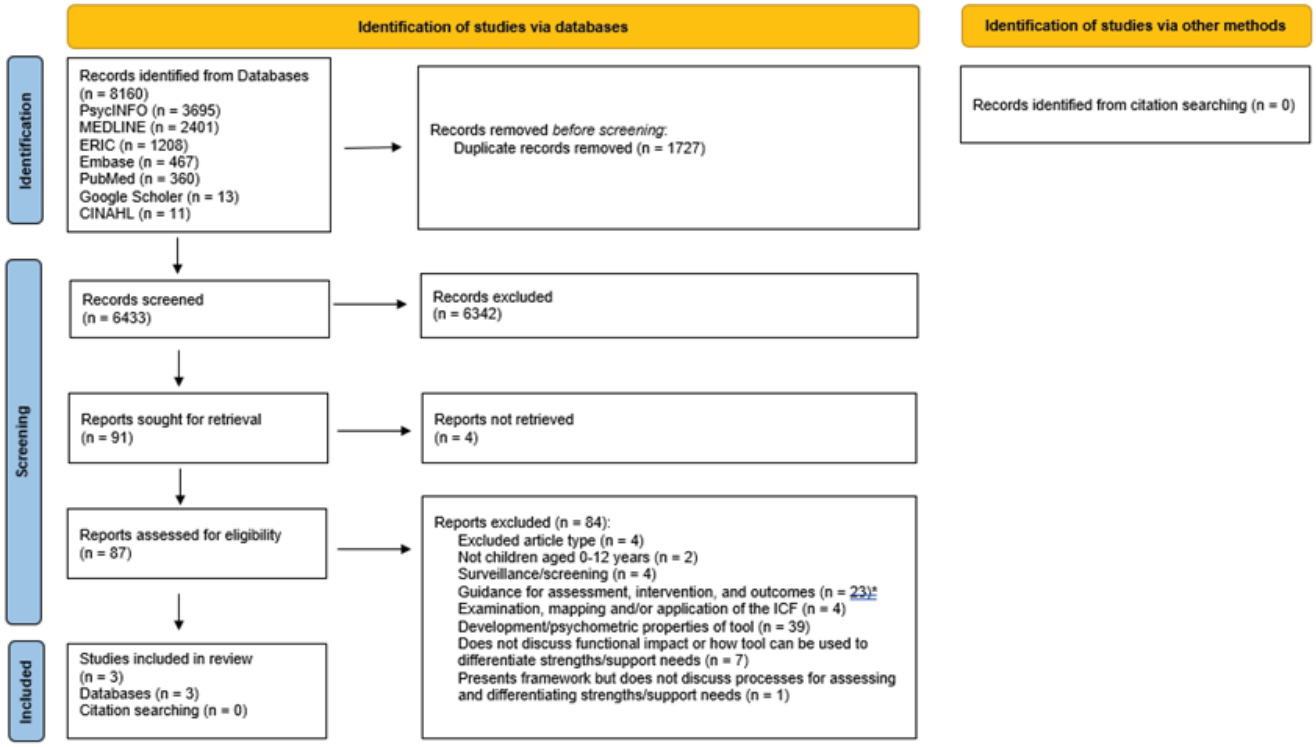
Results

Study selection

The PRISMA flow diagram in Figure 2 represents the article selection process (Page et al., 2021). The database search yielded 8160 records across databases and 6433 records once duplicates were automatically removed. Eighty-seven articles proceeded to full-text review, and 83 articles were excluded at this stage (see Appendix 1 for list with exclusion reasons). The most common reason for exclusion was that the article was primarily focused on the development and/or psychometrics of a tool/tools or was focused on providing guidance for assessment, intervention, or outcomes. Ancestral searches did not yield any additional articles for inclusion.

During extraction, one article (a review of frameworks and associated tools) was excluded because it was deemed to present insufficient information to complete the extraction process (see Appendix 2 for details). This resulted in the inclusion of three articles from the database searches in the research review (see Appendix 3).

Figure 2. PRISMA flow diagram



*One of these was excluded during extraction.
From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. BMJ 2021;372:n71. doi: 10.1136/bmj.n71. For more information, visit: http://www.prisma-statement.org/

Study characteristics

Of the three articles included in the research review, two were quantitative research studies, and one was a research report. Articles were published between 2013 and 2015. Participants in the two quantitative studies included children with cerebral palsy (Huang et al., 2013) and Down syndrome (H.Y. Lin et al., 2016), while the research report (Walker et al., 2014) presented a framework for assessing and differentiating the individualised support needs of children with intellectual disability and related developmental disabilities within the school context. The two quantitative studies were conducted in Taiwan, and the research report was developed in the United States. Tools used in the quantitative studies included the School Functional Assessment – Chinese version ([SFA-C], Hwang et al., 2004 – Huang et al., 2013) and the Functional Independence Measure for Children ([WeeFIM], Msall et al., 1994 – H.Y. Lin et al., 2016). The framework presented by Walker et al. (2014) – the Support Needs and Assessment and Problem Solving (SNAP) process – utilised the Supports Intensity Scale – Child ([SIS-C], Thompson et al., 2013) to assess children's support needs.

Grey literature review

Aim

The aim of the grey literature review was to identify: (i) existing frameworks, and (ii) tools that are relevant to assessing and differentiating strengths and support needs of children with developmental differences, delay, or disabilities (aged 0-12 years).

Research questions

The grey literature review was used to complement the systematic research review in gathering evidence to address the following research questions:

1. What principles should guide assessment, differentiation, and reporting of children's functional strengths and/or support needs, in the age range of 0-12 years?
2. How should children's functional strengths and/or support needs be assessed, differentiated, and/or reported regarding the following aspects:
    i. What approach should be used?
    ii. What information is most critical?
    iii. What tools are available?
    iv. What competencies are required?
    v. What safeguarding should occur?

Method

The search was conducted using a systematic 'grey literature' search protocol, mirroring that successfully used in the Autism CRC synthesis of evidence for early supports for autistic children in 2020 (Autism CRC, 2020). For the purposes of this project, "grey literature" included publicly available sources of information via government and non-government organisations' websites (limited to Government departments and agencies, professional associations and societies, community organisations, and research institutions).

Key terms

Key terms used for the purpose of this project are defined as follows:

Framework: The structured written presentation (e.g., diagrammatic representation) of integrated information (i.e., from one or more research and/or community sources) *regarding principles, key considerations, and/or clinical or educational processes* for assessing and differentiating the functional strengths and supports needs of children with developmental differences, delay, or disabilities.

Tool: An instrument used to *document and order, rank, compare, or otherwise organise* information about one or more children's strengths or support needs for the purpose of differentiation. The tool may use and/or provide quantitative (e.g., algorithm) and/or qualitative (e.g., description of preferences) information. The purpose of differentiation may include selecting, funding, and/or organising disability, education, health, and/or community services.

Developmental difference: An aspect of a child's physical, cognitive, and/or social/emotional development that is atypical, delayed, or different in terms of expected developmental milestones when considered in relation to socio-cultural norms within their context/culture.

Disability: The dynamic interaction between health condition(s) and environmental and personal factors that substantially reduces an individual's functional capacity to undertake activities, such as moving around, communicating, socialising, learning, or undertaking self-care or self-management tasks, and is likely permanent.

Developmental disability: Disability due to a condition that begins during the early childhood developmental period, lasts throughout a person's lifetime, and generally impacts upon daily functioning.

Strengths: Aspects of the child's development, personality, and character that are conducive to their learning, participation, and wellbeing.

Support need: A need in relation to the child's learning, participation, and/or wellbeing, that is functional in nature (i.e., relates to daily activities), and identified through consideration of the child's functional capacity (e.g., physical impairment), the child and family's context, and environmental barriers and enablers.

Differentiation: The ordering, ranking, comparing, or otherwise organising information about one or more children's strengths or support needs.

Note that some definitions used in the systematic review were refined through co-production to support interpretation, while maintaining semantic and conceptual alignment.

Eligibility

Literature from grey sources were included in the review if they met all the following criteria:

1. The document presented a specified framework and/or tool(s) for the purpose of providing guidance regarding assessing, differentiating and/or reporting the functional strengths and/or support needs of children, including those with developmental differences, delay, or disabilities.
2. The framework and/or tool was designed for use with children aged 0-<12 years as indicated by reference to 'children' and/or a specific age group.
3. The framework and/or tool was related to the domains of health, education, or wellbeing.
4. The document included a structured written presentation (e.g., diagrammatic representation) of integrated information (i.e., from one or more research and/or community sources) regarding guiding principles, key considerations, and/or clinical, educational, or professional processes for assessing and/or differentiating the functional strengths and/or supports needs of children, including children with developmental differences, delay, or disabilities.
5. The document presented information that outlined how aspects of assessment, differentiation, and/or reporting should be conducted for children, including children with developmental differences, delay, or disabilities.
6. Information was presented in English.
7. The article was available in pdf format.

The exclusion criteria were:

1. The framework or tool under consideration was not specifically labelled.
2. The article referred to a framework but did not present a structured written presentation (e.g., diagrammatic representation) of integrated information (i.e., from one or more research and/or community sources) regarding principles, key considerations, and/or clinical or educational processes for assessing and/or differentiating the functional strengths and/or supports needs of children, including children with developmental differences, delay, or disabilities.
3. The article referred to a tool/s but did not specify how the tool/s can be used to assess and/or differentiate children's functional strengths and/or support needs.
4. The article was focused solely on developmental assessment (e.g., an assessment of adaptive behaviour), but not the functional impact on children's learning, participation, and/or wellbeing with consideration of the child's functional capacity (e.g., physical impairment), the child and family's context, and environmental barriers and enablers for the purpose of differentiation.
5. The article was solely focused on mapping items of an assessment tool onto a framework (e.g., ICF, World Health Organization, 2001).
6. The article was focused on the strengths and/or support needs of parents/caregivers/family members and/or professionals/staff within a specific sector.
7. The article was published prior to 2001, which corresponds with the first publication of the ICF (World Health Organization, 2001).

Search strategy

Searches were conducted in February 2024 using the advanced search option in Google Chrome. A simplified set of key search terms used for the research review were utilised, with the exact phrase "support needs" and the global region (e.g., New Zealand) specified. All countries listed as member states of the United Nations were individually specified to ensure a robust information gathering process that extended beyond the traditional Anglosphere.

The search terms were:

framework AND tool AND child AND "support needs" AND assessment AND "developmental delay" OR disability

Selection

The grey literature search was conducted across two stages. At stage one, the list of UN member states was divided equally between two reviewers (Rachelle Wicks and Libby Groves), with each reviewer independently conducting a search for each specified country. Up to 100 search results (i.e., first 10 pages) for each specified country were reviewed and the relevance of each result screened for potential eligibility. Each reviewer then made a judgement regarding the appropriateness of the linked document and recorded the name of the framework/tool and URL of each relevant search result in a recording sheet for full-text investigation at stage two. 157 UN member states included in the search had either no search results or results that did not meet inclusion criteria.

At stage two, 136 identified documents were divided across three reviewers (Libby Groves, Emmah Baque and Rachelle Wicks) for full text screening. Reviewers then independently read each document allocated to them and made consensus-based judgments for inclusion against the eligibility criteria. Based on full-text screening, 50 articles were excluded (see Appendix 4 for list and exclusion reasons), resulting in 86 documents being downloaded for extraction.

Data extraction

For each identified article, independent reviewers (Rachelle Wicks, Libby Groves and Emmah Baque) extracted information relevant to the review aims into the standardised data extraction form designed to gather specific information relevant to addressing each of the research questions. Following consensus checks, all reviewers met to discuss potential disagreements or articles for potential exclusion. These were resolved via consensus among the three reviewers, with the majority of discussions related to potential exclusions.

Of the 86 documents downloaded for extraction, 34 articles were excluded at the extraction phase due to duplication of information from preceding articles (n = 11), being outside the project scope (n = 5), an excluded article type (n = 1) and content not directly addressing the research questions (n = 17; see Appendix 5), resulting in data being extracted from 52 articles (see Appendix 6). Countries of origin included Australia, Aotearoa New Zealand, the United States, the United Kingdom, Canada, Fiji, France, Bulgaria, Greece, Ireland, Finland, the Netherlands, Croatia, India, and South Africa.

Community consultation

Aim

The aim of the online survey was to understand the experiences, views, and preferences of the community regarding the assessment, differentiating and reporting of functional strengths and support needs of children with developmental differences or disabilities.

Survey questions

1. How should we learn about children's strengths and needs?
2. How should decisions be made about which needs are most important?
3. How should this information be shared with other people?
4. Why is it important to get the assessment right?

Design

An online survey methodology was adopted. This was a one-off survey to gather community and organisation submissions, accessed via a link on the Autism CRC website and hosted on Griffith University REDCap. Participants had complete flexibility and autonomy in choosing what questions they would like to answer. They were able to complete the survey independently or with support (e.g., family/friend, support worker, research team member). The survey included speech-to-text and text-to-speech functionality as well as text responses. The survey was open to individuals of any age for six weeks, from 23 February 2024 to 9 April 2024. If community members preferred, they were given the opportunity to upload a piece of artwork per survey question or one piece of artwork which reflected their responses on all questions around understanding children's strengths and support needs (see Artwork for questions).

Method

Ethical approval for this community consultation activity was obtained from the Griffith University Human Research Ethics Committee (2024/079).

Eligibility

All relevant stakeholders, across the Australian community, were eligible to participate in the online survey, including:

- Young people and adults living with disability.
- Parents of children with developmental differences and/or disabilities.
- Family members of children with developmental differences and/or disabilities.

- Practitioners who provide services to children with developmental differences and/or disabilities and their families.
- Other relevant stakeholders (e.g., researchers, educators, school principals) who support or otherwise provide care for children with developmental differences and/or disabilities and their families.
- Members of organisations or services that provide support to children with developmental differences and/or disabilities and their families.

Recruitment

Participant recruitment for the community consultation survey was facilitated by Autism CRC and shared via the Reference Group. Autism CRC initially advertised the community survey by emailing members on their mailing list (*n* = 25,432 recipients) and posting information on their social media channels (Twitter, Facebook). In addition, links to access the online survey were made available via the Autism CRC project website page and social media (Facebook and Twitter) accounts.

The Project Team and Reference Group also shared the invitation to participate in the community survey with members of their respective organisations and through their own professional and personal networks.

Over the 6-week community consultation period, Autism CRC sent reminders of the community consultation survey via email to people on their mailing list. In addition, Reference Group Members were kindly requested to advertise the community consultation survey through their organisations/members. Members of the Project Team also promoted the community consultation survey throughout their professional networks and social media pages.

After accessing the online survey link, prospective participants were presented with a short video outlining what participation in the survey would entail and highlighting the accessibility features of the survey platform. Participants were then presented with a Participant Information Statement and Consent Form. All participants were required to provide informed consent before accessing the survey questions. For individuals under the age of 18, or who cannot provide informed consent independently, a parent or guardian was asked to provide consent on their behalf and assist them (as necessary) to complete the survey.

For organisation submissions, organisations were able to provide a response either by:

1. Completing an online survey response (a separate survey link than for the other stakeholders but with the same questions)
2. Uploading a submission addressing the questions, to account for potential processes of organisations of drafting, sharing, and ultimately approving submissions using a document format (e.g., with official letterhead, signatures).

Community member views

In total, 768 people accessed the survey. Of these, 661 consented to take part in the survey (107 provided no consent). 3 participants consented and provided partial data but withdrew consent at the end of the survey. In total, 415 of those who consented provided usable data, i.e., data relevant to the research question of the project. Of these 415 responses, 115 people with lived experience, 218 parents/family members, 276 professionals, 53 organisations, and 19 Other (e.g., researchers, students, retired professional) (participants sometimes had multiple roles). Three community members submitted one piece of artwork which reflect their responses on all survey questions around understanding children's strengths and support needs (see Artwork for questions).

Organisation views

In total, 213 organisations accessed the survey. Of these, 145 consented to take part in the survey (68 provided no consent). Of those who consented, 55 provided usable data, i.e., data relevant to the research question of the project. The organisations were categorised into type of organisation and independently checked by a second reviewer. The following types of organisations provided the 55 responses:

- 37 professional service organisations
  Providing health (including allied health, e.g., speech therapy and psychology support), care, education, early intervention, support and/or other services
- 3 professional body organisations
- 1 professional network
- 3 school institutions
- 9 community organisations
  Not-for-profit organisations providing services and support, which may include professional services
- 2 government services

Tools

The development of the draft online survey was informed by the structure and content of the online community consultation activities used as part of the development of the National Practice Guideline for supporting autistic children and their families in Australia (Trembath, 2022) and the National Guideline for the assessment and diagnosis of autism in Australia 2023 Update (Goodall et al., 2023).

Specific Project Team members (David Trembath, Emma Hinze and Rhylee Sulek) led the initial drafting of the survey, with all members of the Project Team invited to provide input on the survey draft. The survey was then discussed with the Reference Group Members, who provided input on the study design, format and questions. Based on their feedback, changes were made (e.g., modification of question phrasing to make these more accessible and clearer for participants), and a revised version of the survey was then coded in REDCap, a secure web-based application for survey development and distribution. The survey was piloted by two members of the Project Team (Emma Hinze and Rhylee

Sulek) and the Project Team for clarity and functionality. Feedback provided through the piloting process was used to make minor modifications before finalising the survey for distribution.

The survey was intended to be able to collect the views, preferences, and experiences of as many members as possible of the Australian community with an interest in the assessment and differentiation of functional strengths and support needs of children with developmental differences or disabilities. In addition to demographic information, the final survey included open-ended questions that were structured to collect information related to people's current views and/or experiences of assessing and prioritising the functional strengths and support needs of children with developmental differences or disabilities in Australia.

Participants were provided with multiple pathways to navigate through the survey, including the capacity to skip questions and/or exit the survey at multiple points. Other accessibility features were enabled in the survey, including speech-to-text and text-to-speech options, the option to save and return as many times as needed, and the option to complete the survey with support (e.g., family/friends, support worker, research team member) or independently. The final survey was estimated to take between 10 to 30 minutes to complete, depending on which questions participants chose to answer and the length of their responses.

Analysis

Coding framework

Following the framework method of analysis (Gale et al., 2013), a coding framework was developed for the community consultation activity, undertaken as part of the Framework development. A series of codes were developed for each Framework question, with the ability to apply multiple codes where relevant. The coding framework was designed to systematically address the overarching questions posed by the Framework, ensuring a thorough and consistent analysis.

The overarching questions guiding the coding framework included:

1. What approach should be used?

2. What information is most critical?

3. What tools are available?

4. What competencies are required?

5. What safeguarding should occur?

These questions were integral to the coding of each section: assessment, differentiation, and reporting. In the principles section, the guiding question was, "Why is it important to get the assessment of functional strengths and support needs right?" The responses were coded based on the categories of approach, experience, and outcomes. For each coding section, the coding team could apply an 'Other' code to any comment they felt did not fit an existing code, ensuring that novel and contrasting views were accounted for in the coding process.

Coding process

Two members of the Project Team (Emma Hinze and Ashley Llambias) completed the coding of evidence collected as part of the Framework.

The following processes were used to support the coding team in completing the coding:

- David Trembath (Co-chair) and Emma Hinze (Project Team) collaborated, supported by the Project Team, to establish the processes for coding the data and supporting the coding team. They created the codebook and managed all administrative processes required to securely and reliably handle the data and coding processes.
- Ashley Llambias was designated as the primary coder to ensure consistency and reliability in the coding process. She was given access to the codebook and relevant data, allowing her to apply the coding framework uniformly across all data. Emma Hinze checked 20% of the coding for accuracy and coordinated data management, fielding queries daily. David Trembath was available to support Emma Hinze at all times.
- Emma Hinze provided Ashley Llambias with training in NVivo, the software used for coding. During the coding process, Emma Hinze and Ashley Llambias had regular meetings to discuss the coding process and share their experience. Members of the Project Team were invited to attend these meetings. The rationale for this meeting was two-fold:
  - To provide an additional opportunity to ensure fidelity within the coding process, complementing standardised training, coding, and on-call support.
  - To allow team members to share and debrief about their experiences.

Co-production process

The project team invited and collaborated with representatives of key stakeholder organisations to address the research questions, including with reference to information gathered through other research activities conducted within the environmental scan. An initial introductory meeting was held in February 2024, to introduce the project aims, methods, and proposed outcomes, including consideration of governance, terms of reference, accessibility, workflow, communication and collaboration, and roles and responsibilities. From February to September 2024, collaboration occurred via 14 regularly scheduled online meetings with a focus on an iterative cycle of consensus building. Before the meetings, Reference Group Members received information pertaining to the co-production points (CPPs), which concentrated attention on aspects of the Framework (e.g., Assessment).

Note that the original CPPs numbering was used in this document while some meetings and CPPs were shuffled.

The online meetings focused on the CPPs, reviewing previous CPPs, the project team sharing information (e.g., findings from the environmental scan activities, drafts of the protocol and associated documents), and inviting input and discussion. Reference Group Members were further invited to provide feedback (e.g., feedback on the co-production process, suggestions for future CPPs,).

Yarning sessions

Aim

The aim of the additional community consultation for the research project was to engage Aboriginal and Torres Strait Islander families and allied health professionals in yarning sessions. The purpose of these yarning sessions was to inform the development of this Framework for assessing and reporting children's functional strengths and support needs that is aimed to be culturally responsive. The project followed a participatory action research approach, ensuring that Indigenous perspectives and cultural knowledge are central to the research process. The six core principles of Indigenous research—spirit and integrity, cultural continuity, equity, reciprocity, respect, and responsibility—were applied throughout the design, development, and execution of the project to ensure it remains culturally appropriate and aligned with the values of the communities involved.

Methods

Yarning sessions were conducted. These collected demographic details and insights from participants, guided by broad, open-ended questions. This ensured that the process was culturally appropriate and adhered to Indigenous research principles, including data sovereignty and ICIP (Indigenous Cultural and Intellectual Property). The sessions were facilitated by Indigenous researchers, and de-identified data were analysed and used to shape recommendations for the Framework.

Ethics

The ethics application process began with team meetings between Tara Lewis and the research team to discuss the design, process, and expected outcomes. Since the research involved Aboriginal and Torres Strait Islander Peoples, a full ethics application was submitted through the Griffith University Human Research Ethics Application (HREA). Key resources, including BOOKLET 30 Griffith University Research Ethics Manual, AIATSIS Code of Ethics for Aboriginal and Torres Strait Islander Research, and Aboriginal Participatory Action Research: An Indigenous Research Methodology Strengthening Decolonisation and Social and Emotional Wellbeing, were used to incorporate the six core principles of Indigenous research throughout the project. Emma Hinze and Zheng Yen Ng drafted the application, which was then proofread and reviewed by David Trembath, Amy Fitzpatrick, Tara Lewis, and Libby Groves. After addressing feedback from the Griffith University Ethics Committee, Emma Hinze resubmitted the application, leading to full approval (#2024/595). This collaborative process ensured the research adhered to both institutional and cultural ethical standards.

Consent

Informed consent was obtained either during initial contact or at the beginning of the yarning sessions. Participants were informed of their rights, including their ability to withdraw at any time, and provided the option to allow their stories to be attributed to them if they choose.

Anticipated outcomes

The findings from the yarning sessions were anticipated to provide recommendations for the Framework, focusing on improving culturally responsive services for children with developmental concerns or disabilities. These recommendations were anticipated to be integrated into the final Framework, with the aim to support Indigenous families and allied health professionals in their practice.

Artwork

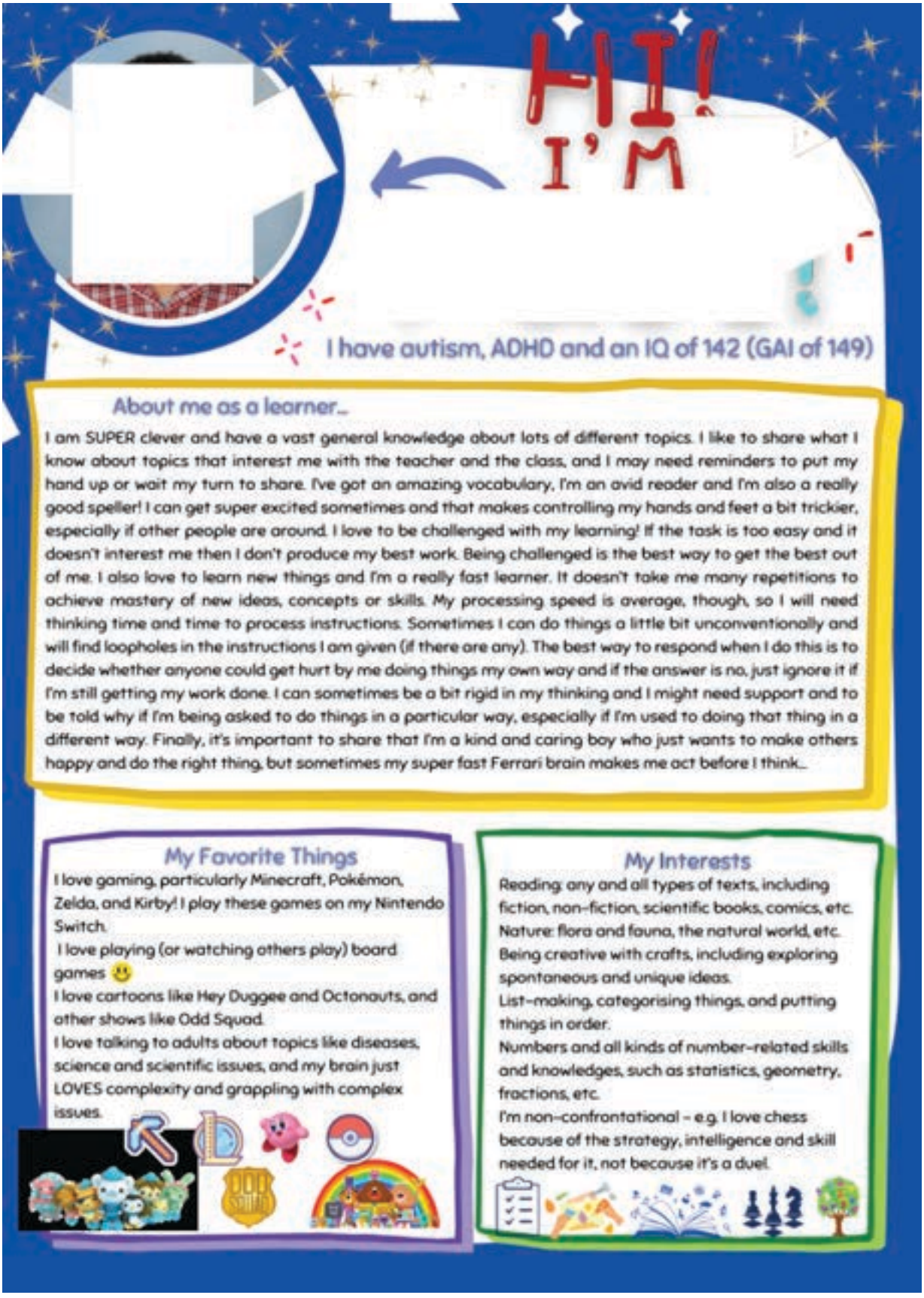
Community members were given the opportunity to upload artwork if preferred to accompany or replace a written survey response on a specific question or all questions of the survey. They were informed and provided consent for their piece of artwork to be used, for informing the development of the Framework and being reproduced in this final published document. Three community members sent in one piece of artwork which reflect their responses on all survey questions (and therefore across chapters in this Supporting Information document) around understanding children's strengths and support needs:

- How should we learn about children's strengths and needs?
- How should decisions be made about which needs are most important?
- How should this information be shared with other people?
- Why is it important to get the assessment right?

The accompanying response was added where this was provided, and the artworks have further been left here to interpret for oneself.

Artwork 1

Artwork 2


HI!
I'M
I have autism, ADHD and an IQ of 142 (GAI of 149)
About me as a learner...
I am SUPER clever and have a vast general knowledge about lots of different topics. I like to share what I know about topics that interest me with the teacher and the class, and I may need reminders to put my hand up or wait my turn to share. I've got an amazing vocabulary, I'm an avid reader and I'm also a really good speller! I can get super excited sometimes and that makes controlling my hands and feet a bit trickier, especially if other people are around. I love to be challenged with my learning! If the task is too easy and it doesn't interest me then I don't produce my best work. Being challenged is the best way to get the best out of me. I also love to learn new things and I'm a really fast learner. It doesn't take me many repetitions to achieve mastery of new ideas, concepts or skills. My processing speed is average, though, so I will need thinking time and time to process instructions. Sometimes I can do things a little bit unconventionally and will find loopholes in the instructions I am given (if there are any). The best way to respond when I do this is to decide whether anyone could get hurt by me doing things my own way and if the answer is no, just ignore it if I'm still getting my work done. I can sometimes be a bit rigid in my thinking and I might need support and to be told why if I'm being asked to do things in a particular way, especially if I'm used to doing that thing in a different way. Finally, it's important to share that I'm a kind and caring boy who just wants to make others happy and do the right thing, but sometimes my super fast Ferrari brain makes me act before I think...
My Favorite Things
I love gaming, particularly Minecraft, Pokémon, Zelda, and Kirby! I play these games on my Nintendo Switch.
I love playing (or watching others play) board games
I love cartoons like Hey Duggee and Octonauts, and other shows like Odd Squad.
I love talking to adults about topics like diseases, science and scientific issues, and my brain just LOVES complexity and grappling with complex issues.
My Interests
Reading: any and all types of texts, including fiction, non-fiction, scientific books, comics, etc.
Nature: flora and fauna, the natural world, etc.
Being creative with crafts, including exploring spontaneous and unique ideas.
List-making, categorising things, and putting things in order.
Numbers and all kinds of number-related skills and knowledges, such as statistics, geometry, fractions, etc.
I'm non-confrontational – e.g. I love chess because of the strategy, intelligence and skill needed for it, not because it's a duel.

Artwork 3

Survey response accompanying artwork: *"By asking them to share their story through words or pictures. My daughter's painting shows that she feels like she is so different to everyone else. She is black and white and the outside world is so colourful and she can't make sense of it. Sometimes she can't express her feelings in words but can express them well with art."* (Community member)

Guiding Principles

This chapter provides information about how the Framework Guiding Principles were developed. These principles provide professionals with an overarching approach that should be applied within their work with children and families across all stages of the process when assessing, differentiating, and communicating children's functional strengths and support needs. They are helpful to children and families, their supporters, and other interested stakeholders when making decisions about children's functional strengths and support needs and the services they access. Co-leads (Rachelle Wicks and Libby Groves) considered all information collected from research activities, online surveys, and Reference Group co-production in the development of the Guiding Principles, as well as input from the project team.

Framework question

Information regarding Guiding Principles was collected across research, community consultation and co-production activities to address the following Framework question:

What principles should guide assessment, differentiation, and reporting of children's functional strengths and support needs, in the age range of 0-12 years?

What information was considered?

Information related to Guiding Principles, what is considered best practice when working with children and families across the child health and wellbeing, education, and social welfare sectors, and what is important to children and families was gathered through the research and co-production activities.

Systematic review

No information was extracted from the documents of the systematic review of research literature as these did not yield any specific findings regarding Guiding Principles.

The principles were formulated using information obtained from the grey literature review, online community survey, and Reference Group through co-production activities and information sharing.

Grey literature review

Information regarding Guiding Principles and associated text was extracted from 36 of the 52 articles included in the grey literature search (listed below). Articles spanned across the education (*n* = 15), health and wellbeing (*n* = 12), and safety and welfare (*n* = 9) sectors and included guidelines, frameworks, policy documents, practice codes, handbooks and resources, action plans, research articles, implementation guides, and assessment protocols.

1. *Belonging, Being and Becoming: The Early Years Learning Framework for Australia* (Australian Government Department of Education, 2022)
2. *National Framework for Universal Child and Family Health Services: Vision, objectives and principles for universal child and family health services for all Australian children aged zero to eight years* (Australian Health Ministers' Advisory Council, 2011).
3. *My Time, Our Place: Framework for school aged care in Australia (V2)* (Australian Children's Education and Care Quality Authority [ACECQA], n.d.).
4. *Safe and supported: The National Framework for Protecting Australia's Children 2021-2023* (Australian Government Department of Social Services, 2021)
5. *What's the Nest? Exploring Australia's Wellbeing Framework for Children and Young People* (Australian Research Alliance for Children and Youth [ARACY], 2024)
6. *National Clinical Assessment Framework for Children and Young People in Out-of-Home Care* (OOHC) (Australian Government Department of Health and Aging, 2011).
7. *Working with Families with Disability: Supporting Good Practice* (ACT Government, 2020)
8. *Child Development in Queensland Hospital and Health Services: 2 Act Now for kids 2morrow: 2021 – 2030* (Queensland Health – Clinical Excellence Queensland, 2021)
9. *Victorian Early Years Learning and Development Framework* (Victorian Government Department of Education and Training, 2016).
10. *Practice Package Nursing and Health Care* (NSW Government – Family & Community Services: Ageing, Disability & Home Care, 2013).
11. *A Celebratory Approach to SEND Assessment in the Early Years* (Government of the United Kingdom Department of Education, 2018).
12. *Using Stakeholder Involvement, Expert Knowledge and Naturalistic Implementation to Co-Design a Complex Intervention to Support Children's Inclusion and Participation in Schools: The CIRCLE Framework* (Maciver et al., 2021).
13. *Statutory framework for the early years foundation stage: setting the standards for learning, development and care for children from birth to five* (Government of the United Kingdom Department of Education, 2017).
14. *Social Services and Well-being (Wales) Act 2014: Part 3 Code of Practice* (assessing the needs of individuals) (Welsh Government, 2014).

15. *Early identification, assessment of needs and intervention: The Common Assessment Framework for children and young people: A guide for managers* (Children's Workforce Development Council, 2009).

16. *Tameside Children's Needs Framework* (Tameside Safeguarding Children Board, 2006).

17. *A guide to Individual Assessment of Early Learning and Development (IAELD)* (Hertfordshire County Council – Children, Schools and Families, 2010).

18. *Threshold of need framework and guidance: Working together to meet the individual needs of children, young people and families* (Hull Safeguarding Children Board, 2018).

19. *NEST framework: If You Need To Know More* (NHS Wales Health Collaborative, 2021)

20. *Guidance on a common approach for professionals in Glasgow to assessment, planning and care management for children and young people* (Scottish Government, 2017).

21. *Children and Youth with Support Needs: Service Framework and Service Descriptions* (British Columbia: Ministry of Children and Family Development).

22. *Aboriginal Supported Child Development* (Gray Smith, 2010).

23. *SmartStart Hubs: connecting families with child development services. Policy and Practice Guidelines: Early Intervention and Special Needs Modernization* (Ministry of Children, Community and Social Services Ontario, 2022).

24. *Right time, right care: Strengthening Ontario's mental health and addictions system of care for children and young people* (Child and Youth Mental Health Lead Agency Consortium (LAC) and School Mental Health Ontario (SMH-ON), 2022).

25. *Inclusion and Intervention Plan Guidelines* (Saskatchewan Ministry of Education, 2017).

26. *Capable, confident, and curious: Nova Scotia's early learning curriculum framework* (Government of Nova Scotia Department of Education and Early Childhood Development, 2018).

27. *Needs assessment protocol developed and adapted to Greek context: Technical support on the deinstitutionalisation process in Greece* (European Association of Service Providers for persons with Disabilities [EASPD], 2021).

28. *Recommended Practices in Early Childhood Intervention: A guidebook for professionals* (European Association on Early Childhood Intervention, 2016).

29. *Framework for the Assessment of Vulnerable Children & their Families Assessment Tool and Practice Guidance* (Children's Research Centre Trinity College, 2006).

30. *Procedures used to Diagnose a Disability and to Assess Special Educational Needs: An International Review* (National Council for Special Education, 2010).

31. *An Evaluation of the Identification of Need (ION) Process in Sligo/Leitrim and Donegal* (Child and Family Research Centre, National University of Ireland, 2011).

32. *National core curriculum for early childhood education and care* (Finnish National Agency for Education, 2022).

33. *Draft Policy on Screening, Identification, Assessment and Support* (Republic of South Africa, Department of Basic Education, 2014).

34. *Oldham Refreshed Continuum of Need: Our Approach to Effective Support and Help Framework, for Children, Young People and Families in Oldham* (Oldham Safeguarding Partnership, 2021).

35. *National Curriculum Framework for Foundational Stage* (National Steering Committee for National Curriculum Frameworks, 2022).

36. *Aston Village Educate Together National School Support and Assessment Policy* (Aston Village Educate Together National School Support and Assessment Policy (Aston Village, n.d.).

Broader literature

Subsequent drafting of the Guiding Principles was further informed by review of a range of documents including international conventions (United Nations, 1989), Australian Federal and State Government policy, reviews, and requirements (e.g., Australian Human Rights Commission, 2024; Queensland Department of Children, Youth Justice and Multicultural Affairs, 2022; Queensland Government Queensland Health Department of Child Safety, Seniors and Disability Services, 2024; Health Interpreter Service, 2007; Victorian Government Department of Health., 2015; Victorian Inclusion Agency, 2023; 2024), academic and research literature (Blyton, 2022; Ng et al., 2021; Southgate Institute for Health, Society and Equality, 2019), World Health organisation policy and guidance (Solar & Irwin, 2010; World Health Organisation, 2024), community health organisations (Migrant and Refugee Women's Health Partnership, 2019), professional peak bodies (American Speech-Language-Hearing Association, 2024; Indigenous Allied Health Australia, 2024; Early Childhood Australia, 2016, 2022), and clinical guidelines (e.g., Goodall et al., 2023; Trembath et al., 2022).

Community and organisation views

In the first instance, members of the project team coded responses by individual community members to the survey question *"Why is it important to get the assessment right?"* according to (a) how one or more aspects of assessment, differentiation, or reporting should or should not happen; (b) how one or more aspects of assessment, differentiation, or reporting should or should not feel like for the child and/or family; and (c) what the outcomes of one or more aspects of assessment, differentiation, or reporting should or should not be. One of the co-leads (Libby Groves) then applied this process to responses provided for questions within the assessment, differentiation and reporting sections of the survey to identify any responses that related to principles. Coded responses were then collated into a table according to approach (what it should look like), experience (what it should feel like), and outcomes (what it should achieve), which enabled consistent themes to be identified and condensed into key overarching principles.

Responses provided by organisations were subsequently read by the section co-leads to identify (a) further evidence for the proposed principles ascertained via the co-production, research activities and community member survey responses and (b) any additional principles for consideration. Relevant organisation responses were then added where appropriate to the table of individual responses as per above.

Reference Group input

Representatives from peak body organisations, federal government departments and community-based organisations provided information regarding the frameworks, guidelines, and policy documents applicable within their profession/sector and the Guiding Principles that these documents prescribe as the foundation of professional practice. Reference Group Members were also encouraged to engage in the co-production process by sharing information about the principles that they considered should guide practice when assessing, differentiating and reporting children's functional strengths and support needs through a variety of modes during Reference Group meetings (verbal discussion, using the chat function in Teams) and/or via direct contact with the project team (email, verbal discussion via Teams). Input from the Reference Group regarding Guiding Principles was gathered across meetings 3 and 4, with one co-production point (CPP) posed for discussion in each meeting.

Co-production point 2

The aim of CPP2 was to hear the views of the Reference Group about what principles should underpin the Framework and guide professionals involved in the process of assessing, differentiating and reporting of children's functional strengths and support needs. Given the wide range of organisations within the Reference Group, CPP2 sought to explore what principles were particularly relevant to their organisations and the communities they represent and support. Gathering information about principles used across a range of professions and sectors ensured that the Framework is relevant more broadly and encompasses the intended scope. This was important because Guiding Principles provide a foundation for the Framework, and work across all aspects of assessment, differentiation, and reporting regardless of the sector it is used within. Research activities showed that existing frameworks and policy documents within the child health, education, safety and welfare, and wellbeing spaces share principles founded on United Nations Convention on the Rights of the Child ([UNCRC], United Nations, 1989) and person-centred practice, as well as principles that are more specific to a particular framework/sector. Given the systematic and grey literature reviews could not capture all relevant principles across professional groups and other organisations within and across these sectors, the Reference Group Members were ideally placed to share suggestions about what other information may be helpful.

Reference Group Members were asked to reflect on what Guiding Principles they believe should form the foundation for the Framework and why they are important. In small groups, Reference Group Members were encouraged to share 2-3 principles that are particularly important for guiding best policy and/or practice within their organisation/sector and discuss why they are important via talking or text functions. A word cloud consisting of principles from a range of foundational documents (e.g., United Nations Conventions on the Rights of the Child and People with Disability, United Nations, 2006), existing frameworks (e.g., Early Years Learning Framework, Australian Government Department of Education, 2022), and guidelines (e.g., National Guideline for the assessment and diagnosis of autism, Goodall et al., 2023) was compiled and displayed within each breakout room to facilitate discussion. Information shared by the Reference Group was collated to identify a small number of principles that should guide practice. Data were analysed and grouped according to three broad aspects of the process: (1) Approach (Principle: Responsive), (2) Experience (Principle: Respectful), and (3) Outcomes (Principle: Helpful). This draft conceptualisation was then shared with the Reference Group in meeting 4 for further discussion and feedback.

Co-production point 3

The aim of CPP3 was to obtain feedback from Reference Group Members about the draft principles that were distilled from the CCP2 group discussions. This was important to ensure that the Guiding Principles included in the draft Framework document and their presentation accurately reflected the views and perspectives shared by the Reference Group in the previous meeting. Reference Group Members shared a range of perspectives in meeting three regarding what principles should guide practice when working with children and families within the process of assessing, differentiating, and reporting functional strengths and support needs and why. CPP3 was designed to ensure that the section co-leads had understood the contributions of Reference Group Members and included these in a way that they considered appropriate and meaningful. Individual members were asked to reflect on the suggestions from the broader Reference Group in the previous meeting about what principles should guide practice and the draft Guiding Principles, and then consider whether they agreed or disagreed with what had been proposed, or if anything was missing. If members had any additional points that they did not get to discuss, they were encouraged to add these to the chat or contact members of the project team directly. After the meeting, feedback was collated, and amendments were made to the drafted Guiding Principles as follows. Members of the Reference Group voiced confusion regarding the three broad draft Guiding Principles proposed. The “Responsive” Principle was perceived as problematic, with broad consensus that further detail was required in terms of some of the abstract concepts included (e.g., universal inclusivity).

Conceptualisation of Guiding Principles using information across sources

Relevant data from the grey literature search and Reference Group co-production were added to the community survey matrix table and systematically categorised using the three proposed practice dimensions of assessment, differentiation, and reporting. This process resulted in a set of discrete principles emerging from the combined data that reflected principles of practice featured within existing conventions, frameworks, guidelines, and other policy-related documents. Taking this approach and re-conceptualising the Guiding Principles removed the complexity of the initial concept and addressed Reference Group member concerns. Principles that overlapped conceptually were then collated where appropriate via discussion and consensus within the project team.

What were the key findings?

Analysis of the combined information across sources resulted in the conceptualisation of six Guiding Principles that provide practitioners with a foundation for all aspects of their work with children and families throughout the process of assessing, differentiating and reporting children’s functional strengths and support needs.

Child- and family-centred

Child- and family-centred was the most frequently endorsed principle to emerge across information sources, with this approach forming the foundation for all frameworks, guidelines and policy documents identified in the grey literature search as including principles. This principle was shown to be multi-facetted and underpinned by a child's rights approach (United Nations, 1989).
Key aspects include respecting the child, working in partnership with families, and using a holistic, strengths-based, affirming approach.

> *"Hubs will engage meaningfully with children and families by recognizing that families are the experts on their children's abilities and needs and by working with families in active partnership to help them make informed decisions about the services and supports the child and family receive. In family-centred service, the strengths and needs of all family members are considered, and services are planned for and provided in a respectful, empathic and culturally responsive manner." (SmartStart Hubs Policy and Practice Guidelines: Early Intervention and Special Needs Modernization, Ministry of Children, Community and Social Services Ontario, 2022)*

A child- and family-centred approach to assessing, differentiating, and reporting children's functional strengths and support needs positions *the child at the centre* (Goodhue et al., 2021) of the process. Key to this approach is: *recognising children and families as experts in their own situations and then assisting them to identify their needs and ways of meeting them"* (Child and Family Research Centre, 2011). This is achieved by *building and maintaining authentic relationships based on trust* (Australian Government Department of Education, 2022) and *working with families in active partnership to help them make informed decisions about the services and supports the child and family receive* through *a negotiated care process* (Reference Group member). Professionals should work in ways that respect the rights of the child by "*ensuring that children express their views and contribute to decisions that affect them, including children who are not able to communicate with words* (Victorian Government Department of Education and Training, 2016).

> *"Experienced professionals can spend time with the child and in consultation with parents and caregivers come to a collaborative description of the child's strengths and needs." (Community member)*

> *Partnerships with families and communities support shared responsibility for children's learning, development and wellbeing. (Early Childhood Australia, 2022)*

> *"Asking children directly about their strengths and needs is always the best start. If a child is unable to communicate this to you in a way that you can easily understand, or is still learning to communicate their thoughts, feelings and desires, they will require more time and repeated opportunities to share their ideas in a genuine and meaningful way." (Community member)*

This can be achieved by *"asking them directly to identify strengths and support needs that are relevant, meaningful [to them] and interest inclusive"* (School institution) and facilitating opportunities for *"childhood experiences that optimise the child's ability to lead a safe and meaningful life"* (Community member). Doing so allows for "*an individualised and thorough understanding of the child and family that can be used to guide support and intervention that is respectful, client centred, appropriate, and matches their values and priorities"* (Community member).

> *"Use methods that really see me and my needs and through those who know me best – myself, my parents, those who have supported me for a period of time. Then check that it is right to ensure that it is from my lens and not someone else's lens." (Community member)*

A child- and family-centred approach involves taking a holistic perspective to understanding the child, their family, their culture, and context. It acknowledges, respects, and affirms the complexity and intersectionalities that exist 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 determinants of health and wellbeing. Professionals should build an understanding of the whole child using *assessment tools and techniques that are appropriate and meet the child and family's needs.* Information should be gathered across life contexts, including the role of extended family and community in the child's life, *create a holistic picture of each child's functional strengths, support needs, interests, preferences, understandings, and capabilities* (Victorian Government Department of Education and Training, 2016).

> *"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)*

Culturally responsive

Information from the grey literature review, online survey organisation responses, and Reference Group showed that the need for a culturally responsive approach to working with children and families is a key priority across the health, education, wellbeing and welfare sectors. This priority is reflected in the inclusion of cultural responsiveness/cultural safety as principles in existing frameworks, guidelines, action plans and policy within Australia and internationally (e.g., Belonging, Being and Becoming: The Early Years Learning Framework for Australia, Australian Government Department of Education, 2022), National Guideline for the assessment and diagnosis of autism in Australia (Goodall et al., 2023), National Guideline for supporting the learning, participation and wellbeing of autistic children and their families in Australia (Trembath et al., 2022), Australia's wellbeing framework for children and young people (Goodhue et al., 2021), National Clinical Assessment Framework for Children and Young People in Out-of-Home Care (Australian Government Department of Health and Aging, 2011), Safe and supported: The National Framework for Protecting Australia's Children 2021-2023 (Australian Government Department of Social Services, 2021), Aboriginal supported child development (Gray Smith, 2010), SmartStart Hubs Policy and Practice Guidelines: Early Intervention and Special Needs Modernization (Ministry of Children, Community and Social Services Ontario, 2022), Right time, right care: Strengthening Ontario's mental health and addictions system of care for children and young people (Child and Youth Mental Health Lead Agency Consortium (LAC) and School Mental Health Ontario (SMH-ON), 2022), Policy on Screening, Identification, Assessment and Support (Republic of South Africa Department of Basic Education, 2014). Guidance for working with children and families from culturally and linguistically diverse (CALD) backgrounds was also highlighted in several documents (e.g., Culturally Responsive Clinical Practice Framework, Migrant and Refugee Women's Health Partnership, 2019), Queensland Multicultural Action Plan (Queensland Government Department of Children, Youth Justice and Multicultural Affairs, 2022), Queensland Health interpreter policies (Queensland Health Interpreter Service, 2007), Cultural diversity – awareness and inclusion tips (Victorian Government Department of Health, 2015).

Note the term 'CALD' can be contentious or perceived as othering people but it is used here as it is the known term in government documents and in the field, and there is no alternative term agreed upon yet.

Practitioners should acknowledge and respect the values, knowledge, preferences, and cultural perspectives of the child and family, and reflect on their own cultural knowledge and competency in delivering services. (National Guideline for supporting the learning, participation and wellbeing of autistic children and their families in Australia, Trembath et al., 2022)

SmartStart Hubs will support families in a way that is culturally safe, responsive and promotes equity, anti-racism and anti-oppression. To promote cultural safety and humility in the service system, Hubs will develop approaches to promote respectful engagement that recognizes and strives to address power imbalances between service providers and families. Cultural responsiveness recognizes the importance of including families' cultural contexts in service provision (SmartStart Hubs Policy and Practice Guidelines: Early Intervention and Special Needs Modernization, Ministry of Children, Community and Social Services Ontario, 2022)

Cultural responsiveness positions cultural safety firmly at the heart of all interactions with children, their family and their community (Indigenous Allied Health Australia [IAHA], 2019) and is a critical component of practice for all professionals that seek to help children and families both directly and indirectly. Being culturally responsive forms part of a dynamic, ongoing process and way of being (American Speech-Language-Hearing Association [ASHA], 2024). The process requires professionals to reflect on their own cultural knowledge and biases (Goodall et al., 2023) and be open to the diverse and intersecting cultural characteristics and ways of being of the children and families they work with and the communities they belong to.

"Practitioners reflecting on their personal biases and beliefs." (Reference Group member)

Culturally responsive service delivery fosters the ability of professionals to respond to the cultural and linguistic diversity of the children and families they work with. Differences in language and communication styles, family dynamics, and attitudes towards health, disability and the provision of services and supports are all important factors to reflect upon to ensure the delivery of individualised care. This includes consideration of language barriers and taking collaborative steps with the child and family to facilitate communication accessibility using strategies such as a professional interpreter, seeking out language-appropriate information and assessment resources to share with the family (or strategies they can use in their home language), and professionals personalising their interpersonal communication approach to the needs of the child and family (e.g., use of some home language words can show value and respect towards the family and language, Ng et al., 2021).

"The family involvement, as I mentioned, the area is very, very important for some cultures and the decision making and supporting the whole family as a unit and understanding them is important for accessibility." (Reference Group member)

When professionals work in culturally responsive ways, they approach the process with the intention of honouring the cultural knowledge, beliefs, customs, values, preferences, and needs of children and families and seek out further knowledge themselves when necessary and/or appropriate. This enables them to interact safely and effectively with First Nations children and families and those from CALD backgrounds, while respecting the role of extended family and community.

Practitioners value the culturally specific knowledge about children and their identity, wellbeing, learning and development that is embedded in their communities. (The Victorian Early Years Learning and Development Framework, Victorian Government Department of Education and Training, 2016)

"Families being culturally understood and culturally safe due to the cultural competence of the practitioner." (Reference Group member)

"Acknowledging, understanding, and respecting the centrality of culture for CALD families and communities." (Reference Group member)

"It is incredibly important to understand and address the functional strengths and support needs of First Nations young people. When we recognise their strengths, it boosts their confidence and resilience, helping them thrive. By addressing their support needs, we can provide the necessary assistance for them to reach their full potential. For families, this understanding can lead to improved dynamics, reduced stress, and better support for their child. It empowers families and helps them feel more confident in their caregiving role. Professionals benefit from this understanding too. It allows them to develop effective strategies, build strong relationships with the child and family, and collaborate well with other professionals. Governments also benefit by informing policies and allocating resources more effectively. This leads to the development of targeted programs and services that cater to the specific needs of First Nations children and families. Overall, getting the functional strengths and support needs right for First Nations young people is crucial for their well-being, family support, professional effectiveness, and informed governance. It's about creating better outcomes for these young people and building stronger, more resilient communities." (Professional organisation)

A culturally responsive approach recognises the social determinants that influence health and wellbeing outcomes at an individual, family, and community level and create (and perpetuate) health inequality for marginalised groups (Southgate Institute for Health, Society and Equity, 2019; Solar & Erwin, 2010). These determinants include factors such as income and social protection, access to affordable health services of decent quality, education, the distribution of power and resources, early childhood development, and social inclusion and non-discrimination (World Health Organisation, 2024). When working with First Nations Peoples and those from migrant, refugee and asylum seeker backgrounds, professionals should also be mindful of additional historical and cultural determinants of health imposed upon children, families, and communities, and the enduring impact of factors such as individual and institutionalised racism, trauma that is both individualised and intergenerational, and disconnection from kin and country on their current experience.

"We need to look at the historical aspects as well, the historical determinants of health too. So, we need to look at those past policies [and] current policies as well. Invasion, settler colonialism, and the invisibility of First Nations people. So, when we talk about culture, which I think is really important, we need to define that means as well because when we talk about culture, when we talk about inclusive for everybody, Aboriginal people still remain invisible…we also need to ensure that First Nations peoples are being heard as well, and those historical determinants of health and the cultural determinants of health are really important." (Reference Group member)

It is important to ensure that services and providers reflect the linguistic and cultural diversity of children and young people in their communities. It is important to understand intergenerational trauma as well as the impact of systemic racism on children, young people and families (Right time, right care: Strengthening Ontario's mental health and addictions system of care for children and young people, Child and Youth Mental Health Lead Agency Consortium (LAC) and School Mental Health Ontario (SMH-ON), 2022)

A culturally responsive approach acknowledges the disadvantage and additional barriers to accessing appropriate services and support experienced by Aboriginal and Torres Strait Islander children, families and communities due to the enduring impacts of colonisation, particularly those in rural and remote areas. When working in culturally responsive ways, professionals actively build on protective factors such as connectedness to community, culture, kin, and Country in culturally appropriate ways that meet the needs of children and families.

> *"When we think about cultural responsiveness, when we're thinking about responsiveness, we really centre culture for having that centrality of culture as well and valuing the unique lens that people have toward their health and wellbeing is really important." (Reference Group member)*

> *Service design and delivery is innovative and is informed by and is responsive to the social determinants of health, paying particular attention to the needs of Aboriginal and Torres Strait Islander children, families and communities (National Framework for Universal Child and Family Health Services (Australian Health Ministry's Advisory Council, 2011)*

Evidence-based

Evidence-based approaches were shown to be a key component of practice when working with children and families across the health and wellbeing, education, and social welfare sectors. This is emphasised by the inclusion of "evidence-based" as a Guiding Principle in various existing frameworks, practice guidelines, and policy both within Australia (e.g., Safe and supported: The National Framework for protecting Australia's children 2021-2023 (Australian Government Department of Social Services, 2021), National Framework for Universal Child and Family Health Services (Australian Health Ministers' Advisory Council, 2011), Belonging, Being and Becoming: The Early Years Learning Framework for Australia (Australian Government Department of Education, 2022), National Guideline for the assessment and diagnosis of autism in Australia (Goodall et al., 2023), National Guideline for supporting the learning, participation and wellbeing of autistic children and their families in Australia (Trembath et al., 2022); Australia's wellbeing framework for children and young people (Goodhue et al., 2021) and internationally (e.g., Threshold of Need framework and guidance (Hull Safeguarding Children Board, 2018), The Common Assessment Framework for children and young people (Children's Workforce Development Council, 2009).

> *Assessment and diagnostic practices should reflect the best available evidence from research, evidence from clinical practice and lived experience, and the client's preferences and priorities. (National Guideline for the assessment and diagnosis of autism in Australia)*

> *A long-term, evidence-informed approach; recognising there is no quick fix for the complex issues facing children and young people, adopting long-term views, strategies, monitoring and evaluation processes (Australia's wellbeing framework for children and young people)*

> *Excellence in practice and policy development, based on evidence, data and information sharing (Safe and supported: The National Framework for protecting Australia's children 2021-2023)*

The information gathered via the research, consultation and Reference Group co-production activities emphasised that professionals across sectors should use an evidence based, critically reflective approach when working with children and families (Australian Government Department of Education, 2022; Children's Research Centre Trinity College, 2006; Department of Education and Training, 2016). This means that the approaches, decisions, and recommendations that professionals make must reflect the best available research evidence, professional expertise, and the lived expertise/experience

and preferences of the child and family to inform an understanding of their unique characteristics, context, needs, and values (Queensland Government Queensland Health, 2021; Trembath et al., 2023; Whitehouse et al., 2018).

> *Services reflect the best evidence or harness practice wisdom where evidence is not available. (National Framework for Universal Child and Family Health Services [Australian Health Ministers' Advisory Council, 2011])*

> *Clinical decision making is to be based on the best available research evidence synthesised with clinical expertise and an individualised understanding of a client's characteristics, values, and context. (Child Development in Queensland Hospital and Health Services, Queensland Government Queensland Health, 2021, p. 56)*

> *"Negotiated care to determine the best outcome for the child and family – balancing practitioner expert knowledge and what will meet the family's needs." (Reference Group member)*

Discussions and decisions about how to best meet their needs and who is best placed to do so should be based on *a clear understanding of the strengths and needs of the whole family; the views of children and understanding of the child's lived experience; and informed, evidence based professional judgements* (Hull Safeguarding Children Board, 2018). Professionals should work in ways that balance their expert knowledge with the family's preferences and needs to determine the best outcome for the child and family.

> *"Ask family, teachers, allied health staff who have seen the child regularly and who have completed evidence-based assessments or developmental Paediatricians with expertise to assess the needs of children." (Community member)*

> *"Respecting the expert knowledge of both families and practitioners." (Reference Group member)*

> *"It's about a relationship with the person that comes to see you. And as with any relationship, that needs to encompass respect and for each person's expertise, the parent, as the experts in the child and the practitioner is the expert perhaps in the evidence base. So, it's how do we bring those two things together so that it's a working relationship where you can work out these tricky things?" (Reference Group member)*

Information should be gathered using formal and informal measures that assess the child's functional strengths and support needs and/or distinguish the types of supports they need. Informal assessment tools should be used where appropriate to accommodate the child's communication, physical, sensory, and cultural needs (e.g., Aboriginal and Torres Strait Islander background and/or from other CALD communities).

> *"Listen to them, play with them, follow their lead, build trust and a safe space with them, talk to their parents, teachers, caregivers and support people, observe them in different life contexts, use formal and informal assessment tools, provide access to accommodations and adaptations" (Community member)*

> *"Using reliable and valid measures that assess and provide accurate information about the child's functional strengths and support needs and/or distinguish what kinds of supports they need." (Reference Group member)*

> *"Using culturally appropriate approaches and tools when working with First Nations and families from CALD communities." (Reference Group member)*

Inclusive

Review of the information that was gathered highlighted the importance of having an inclusive approach when working with children and families across the health and wellbeing, education, and social welfare sectors. The practice of inclusion and respect for diversity was noted as important by members of the Reference Group, as well as individuals and organisations who contributed their views via the online survey. This sentiment was also mirrored across multiple documents sourced through the grey literature review, with inclusion, respect for diversity, protection from discrimination and other related concepts featuring as a Guiding Principle or key values (e.g., Belonging, Being and Becoming: The Early Years Learning Framework for Australia (Australian Government Department of Education, 2022), National core curriculum for early childhood education and care (Finnish National Agency for Education, 2022), National Framework for Universal Child and Family Health Services (Australian Health Ministers' Advisory Council, 2011), National Clinical Assessment Framework for Children and Young People in Out-of-Home Care (Australian Government Department of Health and Aging, 2011), A guide to Individual Assessment of Early Learning and Development (Hertfordshire County Council – Children, Schools and Families, 2010), Safe and supported: The National Framework for protecting Australia's children 2021-2023 (Australian Government Department of Social Services, 2021), Aboriginal supported child development (Gray Smith, 2010); Framework for the Assessment of Vulnerable Children & their Families: Assessment Tool and Practice Guidance (Children's Research Centre Trinity College, 2006), Capable, Confident, and Curious: Nova Scotia's Early Learning Curriculum Framework (Government of Nova Scotia Department of Education and Early Childhood Development, Nova Scotia, 2018).

> *Assessments should be inclusive and recognise the individual needs of all children irrespective of age, gender, ethnicity and disability (Framework for the Assessment of Vulnerable Children & their Families: Assessment Tool and Practice Guidance, Children's Research Centre Trinity College, 2006)*
>
> *The Framework should have universal application to all children and young people in OOHC whilst maintaining sensitivity to the diversity and potentially complex needs of different populations. (National Clinical Assessment Framework for Children and Young People in Out-of-Home Care; Australian Government Department of Health and Aging, 2011)*
>
> *Inclusion is a basic human right, an ethical obligation and a legislative requirement (Early Childhood Australia, 2016).*

In line with the United Nations Convention on the Rights of the Child (1989), an inclusive approach strives to ensure that every child has access to care and supports *"irrespective of … race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status".* As such, an inclusive approach respects the right of all children and families to receive quality services delivered by professionals who acknowledge and understand their individual diversity and needs. This is reflected by professionals working in ways that are non-discriminatory, value and foster the diversity of the families and communities they work with, and promote full inclusion in the assessment, differentiation and reporting process for all children and families. Doing so contributes to fostering an environment where all children and families feel welcomed, respected, and truly seen and listened to. For example, professionals having understanding of circumstances whereby children may be excluded, under-represented, or unable to access the services and supports they need to participate fully and meaningfully in their life contexts, and actively working to address these barriers where it is feasible and appropriate (Early Childhood Australia, 2022). Being inclusive also involves being mindful to use respectful and informed language, with an understanding that the words they use can influence a child's sense of self and their experience of the world as well as impact their family's sense

of safety and trust in those they seek help from (Victorian Inclusion Agency, 2024). Resources such as the Victorian Inclusion Agency (2023) Inclusive Practice Checklist and The Kids Research Institute Australia's (formerly known as Telethon Kids Institute) (2022) Inclusive Language Guide are available to provide guidance and improve that ways that professionals approach their work with children and families to foster a truly inclusive, safe experience for those in their care.

> *The diversity of Australian families and communities is valued, and services are sensitive and responsive to family, cultural, ethnic, and socioeconomic diversity (National Framework for Universal Child and Family Health Services, Australian Health Ministers' Advisory Council, 2011).*
>
> *Inclusive practice ensured services create environments that make all feel safe and welcome. Health professionals are knowledgeable and respectful of diversity and provide services in flexible ways that are responsive to each family's cultural, racial, language, and social characteristics problems (Child Development in Queensland Hospitals and Health Services, Queensland Government Queensland Health, 2021)*
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> *Educators recognise that diversity contributes to the richness of our society and provides a valid evidence base about ways of knowing (Early Years Learning Framework, Australian Government Department of Education, 2022)*

Equitable

Consensus was found across all information sources regarding the importance of an equitable approach to working with children and families so that all children and families have access to the services and care they need, and information is communicated in ways that are clear and accessible. Seventeen of the 32 documents obtained in the grey literature review included mention of equity within their Guiding Principles in terms of promoting accessibility, the timeliness of access, and equal opportunity, indicating that this principle is foundational across the globe when working with children and families (e.g., Belonging, Being and Becoming: The Early Years Learning Framework for Australia (Australian Government Department of Education, 2022), National Guideline for the assessment and diagnosis of autism in Australia (Goodall et al., 2023), National core curriculum for early childhood education and care (Finnish National Agency for Education, 2022), National Framework for Universal Child and Family Health Services (Australian Health Ministers' Advisory Council, 2011), National Clinical Assessment Framework for Children and Young People in Out-of-Home Care (Australian Government Department of Health and Aging, 2011), Child Development in Queensland Hospital and Health Services (Queensland Government Queensland Health, 2021), A guide to Individual Assessment of Early Learning and Development (Hertfordshire County Council - Children, Schools and Families, 2010), Safe and supported: The National Framework for Protecting Australia's Children 2021-2023 (Australian Government Department of Social Services, 2021), Victorian Early Years Learning and Development Framework (Victorian Government Department of Education and Training, 2016), Aboriginal Supported Child Development (Gray Smith, 2010), SmartStart Hubs Policy and Practice Guidelines: Early Intervention and Special Needs Modernization (Ministry of Children, Community and Social Services Ontario, 2022), Right time, right care: Strengthening Ontario's mental health and addictions system of care for children and young people (School and Community System of Care Collaborative, 2022), Capable, Confident, and Curious: Nova Scotia's Early Learning Curriculum Framework (Government of Nova Scotia Department of Education and Early Childhood Development, 2018), National Curriculum Framework for Foundational Stage (National Steering Committee for National Curriculum Frameworks, 2022).

> *It is important to acknowledge barriers to care, including cost and confidentiality of services (Right time, right care: Strengthening Ontario's mental health and addictions system of care for children and young people, Child and Youth Mental Health Lead Agency Consortium (LAC) and School Mental Health Ontario (SMH-ON), 2022)*

Equity and equality of opportunity and access to quality services and care are related core tenants of practice across the health and wellbeing, education and social welfare sectors in Australia and other countries around the world. While equality acknowledges that all people should be valued and have equal rights, including equal access to quality services that meet their needs, equity recognises that everyone should also be able to achieve optimum outcomes from the services and care they receive and that some people may need additional help to overcome barriers to this happening due to a range of social determinants that are unique to their life experience (Australian Human Rights Commission, 2024).

> *"Decisions should be made based on the idea that all children should have access to the same opportunities, not tokenistic provision of support to achieve the most minimal of goals." (Community member)*

> *"currently level of service and relevance is linked to person's ability to advocate for themself, this is unfair as it leaves the most disadvantaged behind. the process should be uniform for all and more equitable" (Community member)*

Several documents highlighted the overlapping, interrelated nature of equity, equality, diversity, and inclusion and combined these concepts in various ways within a single principle, while others included one or more as separate principles. For example, the Early Years Learning Framework (Australian Government Department of Education, 2022) principles of 'respect for diversity', and 'equity, inclusion and high expectations' direct early childhood educators to *recognise and respond to barriers to children achieving educational success, challenge practices that contribute to inequities, promote inclusion and participation of all children* and *take action to redress unfairness*. The National Framework for Universal Child and Family Health Services (Australian Health Ministers' Advisory Council, 2011) prescribes that services *are universally available, and accessible for all children and families (Access), delivered flexibly how and where the family needs these (Access),* and *seek to reduce inequalities between population groups (Equity).* Given the related nature of these concepts in terms of policy and service provision, information related to equality (e.g., of access), the timeliness of access to services, and equity of service provision was collated under the principle 'Equitable', while 'Inclusion' was made a principle in its own right to capture the nuanced importance of both while minimising complexity.

> *All individuals should have access to timely and affordable assessment and diagnostic services regardless of who they are, where they live, or their resources. (Equity Principle - National Guideline for the assessment and diagnosis of autism in Australia [Goodall et al., 2023])*

Equity of access was highlighted in terms of broader accessibility to services where and when they are needed and within the process of assessment, differentiation and reporting itself, with community members sharing their perspective that the *process should be uniform for all and more equitable*. Specific priority was identified for children and families living in rural and remote areas, where accessibility to professionals and services is impacted due to limited numbers of professionals and subsequent limits on availability and other resource constrains. It was noted by community members that this also results in increased waiting times and children and families needing to travel long distances to access the professionals and services they need.

"Families have access to quality assessment and support services regardless of where they live, with access via telehealth provided in rural/remote areas." (Reference Group member)

"In Australia, families often have to travel long distances to access services." (Community member)

"Ensuring that families in rural and remote areas can access sustainable and flexible assessment services." (Community member)

Members of the community, organisations and Reference Group also highlighted that equitable service provision actively acknowledges and accommodates any additional needs of children and families that pose as potential barriers and facilitates the implementation of strategies to enhance access. Strategies may include augmentative and alternative communication (AAC) options and increasing language access, which from the research literature could include an interpreter for sign/spoken language, a translator for written materials, and Easy English resources, or involving cultural capability/liaison officers.

"Ensure that [sic] services are accessible to people from diverse cultural backgrounds. This includes linguistic accessibility, with services provided in the preferred language of the individual and their family, and physical accessibility to services." (Reference Group member)

"The assessment process should be accessible to all, with documentation in easy read or other format and communication support as appropriate to the needs of the individual whose needs are being assessed." (Social Services and Well-being (Wales) Act: Part 3 Code of Practice, assessing the needs of individuals, Welsh Government, 2014)

Reference Group and community members also emphasised the importance of being mindful that the approach used should be fit for the local situation in terms of available resources while accommodating any additional needs as best as possible.

"Responsiveness in those words that would be some sort of acknowledgement of its fit for purpose, or it's fit for the local situation, that not everyone, not everywhere has a paediatrician. Not everywhere has a physiotherapist, so it needs to be captured in some way, that consideration about rural remote or available resources." (Reference Group member)

"If there is no available service then consideration of what services are available should be taken into account so that support may be provided in a different or alternative way. For example, some OTs or a singing teacher might be able to assist instead." (Community member)

"We're wanting a high-quality intervention, but we're balance that with the cost and the accessibility of it. 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. So, I think when we think about quality, we've got to think about how people can access that and how we optimise the quality for a given person." (Reference Group member)

Coordinated

A coordinated approach to service provision was highlighted as an essential component of best practice across all sectors involved in the care and support of children and families. The need for professionals to actively work in a coordinated way to provide integrated care that collectively meets the child and family's individual needs and reduces the burden of information sharing and coordination was noted as a key approach across information sources. The importance of professionals working together to coordinate service provision and care was reflected across existing frameworks, guidelines, and other policy documents as a guiding principle or a priority area in terms of *collaborative leadership and teamwork* (Belonging, Being and Becoming: The Early Years Learning Framework for Australia (Australian Government Department of Education, 2022]), *collectively using shared outcomes frameworks* (Australia's Wellbeing Framework for Children and Young People (Goodhue et al., 2021), an *inter-agency approach to assessment and the provision of service* (Social Services and Well-being (Wales) Act: Part 3 Code of Practice (assessing the needs of individual; Welsh Government, 2014), *continuity of services and care* (National Framework for Universal Child and Family Health Services (Australian Health Ministers' Advisory Council, 2011), *interprofessional and transdisciplinary care* (Child Development in Queensland Hospital and Health Services (Queensland Government Queensland Health, 2021), *excellence in practice and policy development, based on evidence, data and information sharing* (Safe and supported: The National Framework for Protecting Australia's Children 2021-2023 (Australian Government Department of Social Services, 2021), *partnerships with professionals* (Victorian Early Years Learning and Development Framework (Victorian Government Department of Education and Training, 2016), *a unified approach to identifying concerns, assessing needs, agreeing actions and outcomes, co-ordinated through planning meetings* (Guidance on a common approach for professionals in Glasgow to assessment, planning and care management for children and young people (Getting it right for every child, Scottish Government, 2017), and *nurturing a collaborative culture of shared responsibility* (Inclusion and Intervention Plan Guidelines (Saskatchewan Ministry of Education, 2017).

> *The best outcomes will be developed, monitored and sustained through active collaboration between local schools, community-based services and children, young people and families (Right time, right care: Strengthening Ontario's mental health and addictions system of care for children and young people (Child and Youth Mental Health Lead Agency Consortium (LAC) and School Mental Health Ontario (SMH-ON), 2022)*

> *Practitioners should work in a coordinated way with other service providers to improve access and reduce burden on the client. (National Guideline for the assessment and diagnosis of autism in Australia, Goodall et al., 2023)*

> *Multi-disciplinary practice is fundamental and an irreducible element of good practice (Framework for the Assessment of Vulnerable Children & their Families Assessment Tool and Practice Guidance, Children's Research Centre Trinity College, 2006)*

The importance of coordinated practice between professionals and service providers within and across sectors was mirrored in the perspectives of community members and organisations, with emphasis placed on *reaching agreement across supporting agencies/people – so as a group they move in a common direction at a common pace* (School Institution).

> *"Multidisciplinary team involvement is essential to ensuring patients receive the best and most effective outcomes from their care. Communication about goals and an understanding of multidisciplinary team member roles and responsibilities are important for this to occur." (Professional organisation)*

Particular note was made regarding both the benefits of a coordinated approach and challenges that arise when communication does not occur between professionals and service systems or is poorly managed.

> *"Speaking in a common language to other health professionals is important to maintain consistency of care." (Community member)*

> *"A clear understanding of a child's strengths and needs facilitates better collaboration among professionals from different disciplines, leading to a more cohesive and comprehensive support approach." (Community organisation)*

> *"For professionals, accurate identification supports facilitates collaboration among healthcare providers, educators, and other professionals involved in the child's care. Professionals can work together more effectively to address the child's diverse needs." (Community organisation)*

> *"Currently various assessments can take place, with various professionals, and whilst the information may be meaningful, there is no one pulling this together to 'tell a story' with this person about their strengths and needs. This can create duplication and fragmentation of services and a person feeling misunderstood." (Community member)*

> *"If we don't communicate across providers then responses are not coordinated, which reduces the effectiveness of therapy and supports aimed at achieving those goals. Duplication wastes resources." (Government service)*

Reference Group Members echoed these perspectives and emphasised the importance of children and families "*not having to retell their story and their needs every time they meet a new person in the team* and *ensuring that everyone involved knows the pathway and what the next steps are"*.

> *"The capacity to tell their story once meant that everybody got the same information on the same time at the same day, and they didn't forget things because they were so tired." (Reference Group member)*

Members discussed that professionals utilising a transdisciplinary approach was a key principle for working with children who had a range of needs and their family and reflected that coordination within this approach "*is the responsibility of the system and the healthcare system, not the responsibility of the parents".* Instead, "*we've turned every parent into a case manager"* which is "*creating inequity between different children"* depending on their parent/caregiver's ability and capacity to advocate for and coordinate the services their child requires.

> *"Systems aren't talking to each other, so that's a principle that we want to make sure that their journeys are carefully considered; that it's in the best interest of the child as well as the parent and their communities." (Reference Group member).*

These observations were followed by suggestions on how to improve coordination, particularly in terms of information sharing between professionals and across sectors, that reduce the burden on children and families to repeat information and shift responsibility to the systems of care they are utilising.

> *"If there was a central database for reports and assessments that professionals and parents could access and add notes too it would be so useful. Even to refresh the parents mind around what has already been discussed and assessed." (Community member)*

"Establishment of a centralised record-keeping system to facilitate better collaboration and transparency regarding the child's strengths and needs among all involved parties. Such a system would enable more efficient sharing of information and coordination of care, ultimately leading to more effective support for the child." (Community organisation)

Assessing children's functional strengths and support needs

This chapter sets out how the Assessment Section of the Framework was developed. Co-leads (Kiah Evans and Nicole Dargue) drew upon results gathered from the systematic and grey literature review, online community survey, Reference Group consultation, the broader literature, discussions with the broader research team, and their own knowledge and skills.

Framework question

Information regarding assessment was collected across research and co-production activities to address the following Framework questions:

How should children's functional strengths and support needs be assessed?

1. *What approach should be used?*
2. *What information is most critical?*

What information was considered?

Information relating to the assessment of children's functional strengths and support needs was gathered through the research and co-production activities. As such, the Assessment Section was formulated using information obtained from the systematic review, grey literature review, community survey, and Reference Group through the co-production activities and information sharing.

Aims and methods related to the Assessment Section for the research review, grey literature review, community consultation, and co-production activities are outlined below:

Systematic review

Information regarding assessment and associated text was extracted from all 3 research articles included in the systematic review. Articles, originating in Taiwan (n = 2) and the United States (n = 1), related to the assessment of school activity performance (n = 1), assessment of functional independence (n = 1), and the support needs assessment and problem-solving process more broadly (n = 1).

Grey literature review

Information regarding assessment and associated text was extracted from 43 of the 52 articles included in the grey literature search. Articles spanned across the education (*n* = 24), health and wellbeing (*n* = 15), and safety and welfare (*n* = 4) sectors and included guidelines, frameworks, policy documents, reports, practice codes, handbooks and resources, research articles, and assessment protocols.

Broader literature

Further information regarding assessments was gathered from 31 resources suggested by Reference Group Members, co-leads, and the broader research team. This included three frameworks, one book, 13 journal articles, and 14 web resources (including assessment tools). Information from the broader literature was utilised to refine definitions, suitable approaches, and the scope of critical information to assess.

Community views

Individual responses from the community survey statements, *"Please provide your views about how we could/should learn about children's strengths and needs"* and *"Please provide your child/young person/adult's views about how we could/should learn about children's strengths and needs"* were systematically organised into groups according to approach used, critical information, available tools, competencies required of involved professionals, safeguarding practices, and how such information might be missed in current practice by members of the research team.

Two members (Kiah Evans and Nicole Dargue) of the research team read all responses separately to identify key concepts and words. Key concepts and words were then compared, and differences discussed until consensus was reached.

Organisation views

Organisation responses were systematically grouped according to principles, assessment, differentiation, and reporting by a member of the project team (Emma Hinze). After these responses were organised and grouped, a co-lead of this chapter and a member of the project team (Nicole Dargue and Zheng Yen Ng) constructed key concepts and extracted quotes to exemplify the concepts around assessment. Key concepts and quotes were then reviewed by the other co-lead of this chapter (Kiah Evans) and the broader project team.

Reference Group input

Input from the Reference Group regarding assessment was gathered using two CPPs (4 and 5) for meeting 5 and these were revisited in meetings 6 and 7.

Co-production point 4

CPP4 asked 'How could/should we define 'functional strengths' and 'functional support needs' in the Framework?' A clear definition of functional strengths and functional support needs relevant to the Australian context is essential to ensure methods used when assessing children's functional strengths and support needs are appropriate. As such, the aim of CPP4 was to hear the views of the Reference Group surrounding how to best define functional strengths and functional support needs.

During meeting 5, Reference Group Members were presented with information about what is known about functional strengths and functional support needs. This presentation included examples of functional strengths when viewed through an ICF lens (e.g., capacities, skills, knowledge, attitudes, talents, personal traits, and environmental resources; World Health Organization, 2001). This presentation also explained that support needs represent a separate, but related, concept to strengths, difficulties, and supports. Following this presentation, Members were separated into small groups and asked to share their views on how to best define functional strengths and functional support needs in the Framework. A working definition of functional strengths and functional support needs was provided as a starting point for the discussion. These working definitions are shown below:

Functional strengths: These are skills and/or character strengths that are helpful to children's learning participation, and wellbeing in relation to daily activities, such as at home, preschool, school, and in the community. These strengths may include things children can do (e.g., getting dressed, communicating with others) as well as the way they approach daily activities and barriers they may face (e.g., persistence, problem-solving, bravery).

Note that this was the definition presented to the Reference Group and refined in the Framework document to support interpretation, while maintaining semantic and conceptual alignment.

Functional support needs: These are aspects of daily living, development, and/or other areas of functioning that children need support with, and the amount of support they need, to help them to participate in daily activities, communicate, and learn in ways that promote their development, quality of life and wellbeing. Some examples of support needs include having access to therapy services, assistive technology, and environmental adjustments.

Note that this was the definition presented to the Reference Group and refined in the Framework document to support interpretation, while maintaining semantic and conceptual alignment.

It is notable that Reference Group Members were not expected to finalise the definitions for functional strengths and functional support needs during this meeting. Information shared by the Reference Group was collated and reviewed by the co-leads to improve the working definitions for both functional strengths and functional support needs. These revised definitions, along with examples aligned with the ICF (World Health Organization, 2001), were presented to the Reference Group during meeting 6. Endorsement was obtained for these revised definitions to be used within the Framework (see the key findings section). As part of the editing process, the term 'functional resources' has been changed to 'supports' in the final documents.

Co-production point 5

CPP5 asked 'How can we use information from related assessment tools (e.g., adaptive behaviour) to identify 'functional strengths' and 'functional support needs'?' Understanding what information is most critical when assessing functional strengths and functional support needs and how to best obtain it is essential to ensure that the resulting functional strengths and functional support needs identified are appropriate and representative of the child. As such, the aim of CPP5 was to obtain the views of the Reference Group Members surrounding existing tools that may be suitable to assess functional strengths and support needs. This could include tools that assess functional strengths or functional support needs directly and/or tools that assess related concepts (e.g., adaptive behaviour, goal setting) that may allow the assessor to extrapolate a child's functional strengths and/or functional support needs from their results.

During meeting 5, Reference Group Members were presented with examples of tools that can be used to obtain information about functional strengths and functional support needs in children. Following this presentation, Reference Group Members were provided with a URL link to a Mentimeter survey where they indicated (1) what other tools they use to assess functional strengths in children, and (2) what other tools they use to assess functional support needs in children. Following completion of the Mentimeter survey, Reference Group Members were separated into small groups and asked to share their views on how we can use information collected from related assessment tools (e.g., tools assessing adaptive behaviour rather than strengths of support needs directly) to extrapolate strengths and support needs in children. Information shared by the Reference Group Members both in Mentimeter and in the small groups was collated to inform the Assessment Section of the Framework.

The co-leads reviewed the information provided by the Reference Group and proposed an assessment pathway. This was presented during meeting 6 through a flow diagram and associated description. Feedback on this pathway was then sought from the Members through small group discussion. The co-leads reviewed this information and used this to operationalise aspects of the pathway through proposing a 'support needs formulation' approach. This 'support needs formulation' approach was presented in meeting 7 and Reference Group Members were provided with an opportunity to provide feedback.

What were the key findings?

Systematic review

All three studies included in the systematic review contained information relevant to the assessment of functional strengths and/or support needs in children. One study (Huang et al., 2013) adopted the International Classification of Functioning, Disability, and Health for Child and Youth (ICF-CY; World Health Organization, 2007) as a conceptual framework to explore determinants of school activity performance. The study identified that determinants of school activity performance span all dimensions of the ICF-CY, including children's health condition, body functions and body structures, activity and

participation and contextual factors. This finding highlights the importance of considering the ICF-CY as a conceptual framework when assessing functional strengths and support needs in children. All three studies utilised a variety of assessment tools to gather information for the assessment of children's functional strengths and/or support needs within the school context specifically, including observations (Walker et al., 2014), interviews (Walker et al., 2014), and questionnaires designed to assess functional strengths and/or functional support needs (Huang et al., 2013; H.Y. Lin et al., 2016; Walker et al., 2014). One study (Walker et al., 2014) presented the Support Needs and Assessment and Problem Solving (SNAP) process as a guide for educational teams in the assessment and differentiation of functional support needs of children with intellectual disability/intellectual and developmental disabilities (ID/IDD). In terms of assessment specifically, the SNAP process recommended the observation of children with ID/DD in the school context to become familiar with their classroom routines and allow rapport to be built with the classroom staff. This observation was to be followed by the administration of the Supports Intensity Scale – Child (SIS-C) (Thompson et al., 2013) to provide a measure of each child's functional support needs across all life domains, and a discussion with classroom staff to discuss the SIS-C results and to identify staff concerns and ideas for additional supports each child may require. Overall, the results of the systematic review highlighted the importance of using the ICF-CY as a conceptual framework and a range of assessment approaches to collect relevant information surrounding children's functional strengths and support needs. Such approaches should include observation, the use of tools that measure functional strengths and/or support needs, and interviews with those involved in the child's care.

Grey literature review

Forty-three out of the 52 articles included in the grey literature review contained information relevant to the assessment of functional strengths and/or support needs in children.

1. *Belonging, Being and Becoming: The Early Years Learning Framework for Australia* (Australian Government Department of Education, 2022).
2. *My Time, Our Place: Framework for school aged care in Australia (V2)* (Australian Children's Education and Care Quality Authority [ACECQA], n.d.).
3. *National Clinical Assessment Framework for Children and Young People in Out-of-Home Care (OOHC)* (Australian Government Department of Health and Aging, 2011).
4. *Working with Families with Disability: Supporting Good Practice* (ACT Government, 2020) .
5. *Child Development in Queensland Hospital and Health Services: 2 Act Now for kids 2morrow: 2021 – 2030* (Queensland Health – Clinical Excellence Queensland, 2021).
6. *Victorian Early Years Learning and Development Framework* (Victorian Government Department of Education and Training, 2016).
7. *Practice Package Nursing and Health Care* (NSW Government – Family & Community Services: Ageing, Disability & Home Care, 2013).
8. *Child Find, Universal Screening and Assessment* (Vermont Agency of Education, 2021).

9. *A Celebratory Approach to SEND Assessment in the Early Years* (Government of the United Kingdom Department of Education, 2018).

10. *Play-Based Assessment: A Guide to Support Preschool Special Education Programs* (Ohio Department of Education, 2019).

11. *DEC Recommended Practices with Examples* (The Division for Early Childhood of the Council for Exceptional Children, 2016).

12. *Using stakeholder involvement, expert knowledge and naturalistic implementation to co-design a complex intervention to support children's inclusion and participation in schools: The CIRCLE framework* (Maciver et al., 2021).

13. *Statutory framework for the early years foundation stage: setting the standards for learning, development and care for children from birth to five* (Government of the United Kingdom Department of Education, 2017).

14. *Early Childhood Standards of Quality for Birth to Kindergarten* (Michigan State Board of Education, 2022).

15. *Social Services and Well-being (Wales) Act 2014 Part 3 Code of Practice* (assessing the needs of individuals) (Welsh Government, 2015).

16. *Early identification, assessment of needs and intervention: The Common Assessment Framework for children and young people: A guide for managers* (Children's Workforce Development Council, 2009).

17. *National Framework for Children and Young People's Continuing Care* (Department of Health, 2016).

18. *Tameside Children's Needs Framework* (Tameside Safeguarding Children Board, 2006).

19. *A guide to Individual Assessment of Early Learning and Development* (IAELD) (Hertfordshire County Council – Children, Schools and Families, 2010).

20. *Threshold of need framework and guidance: Working together to meet the individual needs of children, young people and families* (Hull Safeguarding Children Board, 2018).

21. *Guidance on a common approach for professionals in Glasgow to assessment, planning and care management for children and young people* (Scottish Government, 2017).

22. *The interRAI Child/Youth Mental Health – Developmental Disability (ChYMHDD) Instrument* (Interrai, n.d.).

23. *Aboriginal Supported Child Development* (Gray Smith, 2010).

24. *SmartStart Hubs: connecting families with child development services. Policy and Practice Guidelines: Early Intervention and Special Needs Modernization* (Ministry of Children, Community and Social Services Ontario, 2022).

25. *Right time, right care: Strengthening Ontario's mental health and addictions system of care for children and young people* (Child and Youth Mental Health Lead Agency Consortium (LAC) and School Mental Health Ontario (SMH-ON), 2022).

26. *Inclusion and Intervention Plan Guidelines* (Saskatchewan Ministry of Education, 2017).

27. *Capable, confident, and curious: Nova Scotia's early learning curriculum framework*. (Government of Nova Scotia Department of Education and Early Childhood Development, 2018).

28. *Inclusive Student Services Special Education Plan* (Durham District School Board [DDSB], n.d.).

29. *Fiji Education Management Information System (FEMIS): Disability disaggregation package. Guidelines and forms* (Australian Government, Fiji Ministry of Education, & Palladium, n.d.).

30. *Educational Support Guidelines: A Whole School Approach* (European School Brussels III, 2022).

31. *Ordinarily Available Provision at SEN Support: Guidance for Schools and Settings* (Cumbria County Council, 2023).

32. *Needs assessment protocol developed and adapted to Greek context: Technical support on the deinstitutionalisation process in Greece* (European Association of Service Providers for persons with Disabilities [EASPD], 2021).

33. *Recommended Practices in Early Childhood Intervention: A guidebook for professionals* (European Association on Early Childhood Intervention, 2016).

34. *The development and design of the Musical Functional Assessment Profile (MFAP) in autism* (Marsimian, 2024).

35. *Framework for the Assessment of Vulnerable Children & their Families Assessment Tool and Practice Guidance* (Children's Research Centre Trinity College, 2006).

36. *Procedures used to Diagnose a Disability and to Assess Special Educational Needs: An International Review* (National Council for Special Education, 2010).

37. *Special Educational Needs: A Continuum of Support Guidelines for Teachers* (Government of Ireland An Roinn Oideachais (Department of Education and Science), 2007).

38. *An Evaluation of the Identification of Need (ION) Process in Sligo/Leitrim and Donegal* (Child and Family Research Centre, National University of Ireland. (2011).

39. *National core curriculum for early childhood education and care* (Finnish National Agency for Education, 2022).

40. *Draft Policy on Screening, Identification, Assessment and Support* (Republic of South Africa Department of Basic Education, 2014).

41. *Assessing disability of children: A mapping in Armenia, Georgia, Moldova, North Macedonia, and Serbia* (Norad, 2023).

42. *National Curriculum Framework for Foundational Stage* (National Steering Committee for National Curriculum Frameworks, 2022).

43. *Aston Village Educate Together National School Support and Assessment Policy* (Aston Village, n.d.).

Two of the 43 relevant articles promoted the adoption of the ICF (World Health Organization, 2001) as a conceptual framework when assessing children's functional strengths and functional support needs. Of these two articles, one also referred to using the ICF F-words (i.e., Functioning, Family, Fitness, Fun, Friends, and Future) specifically. ARACY's 'The Nest: A Wellbeing Framework for Children and Young People' (Goodhue et al., 2021) demonstrated an ICF compatible way of conceptualising functioning and wellbeing that was developed through direct involvement of young people.

Thirty-five of the 43 articles provided suggestions surrounding assessment methods. Thirty-four of these 35 articles supported using a range of strategies (e.g., observation, interview, questionnaires, standardised assessments) when assessing children's functional strengths and support needs. Fifteen of the 35 articles also emphasised the importance of ensuring that the assessment methods being utilised are inclusive (e.g., accessible for children in rural and remote areas) and appropriate (e.g., age-appropriate, culturally and linguistically relevant). The setting of the assessment was highlighted as being a key consideration in six of the 35 articles, with all six articles emphasising the importance of considering family preferences when selecting an assessment setting. Twenty-two articles outlined the importance of the timeliness of assessments, including having the option to review assessments as needed.

All 43 articles outlined critical information to be gathered when assessing children's functional strengths and support needs. Thirty-seven of the 43 articles detailed that information gathered should come from a range of sources (e.g., the child themselves, parents/carers, other family members, educators, other professionals), with input from the child (if able) and family being key. Of the 43 articles, 41 highlighted the importance of taking a holistic view of the child; ensuring that information is collected about both their strengths and support needs. Twenty-seven of the 43 articles emphasised the need to obtain information about the child's life situation, including taking a personal, family, and contextual history. In terms of support need priorities, 15 articles highlighted the importance of prioritising the reported priorities of the child and their family, ensuring a family-centred approach. Thirteen articles recommended that information also be gathered on current and existing supports that have been put in place to support the child, including the perceived efficacy of each.

Overall, the results of the grey literature review emphasised the importance of using the ICF (World Health Organization, 2001), including the F-words, as a conceptual framework. In addition, the results identified that a range of assessment methods should be utilised to collect relevant information surrounding children's functional strengths and support needs, while highlighting the importance of considering family preferences when selecting an assessment setting.

The timeliness of assessments and the option to review assessments as needed was also deemed important. All studies included in the grey literature review outlined critical information to collect when assessing children's functional strengths and support needs, and the importance of taking a family-centred approach.

Broader literature

The assessment process is underpinned by the knowledge that a child undertakes activities and participates in life situations within their personal and environmental contexts. The World Health Organization's 'International Classification of Functioning, Disability and Health', commonly referred to as the ICF (World Health Organization, 2001), was selected as the primary model to guide the assessment process. The ICF considers children's functional strengths and support needs through a biopsychosocial lens which includes children's *body structures and functions*, their *activities and participation*, as well as *personal factors* and *environmental factors* (World Health Organization, 2001). The ICF, along with a companion journal article on personal factors (Grotkamp et al., 2020), provides detailed information in the form of domains, items, and definitions for each ICF component. Further resources were also reviewed to understand how the F-words can be used to simplify use of the ICF in practice (CanChild, n.d.-b).

The assessment process was also informed by several supplementary Australian and international resources to ensure that holistic determinants of health, functioning, and wellbeing were addressed (Cabrera & Donaldson, 2024; National Mental Health Commission, 2021; World Health Organization, 2023). Gee and colleagues' 'Social and Emotional Wellbeing from an Aboriginal and Torres Strait Islanders' Perspective' was considered to broaden how connection and contexts need to be addressed for First Nations Peoples during the assessment process (Transforming Indigenous Mental Health and Wellbeing Research Program, n.d.). These resources suggested that information be collected about both (1) high priority health and/or safety support needs that must be addressed to prevent substantial harm; and (2) functional support needs that if addressed will promote improved performance of activities, participation in life situations, and overall flourishing. The National Guideline for the assessment and diagnosis of autism in Australia (Goodall et al., 2023) underpinned the initial ideas for the most appropriate approach for the assessment, along with the critical information that should be collected. Also aligned with the ICF (World Health Organization, 2001), this Guideline provides evidence-based recommendations for an assessment of functional strengths and support needs, spanning appropriate people, settings, methods, timing, critical information, tools, competencies, and safeguarding strategies.

The assessment process was defined and operationalised with the assistance of an American Occupational Therapy Association resource (Boop et al., 2020), where this process involves understanding the child in context, analysing their performance using a range of strategies, and interpreting information to identify strengths, difficulties, aspirations, and support needs. To further operationalize the assessment process, a clinical reasoning tool from the diagnostic literature (O'Keeffe & Macaulay, 2012) was suggested by a Reference Group member. This resource was adapted and proposed as a tool to guide professionals in the development of a support needs formulation statement. The purpose of a support needs formulation statement was proposed as a means of synthesising 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 and their family throughout the assessment process to ensure that the identified support needs are personally meaningful. Support needs formulations, while focusing on current needs, should also be changeable long-term as the child grows and their support needs change.

Other broader literature resources that informed the approach to assessment included valuing expertise from individuals with lived experience and professionals alongside traditional research evidence (Salvador-Carulla et al., 2017) and the important role of yarning as a method of collecting information

from First Nations People during the assessment (Lewis et al., 2017, I. Lin et al., 2016). Furthermore, broader literature resources on assessment tools provided valuable information on the approaches that should be used for assessments (particularly people, settings, and methods) and critical information to collect (spanning life situations, strengths, difficulties, aspirations, supports, and support needs) (CanChild, n.d.-c; City of Wolverhampton Council, 2019; Canadian Occupational Performance Measure [COPM], n.d.; D'Arcy et al., 2022; Hayden-Evans et al., 2022; Jones n.d.; NDIS [National Disability Insurance Scheme], 2020; School Curriculum and Standards Authority, 2014; SeeAbility, 2019; Verdugo et al., 2020; VIA Institute on Character, n.d.-a; youthinmind, n.d.). Finally, some of the broader literature resources were focused on the critical information to collect, such as relevant life situations and priority areas for children (CanChild, n.d.-b), strengths related to personal attributes (Parkinson et al., 2006; VIA Institute on Character, n.d.-b), ICF items to identify difficulties for children of specific ages or with certain health conditions (Ellingsen & Simeonsson, 2024; ICF Research Branch, n.d.), aspirations within a context of functioning (Canadian Occupational Performance Measure [COPM], n.d.), and differentiating supports from support needs (Evans et al., 2022; Thompson et al., 2009).

Community views

Below is a summary of the collated feedback received from the community survey in response to the statements, *"Please provide your views about how we could/should learn about children's strengths and needs"* and "*Please provide your child/young person/adult's views about how we could/should learn about children's strengths and needs*."

Use a neuro-affirming lens

Several community members encouraged approaching an assessment of strengths and support needs in children *"From the social model of disability and with a neuroaffirming lens."* When expanding on what using a neuro-affirming lens involves, one community member stated *"that is to say with the belief that all brains develop differently and one brain is not better than another. Looking at differences and not deficits. Using language that is not rooted in negativity and not medicalising a neurotype."* Another community member shared this view, stating that professionals should *"Destigmatise a natural variation of human existence (disability) as something that is normal and different and deserves to be accommodated and celebrated. This needs to underpin everything from research to diagnosis to parent education."* This same community member also noted *"Currently, the stigma can keep parents from exploring children's strengths and needs and sometimes the ability to support these needs."*

Use the ICF F-words

Use of the ICF F-words (CanChild, n.d.-b) were suggested by a number of community members when they reflected on how we should best learn about children's strengths and support needs. One community member stated *"Use F-words (CanChild)"* while another suggested that we can learn about a child's strengths and support needs by *"using the F-Words Life Wheel to explore with children how they perceive their own functioning across key life areas."*

Take time

Multiple community members emphasised that an assessment of a child's strengths and support needs should occur over an extended period of time, rather than in a single session. One community member stated that professionals should *"Observe over a number of sessions to allow the child plenty of opportunities to show us what they can do and what they are interested in."*

Another community member reflected on a variety of ways in which a child's strengths and support needs could be assessed, while similarly emphasising the importance of assessing the child over an extended period of time. According to this specific community member, assessments could be completed *"In person or observation via webcam/or similar, over an extended period of time*" and include *"a guided diary of life in the day of, over an extended period of time."*

Collaborate with the child and their family

When discussing how we should learn about children's strengths and needs, the community consistently spoke about asking the child and family for their perspective. The views of the child themselves were emphasised as being paramount. One community member stated, *"We should learn from the children themselves. From observing them and by asking them."* This perspective was shared by several other community members, who also reflected on the importance of considering the child's communication preferences. For example, one community member noted that we should be *"Asking them (in preferred communication e.g. verbally, AAC, drawing etc)"* while another community member stated we should "*Ask them [children] and if they're non-speaking, offer other forms of communication or ask them to show us".* Examples of several forms of communication were provided by another community member, including *"through words, AAC or using visuals or manipulatives."*

In addition to asking the child's perspectives, a number of community members emphasised the importance of asking the family member for their perspectives on the child's strengths and support needs. One community member stated that *"you should also learn about their [the child's] strengths through observation and parent/carer collaboration."* This view was shared by another community member, who articulated the importance of collaboration with both the child and their family: *"Communicate with and collaborate with children and find ways to support their expression so their views can be understood. Ensure we can gather information across the contexts the child participates. Include families in discussions so assessments are not just observing capacities of a child."*

The perspectives of young people whose parents or carers completed the survey with them also echoed the importance of obtaining the perspectives of both them and their family and doing so using a variety of tools to do this. One young person noted *"I like to be asked what I like and what I don't like. I have opinions and ideas and I don't like when people don't include me in decisions that affect me"* (Community member). Another young person echoed this view and emphasised that other people close to them should also be involved; *"Ask me! My parents and teachers know me well and can tell you what I am good at and what I need help with"* (Community member). Finally, another young person stated, *"Talk to mum, I spend the most time with mum and she knows me better than anyone. I like playing with toys and games, if you want me to talk to you let's do something fun. Let's draw a picture, I like animals, they make me feel safe"* (Community member). This response not only highlights the importance of including the family but provides direction for ways in which children can be involved in conversations about their strengths and support needs.

Use a variety of tools and obtain different perspectives

Community members highlighted the importance of being flexible in the types of tools used to assess strengths and support needs, with one community member noting *"I'd avoid mandating any particular tools."* Rather than relying on a single tool, community members consistently encouraged using a diverse range of formal and informal tools. Highlighting the diversity of tools available, a community member reflected *"Information should be obtained from 1) Interactions with the child, 2) Parent / guardian reports, 3) Teacher / educator reports, 4) Multidisciplinary discussion. Information should be obtained both in clinical and natural settings, such as through play or observation. Evidence-based assessment tools should also be more consistently used."* Another community member echoed this view and encouraged creativity when obtaining information from the child themselves; *"Asking children directly of their perceptions of their strengths and needs and providing non-leading questions and prompts to help them answer this. Use of art or other mediums rather than verbally can help facilitate this. We can also learn about children's strengths and needs from a variety of perspectives – caregivers, teachers and friends – both informally and using standardized/formalised tools."* This response also highlights the importance of obtaining multiple perspectives, including those of the child and family – a reflection that was similarly shared by several other community members.

In using a variety of tools, community members indicated the importance of using tools that are appropriate for the child. One community member stated, *"We need to take into account Cultural and Linguistic Differences"* while another emphasised that *"individualized assessments are paramount as some disabilities don't have the same presentation."* Interpretation of tools for the purpose of identifying support needs should also be individualised, with a community member noting that we should be *"Considering needs compared to those of similar age"*.

The assessment setting was also described as being an important consideration by several community members. One community member reflected that observation should occur *"in environments where they feel safe (e.g., that meet their sensory & disability needs). This is where they thrive"*. Another expanded on the importance of the assessment setting, stating that professionals should consider *"observing children in various situations that vary in terms of being familiar/ unfamiliar to the child, have low versus high demands on them socially, cognitively or academically"*, allowing an understanding of the child across contexts and ensuring that the assessment takes place *"In the context of their everyday lives"*.

Young people involved in the survey echoed the views of the abovementioned community members, noting that we should learn about children's strengths and needs *"by spending time with us, getting to know us, seeing how we participate in the world around us, noticing the challenges we have and asking us what we want help with"* (Community member). Offering a variety of assessment approaches, another young person reflected *"Talk to me, visit my school and watch me at school, at lunch and at sport"* (Community member).

Organisation views

Include all environments of the child and different perspectives

Organisations reported gathering information for assessment from all environments of the child and multiple perspectives (family, educators, health professionals, community). For example, organisations mentioned that *"all settings should be looked at and information gathered from as a child in one setting*

may appear to function much better than in another based on the setting." (Professional organisation), and *"need to be considered across multiple environments, both with and without supports."* (Community organisation) and doing so *"Through multiple assessments and perspectives across individual stakeholder, care givers, therapists, doctors, educators etc"* (Professional organisation). A school institution mentioned "*To reach agreement across supporting agencies/people – so as a group they move in a common direction at a common pace. It also allows adjustments to be considered, if there is a common reference point and ample time to decide to persist or change.*"

A professional organisation said it is important to get to know the child and family, to *"Communicate with the child and family to learn about their strengths and needs, what is important to them and what matters most in their lives."* Another organisation talked about professionals learning from parents, asking if they could share about activities, routines, and interactions with the child, asking parents questions such as *"What [are they] most interested in doing?', 'What's working well?', 'How has your child learnt that new skill?', 'What else [are they] learning to do at the moment?'"* (Professional organisation).

This is important to avoid a risk in inaccuracy of relying on individual assessment only, as organisations said:

> *"Collaborative assessment, informed by clinical opinion and inclusive of families, ensures a holistic understanding of children's strengths and needs. [...] Why this is important:*
>
> *During diagnostic assessments, children are evaluated against criteria that may not always have a clear linkage to experiences in daily life and how a child's daily activities and routines are affected. Therefore, it is beneficial to have family present during an assessment to establish how a diagnosis, developmental delay, or disability influences support needs and daily function." (Community organisation)*
>
> *"Collaboration with other healthcare professionals is required to develop a standardised approach for assessment that ensures consistency in language and terminology cross-disciplinary." (Professional organisation)*
>
> *"Assessment should be transdisciplinary and is best placed to be done by those who know the child well including family, education, current medical team and current therapy team. 'Independent assessments' rely heavily on either cross-sectional observations or point in time reporting and are much less reliable with more opportunities for bias. There is a risk of significant inaccuracy if independent assessments are solely relied on." (Government service)*
>
> *"How the child learns best Sensory preferences Most appropriate forms of communication Comprehension level Interests Sensory / emotional triggers and appropriate tools to calm them." (Professional organisation)*

Organisations emphasised specifically to involve the child where possible/appropriate, to hear their thoughts to inform assessment of their functioning:

> *"The child should be supported and provided with tools to comment on their functional strengths and support needs where possible which may look like development of self-identification tools around support needs." (Professional organisation)*
>
> *"The child needs a voice. Could be written, drawing or spoken." (School institution)*

"By listening to individuals (children, adolescents, adults) with lived experience" (Professional organisation)

This included building the relationship with the child and family by spending time with them, such as two organisations mentioned, *"In general we start off by talking to the child's parents or carers as well as spending time to get to know the child."* (Professional organisation) and *"Spend time with the child and family to get to know them and build rapport, before starting the formal assessments. Ensure all aspects of the child's social and cultural background are considered. Communicate with the child and family to learn about their strengths and needs, what is important to them and what matters most in their lives."* (Professional organisation)

In the collaborative process, organisations also reported it is important to value and bring in the perspectives of all involved:

"Primarily we need to be working with parents to gather as much information as possible. They are the experts in their children." (Professional organisation)

"Historically, the clinical opinion of those who work with these families has not been respected as much as it should, with clinicians often accused of sympathy bias or behaving as advocates. We would propose that their unique perspective is of immense value.
They benefit from having a level of information about the child and family that cannot be replicated by independent assessment alone. While standardised tools are useful, clinical judgment based on experience and expertise is equally important." (Professional organisation)

"We need to collaborate with their teachers to understand the child's functioning across various environments" (Professional organisation)

"Ask the family or those who are in close contact with their child." (Professional organisation)

"By asking family members and people in the community who know and interact with them e.g. school teachers, sporting coaches, other health professionals." (Professional organisation)

"Look at their diagnosing professionals' reports." (Community organisation)

And finding the ways that work for families to gather their responses/feedback:

"By speaking with them [children], their caregivers and other supports actively involved in the child's life. At times, when it is difficulty for families to express[,] the use of questionnaires that serve to prompt all aspects of a child's life is beneficial." (Professional organisation)

Notably, one organisation talked about empowering children themselves to learn how to recognise their strengths and needs *"Children must be taught FIRST to recognize the diversity that humans possess in terms of their strengths and needs. Then they should be supported in identifying their individual strengths and needs in a non-judgmental way using their preferred form(s) of communication."* (Professional organisation)

Other organisations spoke about providing opportunity to children in how to communicate this (while observing/administering assessment), *"ways the child can best communicate their interests and preferences (e.g. augmentative communication, drawing etc.)"* (Professional early intervention network) and *"multiple opportunities to provide responses and show their skills in various methods"* (Community organisation)

Use various resources to assess functioning appropriate to the individual child

Organisations reported that the vast range of (re)sources reported that can support assessment are: interactions with the child, discussions/feedback options/consultations with the family, other professionals' reports, environmental observations, standardised assessment tools/frameworks, medical/developmental/family history taking, interviews, questionnaires, checklists, profiles, play-based activities, and analyses, as regularly as is appropriate (see also Use of Tools for a range of tool types).

What these may look at was suggested using varied terminology, but collectively the organisations suggested this should focus on *many aspects of the ICF* (World Health Organization, 2001). These include the child's specific *health condition(s)*, relevant *body functions* (e.g., simple to complex global and specific mental functions – including thoughts, emotions and perceptions; sensory functions; voice and speech functions, movement-related functions), *activities and participation* in life situations (e.g., learning and applying knowledge; general tasks and demands – including handling stress; communication; mobility; self-care; interpersonal interactions and relationships; education; recreation and leisure – including play and socializing; religion and spirituality) and *environmental factors*.

Organisations urge using resources that look at the whole of the child and family, and are age-appropriate, culturally specific, and collaborative. Assessments need to span all of the child's routines, environments, and life situations. While this is a vast range of resources, please note to use what is appropriate for the individual child and family.

> *"Regular assessment ensures that children are learning, and instructional strategies are adjusted to ensure ongoing success." (Community organisation)*

> *"Through a thorough assessment of the WHOLE person and FAMILY, not just the issue presenting. A biopsychosocial assessment needs to be carried out by a full multidisciplinary team." (Professional organisation)*

> *"Through in-depth conversations with people caring for the child, primarily parents and educational staff. Through direct observations across several occasions, direct interactions with the child and through direct assessments of skills." (Professional organisation)*

> *"Use of standardised assessment around their current skills or ability does assist in framing needs and strengths, but measures vary in how objective they are (self-report vs standardised)." (Government service)*

> *"Through a cross section of observations, semi structured interviews with school and parents, developmental milestone questions appropriate to age and standardised assessments" (Professional organisation)*

> *"Conversation, observation, engagement frameworks that help to provide broad expectations of age appropriate behaviour and developmental stages (as a baseline to assist in identifying strengths and challenges)." (Professional organisation)*

> *"Through parent interviews, informal observation and standardised assessments." (Professional organisation)*

When asked about what critical information is needed, organisations mentioned it is crucial for assessors to ask/gather from the child/family on what is important to them and their routines, *"to find*

out what is important, meaningful and functional for this child (i.e. what are their unique interests and how do they follow them).” (Professional organisation) and *“It is important to understand their daily routines, preferences, and challenges from their perspective, prioritising what is important to them”* (Professional health body organisation). A school institution also mentioned *“TO help people work towards things that matter to them – with purpose and determination.”*

It is also important to understand what functions need strengthening, as a community organisation mentioned on brain health and functioning:

> *“We believe a brain-based approach should be used using the objective, scientific measurement of brain health and function. The most critical information is which functions of the brain need strengthening.”*

And any concerns there may be:

> *“Critical information for the assessment includes the child’s developmental history, current functioning in different settings, social and emotional well-being, communication skills, and any specific challenges or behaviours of concern” (Professional organisation).*

The suggested approach to take

Organisations stated the assessment approach needs to be: strengths and needs-based, evidence-based, integrated/collaborative, comprehensive, culturally sensitive, individualised, holistic, affirming, and grounded in ecological systems. Reasons why this is important include:

> *“From the perspective of psychological assessment, strengths and needs inform a confirmed diagnosis and/or differential consideration. They also frame an understanding of the functional impacts of an undiagnosed and unsupported condition.” (Professional organisation)*

> *“A comprehensive approach, advocating for assessments that span various settings and activities, aiming for a well-rounded view that avoids premature conclusions.” (Community organisation)*

> *“A pure deficit model needs to be avoided. Current intervention models often focus on deficits only and this often results in missed opportunities to promote strengths which we know are critical for positive outcomes for the child’s mental health and wellbeing.” (Government organisation)*

> *“For First Nations children, it may be beneficial to use culturally specific assessment tools or to adapt existing tools to be more culturally sensitive. [...] By taking a holistic and culturally informed approach, professionals can better understand and support the strengths and needs of First Nations children.” (Professional organisation)*

Reference Group input

Co-production point 4

Below is a summary of the collated feedback, including suggestions, to improve the original definitions for functional strengths and functional support needs provided in meeting 5:

- Emphasise personal attributes and motivation of the child under functional strengths
- Incorporate wellbeing and cultural participation under functional strengths
- Include environmental resources around the child both for functional strengths and support needs
- Clarify that support needs can be about the family's strengths and their connection to family
- Clarifying the difference between supports and support needs within the Framework

A new, revised definition of both functional strengths and functional support needs was then shared with the Reference Group in meeting 6. In light of Reference Group feedback in meeting 5, an additional definition was added for functional resources:

- **Functional strengths:** Functional strengths are personal attributes and competencies that may benefit a child's development, activities, participation, and wellbeing, at home and in their communities. This includes motivational attributes, such as what the child finds interesting and important. Functional strengths can be categorized according to a child's Body Functions, Activities and Participation, Personal Factors, and/or Character Strengths.
- **Functional Support Need:** A functional support need articulates the gap between current performance in activities and life situations and the level of performance required to achieve functioning and/or wellbeing. A statement of functional support needs should specify the:
  - Area(s) related to functioning where the child and/or family identifies that difficulty is currently occurring, where this includes body function impairments, activity limitations, participation restrictions and/or environmental barriers;
  - Desired and anticipated performance outcomes if supports were to be in place, where this facilitates functioning and/or wellbeing;
  - Magnitude of the gap between the current and desired performance; and
  - Support recipient(s), which may be the child and/or person(s) within their family and community
- **Functional Resources:** Functional resources are existing supports provided by the child's family and community to nurture a child's development, activities, participation, and wellbeing. Functional resources can be categorized according to a child's Environmental Facilitators across all five ICF domains.

The Reference Group was invited to provide further feedback before each definition was updated once more. The final definition has been provided in the Glossary in the main Framework document.

Co-production point 5

Below is a summary of the collated feedback received from the Reference Group when asked to share their views on using tools during the assessment process to identify the strengths and support needs of children.

- *Assessment planning should be a collaborative process:* Members of the Reference Group noted that the clinician and family should work together to plan an individualised assessment that is appropriate for the child. Ultimately, every decision made should consider the child and their family, with assessment being an interactive and collaborative process from start to finish.
- *Tools should be appropriate for the child as an individual:* Reference Group Members acknowledged that although there are a number of tools that assess strengths and/or support needs, not all are appropriate for all populations or are culturally sensitive. As such, tools should be selected based on their appropriateness for the child as an individual. That is, tools used should be appropriate for the child's unique characteristics, such as their age, diagnosis, cultural background, or their primary language used at home. As such, clinical reasoning is an important component of tool selection; clinicians should ask whether each tool is reliable, valid, fair, engaging, and purposeful for the child being assessed.
- *Assessment is not just about formal standardised tools*: The Reference Group reflected that the tools used to identify strengths and/or support needs may be standardised or non-standardised.
- *Tools should consider the different domains of the ICF (World Health Organization, 2001):* The Reference Group noted the importance of selecting tools that allow the Clinician to map the results onto the different domains of the ICF.
- *Assessments should be reviewed over time*: Reference Group Members underscored the importance of assessment review occurring as needed, given that a child's strengths and support needs change over time.

Summary

The ICF (World Health Organization, 2001) should be the conceptual framework for assessment: Information collected across all sources highlighted that the ICF should be used as the conceptual framework for assessment.

Assessment approach: Information obtained across sources specified that the approach taken when assessing a child's strengths and support needs should consider people, settings, method, and timing.

Critical information: Information gathered across sources indicated that the critical information obtained when assessing a child's strengths and support needs should include information about their life situations, strengths, difficulties, supports, aspirations, and support needs.

Differentiating functional support needs

This chapter sets out how the Differentiation Section was developed for the Framework. Co-leads (Emmah Baque and Hannah Waddington) drew upon results gathered from the systematic and grey literature review, online community survey, Reference Group co-production, the research literature, discussions with the broader research team and their own knowledge and skills.

Framework question

Information regarding differentiation was collected across research and co-production activities to address the following Framework questions:

How should children's functional strengths and support needs be differentiated?

1. What approach should be used?
2. What information is most critical?

What information was considered?

Information related to differentiating support needs for children and their families were gathered through the research and co-production activities. As limited information was available from the systematic and grey literature review, this section of the Framework heavily relied on feedback from the community and Reference Group consultation.

Aims and methods related to the Differentiation Section for the community consultation and co-production activities are outlined below:

Systematic review

Information was extracted from one of the three documents (Walker et al., 2014). The other two documents did not include information relevant to differentiation.

Grey literature

Information was extracted from 13 of the 52 documents that contained information directly related to or associated with differentiation. The type of documents these included were policies, reports, guidelines and frameworks across health, education and child safety sectors.

Broader literature

A range of additional peer-reviewed articles investigating setting priorities and/or goals with children and families were reviewed in the process of developing content for the Framework regarding differentiation (Ryan et al., 2024; Jenkin et al., 2022; Trembath et al., 2022).

Community views

Individual responses from the community survey question, *"How could/should decisions be made about which needs are most important?"* were systematically organised into groups according to approach, critical information, tools, competencies and safeguarding, by members of the research team (Emma Hinze and Ashley Llambias). After responses were organised and grouped, one member (Emmah Baque) of the research team read all responses separately for key concepts and words, and another member of the project team did an independent review (Zheng Yen Ng). Key concepts and words were then compared, and differences discussed until consensus was reached with the broader research team.

Organisation views

Organisation responses were systematically grouped according to principles, assessment, differentiation, and reporting by a member of the project team (Emma Hinze). After these responses were organised and grouped, a member of the project team (Zheng Yen Ng) constructed key concepts and extracted quotes to exemplify the concepts around differentiation. Key concepts were then reviewed by a co-lead of this chapter (Emmah Baque), and key findings reviewed by the broader project team.

Reference Group input

Input from the Reference Group regarding differentiation was gathered using two CPPs (8 and 9) for meeting 7 and one CPP (10) for meeting 8.

Co-production point 8

The aim of CPP8 was to hear the views of the Reference Group about how best to define differentiation of support needs in the Framework. A clear definition of differentiation was needed to establish a shared understanding and enable effective discussions about how to prioritise support needs. A working definition of differentiation was provided to Reference Group Members prior to the meeting to facilitate discussion:

> *"Differentiation is the process of considering all strengths and needs and then working out what stands out, for one child and family, or across children and families".*

Reference Group Members were encouraged to write down their thoughts about the current working definition before the meeting. During the meeting, Reference Group Members were separated into small groups and asked to share their perspectives about the current working definition. Within these small groups, members were not expected to arrive at one agreed upon definition by the end of the discussion. Information shared by the Reference Group was collated to improve the working definition of differentiation.

Co-production point 9

The aim of CPP9 was to hear the views of the Reference Group about how to differentiate functional support needs for individual children and their families. The systematic and grey literature reviews and community consultation identified three approaches that may be used to differentiate support needs for children and families including goal setting, assessment-based and a tiered services model. A goal setting approach involved working collaboratively with the child, family and relevant professionals and people to set meaningful and relevant goals which can be easily measured and documented using appropriate tools. The second approach was an assessment-based approach, whereby information about a child's strengths, difficulties, preferences and individual context are integrated from various assessment tools and then ordered to select the most appropriate support needs to improve activities, participation and wellbeing. Finally, the third approach involved a tiered services model for differentiating functional support needs. Tiered approaches involve conceptualising the support needs of a child and their family based on the nature and intensity of supports and resources that may be required.

Prior to the meeting, Reference Group Members were invited to reflect on how they may approach differentiating support needs for children and families and to consider whether one or more of the approaches presented might be relevant for their context. During the meeting, Reference Group Members again separated into small groups and shared their thoughts and perspectives about how to best approach differentiation of support needs for individual children and families. Information shared by Reference Group Members about each approach was collated, analysed and feedback presented in the following meeting.

Co-production point 10

The aim of CPP10 was to hear the views of the Reference Group about what approaches, tools and critical information are most important to differentiate support needs across children and families. Reference Group Members were asked to reflect on differentiating support needs across children and families before the meeting and then to share their suggestions in a whole group discussion during

the meeting (either via talking or text in the chat function). To provide context and facilitate discussion, co-leads of the Differentiation Section provided example roles, contexts and support needs where differentiation may happen across children and families. If members had any additional points that they did not get to discuss during the meeting, they were encouraged to add these to the chat or email any of the study chief investigators. Information shared by the Reference Group Members about differentiating across children and families was collated and a summary of findings presented back in meeting 9 for any further feedback.

What were the key findings?

Systematic review

Two of the three studies included in the systematic review did not contain information related to differentiation. The third study presented a framework for assessing and differentiating the individualised support needs of children with intellectual disability and related developmental disabilities within the school context (Walker et al., 2014). This study utilised the SNAP process which included the following steps: (1) Observation, (2) Assessment using the SIS-C, (3) Problem Solving and Prioritization, (4) Supports Implementation and, (5) Social Validity. Differentiation in this context, involved reviewing and prioritizing support needs with classroom educators based on results gathered from the SIS-C.

Grey literature review

Of the 52 documents obtained from the grey literature search, 13 contained information directly related to or associated with differentiation (listed below). These documents included policies, reports, guidelines and frameworks across health, education and child safety sectors.

1. *National Framework for Universal Child and Family Health Services: Vision, objectives and principles for universal child and family health services for all Australian children aged zero to eight years* (Australian Health Ministers' Advisory Council, 2011).
2. *A Celebratory Approach to SEND Assessment in the Early Years* (Government of the United Kingdom Department of Education, 2018).
3. *National Framework for Children and Young People's Continuing Care* (Department of Health, 2016).
4. *Tameside Children's Needs Framework* (Tameside Safeguarding Children Board, 2006).
5. *Threshold of need framework and guidance Working together to meet the individual needs of children, young people and families* (Hull Safeguarding Children Board, 2018).
6. *Children and Youth with Support Needs: Service Framework and Service Descriptions* (British Columbia: Ministry of Children and Family Development).

7. *Inclusion and Intervention Plan Guidelines* (Saskatchewan Ministry of Education, 2017).
8. Educational Support Guidelines: A Whole School Approach (European School Brussels III, 2022).
9. *Ordinarily Available Provision at SEN Support: Guidance for Schools and Settings* (Cumbria County Council, 2023).
10. *National core curriculum for early childhood education and care* (Finnish National Agency for Education, 2022).
11. *Oldham Refreshed Continuum of Need: Our Approach to Effective Support and Help Framework, for Children, Young People and Families in Oldham* (Oldham Safeguarding Partnership, 2021).
12. *Assessing disability of children: A mapping in Armenia, Georgia, Moldova, North Macedonia, and Serbia* (Norad, 2023).
13. *Aston Village Educate Together National School Support and Assessment Policy* (Aston Village, n.d.).

Recommended approaches included utilising results from assessments (e.g., how similar or different a child is compared to their peers), identifying goals and conceptualising support needs based on the nature and intensity of supports and resources that may be required using tiered models.

Two tiered models were identified from the grey literature review including a stepped-care model and a windscreen framework. A stepped-care model is conceptualised as a pyramid, with the least intensive supports and highest patient volume at the bottom, escalating to more intensive supports (with the lowest patient volume) as a person progresses up the pyramid (three levels generally) (Espie, 2009; Australian Health Ministers' Advisory Council, 2011; National Educational Psychological Service, 2007). In contrast, in the windscreen framework, the least intensive supports are located on the left-hand side of the windscreen, moving up to more intensive supports as the wiper moves across to the right-hand side (four levels generally) (Oldham Safeguarding Partnership, 2021). For tiered service models to be effective, the least intensive supports must be evidence-based, acceptable, and time and cost effective.

Broader literature

The additional literature highlighted that in setting priorities and/or goals collaboration is needed with children and families, goals may change over time, there can be several phases to the goal setting process, and it may require recognition and navigation of challenges (Ryan et al., 2024; Jenkin et al., 2022; Trembath et al., 2022). For example, Ryan et al. (2024) stated the following goal phases (DECIDE): (1) direct children to goal setting, (2) elicit goal topics and priorities, (3) construct a goal statement, (4) indicate baseline goal performance, (5) develop an action plan to address the goal, and (6) evaluate goal progress post-intervention. Goals should be relevant, safe, desirable, and feasible (Trembath et al., 2022).

Community views

Below are key concepts identified from responses to the community consultation survey.

The first set of concepts relate to the question, *What approach should be used?*

Ask the child and family

When discussing how decisions should be made about which needs are most important, the community members consistently spoke about asking the child and family for their perspective.

> *"By asking the child and family what is most important to them right now?"*
>
> *"Child and parent/carer are usually best placed to identify which needs they consider to be most important."*
>
> *"Just ask me."*
>
> *"Through involving the child as much as possible (in their preferred communication) and listening to them."*
>
> *"Listen to kids about kids needs because we know"*
>
> *"Asking caregivers and also the child"*
>
> *"Ask and listen. Explore together."*
>
> *"Needs will be needed to be identified together. Consultation with the individual child – opportunities for them to share what they see as important. Consultation with parents/carers around opportunities for them to share what they see as important."*

Collaborate with the community

The community members spoke about working collaboratively and asking other people relevant to the child and family's life about which needs are most important. They spoke about gaining information about priorities, preferences and support needs from people in different contexts such as health and education:

> *"Talk to the child and also observe to gain an understanding of the child's preferences. Collaborative discussion with caregivers and where appropriate involving the child. Obtain input from people in relevant environments – such as teachers, allied health providers – which help inform the collaborative discussion."*
>
> *"To prioritise children's functional support needs effectively, a comprehensive approach should be adopted that considers each child's unique needs and circumstances. Utilising a multidisciplinary team approach to ensure a holistic assessment of each child's needs would incorporate input from various professionals, including paediatricians, teachers, therapists, family members and allied health professionals for a holistic perspective."*

"Consultation with caregivers, educators, allied health providers, medical practitioners and child if possible."

"Through a collaborative approach with family, the participants and those closest to them."

"Through consultation between professionals with extensive developmental knowledge, the child and their carers, teachers and parents."

What information is most critical?

Relative to the *What approach should be used?*, there were significantly less responses from the community when asking, W*hat information is most critical?* The community members, however, described having basic needs met (e.g. food, housing and safety) before other needs could be considered:

"Prioritise physical and mental safety above all else."

"Those that impact on child's safety, both physically and emotionally in the first instance."

"A multidisciplinary approach based in research – Basic needs met first – Basic needs include physical, mental and emotional wellbeing."

"Basic, routine, safety conscious needs are most important to me."

"Determine a must, should, could hierarchy for needs Musts are things like medical issues and time sensitive decisions should be prioritised, SHOULDS: then things where early intervention could help or things which would significantly improve quality of life, then the coulds – if there is time/ money."

"I guess using similar hierarchy of law importance (used in disability act too). The most important needs for me are those who could stop my son be alive (so his processing sensory issues are top priority), then the need of belonging in his community (this is where communication and behaviour challenges are top priority)."

They also reported that support needs which have the biggest impact on their life such as participation, wellbeing and quality of life should be prioritised:

"the most important needs are the ones that affect my life the most."

"based on impact."

Organisation views

Organisation perspectives on determining what needs are most important to address included an approach to care that is child- and family-centred, individualised, culturally sensitive, evidence-based, and holistic:

> *"The approach should be person-centered, involving the child, their family and community in the decision-making process. It should also consider the child's cultural identity, community context, and the impact of historical and intergenerational trauma." (Professional organisation)*

> *"Decision about what needs are most important [...] should be data driven, and evidence based." (Professional organisation)*

> *"Decisions about a child's needs for support should follow a child-focused, individualised approach. Decisions should be made in close consultation with the child, and their primary decision makers (i.e., caregivers). Decisions about a child's support needs should be supported by thorough and comprehensive assessment processes that provide information about the child's strengths, challenges, preferences, and developmental stage." (Community organisation)*

> *"Decisions should be made on an individual basis, looking at functional impact and also the long term impact of these needs." (Professional organisation)*

> *"Utilising a multidisciplinary team approach to ensure a holistic assessment of each child's needs would incorporate input from various professionals, including paediatricians, teachers, therapists, family members and allied health professionals for a holistic perspective." (Professional organisation)*

> *"[H]olistic support, family, siblings, drs community and schools." (Professional organisation)*

With this it was important to find out what is having the biggest impact:

> *"By asking the caregiver what is having the biggest impact on the family/individual" (Professional organisation). Additionally, organisations reported taking on the approach focusing on the child's ability, strengths, timeliness, challenges, adaptive skills, growth, their independence and autonomy (advocacy, self-management), building relationships with others, the young person's aspirations/goals (and then their family's), and quality of life and everyday functioning. Included in this would be to consider the child's family, developmental, cultural, social, and environmental context.*

> *"Critical information includes the child's developmental history, current functioning, social and emotional well-being, communication skills, and any specific challenges or behaviours of concern. It's important to gather this information in a culturally sensitive manner, respecting the child's cultural background and beliefs." (Professional organisation)*

> *"It is also important for young children that decisions are made in a timely manner, to enhance the benefits of early intervention. This may mean providing funding or access to supports during the assessment process, or very shortly after and then reviewing. The benefit of this early intervention should outweigh the risks/costs." (Community organisation)*

What kind of decisions may be made on what functional needs need to be addressed, what comes first is safeguarding, safety, and wellbeing of the child (see Safeguarding Section).

Include the child in joint goal setting and shared decision-making

As part of joint goal setting, organisations reported it is important to consider what the child finds important: "*When determining priorities for functional support we believe that consideration should be given to what the child finds meaningful*" (Professional organisation). This would involve asking the child themselves first (and then their family) their short-term goals and long-term vision: *"Child chosen goals should come first, then parent chosen goals"* (Professional organisation)

> *"The child and family should be central to setting the short-term goals for their child (in consultation with the child as is age appropriate), while considering their and the child's longer-term vision for their life" (Professional organisation)*

And involve children (and families) in the decision-making process:

> *"Decisions about the importance of a child and family needs should always be made by, and with, the parents/carers, and the child wherever possible, in line with family centred and strength-based practices." (Professional organisation)*

Support families through sharing of information and collaboration with all involved

Regarding what functional needs to target, organisations reported professionals are tasked to support families through providing information, sharing of resources (e.g., tools for goals identification), guidance, and:

> *"Collaborate through parent and child discussions. It is not our job to make decisions about what needs are important to them. It is our job to help parents understand what some of the barriers may be to their child thriving, and then making sure they are the ones determining what the priorities are. The earlier children are able to be involved in that process the better." (Professional organisation)*

An important aspect here is communicating with all involved in the child's care, involving the child's wider personal, community, education, and health network by bringing them together into the discussions.

Reference Group input

Co-production point 8

Below is a summary of the collated feedback regarding elements of differentiation that should be included in a definition and suggestions to improve the original definition provided in meeting 7:

- Differentiation involves collaborating with many people, not just one person.
- Differentiation is an active process and should be responsive to a change in support needs over time.
- People involved in differentiation need to consider what is already working (e.g., existing supports and resources) and what the child and family wish to bring.
- Revise 'stands out' and include 'most relevant' as not all functional support needs may stand out.
- Swap 'for' to 'with' to be more collaborative.

A new, revised definition was then shared back with the Reference Group in meeting 8: *"Differentiation is the collaborative and ongoing process of considering all strengths, needs, supports and resources then working out what is most relevant with the child and family."*

1. Further feedback and discussion were invited, and the definition was updated again. The final definition is provided in the Glossary of the main Framework document.

Co-production point 9

Feedback from Reference Group Members suggested that they were likely to use a combination of approaches, tailored to the child and family, to work out which support needs are most relevant. The group emphasised that it was important for children and their families to feel empowered throughout this process. In addition, opportunities and risks related to differentiation should also be considered.

There was considerable discussion about a goal setting approach to differentiation. The Reference Group reported that goals should be child and family-centred, meaningful, and the process flexible (e.g., goal setting may take place before and/or after assessment, formal or informal methods used). The group expressed that goals may vary across different environments and therefore, it is essential that professionals collaborate to ensure children and families are not overwhelmed by the number of goals. In addition, some systems (such as the National Disability Insurance Scheme) rely on a goal setting approach.

There were also discussions about the potential limitations of goal setting. Limitations included that it may not be appropriate if basic needs are not met, families may find goal setting stressful and some goal setting tools may be too restrictive and time-consuming. The Reference Group suggested that it may be helpful to reframe goal setting in terms of "priorities", "desires" or "aspirations" to reduce pressure and formality for children and their families.

There was comparably limited feedback regarding an assessment-led approach. The Reference Group reported that an assessment-led approach can work well when combined with other approaches. Finally, when presented with two different tiered service models (stepped care model or windscreen

framework), there was a preference for a windscreen model. The Reference Group shared that stepped care models may encourage deficit-focused narratives of the child and family to access higher level services while a windscreen model may imply a more responsive, flexible approach that changes to fit the child. The windscreen model describes that supports can range from universal to specialised and that different children may benefit from different types of support, and that these can change over time. This informed the decision to present an approach to differentiation that considers the unique circumstances, including opportunities and risks of different support types, of each child and family.

Co-production point 10

Reference Group Members reported many different aspects to consider when differentiating across children and families. Most importantly, any significant health and safety concerns should be prioritised first (e.g., applying Maslow's hierarchy of needs; Maslow, 1943). Similar to previous findings, Reference Group Members agreed that even when looking across multiple children, the approach needs to be individualised and flexible (e.g., consideration of the timing of support needs to be addressed). Consideration regarding how supports and resources can be maximised for everyone was also suggested. For example, comparing individual therapy to group or community-based supports. Or alternatively, identifying unique common needs (which are different to the population average) which could be addressed with a community driven approach. Finally, ensuring that the design of the child's surroundings (e.g., buildings, services) can be made to accommodate everyone will ensure that all people are included.

Summary

Key findings from the reviews and research activities on differentiation showed the importance of families having their basic needs met first, i.e., prioritising health and safety needs, and then, optimising participation in life situations which are the most meaningful to the child and family. Setting priorities and/or goals should be child and family-centred, meaningful, and the process flexible. Additionally, as priorities may vary across contexts it is important that professionals collaborate with other people relevant to the child and family's life using a shared decision-making approach. Differentiation is an active process, and it is important to consider what is already working and what the child and family wish to bring.

Communicating outcomes in a written report

This chapter sets out how the Reporting Section was developed for the Framework. Co-leads (David Trembath and Rachelle Wicks) drew upon results gathered from the systematic and grey literature review, online community survey, Reference Group co-production, the research literature, discussions with the broader research team and their own knowledge and skills.

Framework question

Information regarding reporting was collected across research and co-production activities to address the following Framework questions:

How should children's functional strengths and support needs be reported?

a. What approach should be used?

b. What information is most critical?

What information was considered?

Information related to reporting was gathered through the research and co-production activities. As limited information was available from the systematic review, this section of the Framework prioritised feedback from the grey literature, community consultation, and co-production.

Systematic review

No information was extracted from the documents of the systematic review of research literature as these did not yield any specific findings regarding reporting.

Grey literature review

Information was extracted from 16 of the 52 documents that contained information directly related to or associated with reporting. The type of documents these included were policies, reports, guidelines and frameworks across health, education and child safety sectors.

Broader literature

A range of additional online resources were reviewed in the process of developing content for the Framework regarding reporting including:

1. Documents outlining professionals and legal responsibilities (e.g., *NDIS Code of Conduct*, NDIS Quality and Safeguards Commission, 2024; *NDIS Workforce Capability Framework*, NDIS Quality and Safeguards Commission, 2023)
2. Clinical Guidelines (e.g., *National Guideline for supporting the learning, participation, and wellbeing of autistic children and their families in Australia*, Trembath et al., 2022)
3. Assessment documentation and reporting templates (e.g., *CanChild About My Child Caregiver Report tool*, CanChild, n.d.-a).

Community views

Individual responses from the community survey question, *"How could/should this information be shared with other people?"* were systematically organised into groups according to approach, critical information, tools, competencies and safeguarding, by members of the research team.
One member of the research team (David Trembath) read all responses and completed a thematic analysis in the process of developing co-production point 11 (meeting 9) which in turn informed the development of the Framework.

Organisation views

Organisation responses were systematically grouped according to principles, assessment, differentiation, and reporting by a member of the project team (Emma Hinze). After these responses were organised and grouped, a member of the project team (Zheng Yen Ng) constructed key concepts and extracted quotes to exemplify the concepts around reporting.

Reference Group input

Input from the Reference Group regarding reporting was gathered specifically in CPP11 (meeting 9) but also informed by discussions and information sharing across the whole co-production process.

Co-production point 11

The aim of CPP11 was to hear the views of the Reference Group about reporting, including the approach that should be used, what information is most critical, and tools that are available. During the meeting, the thematic analysis was presented, prior to breaking out into small groups and inviting members to reflect on the analysis and share their views and resources regarding reporting via speaking, the chat function, follow-up email, or anonymously via a feedback survey.

What were the key findings?

Systematic review

The systematic review of research literature did not yield any specific findings regarding reporting.

Grey literature review

Of the 52 documents obtained from the grey literature search, 16 contained information directly related to reporting. These documents included policies, reports, guidelines and frameworks across health, education and child safety sectors. These documents, and summarised key findings, include:

1. *Child Development in Queensland Hospital and Health Services: 2 Act Now for kids 2morrow: 2021 – 2030* (Queensland Health – Clinical Excellence Queensland, 2021).
   - Reporting should support access to interfacing systems, and should be clear, concise, integrated, and use plain language. Reporting should focus on function and adopt a strengths and resiliency focused approach.
2. *Practice Package Nursing and Health Care* (NSW Government – Family & Community Services: Ageing, Disability & Home Care, 2013).
   - Explains that health care planning relies upon effective coordination of all parties and components (processes).
3. *A Celebratory Approach to SEND Assessment in the Early Years* (Government of the United Kingdom Department of Education, 2018).
   - Explains the importance of parental engagement in the process of assessment, including dialogue, knowledge sharing between parents and professionals, and being able to write a one-page profile that "celebrates the child's strengths, identifies support needs, and allows details to be shared with regards to communication skills, mobility for example".

4. *Play-Based Assessment: A Guide to Support Preschool Special Education Programs* (Ohio Department of Education, 2019).
   - Outlines a debriefing process involving parents and professionals that include providing a summary of assessment findings, the child's strengths and needs, identifying support priorities, and completing a planning matrix.

5. *Statutory framework for the early years foundation stage: setting the standards for learning, development and care for children from birth to five* (Government of the United Kingdom Department of Education, 2017).
   - Outlines what a written summary should contain, including reflections on the child's developmental level and needs, where they are progressing well, where additional support is needed, any developmental concerns, and activities and strategies that should be adopted.

6. *Tameside Children's Needs Framework* (Tameside Safeguarding Children Board, 2006).
   - Explains the importance of recording decision making, including that it must be clear, concise, timely, distinguish facts from opinion, respectful, and able to evidence the rationale behind any conclusions drawn or decisions. Information sharing should be within legal requirements, be open and honest, with consent where possible, consider the safety and wellbeing of those the information is about, and be recorded. Information shared should be necessary, proportionate, relevant, adequate, accurate, timely, and secure.

7. *A guide to Individual Assessment of Early Learning and Development* (IAELD) (Hertfordshire County Council – Children, Schools and Families, 2010).
   - Explains the importance of parental partnership, in which they are informed and involved in all stages of their child's care and education, including assessment of strengths and support needs. Practitioners should be sensitive and positive, and build relationships that facilitate trust, acceptance, and understanding.

8. *Guidance on a common approach for professionals in Glasgow to assessment, planning and care management for children and young people* (Scottish Government, 2017).
   - Explains the importance of effective planning, including recording a summary of needs addressed, what needs to be done, who will do it, and how outcomes will be measured. Information sharing should adhere to data protection principles; involve only information that is necessary, relevant, and proportionate; include recording of why the information is being shared, and ensure the child and family are aware of why information is being shared, unless there are child protection concerns.

9. *Aboriginal Supported Child Development* (Gray Smith, 2010)
   - Explains the importance of writing an individual plan that includes family goals and priorities, resources required, specific supports that are needed, and environments in which support will be provided and timeline. An individual service plan template and family goal plan template are provided.

10. *Inclusion and Intervention Plan Guidelines* (Saskatchewan Ministry of Education, 2017).
    - Explains the importance of developing annual student outcome statements that are strengths-focused, realistic, and prioritised with the use of SMART goals, and focus on the areas of need that will have the most impact on 'student success.' The process includes involving the student, and ensuring the plans are written in a way that will ensure students, parents/guardians, teachers, and other stakeholders understand the plan and can carry out their responsibilities.

11. *Inclusive Student Services Special Education Plan* (Durham District School Board [DDSB], n.d.).
    - Explains the process that should be followed upon completion of an assessment, including discussing results with students and parents/guardians, writing a confidential report for parents/guardians, and the process for determining if/how it should be stored on file or shared with others.
12. *Framework for the Assessment of Vulnerable Children & their Families Assessment Tool and Practice Guidance* (Buckley, Horwath, & Whelan, 2006).
    - Explains the importance of effective sharing, analysing, and planning when it comes to sharing outcomes of assessment. This includes having a clear picture of the child, ensuring findings are supported by evidence, and sharing information on strengths as well as difficulties.
13. *Special Educational Needs: A Continuum of Support Guidelines for Teachers* (Government of Ireland An Roinn Oideachais (Department of Education and Science), 2007).
    - Outlines the contents of student classroom support plans and how they should be developed, including collaboration with students and parents, and considering strengths, needs, goals, and proposed strategies. The plan should be simple, workable, and agreed to by parents. The plan should be documented in the students file and reviewed within a 'reasonable' timeframe.
14. *National core curriculum for early childhood education and care* (Finnish National Agency for Education, 2022).
    - Outlines the importance of pedagogical documentation, through a process that involves participation of children and guardians in evaluating, planning, and developing activities in a continuous manner.
15. *Draft Policy on Screening, Identification, Assessment and Support* (Republic of South Africa Department of Basic Education, 2014).
    - Explains that assessment results must be documented and communicated in a clear, accurate, and timely manner.
16. *Aston Village Educate Together National School Support and Assessment Policy* (Aston Village, n.d.).
    - Outlines processes for planning, documenting, and sharing information about students' strengths, support needs and support plans with students/parents/guardians using a principles-based approach, supported by specific planning templates and processes.

Broader literature

From the additional literature, professional responsibilities, assessment documentation, and reporting templates were consulted (e.g., NDIS Code of Conduct, NDIS Quality and Safeguards Commission, 2024; NDIS Workforce Capability Framework, NDIS Quality and Safeguards Commission, 2023); National guideline for supporting the learning, participation, and wellbeing of autistic children and their families in Australia (Trembath et al., 2022, CanChild, n.d.-a). These documents aim to support professionals in ensuring the delivery of services and supports to children and families that are safe, effective, and desirable to them. These documents also inform professionals on principles, standards, and codes of conduct translated into observable behaviours (e.g., NDIS Workforce Capability

Framework), and provide resources such as a clinical intake tool for narrative descriptions of a child and family's strengths and concerns related to areas in child development (e.g., CanChild About My Child).

Community views

The following is a summary of themes identified through community consultation with community members, along with illustrative quotes.

What approach should be used?

Use different mediums to report on information

Community members mentioned using a variety of ways to report on children's functional strengths and support needs:

> *"Communication directly with parents, care givers, professionals."*
>
> *"Ideally, communicating needs face to face with those who will be working with a child would be most effective."*
>
> *"Case conference with all involved stakeholders."*
>
> *"Written information would be helpful to support discussion and for later reflection."*
>
> *"In a mechanism that makes sense for them. The medium can be different."*
>
> *"In as many formats as practical in order to be inclusive of different understanding levels and primary languages."*
>
> *"Open and honest communication is best. This can be through informal conversations, emails or formal meetings (e.g. IEP meetings)."*

Make sure the reporting is accessible

They also mentioned reports need to be accessible to read, understand, practical to use, and work on this together:

> *"In written report, where the level of language is accessible (i.e. not overly technical). It needs to be no more than a Year 7 level of language.*
>
> *"Plain English written reports – key points with visuals for stakeholders such as school staff."*
>
> *"In whatever way suits them best & helps them to understand it."*
>
> *"Ask me or we can draw it together."*
>
> *"Individual information should be shared via summaries that are easy and practical to use, always with permission from families/individuals."*

"Reports must be fit for purpose and share information in the most easy to understand way, if a parent or teacher for example cannot understand the content, then the writer has wasted their time."

"Partnership model for decision making written and verbal communication that is tailored to the audience."

Another community member noted that writing reports in a timely manner was important, *"As quickly as possible. Lengthy delays in report writing can lead to delays in a person receiving support."*

Share information respectfully

Community members mentioned information sharing needs to be respectful, informative, neurodiversity-affirming, and include the family so their views are listened to and they are not talked about without them.

"Information sharing should be respectful of both the family and the individual."

"In a respectful yet informative way so that all stakeholders are able to support the person to the best of their ability. Lack of information does not help anyone."

"With consent from the individual and in a way that is respectful and neurodiversity affirming for the individual."

"Most experiences have been traumatic and demoralising, being spoken down to with the individual and parents' observations being disregarded. Most people also speak about your child like they are an object or someone that doesn't have value or potential with people highlighting what a burden it is to accommodate their needs."

"Parents need to be included in this collaboration so others are not talking about their child 'behind their backs'."

Ensure consent has been considered and given when sharing information

A common message by the community members throughout the responses was around consent from the family to share or not to share their information to their preferences, and having processes around gaining consent:

"I don't like sharing with anyone, or being made to feel like I can't handle things on my own."

"I want my parents to check it first and say yes to anyone else seeing it. I don't want to talk to strangers."

"My Mum meets with my teacher, OT and Speech Pathologist all the time. Sometimes this makes me nervous but when Mum tells me that my teacher told her that she's proud of me because I'm doing a good job with things it makes me happy."

"Sharing should only be with the permission of the child concerned, if the child is capable of giving permission, and if possible should be in the child's own words, so the child can elaborate on the help they need."

"With explicit consent of the child's primary guardian and in consultation with the child, acknowledging their own agency."

"With permission of the child (appropriate to their age and stage), person and family."

"Agree an approach regarding sharing with the individual that the assessments."

"Ownership of Assessment Data needs to be clear and consents in place."

"Using some form of informed consent/sharing agreement with children and/or their families/ friends."

"Maybe don't share it with anyone else unless I specifically ask you to."

In particular, processes that could involve determining sharing information by the child or person with lived experience themselves:

"Where possible the child should be encouraged to self-advocate and share their own information."

"Autistic and disabled people are presumed to have capacity to make decisions about sharing of information about their personal needs, health and supports, including through a supported decision-making framework."

Ensure the information stays private and secure

Community members also spoke about security of the information of children and families, *"Securely and the least amount possible. not via email and not stored on gmail/hotmail accounts."* and *"A single record about each unique child which can be shared and edited by health professionals, schools etc would be beneficial. It should be shared via a secure gateway ensuring privacy and security are Maintained."*

Share relevant information with other stakeholders

When consent has been given, share the relevant information where possible with others involved in the child's care:

"I feel once this list of goals is generated it's really important that all the care support team involved in the child's further development be given access."

"One organisation needs to be designated as the 'lead' organisation and it will be their job to provide the necessary information to each organisation that they deem essential for the support of the client and their family."

"Communication channels should be open between any therapists and school educators."

What information is most critical?

The information shared is dependent on a number of factors

When asked about what information is most critical when reporting on children's functional and support needs, community members mentioned this is context-dependent, should be detailed, judicious, and include child and family interests and preferences:

> *"Situation specific. Needs to be adapted to each individual's circumstances."*
>
> *"The family get to decide – does not need to be a label other than for funding purposes."*
>
> *"Only information that is in the child's best interest should be shared."*
>
> *"Detailed reporting should be obligatory for all health professionals involved in the care of our children. Consultations/appointments are incredibly expensive and should automatically include a detailed record of the consult and all information. This should then be available to share with other health professionals, instead of repeatedly having to fill out application forms answering very basic/black and white questions."*
>
> *"On an as needs basis and only what is needed. not my entire history and not everything in my reports. just the results and diagnosis not the wording as people mis judge me when they read it."*
>
> *Information sharing amongst a young person's support network is critical to ensure a collaborative and consistent approach to care and support. However, this should be managed sensitively. Only relevant information should be shared. Consent to share information is also important, wherever possible.*
>
> *Very carefully! Only when necessary, and never just to satisfy other people's curiosity."*

Share summarised information for understanding

Additionally, community members mentioned that the information in reports need to be integrating and synthesising the information:

> *"Critical information is a summary of the key outcomes from each method of assessment, an outline of the methodology to assimilate all the information together, the priorities recommended and the rationale and the risk if don't follow the rationale recommended."*
>
> *"Information should be shared in an OUTCOMES FOCUSED way. When there is new Information, it needs to be SYNTHESISED with the existing information to enable a synthesised common UNDERSTANDING, which in turn enable supports and interventions to make sense as a whole."*

What a report is suggested to include

Community members highlighted the need to include aspirations, goals, and priorities:

> *"Write a summary of the support needs / goals identified and prioritised with the family during the previous step."*

"Outline why each goal has been identified and prioritised. This will provide an accurate picture of the child / family strengths and needs."

They also emphasised the need to report children's functional strengths and challenges:

"Information should be shared in an affirming and strengths-based approach. ableist language must be avoided while making support needs clear. fluctuating capacity and support needs are tricky and info being shared with others must respect that need for flexibility."

"Confidentially and with emphasising the key strength when sharing information about weaknesses."

"She does not want to have to relay to a stranger all of her difficulties. She has recently started to participate with lac and ndis as we are supporting her to develop skills to be able to understand her ndis plan for when she turns 18."

"Some instances where information maybe reported that is inaccurate or not truly reflective of functional strengths due to a perception held that if "the child" is portrayed to be more delayed it equates to better funded plans."

Furthermore, community members commented on the need for professionals to present rationales for conclusions drawn, including recommendations, as well as specifying any limitations with the assessment process:

"Outline why each goal has been identified and prioritised. This will provide an accurate picture of the child / family strengths and needs."

"Information about current strengths and needs, as well as how this information was gathered should be clearly documented in a report. Then how this information was used to arrive at the prioritisation of support needs should also be clearly documented."

"Important to include what triggers cause meltdowns and what ways child conveys his/her needs e.g. why does child scream e.g. being frustrated at not being able to reach an object or not liking sibling taking toy off them. Can be missed because professionals observe in artificial surroundings e.g. their office."

Organisation views

Share information with the child and family first

Organisations urged professionals to share reports with the child and family first, by professionals facilitating the information themselves to children and families, or asking the caregivers/parents to share with their child:

"Information should be shared with parents and carers to help them to be part of each part of the journey, in a number of different ways. Reports are always useful to summarise and explain information but being able to work through the contents of a report to explore the findings together is the most important aspect of this. Often important pieces of information require multiple discussions to ensure that parents and carers have understood and taken in the information and are therefore able to make to be an informed partner in decision making." (Professional organisation)

"Nothing about me without me". Children (where age appropriate) should be involved in information about them [...] families should be included in this sharing of information." (Professional organisation)

"Focus on parent/carer understanding and acceptance first as they can facilitate sharing information with the child outside of sessions and can make a huge difference in how accepted or not accepted the child feels, even if the parent is trying to help. then, use information individualised to the child depending on how the communicate e.g. visual supports, AAC, etc." (Professional organisation)

Sharing of reports with families could be done through different mediums, such as e-mail, phone, written information, opportunities for questions, and ultimately by preference of the individual/ family:

"In whatever means is most practical for the family." (Professional organisation)

And in-person/remote:

"It would depend on the preferred mode of communication of the individual, but could include written reports or in person or remote meetings." (Professional organisation)

by walking families through the report, with opportunity for explanations and discussions:

"That would mean often talking first on the phone, providing written information and then giving an opportunity to talk it all through and ask questions." (Professional organisation)

Report sharing and discussion could take place during care meetings/conferences and consultations, organisations mentioned with:

"Stakeholders Meetings and consultations with parties." (Professional organisation)

"Case conferences" (Professional organisation)

"Parents and carers should indicate how they would like the information shared which could be orally, in a feedback meeting, or as part of a planning meeting as well as in a report." (Professional organisation)

Make reports accessible for the child, family, and all stakeholders involved

In sharing the reports with families, reports need to be made accessible for children and families. Considerations here include clarity, conciseness, literacy and English, no jargon, and culturally sensitive:

"Accessible reports will facilitate collaboration and better outcomes for the young person if recommendations can be met and followed." (School institution)

"Information should be clear, concise and unambiguous." (Professional organisation)

"Making sure that the report is written at the right level for parents to understand including literacy levels, ESL etc is important to consider and having these discussion about adaptations that may need to be made at the beginning of the assessment process so things like interpreters or key people to communicate with in this process can be organised." (Professional organisation)

"Reports should be family friendly and avoid jargon." (Community organisation)

"Change is needed so that reports acknowledge the child's strengths alongside challenges and be written in family-friendly formats with visual aids, bullet points, and summaries to enhance readability [...] Understanding cultural nuances when documenting and sharing information can avoid stigma and distress and share cultural strengths." (Professional organisation)

Further on sharing of reports with all stakeholders, organisations mentioned to collaborate within the team:

"Information should be shared in collaborative care plans. [...] Which includes the person and their families." (Professional organisation)

"Share it [report] all the more the better so can take a team approach" (Professional organisation)

Having a central place of sharing assessment reports, with relevant processes of information security, and a standardised report template is needed:

"Standardised assessment procedures are vital for assessment and it would be helpful to have a centralised place for assessment reports for practitioners to share information. [...] Currently, assessment reports are not widely shared between stakeholders, which often leads to a misuse of funding and 'doubling-up' of services. Outlining what goals each therapist is working on (and how) can assist in streamlining a child's goals and targets and also reinforce therapy in other specialties across all domains." (Professional organisation)

"Use of secure inter-organisational protocols and practices to support sharing of relevant information, with permission from the family." (Professional organisation)

"Ideally, this document can be shared to others by the child and family, so that all support services can find relevant information effectively and efficiently." (Professional organisation)

"Perhaps a system like the universal medical records system would be useful (as long as carers/ parents still had the ability to grant or withdraw access and had full access themselves). This would make it easier for information to be shared and stored rather than relying on parents/ carers to keep and distribute reports etc. This would also assist in ensuring continuity of care/ progress/supports when there is a change of provider, make it easier for the NDIS to track long term progress towards goals, and reduce costs incurred when new supports are put in place and have to spend time (therefore funds) chasing information." (Professional organisation)

"A standardised report template of individual assessment areas for each profession would be the most beneficial form of communication for multidisciplinary team members." (Professional organisation)

"Develop a centralised platform, akin to healthcare systems like Medicare, enabling families to manage consent and share a child's assessment details with various professionals, supports and service providers. This approach aims to eliminate information silos, reduce duplication of assessments, and ensure that all professionals and supports working with the child have consistent, up-to-date information. [...] the establishment of a centralised record-keeping system to facilitate better collaboration and transparency regarding the child's strengths and needs among all involved parties. Such a system would enable more efficient sharing of information and coordination of care, ultimately leading to more effective support for the child." (Community organisation)

Gain consent to share family's information

In which way the report information may be shared, the sharing of information requires individual's/ family's consent, and should be shared in a way that respects their wishes, privacy, and confidentiality:

> *"Most importantly this needs to be done in an open and collaborative manner while respecting confidentiality and relevant processes. [...] The family and child should be at the centre and also steering who the information is to be shared with." (Professional organisation)*

> *"The reporting template should include a section outlining parental consent to share the information with practitioners completing the report so they can liaise with other practitioners in the child's support team." (Professional organisation)*

> *"Reporting and dissemination of information needs to consider privacy and confidentiality wishes of individual and family." (School institution)*

> *"All information is confidential unless authority is given" (Professional organisation)*

> *"Simplify the consent procedure to a clear, tick-box format, allowing families to easily designate which stakeholders can access the child's assessment information. This method minimises the administrative load on families and guarantees that everyone involved in the child's care has the essential information without compromising privacy." (Community organisation)*

Develop detailed reports with actionable follow-up

Organisations mentioned what is important to include in reports: sufficient detail and understanding of what the child is doing to understand the individual child's functional skills and current capacity, with clear functional goals, especially strengths-focused, presented in a respectful way, and fit for purpose to the audience. Further suggestions included a one page profile, examples of behaviours, and the child's support network and preferences.

> *"Where possible information about a child or young person should be documented in a transparent and respectful way with the views and preferences of the young person and their family foregrounded." (Professional organisation)*

> *"The most critical pieces of information to include on a goal plan or assessment report are: 1. A child's support network and the support they provide, including family, education setting, formal and informal supports. 2. A child's interests, strengths, and their communication, sensory, emotional regulation, and learning preferences. This enables a reader of the goal plan/report to operate in an effective strength based way that is consistent with a neuro-diverse affirming approach. 3. Clear, functional goals. This enables readers to ascertain the child's support needs, and clearly defines what therapeutic intervention will be required/provided to assist the child and their family." (Professional organisation)*

> *"Reporting needs to balance strengths and support needs. Description of strengths and support needs should be descriptive and not general. It should be specific in the way it addresses goals and have recommendations that are relevant, meaningful and interest inclusive. Reporting should capture key information impacting on child's participation at school/in the community." (School institution)*

"Would like reports to be more strengths focused." (Professional organisation)

"Reports should be simple and meaningful for the child and their family. It should support a child and their caregivers to understand their individual developmental profile, strengths, and support needs. Reports should illustrate how areas of difficulty and impairment directly impact function and quality of life. Reports should describe trajectories and illustrate how providing supports will directly improve health and wellbeing outcomes. [...] Extensive reports of generic information is unhelpful. Functional strengths and support needs reports need to go beyond regurgitating standardised questionnaire results and integrate and interpret these results within the context of the individual child." (Government service)

"Parents can find reports very challenging to read, and may not understand the content, but this level of complexity is often required for NDIS purposes. This means clinicians need to balance the report according to the audience." (Government service)

"Directing parents to get support straight away rather than going on long waiting lists!" (Community organisation)

A crucial consideration for reports is to include actionable outcomes:

"processes to increase the likelihood information was taken on such as in schools etc as unfortunately when young people share how it is for them and it seems it is not taken into account in wider systems, I can see why people feel helpless." (Professional organisation)

"These reports should be useful and actionable for those reading it. The outcomes of this evaluation should be actionable and beneficial for the family." (Community organisation)

What could also help is reports to be comprehensive of all disciplines, as one organisation mentioned, "Having all the information together in one report from all disciplines often helps rather than taking in lots of information in lots of different reports." (Professional organisation)

Reference Group input

Co-production point 11

Members of the Reference Group reflected on the thematic analysis in small group discussions, affirming the views that had been shared by the community and themes identified and further building on these. The discussions in each small group were strongly solutions-focused in nature. Members shared their views on how reporting should occur, and the types of innovations they want to see across sectors to make the process of sharing information more accurate, appropriate, efficient, respectful, and helpful to children and families, as well as those seeking to support them.

Following the meeting, transcripts of recordings and chat functions were reviewed, and the feedback from Reference Group Members summarised. Further thematic analysis of the themes identified through community consultation, and discussed during the CPP11, led to the emergence of three key themes regarding reporting. Specifically, the approach, experience, and outcomes of reporting should be *individualised*, *respectful*, and *helpful* to the child and family.

A notable outcome of the CPP11 small group discussions was the wealth of ideas shared by members regarding potential solutions, which centred around the notion of an integrated, online, data sharing platform. Key opportunities identified by members, along with requirements, included the need to:

- Streamline information gathering and reporting (e.g., smart forms)
- Reduce time, cost, and burden on child, family, and those contributing
- Support data integration (multiple people, contexts, and time points)
- Facilitate quality control (e.g., reconciling disparate reports)
- Ensure judicious presentation of data (e.g., need to know basis)
- Ensure people using data have the knowledge and skills to work with data they have access to
- Ensure child and family control.

These findings were shared back with Reference Group Members in the subsequent meeting (meeting 10) and further comments, questions, and suggestions invited. No differences of opinion were noted. The project team noted that although it is beyond the scope of the current project to consider an online integrated platform, the opportunities and requirements identified by members could be translated into a set of system requirements for a follow-up project.

Summary

Key findings from the reviews and research activities on reporting showed the inclusion of the child's strengths, developmental needs and concerns, the identified supports needed, goals, proposed strategies, and actionable follow-ups. In gathering information and effective coordination for healthcare planning, it is important for the information to be streamlined, integrated, and quality controlled, importantly with child and family involvement. Documentation and communication of assessment results to families and other stakeholders should be clear, accurate, and timely. Sharing of information should happen with the child and family first, and with their informed consent shared with others involved in the child's care.

Use of tools

This chapter sets out information about the use of tools within the Framework. Co-leads (Nicole Dargue, Kiah Evans, Emmah Baque, and Hannah Waddington) drew upon results gathered from the systematic and grey literature review, online community survey, co-production, the research literature, discussions with the broader research team and their own knowledge and skills.

Framework question

Information regarding the use of tools was collected across research and co-production activities to address the following Framework questions across assessment, differentiation and reporting: *What tools are available?*

What information was considered?

Information related to the use of tools was gathered through the research and co-production activities. As limited information was available from the systematic and grey literature review, this section of the Framework heavily relied on feedback from the community and Reference Group co-production.

Systematic review

Information was extracted from all three studies included in the systematic review (Walker et al., 2013; Huang et al., 2013; H.Y. Lin et al., 2016).

Grey literature review

Information was used from 28 articles relevant to use of tools. These references to tools were categorised into tools relevant for assessment, differentiating, and reporting.

Broader literature

A range of additional research articles and online resources were reviewed in the process of developing Framework content regarding the use of assessment tools. For example, this included research focusing on considerations when working with First Nations peoples (e.g., Lewis et al., 2017),

clinical utility and psychometric properties of assessment tools (e.g., Mokkink et al., 2010; Smart, 2006), and the selection and use of tools within the ICF biopsychosocial framework (e.g., Hayden-Evans et al., 2022, D'Arcy et al., 2022).

Community views

Information gathered through the community consultation, including feedback from individuals and organisations, was considered.

Organisation views

Organisation responses were systematically grouped according to principles, assessment, differentiation, and reporting by a member of the project team (Emma Hinze). After these responses were organised and grouped, a member of the project team (Zheng Yen Ng) constructed key concepts and extracted quotes to exemplify the concepts around use of tools.

Reference Group input

Input from the Reference Group regarding the use of tools was gathered specifically via two CPPs:

- CPP 5 (meeting 5) invited Reference Group Members to share their views on using tools during the assessment process to identify the strengths and support needs of children.
- CPP 10 (meeting 8) invited Reference Group Members to share their views on what approaches, tools and critical information are most important to differentiate support needs across children and families.

Further explanation of these CPPs is provided under Assessment (CPP5) and Differentiation (CPP10) Chapters of this document.

What were the key findings?

Systematic review

The following text is copied verbatim from the Assessment Chapter as it has relevance to both assessment in the broad sense, as well as more specifically in terms of the use of tools.

All three studies included in the systematic review contained information relevant to the assessment of functional strengths and/or support needs in children. One study (Huang et al., 2013) adopted the International Classification of Functioning, Disability, and Health for Child and Youth (ICF-CY; World Health Organization, 2007) as a conceptual framework to explore determinants of school activity performance. The study identified that determinants of school activity performance span all dimensions

of the ICF-CY, including children's health condition, body functions and body structures, activity and participation and contextual factors. This finding highlights the importance of considering the ICF-CY as a conceptual framework when assessing functional strengths and support needs in children. All three studies utilised a variety of assessment tools to gather information for the assessment of children's functional strengths and/or support needs within the school context specifically, including observations (Walker et al., 2014), interviews (Walker et al., 2014), and questionnaires designed to assess functional strengths and/or functional support needs (Huang et al., 2013; H.Y. Lin et al., 2016; Walker et al., 2014). One study (Walker et al., 2014) presented the Support Needs and Assessment and Problem Solving (SNAP) process as a guide for educational teams in the assessment and differentiation of functional support needs of children with intellectual disability/intellectual and developmental disabilities (ID/IDD). In terms of assessment specifically, the SNAP process recommended the observation of children with ID/DD in the school context to become familiar with their classroom routines and allow rapport to be built with the classroom staff. This observation was to be followed by the administration of the Supports Intensity Scale – Child (SIS-C) (Thompson et al., 2013) to provide a measure of each child's functional support needs across all life domains, and a discussion with classroom staff to discuss the SIS-C results and to identify staff concerns and ideas for additional supports each child may require. Overall, the results of the systematic review highlighted the importance of using the ICF-CY as a conceptual framework and a range of assessment approaches to collect relevant information surrounding children's functional strengths and support needs. Such approaches should include observation, the use of tools that measure functional strengths and/or support needs, and interviews with those involved in the child's care.

Grey literature review

The following lists provide more detail from the 28 references of grey literature that are relevant to use of tools in terms of assessment, differentiating, and reporting some references may overlap). Important to note here is that no one tool may capture all that is needed to support the child's functioning and support needs.

Assessment (*n* = 24)

1. *Belonging, Being and Becoming: The Early Years Learning Framework for Australia (V2.0)* (Australian Government Department of Education, 2022).
2. *National Framework for Universal Child and Family Health Services: Vision, objectives and principles for universal child and family health services for all Australian children aged zero to eight years* (Australian Health Ministers' Advisory Council, 2011).
3. *National Clinical Assessment Framework for Children and Young People in Out-of-Home Care (NCAF)* (Australian Government Department of Health and Aging, 2011).
4. *Working with Families with Disability: Supporting Good Practice* (ACT Government, 2020).
5. *Practice Package Nursing and Health Care* (NSW Government – Family & Community Services: Ageing, Disability & Home Care, 2013).
6. *A Celebratory Approach to SEND Assessment in the Early Years* (Government of the United Kingdom Department of Education, 2018).

7. *Examining the Reliability and Validity of the Supports Intensity Scale–Children's Version in Children With Autism and Intellectual Disability* (Shogren et al., 2017).
8. *Using Stakeholder Involvement, Expert Knowledge and Naturalistic Implementation to Co-Design a Complex Intervention to Support Children's Inclusion and Participation in Schools: The CIRCLE Framework* (Maciver et al., 2021).
9. *Early Childhood Standards of Quality for Birth to Kindergarten* (Michigan State Board of Education, 2022).
10. *A guide to Individual Assessment of Early Learning and Development* (IAELD) (Hertfordshire County Council – Children, Schools and Families, 2010).
11. *Guidance on a common approach for professionals in Glasgow to assessment, planning and care management for children and young people* (Scottish Government, 2017).
12. *The interRAI Child/Youth Mental Health – Developmental Disability* (ChYMHDD) Instrument (Interrai, n.d.).
13. Aboriginal Supported Child Development (Gray Smith, 2010).
14. *SmartStart Hubs: connecting families with child development services. Policy and Practice Guidelines: Early Intervention and Special Needs Modernization* (Ministry of Children, Community and Social Services Ontario, 2022).
15. *Right time, right care: Strengthening Ontario's mental health and addictions system of care for children and young people* (Child and Youth Mental Health Lead Agency Consortium (LAC) and School Mental Health Ontario (SMH-ON), 2022).
16. *Inclusive Student Services Special Education Plan* (Durham District School Board [DDSB], n.d.).
17. *Fiji Education Management Information System (FEMIS): Disability disaggregation package. Guidelines and forms* (Australian Government, Fiji Ministry of Education, & Palladium, n.d.).
18. *Needs assessment protocol developed and adapted to Greek context: Technical support on the deinstitutionalisation process in Greece* (European Association of Service Providers for persons with Disabilities [EASPD], 2021).
19. *The development and design of the Musical Functional Assessment Profile (MFAP) in autism* (Marsimian, 2024).
20. *An Evaluation of the Identification of Need (ION) Process in Sligo/Leitrim and Donegal* (Child and Family Research Centre, National University of Ireland. (2011).
21. *Oldham Refreshed Continuum of Need: Our Approach to Effective Support and Help Framework, for Children, Young People and Families in Oldham* (Oldham Safeguarding Partnership, 2021).
22. *Assessing disability of children: A mapping in Armenia, Georgia, Moldova, North Macedonia, and Serbia* (Norad, 2023).
23. *National Curriculum Framework for Foundational Stage* (National Steering Committee for National Curriculum Frameworks, 2022).
24. *Aston Village Educate Together National School Support and Assessment Policy* (Aston Village, n.d.).

Differentiating (*n* = 2)

1. *National Framework for Children and Young People's Continuing Care* (Department of Health, 2016).
2. *Educational Support Guidelines: A Whole School Approach* (European School Brussels III, 2022).

Reporting (*n* = 3)

1. *Aboriginal Supported Child Development* (Gray Smith, 2010).
2. *Inclusion and Intervention Plan Guidelines* (Saskatchewan Ministry of Education, 2017).
3. *Special Educational Needs: A Continuum of Support Guidelines for Teachers* (Government of Ireland An Roinn Oideachais (Department of Education and Science), 2007).

Broader literature

A range of additional research articles and online resources were reviewed in the process of developing Framework content regarding the use of assessment tools (CanChild, n.d.-a,b,c; City of Wolverhampton Council, 2019; Canadian Occupational Performance Measure [COPM], n.d.; D'Arcy et al., 2022; Hayden-Evans et al., 2022; Jones n.d.; NDIS, 2020; School Curriculum and Standards Authority, 2014; SeeAbility, 2019; Verdugo et al., 2020; VIA Institute on Character, n.d.-a; youthinmind, n.d.). For example, these included research focusing on considerations when working with First Nations peoples (e.g., Lewis et al., 2017, I. Lin et al., 2016), clinical utility and psychometric properties of assessment tools (e.g., Mokkink et al., 2010; Smart, 2006), and the selection and use of tools within the ICF biopsychosocial framework (e.g., CanChild, n.d.-a,b; D'Arcy et al., 2022; Ellingsen & Simeonsson, 2024; Hayden-Evans et al., 2022; ICF Research Branch, n.d.). Two approaches that assessors can use to locate ICF compatible tools that assess functioning, strengths and/or support needs are:

F-word focussed: The CanChild website provides numerous free to use assessment tools to embed the F-words into practice across a range of settings. Professionals are able to develop and share their own F-words assessment tools using the template provided, hence this website is a dynamic repository.

ICF item focussed: CanChild's 'About My Child' assessment tool (CanChild, n.d.-a) has established psychometric properties and clinical utility, and in only five minutes provides a snapshot of functioning across a selection of body functions, activities and participation (Williams et al., 2018). In addition, to simplify choices about the relevant ICF items to assess for each child, researchers have developed ICF Code Sets based on the most relevant ICF items for different age groups (Ellingsen & Simeonsson, 2024) and ICF Core Sets based on the most relevant ICF items for different health conditions (ICF Research Branch, n.d.). The ICF provides a general template for rating body function and structure impairments, activity and participation performance and capacity difficulties, and environment facilitators or barriers using items from specific ICF Core Sets (ICF Research Branch, n.d.). There are numerous articles that have already evaluated assessment tools through linking the content to ICF Code and Core Sets (e.g. D'Arcy et al., 2022; Elfassy et al., 2024; Hayden-Evans et al., 2022; Schiariti et al., 2017). These types of articles are an excellent resource to expediate evidence-based decisions about assessment tools, and many can be found through a Google Scholar search using the following keyword combination: ""ICF linking" and "assessment" and "[insert health condition]"" or ""ICF linking"

and “assessment” and “code set””. Regarding *differentiation*, tools identified through the systematic review and grey literature search and explored further included the SIS-C (Thompson et al. 2013), About My Child (CanChild, n.d.-a),, F- words Tools (n.d.-b; e.g. F-words Profile, F-words life wheel) (CanChild), Access and Equity Inquiry (CanChild Resources, n.d.-c) and interRAI Child and Youth Mental Health Instrument for Developmental Disabilities and Adolescent Supplement (ChYMH-DD; Interrai, n.d.). Different approaches were used to document the support provided (e.g., type, frequency and duration, degree currently met, parental concern). Support needs were also categorised across different life domains using frameworks such as the ICF and F-Words. Some tools (e.g., SIS-C) also measured support needs according to an individual’s priority medical and safety needs. Importantly, no single tool was identified which adequately captured either the assessment process, the differentiation process or both.

Community views

As reported in the Assessment Chapter in this Supporting Information Document, and copied here verbatim, a key theme emerging from the community views was the need to use a variety of tools and obtain different perspectives. Community members highlighted the importance of being flexible in the types of tools used to assess strengths and support needs, with one community member noting *“I’d avoid mandating any particular tools.”*

Rather than relying on a single tool, community members consistently encouraged using a diverse range of formal and informal tools. Highlighting the diversity of tools available, a community member reflected *“Information should be obtained from 1) Interactions with the child, 2) Parent / guardian reports, 3) Teacher / educator reports, 4) Multidisciplinary discussion. Information should be obtained both in clinical and natural settings, such as through play or observation. Evidence-based assessment tools should also be more consistently used.”*

Another community member echoed this view and encouraged creativity when obtaining information from the child themselves:

> *“Asking children directly of their perceptions of their strengths and needs and providing non-leading questions and prompts to help them answer this. Use of art or other mediums rather than verbally can help facilitate this. We can also learn about children’s strengths and needs from a variety of perspectives – caregivers, teachers and friends – both informally and using standardized/formalised tools.”*

This response also highlights the importance of obtaining multiple perspectives, including those of the child and family – a reflection that was similarly shared by several other community members.

In using a variety of tools, community members indicated the importance of using tools that are appropriate for the child. One community member stated, *“We need to take into account Cultural and Linguistic Differences”* while another emphasised that *“individualized assessments are paramount as some disabilities don’t have the same presentation.”* Interpretation of tools for the purpose of identifying support needs should also be individualised, with a community member noting that we should be *“Considering needs compared to those of similar age”.*

No tools specifically relating to the differentiation of support needs were identified from the community consultation. Related concepts, such as goal setting, were mentioned instead (e.g., use of structured goal-setting tools such as the Goal Attainment Scaling and Canadian Occupational Performance Measure).

Organisation views

Use a variety of tools for assessment

Organisations reported on a range and combination of tools they currently use, including standardised assessments and informal assessments (which are domain-specific or general), history taking tools, observational and clinical interview tools (structured/semi-structured/unstructured), the ICF (World Health Organization, 2001), questionnaires and rating scales for self/expert-report, behavioural and projective assessments, checklists, performance scales to track progress over time, validated functional capacity assessments, developing sensory profiles, and goal-setting tools (see Assessment for a range of resource types). This also included tools for assessment of general development and overall functioning, and domain-specific functioning, e.g., cognitive, motor, social-emotional, musculoskeletal, mobility, and sensory functioning.

Standardised assessment tools/frameworks can help *"to be consistent in the approach with the child/ family and to documenting findings in a systematic way"* (Professional organisation) while *"tested and recognised within the healthcare community, and align with scope of practice and expertise"* (Professional organisation). However, the level of experience may inform the way a clinician assesses a child, while more experienced clinicians may have *"a greater focus on functional capacity, whereas less experienced clinicians may rely more on standardised tools. This means there are risks in being too prescriptive, or relying solely on a standardised tool"* (Government service).

The suggested approach to take

While there are many tools available for specific purposes, organisations emphasised taking on an individualised, culturally sensitive approach and clinical opinion/judgment based on experience and expertise, and collaborative assessment is important. Some organisations mentioned the tools *"shown to be most effective are the low tech but high practitioner expertise requirement behavioural skills"* (Professional organisation) and *"Assessments need to look wider than just "assessing" the child, but consider how they should best be supported. This approach necessitates practitioners using a range of tools that look at environments, supports and barriers"* (Professional organisation). Another professional organisation said *"We feel that the tools used should be culturally sensitive and validated for use with First Nations people, but these are so limited and not always fit for purpose. This may involve using an assessment tool and adapting it to be more culturally appropriate or adding additional explanations to clarify / relieve confusion."*

How to select tools

When selecting tools, organisations highlighted considerations of developmental appropriateness, availability of multilingual options, evidence-based assessments, neuroaffirming, and non-verbal communication of children. Important considerations also included cultural appropriateness of tools and tools that consider the cultural context, and can address cost-effectiveness:

> *"It is important to use tools that are culturally appropriate and validated for use with diverse populations. For First Nations children, it may be beneficial to use culturally specific assessment tools or to adapt existing tools to be more culturally sensitive." (Professional organisation)*

> *"Functional and culturally sensitive assessment tools that assess the whole child in terms of their preferences, interests and functional skills that enable meaningful participation in daily activities, routines, and natural environments." (Professional organisation)*

> *"Artificial intelligence and cost-effective automated assessment tools are vital to improve access and costs of healthcare, but require cybersecurity concerns to be addressed." (Professional organisation)*

And also technology-based tools for remote access:

> *"Technology-based tools for remote access assessments and data collection to improve accessibility and efficiency should be considered." (Professional organisation)*

Find tools to support child involvement and explain tools for families' understanding

Organisations also mentioned children being involved in their care, for example, able to self-identify their support needs through the use of tools: *"we also need tools to listen to child voice"* and *"We also believe that the child should be supported and provided with tools to comment on their functional strengths and support needs where possible which may look like development of self-identification tools around support needs."* (Professional organisation) and families to understand the tools: *"Explain the tools used (e.g., observations, interviews, standardised assessments"* (Professional organisation).

Communicate and collaborate in use of tools with all involved

Lastly, organisations also mentioned communication and collaborations with all involved, including multidisciplinary assessments, documentation of what tools have been used and a central place for sharing of assessment information (see Reporting):

> *"Using tools that independently assess a person's functioning in all areas of life and making sure the person doing the assessment actually has the experience and qualifications to do the assessment – which would mean that multidisciplinary assessments are required." (Professional organisation)*

> *"It is important to document tools that have already been used, to ensure that tools are not repeated and there is no duplication of services. [...] When services know what tools might be used and when and by whom, means we do not duplicate unnecessarily." (Government service)*

> *"Deploy digital platforms that facilitate secure, selective sharing of assessment information. These platforms should enable families and authorised professionals to access reports easily, ensuring all parties are informed and aligned in their approach to supporting the child." (Community organisation)*

Reference Group input

As reported in Assessment, and copied here verbatim, the Reference Group provided the following feedback when asked to share their views on using tools during the assessment process to identify the strengths and support needs of children.

1. *Assessment planning should be a collaborative process:* Members of the Reference Group noted that the clinician and family should work together to plan an individualised assessment that is appropriate for the child. Ultimately, every decision made should consider the child and their family, with assessment being an interactive and collaborative process from start to finish.

2. *Tools should be appropriate for the child as an individual:* Reference Group Members acknowledged that although there are a number of tools that assess strengths and/or support needs, not all are appropriate for all populations or are culturally sensitive. As such, tools should be selected based on their appropriateness for the child as an individual. That is, tools used should be appropriate for the child's unique characteristics, such as their age, diagnosis, cultural background, or their primary language used at home. As such, clinical reasoning is an important component of tool selection; clinicians should ask whether each tool is reliable, valid, fair, engaging, and purposeful for the child being assessed.

3. *Assessment is not just about formal standardised tools*: The Reference Group reflected that the tools used to identify strengths and/or support needs may be standardised or non-standardised.

4. *Tools should consider the different domains of the ICF (World Health Organization, 2001):* The Reference Group noted the importance of selecting tools that allow the clinician to map the results onto the different domains of the ICF.

5. *Assessments should be reviewed over time*: Reference Group Members underscored the importance of assessment review occurring as needed, given that a child's strengths and support needs change over time.

Summary

Tools should be individualised: Information obtained across sources highlighted that not all tools are appropriate for all children. As such, tool selection should be individualised and consider the child's unique characteristics, such as their age, diagnosis/diagnoses, cultural background, or their primary language used at home. Clinicians should ask whether each tool is reliable, valid, fair, engaging, and purposeful for the child being assessed.

Tools may be standardised or non-standardised: Information collected across sources specified that the tools used to assess, differentiate, and report on strengths and/or support needs may be standardised or non-standardised.

Tools should consider the different domains of the ICF (World Health Organization, 2001): The Reference Group noted the importance of using tools that allow the Clinician to map the results onto the different domains of the ICF. Information obtained from the systematic review, grey literature search, and broader literature search aligned with this view.

As noted in Assessment, neither the grey literature search nor the community consultation was able to establish a single or suite of preferred assessment tool(s) capable of identifying strengths and support needs for all children across contexts. Instead, this Framework recommends that information be collected through utilising a variety of relevant assessment tools and sources of information. Assessment results that are already available should be mapped against the information needs (i.e., what information needs to be collected), and a set of assessment tools should be selected for each child to address the remaining information gaps. Along with answering the questions set out in the 'What information is most critical?' section, the combination of existing and new assessments should span the range of settings, information sources, and information collection methods described in the 'What approach should be used?' section. Finally, tools should facilitate consistent collection of relevant information to answer the questions set out in the Framework.

Professional competency and capability

This chapter sets out how the Professional Competency and Capability Section was developed for the Framework. Co-leads (Emmah Baque, Rachelle Wicks, and David Trembath) drew upon results gathered from the systematic and grey literature review, online community survey, Reference Group co-production, the broader research literature, discussions with the broader research team and their own knowledge and skills.

Framework question

Information regarding professional competency and capability was collected across research and co-production activities to address the following Framework questions across assessment, differentiation and reporting:

What competencies are required of professionals who are involved?

What information was considered?

Information relating to professional competencies and capabilities to assess, differentiate and report children's functional strengths and support needs was gathered through the research and co-production activities. As such, the Professional Competency and Capability Section was formulated using information obtained from the systematic review, grey literature review, community survey, and Reference Group through the co-production activities and information sharing.

Aims and methods related to the Professional Competency and Capability Section for the research review, grey literature review, community consultation, and co-production activities are outlined below:

Systematic review

Competencies and capabilities information from one (Walker et al., 2014) out of the three included studies was extracted and considered for inclusion in the Framework.

Grey literature review

Of the 52 documents obtained from the grey literature search, 16 contained information directly related to competencies and capabilities. These documents included policies (n=1), reports (*n* = 5), guidelines/guidebooks/guidance (*n* = 5), frameworks (*n* = 2) and a single manual (*n* = 1), protocol (*n* = 1) and research article (*n* = 1) across health, education, social work and child safety sectors.

Broader literature

Available professional competency frameworks across Australia were reviewed and key elements extracted for consideration in the Framework (Hearing Health Sector, 2022; Australian Dental Council, 2023; Occupational Therapy Board of Australia, 2018; Psychology Board AHPRA, 2023; The Government of Western Australia Department of Education, 2004). In these frameworks it was considered how competency was conceptualised and operationalised to understand different professions, what their core knowledge and skills are, and where the framework can help in terms of identifying key capabilities. These frameworks were also used to inform the CPP13.

Community views

Individual responses to the community survey questions across assessment, differentiation and reporting were systematically coded as relating to '*What competencies are required of professionals who are involved?'* by members of the research team. Two members of the research team (Rachelle Wicks and David Trembath) read all identified responses and completed a thematic analysis in the process of developing CPP13 (meeting 11) which in turn informed the development of the Framework.

Organisation views

Organisation responses were systematically grouped according to principles, assessment, differentiation, and reporting by a member of the project team (Emma Hinze). After these responses were organised and grouped, a member of the project team (Zheng Yen Ng) constructed key concepts and extracted quotes to exemplify the concepts around professional competency and capability. Key concepts were then reviewed by a co-lead of the chapter (Emmah Baque), and key findings reviewed by the broader project team.

Reference Group input

Co-production point 13

Many different people can contribute to the process of assessing, differentiating, and reporting children's functional strengths and support needs. However, depending on the role each person plays, they require particular competencies, such as in relation to knowledge and skills to ensure

their contribution is appropriate, relevant, and respectful to the child and family. The aim of CPP13 was to, therefore, hear the views of the Reference Group about competencies that are required for professionals to contribute to assessment, differentiation and reporting of children's functional strengths and support needs. Before the meeting, Reference Group Members were asked to reflect on the competencies that they felt were critical to consider and then share their perspectives in small groups during the meeting.

During the meeting, Reference Group Members were presented with different examples of professional competency standards and frameworks across Australia. These standards varied in the approach (e.g., list organised by knowledge, skills and attributes) and number, type and description of standards required for professionals to be effective in a particular area of practice. Then, Reference Group Members were presented with a child-centred approach to setting out competencies and capabilities specific to the Framework. This approach aims to complement, not repeat, existing professional standards by focusing on competencies and capabilities specific to the assessment, differentiation, and reporting of children's functional strengths and support needs. Following the presentation, Reference Group Members separated into two groups and were invited to share their perspectives on a child-centred approach and competencies related to knowledge and skills which they felt were the most important to consider in relation to the aim of the Framework. Information shared by the Reference Group Members about competencies was collated and a summary of findings presented back in meeting 12 for any further feedback.

What were the key findings?

Systematic review

Information regarding professional competencies and capabilities was extracted from one out of three research articles included in the systematic review. Walker et al. (2014) presented a framework for assessing and differentiating the individualised support needs of children with intellectual disability and related developmental disabilities within the school context. The supports implementation phase of the framework involved classroom teams engaging in professional development activities to assist with the implementation of support strategies to meet the support needs of children.

Grey literature review

Summarised key findings from the 16 documents extracted include:

1. *Belong, Being and Becoming: The Early Years Learning Framework for Australia (V2.0)* (Australian Government Department of Education, 2022).
   - Explains that educators should draw on a range of sources of information including their professional knowledge and early childhood theories to clearly identify children's strengths and capacities and consider these in relation to the Learning Outcomes and/or other assessment criteria. Consideration of the knowledge and expertise of the children, families, communities and other professionals involved is also important when interpreting information collected.

2. *My Time, Our Place: Framework for school aged care in Australia (V2)* (Australian Children's Education and Care Quality Authority [ACECQA], n.d.).
   - Similar to *Belong, Being and Becoming: The Early Years Learning Framework for Australia (V2.0)*, this report explains that educators should draw on a range of sources of information. Educators should also be able to analyse and plan thoughtful and appropriate leisure and play activities, considering children and young people's cultural and linguistic identifies and diverse capabilities.

3. *National Framework for Universal Child and Family Health Services: Vision, objectives and principles for universal child and family health services for all Australian children aged zero to eight years* (Australian Health Ministers' Advisory Council, 2011).
   - Outlines that professionals should have the relevant knowledge, skills and attitudes to work with adults and children in both preventative and clinical settings. They also should demonstrate the knowledge and skills to work collaboratively in partnership with all families, including Aboriginal and Torres Strait Islander families. Professionals need to identify and assess health concerns, deliver health information as well as provide guidance and decision making. Competencies for the universal child and health practice are intended to complement, not replace existing statements specific to workforce competencies. A list of potential competency domains was highlighted in the document (e.g., child-health focus, knowledge of child development, collaboration across services etc.)

4. *National Clinical Assessment Framework for Children and Young People in Out-of-Home Care (OOHC)* (Australian Government Department of Health and Aging, 2011).
   - Explains that practitioners should have subject-specific clinical expertise, interest and cultural competency to complete assessments.

5. *Victorian Early Years Learning and Development Framework* (Victorian Government Department of Education and Training, 2016).
   - Outlines that early childhood professionals should continuously enhance their skills, respect their colleagues, prioritise their own wellbeing and that of others, and draw on the expertise of their peers. They should collaborate to improve the quality of children's learning experiences and promote their own learning and development.

6. *A Celebratory Approach to SEND Assessment in the Early Years* (Government of the United Kingdom Department of Education, 2018).
   - Explains in detail that practitioners need to: (1) have key skills, (2) partner with parents, carers and families, (3) be able to implement a graduated response process (plan, do, review cycle), (4) complete a one-page profile which is co-constructed and places the child at the centre, (5) use detailed observations to gain an understanding of the child, (6) plan a challenging and enjoyable experience in all areas of development for each child drawing upon information collected, and (7) be able to track a child's progress. Practitioners should also be able to access training to meet competency to undertake SEND assessments.

7. *Using Stakeholder Involvement, Expert Knowledge and Naturalistic Implementation to Co-Design a Complex Intervention to Support Children's Inclusion and Participation in Schools: The CIRCLE Framework* (Maciver et al., 2021).
   - Reports that teachers should work in ways that are inclusive of all children.

8. *National Framework for Children and Young People's Continuing Care* (Department of Health, 2016).
   - Explains that practitioners need to have the relevant paediatric skills and competencies to undertake children's health assessments. Minimum expertise expectations include children and young people's continuing care (and the policy in the Framework), child and young people's development, assessing children and young people and their families and working with children and young people (and their families). It is unlikely that one single assessor will be able to act as an assessor for all assessment in a particular area. Instead, practitioners will need to collate the relevant information and liaise with the appropriate professionals to request assessments. Professional judgement and clinical reasoning are important when describing the needs of children and their families accurately.

9. *Tameside Children's Needs Framework* (Tameside Safeguarding Children Board, 2006).
   - Outlines that lead professional knowledge and skills include: understand boundaries of own skills and knowledge, strong communication skills (including diplomacy, sensitivity), establish a successful and trusting relationship with child/ family, empower child/ family to make decisions and challenge when appropriate, understand the implications of child's assessments (e.g. risks and protective factors), support and enable child/ family to achieve their potential, work effectively with practitioners from a range of services, convene meetings and initiate discussion with relevant practitioners and knowledge and regional services for children and families.

10. *Guidance on a common approach for professionals in Glasgow to assessment, planning and care management for children and young people* (Scottish Government, 2017).
    - Across discipline boundaries, practitioner expectations include using resources and techniques that are child-friendly when eliciting children's views and prepare children to take part, as far as possible, in their meeting. Practitioners should work collaboratively and respect the views of colleagues and conduct assessments and interventions which are not intrusive. To 'get it right for every child' good practice examples include child-centred practice, sharing information proportionate, reducing number of meetings/ appointments for families, keeping assessment and intervention proportionate and relevant, working with children and families and empowering children and families to take control of their own lives.

11. *Aboriginal Supported Child Development* (Gray Smith, 2010).
    - Explains that to foster an inclusive environment, ensuring Aboriginal people are on staff and that all non-Aboriginal staff are culturally competent and respectful of Aboriginal history. Encourage Aboriginal mentoring programs, especially those aimed at engaging youth. Strengthen the capacity and support for Elders, including providing transportation and respectful financial compensation. Develop core competencies that reflect Aboriginal worldviews and traditional approaches which will enable communities to hire members at equitable salaries. It is important to offer respectful wages, benefits, and supports that encourage the retention of Aboriginal staff, while recognising and addressing the unique challenges, barriers, and fears they face within their communities.

12. *SmartStart Hubs: connecting families with child development services. Policy and Practice Guidelines: Early Intervention and Special Needs Modernization* (Ministry of Children, Community and Social Services Ontario, 2022).
    - Outlines that SmartStart hub workers should demonstrate expertise in child development, familiarity with common paediatric conditions, as well as knowledge of local service systems to

support service navigation. Workers should take a family-centred strengths-based approach, recognise their own biases and work in ways that are anti-racist, anti-ableist and anti-oppressive. They should also collaborate with regulated health professionals from the child development sector to provide advice about the most appropriate clinical pathway and next steps for the child based on the information gathered.

13. *Ordinarily Available Provision at SEN Support: Guidance for Schools and Settings* (Cumbria County Council, 2023).
    - Outlines that teachers should be responsible for meeting special educational needs and focus on outcomes and provision of support for the child. Their first concern should be the education of their pupils and they should have high aspirations for all. They should also collaborate with their pupils and parents in the planning and review process.

14. *Needs assessment protocol developed and adapted to Greek context: Technical support on the deinstitutionalisation process in Greece* (European Association of Service Providers for persons with Disabilities [EASPD], 2021)
    - Reports that members of the needs assessment team should have a good understanding of the human rights perspective underpinning the whole assessing and planning process, good knowledge of the available methodological tools of assessment and training in person-centred thinking and planning methods.

15. *Recommended Practices in Early Childhood Intervention: A guidebook for professionals* (European Association on Early Childhood Intervention, 2016)
    - Explains that professionals should work using a family-centred model of care from a transdisciplinary perspective. A professional's technical qualities (e.g., training, experience, competencies), relational practices (e.g., active listening, empathy, honesty) and participatory practices (e.g., flexibility, family involvement) are fundamental to achieve positive outcomes for children and families. Professionals should also be afforded the opportunity to have the training and support to provide high quality services.

16. *Special Educational Needs: A Continuum of Support Guidelines for Teachers* (Government of Ireland An Roinn Oideachais (Department of Education and Science), 2007).
    - Explains that teachers (or a co-ordinating teacher) will collaborate with the pupil, parents and other professionals (e.g., resource teacher, principal, educational psychologist) to problem-solve strategies to address needs. Teachers are responsible for working with the pupil in the classroom and ensuring classroom supports.

Broader literature

From the broader literature, the competency frameworks describe the standards and fundamental knowledge and skills for professions (e.g., Hearing Health Sector, 2022; Australian Dental Council, 2023; Occupational Therapy Board of Australia, 2018; Psychology Board AHPRA, 2023; The Government of Western Australia Department of Education, 2004). For example, this includes knowledge and principles around understanding and demonstrating commitment to family-centred practices, demonstrating safety and wellbeing as part of all decisions and actions, and applying knowledge of current evidence-based practice for the subject field (Hearing Health Sector, 2022). Skills include diagnostic, technical, and procedural skills, critical thinking and problem-solving,

professionalism, and upholding ethical values (Australian Dental Council, 2023). Values include learning, excellence, equity, and care, involving trusting respectful relationships and acceptance of responsibility (Department of Education, 2004).

Community views

The following is a summary of themes identified through consultation with community members, along with illustrative quotes.

Having the qualifications, experience, and support

Community members reported on professionals having appropriate qualifications, knowledge, experience, training/education, and supervision:

> *"Must have experience with the condition/disability or supervised by experienced allied health professional."*

> *"Child-centred, multi-perspective qualitative and quantitative assessment, by professionals who meet and maintain a minimum level of accreditation with respect to training and experiences that are consistent with a social model of practice."*

> *"Ideally, the person collecting the information should have a background in early childhood education. Additionally, a play-based approach to the collection of information would be ideal."*

> *"By having training that allows for observation through various neurodevelopmental lenses and with the ability to deeply understand the neurobiology underneath behaviour and function, particularly in areas of developmental trauma, attachment relationships, sensory processing and integration (including sensorimotor functions) so that a 'whole' picture of a child's experience and story can be better understood."*

> *"When it comes to making decisions about support needs of individual children, assessors need to understand intersectionality and multiple marginalisation to define the gaps or needs that exist for individual children."*

> *"One way to think about this is within a KNOWLEDGE > UNDERSTAND > WISDOM framework. There is a need for professionals who are 'expert generalists' to bring information (knowledge) together and support a common understanding across the relevant parties. These 'expert generalists' should have a minimum level of wisdom (learning and experience through applied understand). They should be systems- thinkers and sense-makers."*

> *"I strongly believe that comprehensive assessment by trained professionals is required to identify children's individual strengths and needs in order to inform supports. ideally would include input from different allied health professionals including speech therapists, occupational therapists, physiotherapists, and psychologists."*

> *"There should be no question about the competencies of professionals that are involved with the outcomes of children. Highly competent – Up to date with modern practice, training and research."*

"Assessments from qualified professionals incorporating a range of information sources."

"Have an experienced clinician play with the child and do some activities with them."

"Assessing professionals for autism need to be aware of masking and fluctuating capacity. Just because kid can do something today doesn't mean they can do it tomorrow, and it may come at much more cost to them than it does for someone without the same condition."

"Find appropriately trained professional to assess."

"We need to ensure that those who need assessment are being assessed by qualified diagnosticians/people."

"Listen to families. This is so easy to do but often overlooked. Don't discount things you aren't specialised in, seek support instead."

"Competencies – Graduate therapists must be following a senior therapist and gradually released to continue therapy, and payment should be according to level of experience. I've seen SO MANY therapists have no idea what to do!"

Use varied assessment resources

Community members spoke about using varied resources for assessment:

"Observe them in different environments, not just therapy or school or home."

"Play, art, sharing, curious engagement, social play and role playing, asking the about their interests, passions, preferred activities. Asking them what they would like to try but didn't think they could. Using diverse methods and scenarios to help tease out are gutsy strengths and needs and work around any cognitive, perception and communication barriers."

"Information from parents, from schools and from other carers, direct observation of a child, assessments with allied health including psychology, OT, speech, physio."

Use and interpret information gathered from assessments while understanding their limitations:

"Every child should have a detailed functional assessment by an occupational therapist. This should use an assessment such as the Vineland comprehensive interview that allows for both a standard score and an individualised qualitative description of that child's function."

"[Using] appropriate standardised assessments to assess their difficulties but also identify what they can do with the right level of support."

"Don't rely on standardised assessments that do not allow for personalised strengths/needs."

"Standardising testing should be used with caution as it often does not account for the learning styles and responses of neurodivergent children."

Communicate and work with children and families

Additionally, community members reported professionals need to communicate appropriately:

> *"Professionals should be trained or have knowledge about communicating with people who have complex communication needs, who don't speak, or those who communicate with AAC. If not trained in this, that is OK – as long as there is a willingness to listen and to allow the time for a child to use whatever means necessary to make decisions about their own health."*

> *"Professionals need to be able to write in professional but jargon-free style. Examples need to be provided of skills and support needs. Writers should be professionals with good written communication skills. In current practice, dumbing down of information or failing to provide full descriptions of assessments can detract from the usefulness of reports for families and people they reach out to for support."*

> *"This would depend on the wishes of the family and child and shared in a sensitive way using strengths-based language. Those writing the information will need to be taught/trained on how to use strengths-based language."*

> *"Through collaboration with the child if possible, using available communication strategies to support this type of conversation (i.e., talking mats for a child able to communicate this way)."*

Community members reported that professionals should also be open, and not judge or make assumptions, to decide what is needed to assess the functioning of children:

> *"Stop preconceived ideas; intelligent children have disabilities too."*

> *"Through personal interaction with the child and their family members, valuing each individual as insightful and unique."*

> *"We should use an approach that starts with the goals of the child (with support of their family) rather than assuming that children's support needs are connected to the gap between their current functional performance and milestones/average that would be expected for their age."*

> *"Don't jump to conclusions."*

> *"Keep the space open and non-judgemental."*

> *"Firstly, by not judging behavioural challenges based on mainstream prejudices and stereotyping certain minority groups."*

> *"It is important for individuals to be assessed by professionals, teachers and anyone else involved, based on their observations, the child's own feelings and thoughts, be trauma informed and not just have a batch of stereotypes and pro formals used to write reports."*

Another important practice community members mentioned was collaborating with families and other professionals:

> *"A multidisciplinary approach should be used with allied health professionals. Registered Psychologists (with or without endorsement), OT's, and Speech Therapists are suitably qualified to work together to evaluate children's cognitive, behavioural/adaptive, communication, and motor needs."*

"Assessments for functional capacity should be a comprehensive report completed by Autism key allied health supports: Speech Pathologist, Occupational Therapist (formed in Sensory Integration) and Physiologist. This will provide a more comprehensive view and build a multidisciplinary team from the beginning of the assessment."

"Collaborative approach with parents, educators and allied health [professionals]."

"Using a transdisciplinary approach to support a holistic view of the child and their life."

Community members highlighted the need for professionals to foster trusting relationships with children and families:

"Building rapport with the child and their family."

"By developing trusting and supportive relationships with each child."

"Build a relationship with the child so that you are more aware when they are struggling- it will be more obvious to you if you have a trusting relationship."

Create a safe space for children and families

Community members emphasised the importance of professionals detecting and safeguarding against harm:

"Assessors should also be responsible for detecting abuse, violence and discrimination that autistic children are more likely to experience, and for taking action to ensure individuals, organisations and systems who abuse, harm and discriminate against autistic children are stopped from doing this."

"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. Any assessor found to be failing to report the abuse, neglect, exclusion and discrimination of autistic/disabled children needs to be reported to their accrediting organisation and relevant legal or child protection services."

"Holding the person at the centre and causing no distress in the process of assessment of needs."

And further to providing a safe space for children and their families:

"Listen and provide a safe environment for parents/caregivers to share information about their child's strengths and needs and their families strengths and needs."

"Utilise an approach that is accessible and preferred by the person. Do not force them to share/ socialise with you or make them feel bad for not wanting to share with you. Create a safe space first in order to enable the person to share, invite them to bring along something that represents their interest (like show and tell) as talking about it may not always be accessible. Take note of non verbal communications and energy, as this may express more than literal or face value understandings."

Provide education and communicate outcomes to stakeholders

Community members also reported on educating stakeholders, *"Providing educators with more education around the heterogeneity of autism."* and *"Educate parents on what to look out for."* and communicating outcomes clearly and accurately to other stakeholders, *"Most of the assessments are fine, it's how the results are communicated that result in misinterpretation of the information by LAC's and NDIA delegates, because they are not medical/allied health professionals. It is important to explain it in a way that is understandable to lay people and within the context of functional capacity."*

The suggested approach to take

An important approach community members highlighted was to use a child strengths, neuroaffirming, and culturally responsive approach:

> *"Critical competencies are firstly understanding the child and their individual autistic strengths and weaknesses. Giving them encouragement and attention to grow and learn life skills."*
>
> *"Strengths – assessors should assume that all children have the capacity to have their human rights realised as long as their disabilities are supported and as long as they are not discriminated against or abused. Needs – assessors should find out which human rights individual children are not fully accessing. Wherever there are gaps in accessing their human rights, this defines the need that requires disability support."*
>
> *"We need to meet them where they are and not try to force them to fit in with what the education or society favours."*
>
> *"Be happy with what has been learnt and stop comparing to others – it makes me feel bad. don't watch me and whisper to the person beside you – I don't want to do anything then. tell me why I need to be able to do this and I might try harder I might not do something one time, but that doesn't mean I can't do it at all. Ask me which type of help I want (school)."*
>
> *"In a Neurodiversity Affirmative manner. If you don't know what this means, you shouldn't be working with them."*
>
> *"To ensure that the relevant neurodiversity affirming professionals are involved."*
>
> *"Professionals need to have a neuro-affirming approach and be mindful that caregivers may also be exploring their neurotype."*
>
> *"In the context of their everyday lives AND with a neurodiversity affirming lens – that is to say with the belief that all brains develop differently and one brain is not better than another."*
>
> *"Must consider Aboriginal Cultural strengths as well and consider cultural values compared to western values, particularly around spirituality and connection to time, mind body and spirit, time is connected to place and eternity."*
>
> *"We need to take into account Cultural and Linguistic Differences."*

"Professionals involved in continued professional development that includes competencies in cultural competency, trauma-informed care, and collaboration. They should also have an understanding of the impact of colonisation and intergenerational trauma on First Nations children and families. Cultural advisors or Elders can provide valuable insights and guidance in this process." (Professional organisation)

"In consultation with family and community, there may be more differentiated needs such as for those living in First Nations communities or for those in families with other than typical circumstances (refugees, CALD, LGBTQ+). As was previously stated, "Professionals should have an understanding of family systems and their influence on child learning (in particular adverse family of origin experience given the prevalence of genetic factors in autism)." (Professional organisation)

This included enabling children to have a voice and listening to them:

"Ask the kids themselves, talk to them in a comfortable space, with time to respond."

"Asking children directly about their strengths and needs is always the best start. If a child is unable to communicate this to you in a way that you can easily understand, or is still learning to communicate their thoughts, feelings and desires, they will require more time and repeated opportunities to share their ideas in a genuine and meaningful way."

"Ask them. Give them space to talk without talking down to them. Listen to them."

"The child should have the opportunity to express their own perceived strengths and needs in the way that works for them (verbally or non-verbally)."

"Children should be asked for information in a way that is familiar and preferred by them. This can be done either verbally or through a communication strategy that they are comfortable with."

"It is also important to take into consideration what the child sees as their strengths and needs rather than making assumptions about what they need."

"Through the voice of the child and lived experience. Asking children what their strengths and needs are. Asking their family members. Finding out what is important to the child."

"Asking the child their own strengths and needs in an age appropriate way."

Organisation views

Organisations reported that in assessing the strengths and support needs of children and their families, professionals need to have appropriate qualifications, strong knowledge, abilities, and experience (professional and where possible lived) working with children and be able to collaborate with all (multi-disciplinary) involved.

Appropriate qualifications, knowledge, abilities, experience, and collaborate and have the access to supports

Professionals should have access to resources, training/education, and supports to help maintain professional competence.

> *"Understanding and leveraging a child's functional strengths allows them to capitalise on areas where they excel. A focus on strengths can develop confidence, competence, and a sense of accomplishment, leading to positive well-being and success." (Community organisation)*

> *"Professionals need to comprehensively understand the variance of presentations of developmental delays, developmental concerns, and disabilities. They should not just seek to reference typical and previous viewpoints on the presentations. A disability and developmental delay are diverse and complex presentations; therefore, they must be acknowledged and understood when evaluating an individual, ensuring that they do not cloud or taint the evaluation of the individual." (Community organisation)*

> *"Regarding professional competencies, clinicians need to have the capacity for interdisciplinary collaboration, respect for the opinions and views of children and their families, cultural competence, and up-to-date evidence-based practice. Each profession is required to determine its competence and refer families where it is not able to competently assess and provide support." (Professional organisation)*

> *"To improve current practices, continuing education and professional development opportunities should be offered that focus on multidisciplinary collaboration and communication skills; ensuring that team members are chosen based on their abilities and expertise rather than solely on the titles they hold. This approach emphasises the importance of professional skills and competency, promoting a collaborative environment where diverse skills and attributes are recognised and utilised to their full potential." (Professional organisation)*

> *"It's imperative for professionals to continuously update their knowledge of assessment methodologies and information-sharing practices. This ensures that assessments are conducted efficiently, ethically, and in line with the latest research and guidelines, enhancing the quality of care provided to children." (Community organisation)*

> *"All practitioners conducting assessments should be well supervised and able to prove that they have the necessary competencies to provide each assessment that they undertake given the unique needs of the child." (Professional organisation)*

With this it is important that people making decisions on funding have knowledge on functioning and support needs for children:

> *"It is important that people making decisions about funding are trained child development professionals who hold relevant degrees in health and education to avoid misinterpretation. Investing more in this group of decision makers has the potential to save cost in the long term." (Community organisation)*

Provide culturally responsive practice

A frequently mentioned important consideration by organisations is providing culturally responsive practice:

> *For First Nations children, it may be beneficial to use culturally specific assessment tools or to adapt existing tools to be more culturally sensitive. [...] When selecting assessment tools, cultural competence is crucial. We feel that the tools used should be culturally sensitive and validated for use with First Nations people, but these are so limited and not always fit for purpose. This may involve using an assessment tool and adapting it to be more culturally appropriate or adding additional explanations to clarify / relieve confusion. Professionals involved in the assessment should possess current competencies in cultural competence, trauma-informed care, and collaboration. They should also understand the impact of colonisation and historical trauma on First Nations people." (Professional organisation)*

> *"There is an inadequacy in cultural competence within current assessment practices. Insufficient attention is given to cultural considerations and contextual factors that may influence the assessment process, outcomes, and a child's strengths and needs.*
> *Suggestion: Improvements can be made by increasing training and consideration of cultural factors and context in assessment practices, as well as strategies for conducting culturally responsive assessments [...] "Improvement can be made by ensuring that professionals receive training and education in cultural competence, enabling them to recognise and respect cultural differences and incorporate cultural considerations into assessment documentation." (Community organisation)*

> *"Expand activity settings in which the child can be competent and successful [including] based on the child and family's interests and cultural values." (Community organisation)*

Use communication tailored to families, select appropriate resources and activities, and report outcomes

This would include professionals needing to use communication styles and language appropriate to children and families, select relevant tools and techniques for the child, use varied assessments (e.g., including use of standardised assessments but also culturally sensitive adaptations, informal assessments, domain-specific assessments – see Use of Tools for a full range) and, varied assessment activities (e.g., environmental observations, sensory profiles and analyses, clinical interviewing, play-based – see Assessment for a full range), technological tools for shared access to family's information, advocacy for children, and involving their support network and resources, and report the assessment outcomes:

> *"The ability to convey complex assessment outcomes in a clear and comprehensible manner is essential. This includes both written reports and verbal explanations, tailored to the understanding of families and other stakeholders. Professionals must be skilled in breaking down technical language into actionable insights, ensuring that families can make informed decisions about their child's support and care." (Community organisation)*

> *"Competency and ability to effectively communicate with children using alternative communication methods (e.g., AAC technology)." (Community organisation)*

"All individuals assessing should have completed professional development in being neuroaffirming" (Professional organisation)

"Competency in selecting appropriate assessment tools and techniques based on the child's unique profile and abilities." (Community organisation)

"Competencies of summarizing and report writing" (Professional organisation)

A school institution also mentioned creating the environment for children, *"Schools – understand and able to meet the support needs of the young people in order for their educational journey to be successful."*

Reference Group input

Co-production point 13

Reference Group Members identified that defining 'competency' is an important first step. Members discussed the idea that competency in this context, may encompass professionals having the relevant knowledge and skills as well as the ability to apply them effectively. They also reported that competency should be an ongoing process and include activities such as self-reflection, professional development, mentoring and supervision where appropriate. Professionals are also required to hold and maintain the appropriate professional qualifications and legal certifications (e.g., working with children authority, police checks).

There was considerable discussion about professionals working within their scope of practice. If a professional does not meet the required competencies, they may consider engaging in supervision, mentoring, training and other professional development activities. The group acknowledged that there are a range of mechanisms to develop the required competencies. Professionals should also have the insight and critical reflection skills to recognise their own gaps to refer onto a more suitable professional (either inside or outside of their profession).

Reference Group Members reported many considerations related to competency including knowledges, skills, attitudes, attributes, behaviours, values and experiences. They reported that professionals need to work in ways that are inclusive, neurodiversity-affirming, culturally responsive, anti-ableist and anti-racist. In order to develop trust, professionals should demonstrate skills such as empathy, kindness, openness, goodwill and honesty. Other skills members reported to be important for the Framework included conflict management, active listening, collaboration and clinical knowledge and skills relevant to the professional's area of practice as well as an awareness of the scope of practice of other professions.

When presented with a three-tiered, child-centred approach to competency, Reference Group Members agreed that it could work in the context of the Framework. They did, however, offer some suggestions to improve the approach. Considering the knowledge required by professionals for the first tier, *"understand me, my family and my life"*, Reference Group Members reported that professionals need to have the time and space to really know the child and family, *"In that initial setting, can you really say you know the family?"*. Professionals should use a holistic and strengths-based approach and have knowledge of child development. Another key consideration in the first tier was appropriate communication skills (e.g., asking open-ended questions, using AAC). For the second tier, *"They understand where I am and where I want to be"*, Reference Group Members agreed that professionals

should be able to understand and interpret results from assessments and how these impact support needs. For the final tier, *"They know how to help me get there"*, professionals should have knowledge of appropriate evidence-based supports available within the child and family's community. They also need to be able to collate, analyse and evaluate all the available information (e.g., medical, psychological, functional capacity results) across different contexts to achieve the best outcomes for the child and their family.

There was discussion towards the end of the meeting around how the Framework could be implemented. For example, inclusion in tertiary education programs across health and education sectors. Other factors, such as how to regulate competency training (e.g., self-audit) was also perceived as important to consider for implementation.

Summary

Key findings from the reviews and research activities on professional competency and capability showed the importance of professionals having the appropriate qualifications, knowledge, skills, experience, training (professional development), and supports where needed (e.g., supervision). Professionals are suggested to use varied assessments and understand their limitations, draw on a range of information documents/sources (e.g., framework documents), use appropriate communication styles, and be critical yet open without making assumptions in communicating with families. Collaborating with families and other professionals, educating stakeholders, and fostering trusting relationships with families could support the service provision for families. It was shown to be crucially important to detect and safeguard against harm and create a safe space for families, which includes working in ways that are strengths-based, neuro-affirming, and culturally responsive.

Safeguarding

This chapter sets out how information about safeguarding was developed within the Framework. Co-leads (Ashley Llambias and David Trembath) drew upon results gathered from the systematic and grey literature review, online community survey, co-production, the research literature, discussions with the broader research team and their own knowledge and skills.

Framework question

The following question was considered in relation to assessment, differentiation, and reporting of children's functional strengths and support needs:

1. *What safeguarding should occur?*

What information was considered?

Information related to safeguarding was gathered through the research and co-production activities.

Systematic review

No specific information was extracted from the documents of the systematic review of research literature as these did not yield any relevant findings regarding safeguarding

Grey literature review

Information was extracted from 12 of the 52 documents that contained information directly related to or associated with safeguarding. The type of documents these included were policies, reports, guidelines and frameworks across health, education and child safety sectors.

Broader literature

Development of CPP12 and subsequent drafting of the Framework was further informed by review of a range of documents including international conventions, Australian Government policy, reviews, and requirements, and national and international children's safeguarding principles and frameworks.

Community views

Individual responses from the community survey question, *"What safeguarding should occur?"* in relation to assessment, differentiation, and reporting were read in full by David Trembath as part of the preparation process for CPP12 (Safeguarding).

Organisation views

Organisation responses were systematically grouped according to principles, assessment, differentiation, and reporting by a member of the research team (Emma Hinze). After these responses were organised and grouped, a member of the project team (Zheng Yen Ng) constructed key concepts and extracted quotes to exemplify the concepts around safeguarding. Key concepts were then reviewed by another member of the project team (Libby Groves), and key findings reviewed by the broader project team.

Reference Group input

Originally, it was intended that safeguarding would be addressed specifically via separate CPPs linked to co-production around assessment, differentiation, and reporting. However, it quickly emerged that safeguarding was referred to consistently across a wide range of CPPs and discussion within meetings, and so it was determined, in addition to drawing on all of this information, a whole meeting and a specific CPP would be dedicated to the issue. Doing so also created the opportunity to employ journey mapping as a method to explore safeguarding, enabling the Reference Group to bring a child- and family-centred orientation to the discussion.

Co-production point 12

CPP12 aimed to hear the views of the Reference Group regarding safeguarding the experience of those involved in the assessment, differentiation, and reporting process. Journey mapping, a tool used to visualise the steps a person takes to accomplish a goal, was introduced to better understand the perspectives and experiences of children, family members, and professionals during this process. The Reference Group was provided with a template outlining the steps someone might take in an assessment process. These steps were then aligned with the perspective of the user's actions, mindset, and emotions throughout the process to gain insights into opportunities for improvement. This tool was presented to the Reference Group Members before breaking into small groups and opening discussion on the experiences that professionals, family members, and children may have had when navigating the assessment, differentiation, and reporting process.

What were the key findings?

Systematic review

The systematic review of research literature did not yield any specific findings regarding safeguarding.

Grey literature review

Of the 52 documents obtained from the grey literature search, 12 contained information directly related to or associated with safeguarding. These documents included policies, reports, guidelines and frameworks across health, education and child safety sectors.

These documents, and summarised key findings include:

1. *Belonging, Being and Becoming: The Early Years Learning Framework for Australia (V2.0)* (Australian Government Department of Education, 2022).
   - Highlights the unique position of educators to identify any issues of concern in children's development, interactions and behaviours and then action support for safety and wellbeing. This includes enabling and fostering child voice and agency, using trauma-informed practices, age-appropriate strategies for teaching children body safety awareness, providing predictable and child-safe environments, and affirming and respecting children's physical, emotional, social, cognitive, linguistic, creative and spiritual characteristics and needs.

2. *National Clinical Assessment Framework for Children and Young People in Out-of-Home Care (NCAF)* (Australian Government Department of Health and Aging, 2011)
   - Aims to improve the quality of care and support provided to children and young people in out-of-home care by ensuring that their health and wellbeing are adequately assessed and addressed. The document emphasises the importance of accounting for the impact developmental trauma can have on children when conducting assessments, including physical and emotional abuse/neglect and being witness to acts of domestic violence, and then considering these factors when interpreting outcomes to ensure accuracy of outcomes and avoid harm that may be caused by misinterpretation.

3. *A Celebratory Approach to SEND Assessment in the Early Years* (Government of the United Kingdom Department of Education, 2018).
   - Discusses elements of safeguarding related to special educational needs and disabilities assessment practices that professionals should consider when working with children and families across a range of environments. This includes building relationships with families that foster a sense of safety, for example by providing a space for parents to discuss a whole range of different issues in the safety of their own home. Regular staff supervision that fosters reflection on the needs of children and families is emphasised as being a vital element of safeguarding within early years settings. Particular note is given to whole setting inclusive practice and utilising strategies to support autistic children to feel safe and secure when transitioning into a service and adjusting to a new environment.

4. *Using Stakeholder Involvement, Expert Knowledge and Naturalistic Implementation to Co-Design a Complex Intervention to Support Children's Inclusion and Participation in Schools: The CIRCLE Framework* (Maciver et al., 2021).
   - Reports that the CIRCLE Inclusive Classroom Scale includes a set of reflective questions that help users when considering the quality of the classroom environment and the tool can be used in quality assurance and/or audit processes. The updated CIRCLE Framework and Circle Participation Scale (CPS) conceptualises children's inclusion and participation in terms of four main areas: (1) the environment; (2) structures and routines; (3) motivation; and (4) skills. The CPS includes items related to safeguarding cross sections, for example, *'playground is suitable and engaging for learner (consider safety, accessibility, play*) and *'establish positive relationships and trust'*. The updated document also provides an appendix with descriptions of the supports and strategies included in the Framework.

5. *Statutory framework for the early years foundation stage: setting the standards for learning, development and care for children from birth to five* (Government of the United Kingdom Department of Education, 2017).
   - Outlines the requirements of providers in keeping children safe and well, including safeguarding children, ensuring the suitability of adults who have contact with children, promoting good health, managing behaviour, and maintaining records, policies and procedures. Providers are required to ensure all staff have up to date training and knowledge of safeguarding issues and understand the safeguarding policy and procedures of the service. The document stipulates that training must enable staff to identify signs of possible abuse and neglect at the earliest opportunity, and to respond in a timely and appropriate way, and provides guidance on what signs to look for.

6. *Early identification, assessment of needs and intervention: The Common Assessment Framework for children and young people: A guide for managers* (Children's Workforce Development Council, 2009).
   - Outlines that children, young people and practitioners should not be put at risk of harm by the assessment process and expert advice be sought if there are concerns at any stage. The document advises that safeguarding procedures must be followed when there are concerns that a child or young person has been harmed or abused or is at risk of being harmed or abused and directs practitioners to the relevant practice guidance resource. Emphasis is placed on the need for informed consent at the start of the assessment process, and detailed guidance is provided about consent in relation to children, young people, and parent/carers in terms of assessment processes, confidentiality, and the sharing of information.

7. *National Framework for Children and Young People's Continuing Care* (Department of Health, 2016).
   - Outlines safeguarding considerations when working with children and young people with continuing care needs and provides guidance for professionals. This includes discussion of consent and associated professional responsibilities, shared understanding, the sharing of information, and confidentiality. The Framework stipulates that services are responsible for ensuring that the potential consequences of not giving consent are explained and understood, with guidance provided on the processes to be followed where there are concerns regarding the need for continuing care, but consent is not provided. There must be understanding about any pathway proposed for assessing a child or young person's needs and agreement reached by all partners.

8. *Tameside Children's Needs Framework* (Tameside Safeguarding Children Board, 2006).
   - Discusses consent and confidentiality and outlines that it is important that practitioners: (1) obtain consent to share information wherever possible; (2) agree with children and families how information is recorded, used and shared and review this regularly; (3) make children and families aware of circumstances where information may be shared without consent and where confidentiality cannot be maintained; (4) obtain consent in writing if the information held or shared is sensitive or beyond what might normally be expected; and (5) work within specific data protection legislative requirements.

9. *Inclusive Student Services Special Education Plan* (Durham District School Board [DDSB], n.d.)
   - Provides guidance regarding parent/guardian consent for all referrals made for formal assessments and clinical services, accessing the child/young person's student record information, and sharing of information and protection of privacy.

10. *Educational Support Guidelines: A Whole School Approach* (European School Brussels III, 2022)
    - Outlines that the school has a duty of care and responsibility towards students and is committed to respecting their privacy through compliance with relevant EU data protection regulations. The guideline stipulates that staff members processing personal data will do so only in an authorised manner and are subject to a duty of confidentiality.

11. *Draft Policy on Screening, Identification, Assessment and Support* (Republic of South Africa Department of Basic Education, 2014)
    - Outlines important safeguarding requirements in the screening and assessment process, including: (a) obtaining informed consent; (b) ensuring that the information shared is accurate and up-to-date, necessary for the purpose for which it is being shared, shared with people who need to see it, and stored securely; (c) working with learners and parents to reach agreement on how information is recorded, used and shared; (d) where possible, obtaining explicit consent if the information held is sensitive (oral or written) and (e) review the consent regularly if there is on-going contact.

12. *Oldham Refreshed Continuum of Need: Our Approach to Effective Support and Help Framework, for Children, Young People and Families in Oldham* (Oldham Safeguarding Partnership, 2021)
    - Presents a revised Continuum of Need model that ranges from children receiving "Universal" support to those whose needs are more acute requiring specialist intervention. The model acknowledges that children's needs can and will change and it is imperative that practitioners are able to support a smooth transition across the continuum to ensure that the right intervention and help is provided at the lowest possible level and the earliest possible time. The model includes consideration of complex safeguarding that addresses the direct influences on children and young people outside of the family home, specifically where there is risk of sexual and/or criminal exploitation and aims to ensure a solid understanding and response to different forms of exploitation of children, young people and vulnerable adults.

Broader literature

Findings from the review of a range of documents included international conventions (e.g., United Nations *Convention on the Rights of the* Child, 1989; United Nations *Convention on the rights of indigenous peoples, 2007; United Nations Convention on the rights of persons with disabilities, 2006)*; Australian Government policy, reviews, and requirements, and national and international children's safeguarding principles and frameworks (e.g., National Framework for Protecting Australia's Children 2021-2031, Department of Education, 2021; Disability-inclusive child safeguarding guidelines, Save the Children, 2021). Child safeguarding involves policies, procedures and practices to mitigate and manage risk, to make sure no child is harmed in the delivery of programs and activities, and effectively report and respond if harm does occur (Disability-inclusive child safeguarding guidelines, Save the Children, 2021). Focus areas for safeguarding in the National Framework for Protecting Australia's Children 2021-2031 include: 1) a national approach to early intervention and targeted support for children and families who are experiencing vulnerability or disadvantage, 2) addressing over-representation of Aboriginal and Torres Strait Islander children in child protection systems, 3) improve information sharing, data development and analysis, 4) strengthen the child and family sector and workforce capability (Department of Education, 2021).

Community views

Below are key concepts identified from the community consultation of community member responses in relation to, *what safeguarding should occur?*

Safety first

Community members highlighted considering safety:

> *"Child can be assessed as being able to climb but their ability to assess danger will not be"*
>
> *"Is the child a danger to self or to others and are the parents getting enough sleep. Is the child able to communicate essential needs e.g. needs a drink of water."*
>
> *"Safety concerns should be prioritised first particularly around personal safety or safety of others."*
>
> *"In impoverished situations, activities of daily living should be prioritized. Inability to engage in functional communication, toilet, shower, feed etc independently puts children at unacceptable risk of violence abuse and neglect. A very real unaddressed risk in Australia."*
>
> *"Because unmet needs affect student wellbeing and future life-course. Unmet needs lead to students failing, being segregated in restrictive environments, being suspended and excluded, and sometimes criminalized (esp. if student is non-white)."*
>
> *"Strengths and support needs can't be developed or supported if they're not known. Having this information wrong can lead to inadequate support and/or funding, and can cause more harm to a child in the long run."*
>
> *"She felt misunderstood throughout her childhood and felt that she didn't fit in at school, in friendship groups and within the family dynamic. Leading to depression, self harm and isolation."*

Important considerations in safeguarding

Community members mentioned a number of considerations when looking at safeguarding in the context of children's functional strengths and support needs. These involved:

1. Safeguarding is a dynamic, continuous process:

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

   "Use methods that really see me and my needs and through those who know me best – myself, my parents, those who have supported me for a period of time. Then check that it is right to ensure that it is from my lens and not someone else's lens. And follow me around for a few days in various settings."

   "When done well, It provides access to support, it can be positive and empowering, it can efficiently share important information about a person's strengths, preferences, supports needed, aspirations and goals so we are all working towards the same goals."

   "Where progress is limited or not going as expected, there should be further explorations as to why."

2. Timing and time to address needs are crucial:

   "My Mum thinks schools really try to help but don't really have the time to listen to people with disabilities even if they want to."

   "People need to take time, and more time and then even some more time. Don't get angry when we are just trying to process things."

   "Missed assessment and misdiagnosis cause significant harm."

3. Providing a safe environment for child and family:

   "Providing freedom for them to engage with their environment (balancing safety with dignity of risk) with explicit reference to them being "watched" for the purpose of learning for understanding not judgement. Include guidelines for understanding distress to inform ceasing surveillance."

   "every child has the right to have the basic needs fulfilled such as being and growing up in a safe place without domestic violence, having a roof over their head, not getting hungry, be happy, being socially embedded, having friends, can get an education, being safe at school, not being bullied or judged at school and online etc."

   "Promoting a safe space to advocate for oneself. Otherwise having a safe person to assist with advocating those needs and information. The person/s receiving such information need to be open minded and committed to accommodating the person."

4. Building safe, comfortable, and trusting relationships:

   "She does not want to have to relay to a stranger all of her difficulties."

   "I don't like sharing with anyone, or being made to feel like I can't handle things on my own."

"Most experiences have been traumatic and demoralising, being spoken down to with the individual and parents observations being disregarded. Most people also speak about your child like they are an object or someone that doesn't have value or potential with people highlighting what a burden it is to accommodate their needs."

"Sometimes its good if others know what I need, but sometimes they don't understand me or try to get to know me anyway."

"As an educator I prefer to think of my students abilities rather than disabilities. I like to work with what they can do and then consider ways to improve and grow."

5. Use clear communication and carefully consider the sharing of information with the families and other stakeholders:

"Using language that is not rooted in negativity and not medicalising a neurotype."

"We need to take into account Cultural and Linguistic Differences."

"Talk with the people who are supporting the child including parents/carers, siblings, teachers, therapists. This could be interview style, conversational or questionnaires depending on the cultural considerations and literacy levels of those being questioned."

"Confidentially and with emphasising the key strength when sharing information about weaknesses."

"Need to know only basis to maintain privacy."

One community member further noted the current difficulty in accessing supports for safeguarding:

"Currently no funding for safe guarding, difficulty in accessing supports, red tape tying up access to behaviour support and then often no other supports offered in order for the family to be able to have a break and continue the care. They are often choosing between giving their child up or their own or other children's health and wellbeing."

The suggested approach to take

Community members suggested the approach regarding safeguarding to be strengths-based, inclusive/accessible/equitable, neurodiversity-affirming, and culturally responsive:

"Listening to them and their safe adults about their expressed needs."

"People don't understand what I'm good at. Everyone looks at what I can't do or don't want to do. Adults make assumptions about what I'm able to do."

"This should be triaged/ some type of intersectional approach to avoid one dimensional assessments."

"So that strengths can be extend and used to build self-worth and support needs addressed to remove barriers to success."

"Neurodiverse people's wants and needs often differ from those who are neurotypical and it can be harmful to impose those wants, needs and expectations of functionality on a neurodiverse individual."

"Must consider Aboriginal Cultural strengths as well and consider cultural values compared to western values, particularly around spirituality and connection to time, mind body and spirit, time is connected to place and eternity"

"Cultural Competence as sensitivity to cultural differences is essential."

"Focus on trauma-informed family priorities incorporating cultural context"

"Be aware of cultural needs. Use evidence relevant to basic needs of a child such as safety, independence, nurture, friendship, engagement with community."

"Autistic people who camouflage and autistic Aboriginal or Torres Strait Islander people to be underdiagnosed and under supported. This causes great harm and kills our community."

And importantly, child- and family-centred:

"In her words, schooling doesn't suit people like me. Yet, she is lonely and needs social opportunities."

"I don't want someone else saying what's important for me."

"It effects individuals well being as well their families."

"So the person can be helped, and seen for their strengths."

"So we know how to help the person live a happier life."

"So the person is adequately supported, heard and validated. To get this wrong can lead to poor mental health outcomes and carer burnout."

"Need to look at what is happening for the individual child/family context, what is important for one child is not important for another child, and that needs to include cultural considerations as well. How a child or family experiences something also differs."

Organisation views

Safety of the child and family comes first

Organisation perspectives highlighted the importance of safeguarding measures. This involves in the first instance, addressing safety needs first, *"Safety always needs to come first, both of the child and their family"* (Professional organisation). Aspects that may influence assessing the functioning of children include wellbeing, prevention of any unnecessary fatigue and burden, and any distress or trauma, conflict, or other challenges.

Adhere to ethical practice

At the level of decision-making on children's support plans, organisations reported policies and processes would need to be in place around ethical and respectful practice: *oversight, informed consent, confidentiality, ensuring families understand the purpose, process and potential assessment outcomes, communication and adequate rapport with families when assessing (family-professional relationship),* and *stringent management of sensitive information and respect of privacy.*

This would include for families, information and education provision, and access to resources and peer support, and for professionals ensuring demonstrated competence in child-centred practice, continuous evaluation of the necessity of assessment components, multidisciplinary collaboration, and having continuing professional development.

> *"Safeguarding measures should be in place to ensure that the decision-making process is conducted ethically and respectfully. This includes obtaining true informed consent, maintaining confidentiality, and respecting the child's autonomy and privacy. In determining which of these needs is the most vital, it is important to consider the impact of these needs on the child's overall well-being and functioning. This may include prioritising needs that are critical for the child's safety, health, and ability to participate in daily activities." (Professional organisation)*

> *"Self-regulating or regulated health professions all have a level of oversight and a requirement to work both within their scope of practice and ethically. All would be required to have informed consent and ensure families understand the purpose, process, and potential outcomes of assessments. They would also be bound by confidentiality, safeguarding sensitive information and respecting privacy." (Professional organisation)*

Professions can uphold accountability and adherence to high service delivery and ethical standards for professionals through registration with relevant regulatory bodies.

Important considerations

Some important considerations organisations mentioned are early intervention, cultural considerations for evaluations of *how families view disability and developmental delays and concerns* and *assessments*, and universal screening to safeguard against *exclusion* and *stigmatisation*, and to limit discussions about children in front of them:

> *"Early childhood development is the foundation of a child's future physical, cognitive, social, and emotional wellbeing. Gaps in childhood development have the potential to lead to a myriad of developmental deficiencies and disorders. Early identification of risk factors for developmental disorders allows the opportunity for early intervention and prevention of future developmental issues, safeguarding a child's development so they can reach their full potential." (Professional organisation)*

> *"It is important that professionals and all involved in working with families of children with developmental concerns, delay and/or disability understand how culturally diverse families may view disabilities and developmental delays and concerns. Understanding how this influences the child's needs and impacts the family is critical to ensure that evaluations accurately reflect what is occurring in the child's life." (Community organisation)*

> *"Safeguarding against exclusion and stigmatisation should occur through universal screening of all children. Current practice focuses on subjectivity and a reactive approach which could be improved through universal screening, early intervention and prevention." (Professional organisation)*

> *"Conversations around challenges, difficulties and concerns should be limited to when a child is absent. This protects the child's mental health and self-esteem. Children are intelligent and, at a young age, are very aware of the conversations around them and notice when they are different, or things are being said about them." (Community organisation)*

"When making decisions about support needs, safeguarding each child's wellbeing is essential to promote and uphold child-centeredness, empowerment, and inclusivity." (Community organisation)

"Safeguarding can include regular supervision with those trained in disability." (Professional organisation)

One organisation also mentioned overall that it could be good to have professionals with *"lived experience & long 10+ years o[f] working with autistic people."* (Professional organisation)

Reference Group input

Co-production point 12

Through the discussion on safeguarding experiences using journey mapping, deeper insights were gained into key considerations from the perspectives of the child, family members, and professionals involved during the assessment, differentiation, and reporting processes. The summary of the insights and considerations is as follows:

- Articulating that there is a problem, finding the right pathways, accessing appropriate supports, and connecting with the right professionals can be challenging, and families may not know how to identify the best professionals for their needs.
- People may enter this process feeling angry, fearful or traumatised based on previous experiences.
- To obtain necessary support, family members may feel pressured to speak negatively about their child, which can be devastating, or risk not receiving the required assistance.
- Creating safe, inclusive and accessible environments is necessary to foster trusting relationships.
- Accessibility must encompass all forms of accommodations, not just physically accessible locations.
- Understanding and supporting a person's emotional wellbeing and needs before, during, and after an assessment is essential.
- Frequently seek and confirm both assent and consent, but also recognise when someone appears to agree without truly agreeing.
- Competent professionals need to have a thorough understanding of intersectionality and historical experiences before meeting with individuals.
- Children should be regarded as experts of their own experiences. Their goals and needs may not always align with others, so understanding their perspective and finding common ground is imperative to creating a child- and family-centred practice.

Considering these insights, several areas of opportunity became evident, highlighting the potential for improvement for safeguarding this experience. Through analysis of these insights, we can better understand where to focus our efforts to achieve meaningful and impactful outcomes. Based on analysing these insights, safeguarding in this process should include:

- Supporting individuals and professionals in finding the right pathways, resources, and supports, while also providing opportunities for them to discover what works best for their unique needs.
- Setting clear expectations of the process and maintaining transparent communication and guidance.
- Being informed and aware of accessibility needs, sensitivities, intersectionality and historical experiences prior to meeting to prevent revisiting trauma.
- Listening to and responding to the child or individuals' perspective, goals and ambitions to create a child and family-centred approach that emphasises their strengths, as well as their support needs.
- Having the time and resources to support building strong trusted and comfortable relationships in safe and informed environments.
- Giving people the opportunity to correct their narratives and express what they need to feel safe and supported, while also addressing their emotional wellbeing and needs before, during, and after an assessment.
- Recognising and gaining consent and assent from all people frequently.

Summary

The discussion on safeguarding experiences using journey mapping and key findings from the reviews, consultation, and co-production revealed several opportunities for improvement. It emphasised the need to integrate safeguarding considerations throughout all phases of assessment, differentiation, and reporting as a dynamic and continuous process. Journey mapping was introduced to examine safeguarding within this context, allowing the Reference Group to adopt a child-and family-centred approach. Areas of opportunity identified for enhancement included building trusting relationships, creating supportive environments, considering timing, improving communication, and using neuroaffirming and culturally responsive language.

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youthinmind. (n.d.). *Strengths and difficulties questionnaire*. https://www.sdqinfo.org/

Appendices

Appendix 1. Systematic review: articles excluded during full text screening with reasons (*n* = 83).

Number	Reference	Exclusion reason
1	Bolton, C. C. (2017). An examination of play-based assessment to determine social-emotional functioning in early childhood. *Dissertation Abstracts International: Section B: The Sciences and Engineering, 77*(7-B(E)), No-Specified.	Excluded article type
2	Goldstein, H., & Morgan, L. (2002). *Social interaction and models of friendship development.* In W.M. Bukowski, A.F. Newcomb, & W.W. Hartup (Eds.), The company they keep: Friendship in childhood and adolescence (pp. 87-112). Cambridge University Press.	Excluded article type
3	Greenspan, S., Novick Brown, N., & Edwards, W. J. (2021). *Determining disability severity level for fetal alcohol spectrum disorder: Assessing the extent of impairment*. In Novick Brown, N. (Eds.), Evaluating fetal alcohol spectrum disorders in the forensic context: A manual for mental health practice (255-283). https://dx.doi.org/10.1007/978-3-030-73628-6_10	Excluded article type
4	Olusanya, B. O., Gulati, S., & Newton, C. R. J. (2023). The Nurturing Care Framework and Children With Developmental Disabilities in LMICs. *Pediatrics, 151*(4). https://doi.org/10.1542/peds.2022-056645	Excluded article type
5	Bossaert, G., Kuppens, S., Buntinx, W., Molleman, C., Van den Abeele, A., & Maes, B. (2009). Usefulness of the Supports Intensity Scale (SIS) for persons with other than intellectual disabilities. *Research in Developmental Disabilities, 30*(6), 1306-1316. https://doi.org/10.1016/j.ridd.2009.05.007	Not children aged 0-12 years
6	Riches, V. C., Parmenter, T. R., Llewellyn, G., Hindmarsh, G., & Chan, J. (2009). The Reliability, Validity and Practical Utility of Measuring Supports Using the I-CAN Instrument: Part II. *Journal of Applied Research in Intellectual Disabilities, 22*(4), 340-353. https://doi.org/10.1111/j.1468-3148.2008.00467.x	Not children aged 0-12 years

Number	Reference	Exclusion reason
7	Cappa, C., Mont, D., Loeb, M., Misunas, C., Madans, J., Comic, T., & de Castro, F. (2018). The development and testing of a module on child functioning for identifying children with disabilities on surveys. III: Field testing. *Disability and Health Journal, 11*(4), 510-518. https://doi.org/10.1016/j.dhjo.2018.06.004	Surveillance/ screening
8	Grasso, M., Lazzaro, G., Demaria, F., Menghini, D., & Vicari, S. (2022). The Strengths and Difficulties Questionnaire as a Valuable Screening Tool for Identifying Core Symptoms and Behavioural and Emotional Problems in Children with Neuropsychiatric Disorders. *International Journal of Environmental Research and Public Health, 19*(13). https://doi.org/10.3390/ijerph19137731	Surveillance / screening
9	Leung, C., Mak, R., Lau, V., Cheung, J., & Lam, C. (2010). Development of a preschool developmental assessment scale for assessment of developmental disabilities. *Research in Developmental Disabilities, 31*(6), 1358-1365. https://doi.org/10.1016/j.ridd.2010.07.004	Surveillance/ screening
10	Msall, M. E. (2006). Neurodevelopmental surveillance in the first 2 years after extremely preterm birth: evidence, challenges, and guidelines. *Early Human Development, 82*(3), 157-166. https://doi.org/10.1016/j.earlhumdev.2005.12.016	Surveillance/ screening
11	Bieber, E., Smits-Engelsman, B. C. M., Sgandurra, G., Cioni, G., Feys, H., Guzzetta, A., & Klingels, K. (2016). Manual function outcome measures in children with developmental coordination disorder (DCD): Systematic review. *Research in Developmental Disabilities, 55,* 114-131. https://doi.org/10.1016/j.ridd.2016.03.009	Guidance for assessment, intervention, or outcomes
12	Campbell, W. N., & Skarakis-Doyle, E. (2007). School-aged children with SLI: The ICF as a framework for collaborative service delivery. *Journal of Communication Disorders, 40*(6), 513-535. https://doi.org/10.1016/j.jcomdis.2007.01.001	Guidance for assessment, intervention, or outcomes
13	Chien, C. W., Brown, T., & McDonald, R. (2009). A framework of children's hand skills for assessment and intervention. *Child: Care, Health and Development, 35*(6), 873-884. https://doi.org/10.1111/j.1365-2214.2009.01002.x	Guidance for assessment, intervention, or outcomes

Number	Reference	Exclusion reason
14	Franki, I., De Cat, J., Deschepper, E., Molenaers, G., Desloovere, K., Himpens, E., . . . Van den Broeck, C. (2014). A clinical decision framework for the identification of main problems and treatment goals for ambulant children with bilateral spastic cerebral palsy. *Research in Developmental Disabilities, 35*(5), 1160-1176. https://doi.org/10.1016/j.ridd.2014.01.025	Guidance for assessment, intervention, or outcomes
15	Hus, Y. (2017). Issues in Identification and Assessment of Children with Autism and a Proposed Resource Toolkit for Speech-Language Pathologists. *Folia Phoniatr Logop, 69*(1-2), 27-37. https://doi.org/10.1159/000477398	Guidance for assessment, intervention, or outcomes
16	Lane, A. E. (2020). Practitioner Review: Effective management of functional difficulties associated with sensory symptoms in children and adolescents. *Journal of Child Psychology and Psychiatry, 61*(9), 943-958. https://doi.org/10.1111/jcpp.13230	Guidance for assessment, intervention, or outcomes
17	Lollar, D. J., & Simeonsson, R. J. (2005). Diagnosis to function: Classification for children and youths. *Journal of Developmental and Behavioral Pediatrics, 26*(4), 323-330. https://doi.org/10.1097/00004703-200508000-00012	Guidance for assessment, intervention, or outcomes
18	McConachie, H., Parr, J. R., Glod, M., Hanratty, J., Livingstone, N., Oono, I. P., . . . Charman, T. (2015). Systematic review of tools to measure outcomes for young children with autism spectrum disorder. *Health Technology Assessment, 19*(41). https://doi.org/10.3310/hta19410	Guidance for assessment, intervention, or outcomes
19	Milne, S. L., McDonald, J. L., & Comino, E. J. (2013). Adaptive function in preschoolers in relation to developmental delay and diagnosis of autism spectrum disorders: insights from a clinical sample. *Autism, 17*(6), 743-753. https://doi.org/10.1177/1362361312453091	Guidance for assessment, intervention, or outcomes
20	Msall, M. E., & Tremont, M. R. (2002). Measuring functional outcomes after prematurity: developmental impact of very low birth weight and extremely low birth weight status on childhood disability. *Mental Retardation and Developmental Disabilities Research Reviews, 8*(4), 258-272. https://doi.org/10.1002/mrdd.10046	Guidance for assessment, intervention, or outcomes

Number	Reference	Exclusion reason
21	Noyes-Grosser, D. M., Holland, J. P., Lyons, D., Holland, C. L., Romanczyk, R. G., & Gillis, J. M. (2005). Rationale and methodology for developing guidelines for early intervention services for young children with developmental disabilities. *Infants & Young Children, 18*(2), 119-135. https://doi.org/10.1097/00001163-200504000-00005	Guidance for assessment, intervention, or outcomes
22	Oner, O., Kahilogullari, A. K., Acarlar, B., Malaj, A., & Alatas, E. (2020). Psychosocial and cultural needs of children with intellectual disability and their families among the Syrian refugee population in Turkey. *Journal of Intellectual Disability Research, 64*(8), 644-656. https://doi.org/10.1111/jir.12760	Guidance for assessment, intervention, or outcomes
23	Pan, Y.-L., Hwang, A.-W., Simeonsson, R. J., Lu, L., & Liao, H.-F. (2015). ICF-CY code set for infants with early delay and disabilities (EDD Code Set) for interdisciplinary assessment: a global experts survey. *Disability and Rehabilitation, 37*(12), 1044-1054. https://doi.org/10.3109/09638288.2014.952454	Guidance for assessment, intervention, or outcomes
24	Rosenberg, L., Ratzon, N. Z., Jarus, T., & Bart, O. (2012). Perceived environmental restrictions for the participation of children with mild developmental disabilities. *Child: Care, Health and Development, 38*(6), 836-843. https://doi.org/10.1111/j.1365-2214.2011.01303.x	Guidance for assessment, intervention, or outcomes
25	Shogren, K. A., Wehmeyer, M. L., Seo, H., Thompson, J. R., Schalock, R. L., Hughes, C., . . . Palmer, S. B. (2017). Examining the Reliability and Validity of the Supports Intensity Scale–Children's Version in Children With Autism and Intellectual Disability. *Focus on Autism and Other Developmental Disabilities, 32*(4), 293-304. https://doi.org/10.1177/1088357615625060	Guidance for assessment, intervention, or outcomes
26	Simeonsson, R. J. (2003). Classification of communication disabilities in children: Contribution of the International Classification on Functioning, Disability and Health. *International Journal of Audiology, 42 Suppl 1*(101140017), S2-8. https://doi.org/10.3109/14992020309074618	Guidance for assessment, intervention, or outcomes
27	Simeonsson, R. J., Scarborough, A. A., & Hebbeler, K. M. (2006). ICF and ICD codes provide a standard language of disability in young children. *Journal of Clinical Epidemiology, 59*(4), 365-373. https://doi.org/10.1016/j.jclinepi.2005.09.009	Guidance for assessment, intervention, or outcomes

Number	Reference	Exclusion reason
28	Taddei, M., Bulgheroni, S., Toffalini, E., Pantaleoni, C., & Lanfranchi, S. (2023). Developmental profiles of young children with autism spectrum disorder and global developmental delay: A study with the Griffiths III scales. *Autism Research, 16*(7), 1344-1359. https://doi.org/10.1002/aur.2953	Guidance for assessment, intervention, or outcomes
29	Teng, S. W., Yen, C. F., Liao, H. F., Chang, K. H., Chi, W. C., Wang, Y. H., & Liou, T. H. (2013). Evolution of system for disability assessment based on the International Classification of Functioning, Disability, and Health: A Taiwanese study. *Journal of the Formosan Medical Association, 112*(11), 691-698. https://doi.org/10.1016/j.jfma.2013.09.007	Guidance for assessment, intervention, or outcomes
30	Visser, L., Ruiter, S. A. J., van der Meulen, B. F., Ruijssenaars, W. A. J. J. M., & Timmerman, M. E. (2012). A Review of Standardized Developmental Assessment Instruments for Young Children and Their Applicability for Children With Special Needs. *Journal of Cognitive Education and Psychology, 11*(2), 102-127. https://doi.org/10.1891/1945-8959.11.2.102	Guidance for assessment, intervention, or outcomes
31	Waber, D. P., Boiselle, E. C., Yakut, A. D., Peek, C. P., Strand, K. E., & Bernstein, J. H. (2021). Developmental Dyspraxia in Children With Learning Disorders: Four-Year Experience in a Referred Sample. *Journal of Child Neurology, 36*(3), 210-221. https://doi.org/:10.1177/0883073820966913	Guidance for assessment, intervention, or outcomes
32	Wright, F. V., & Majnemer, A. (2014). The concept of a toolbox of outcome measures for children with cerebral palsy: why, what, and how to use? *Journal of Child Neurology, 29*(8), 1055-1065. https://doi.org/10.1177/0883073814533423	Guidance for assessment, intervention, or outcomes
33	Björck-Åkesson, E., Wilder, J., Granlund, M., Pless, M., Simeonsson, R., Adolfsson, M., . . . Lillvist, A. (2010). The International Classification of Functioning, Disability and Health and the version for children and youth as a tool in child habilitation/early childhood intervention–feasibility and usefulness as a common language and frame of reference for practice. *Disability and Rehabilitation, 32*(sup1), S125-S138.	Examination, mapping, and/or application of the ICF
34	Castro, S., Pinto, A. I., & Maia, M. (2011). Linking the carolina curriculum for preschoolers with special needs to the ICF-CY. *British Journal of Developmental Disabilities, 57*(2), 133-146. https://doi.org/10.1179/096979511798967043	Examination, mapping, and/or application of the ICF

Number	Reference	Exclusion reason
35	Ogonowski, J., Kronk, R., Rice, C., & Feldman, H. (2004). Inter-rater reliability in assigning ICF codes to children with disabilities. *Disability and Rehabilitation, 26*(6), 353-361. https://doi.org/10.1080/09638280410001658658	Examination, mapping, and/or application of the ICF
36	Simeonsson, R. J., Leonardi, M., Lollar, D., Bjorck-Akesson, E., Hollenweger, J., & Martinuzzi, A. (2003). Applying the International Classification of Functioning, Disability and Health (ICF) to measure childhood disability. *Disability and Rehabilitation, 25*(11-12), 602-610. https://doi.org/10.1080/0963828031000137117	Examination, mapping, and/or application of the ICF
37	Aguayo, V., Verdugo, M. A., Arias, V. B., Guillen, V. M., & Amor, A. M. (2019). Assessing support needs in children with intellectual disability and motor impairments: Measurement invariance and group differences. *Journal of Intellectual Disability Research, 63*(12), 1413-1427. https://doi.org/10.1111/jir.12683	Development/ psychometrics of tool
38	Anderson, R. L., Lyons, J. S., Giles, D. M., Price, J. A., & Estle, G. (2003). Reliability of the Child and Adolescent Needs and Strengths-Mental Health (CANS-MH) Scale. *Journal of Child and Family Studies, 12*(3), 279-289. https://doi.org/10.1023/A:1023935726541	Development/ psychometrics of tool
39	Bart, O., Rosenberg, L., Ratzon, N. Z., & Jarus, T. (2010). Development and initial validation of the Performance Skills Questionnaire (PSQ). *Research in Developmental Disabilities, 31*(1), 46-56. https://doi.org/10.1016/j.ridd.2009.07.021	Development/ psychometrics of tool
40	Benfer, K. A., Weir, K. A., Bell, K. L., Ware, R. S., Davies, P. S. W., & Boyd, R. N. (2017). The Eating and Drinking Ability Classification System in a population-based sample of preschool children with cerebral palsy. *Developmental Medicine & Child Neurology, 59*(6), 647-654. https://doi.org/10.1111/dmcn.13403	Development/ psychometrics of tool
41	Blanche, E. I., Bodison, S., Chang, M. C., & Reinoso, G. (2012). Development of the comprehensive observations of proprioception (COP): Validity, reliability, and factor analysis. *The American Journal of Occupational Therapy, 66*(6), 691-698. https://doi.org/10.5014/ajot.2012.003608	Development/ psychometrics of tool

Number	Reference	Exclusion reason
42	Bourke-Taylor, H., & Pallant, J. F. (2013). The Assistance to Participate Scale to measure play and leisure support for children with developmental disability: Update following Rasch analysis. *Child: Care, Health and Development, 39*(4), 544-551. https://doi.org/10.1111/cch.12047	Development/ psychometrics of tool
43	Chandler, L. S., Terhorst, L., Rogers, J. C., & Holm, M. B. (2016). Movement Assessment of Children (MAC): Validity, reliability, stability and sensitivity to change in typically developing children. *Child: Care, Health and Development, 42*(4), 513-520. https://doi.org/10.1111/cch.12348	Development/ psychometrics of tool
44	Chang, H. J., Chiarello, L. A., Palisano, R. J., Orlin, M. N., Bundy, A., & Gracely, E. J. (2014). The determinants of self-determined behaviors of young children with cerebral palsy. *Research in Developmental Disabilities, 35*(1), 99-109. http://dx.doi.org/10.1016/j.ridd.2013.10.004	Development/ psychometrics of tool
45	Chen, C. T., Chen, Y. L., Lin, Y. C., Hsieh, C. L., Tzeng, J. Y., & Chen, K. L. (2018). Item-saving assessment of self-care performance in children with developmental disabilities: A prospective caregiver-report computerized adaptive test. *PloS one, 13*(3), e0193936. https://doi.org/10.1371/journal.pone.0193936	Development/ psychometrics of tool
46	Chen, K. L., Tseng, M. H., Hu, F. C., & Koh, C. L. (2010). Pediatric Evaluation of Disability Inventory: A cross-cultural comparison of daily function between Taiwanese and American children. *Research in Developmental Disabilities, 31*(6), 1590-1600. https://doi.org/10.1016/j.ridd.2010.05.002	Development/ psychometrics of tool
47	Chien, C. W., Rodger, S., Copley, J., & Brown, T. (2018). An exploration of the relationship between two measures of children's participation. *Disability and Rehabilitation, 40*(13), 1553-1560. https://doi.org/10.1080/09638288.2017.1300343	Development/ psychometrics of tool
48	Emser, T. S., Mazzucchelli, T. G., Christiansen, H., & Sanders, M. R. (2016). Child Adjustment and Parent Efficacy Scale-Developmental Disability (CAPES-DD): First psychometric evaluation of a new child and parenting assessment tool for children with a developmental disability. *Research in Developmental Disabilities, 53-54*(8709782, rid), 158-177. https://doi.org/10.1016/j.ridd.2015.09.006	Development/ psychometrics of tool

Number	Reference	Exclusion reason
49	Frisch, C., & Rosenblum, S. (2014). Reliability and validity of the Executive Function and Occupational Routines Scale (EFORTS). *Research in Developmental Disabilities, 35*(9), 2148-2157. https://doi.org/10.1016/j.ridd.2014.05.003	Development/ psychometrics of tool
50	Guillen, V.-M., Verdugo, M.-A., Arias, B., & Vicente, E. (2015). Development of a support needs assessment scale for children and adolescents with intellectual disabilities. *Anales de Psicologia, 31*(1), 137-144. https://doi.org/10.6018/analesps.31.1.166491	Development/ psychometrics of tool
51	Heyrman, L., Molenaers, G., Desloovere, K., Verheyden, G., De Cat, J., Monbaliu, E., & Feys, H. (2011). A clinical tool to measure trunk control in children with cerebral palsy: The Trunk Control Measurement Scale. *Research in Developmental Disabilities, 32*(6), 2624-2635. https://doi.org/10.1016/j.ridd.2011.06.012	Development/ psychometrics of tool
52	Huang, C. Y., Chen, S. S., Chen, C. T., Lee, P. S., Yu, T. Y., & Chen, K. L. (2020). Psychometric Properties and Efficiency of the Computerized Adaptive Testing System for Measuring Self-Care Performance in Taiwanese Children With Developmental Disabilities. *Archives of Physical Medicine and Rehabilitation, 101*(8), 1332-1337. https://doi.org/10.1016/j.apmr.2020.01.014	Development/ psychometrics of tool
53	Josman, N., Goffer, A., & Rosenblum, S. (2010). Development and standardization of a "do-eat" activity of daily living performance test for children. *American Journal of Occupational Therapy, 64*(1), 47-58. https://doi.org/10.5014/ajot.64.1.47	Development/ psychometrics of tool
54	Kaiser, S., & Halvorsen, M. B. (2022). The Strengths and Difficulties Questionnaire self-report-, parent-, and teacher version in children with intellectual and developmental disabilities. *Research in Developmental Disabilities, 123*(8709782, rid), 104194. https://doi.org/10.1016/j.ridd.2022.104194	Development/ psychometrics of tool
55	Khetani, M. A. (2015). Validation of environmental content in the Young Children's Participation and Environment Measure. *Archives of Physical Medicine and Rehabilitation, 96*(2), 317-322. https://doi.org/10.1016/j.apmr.2014.11.016	Development/ psychometrics of tool

Number	Reference	Exclusion reason
56	Kilgus SP, von der Embse NP, Eklund K, Izumi J, Peet C, Meyer L, Taylor CN. Reliability, validity, and accuracy of the intervention selection profile-Function: A brief functional assessment tool. *Sch Psychol*. 2019 Sep; *34*(5):531-540. https://doi.org/10.1037/spq0000325	Development/ psychometrics of tool
57	Kottorp, A., Bernspång, B., & Fisher, A. G. (2003). Validity of a performance assessment of activities of daily living for people with developmental disabilities. *Journal of Intellectual Disability Research, 47*(8), 597-605. https://doi.org/10.1046/j.1365-2788.2003.00475.x	Development/ psychometrics of tool
58	Leung, C., Cheung, J., Lau, V., & Lam, C. (2011). Development of the Preschool Developmental Assessment Scale (PDAS) on children's social development. *Research in Developmental Disabilities, 32*(6), 2511-2518. https://doi.org/10.1016/j.ridd.2011.07.009	Development/ psychometrics of tool
59	Liberman, L., Sevillia, M., Shaviv, Y., & Bart, O. (2021). Development, reliability, and validity of the Sensory Adventure Measure. *Australian Occupational Therapy Journal, 68*(3), 217-227. https://doi.org/10.1111/1440-1630.12716	Development/ psychometrics of tool
60	Little, L. M., Freuler, A. C., Houser, M. B., Guckian, L., Carbine, K., David, F. J., & Baranek, G. T. (2011). Psychometric validation of the Sensory Experiences Questionnaire. *The American Journal of Occupational Therapy, 65*(2), 207-210. https://doi.org/10.5014/ajot.2011.000844	Development/ psychometrics of tool
61	Matsuishi, T., Nagano, M., Araki, Y., Tanaka, Y., Iwasaki, M., Yamashita, Y., . . . Kakuma, T. (2008). Scale properties of the Japanese version of the Strengths and Difficulties Questionnaire (SDQ): A study of infant and school children in community samples. *Brain & Development, 30*(6), 410-415. https://doi.org/10.1016/j.braindev.2007.12.003	Development/ psychometrics of tool
62	Meester-Delver, A., Beelen, A., Ketelaar, M., Hadders-Algra, M., Nollet, F., & Gorter, J. (2009). Construct validity of the capacity profile in preschool children with cerebral palsy. *Developmental Medicine and Child Neurology, 51*(61). https://doi.org/10.1111/j.1469-8749.2009.03452-2.x	Development/ psychometrics of tool

Number	Reference	Exclusion reason
63	Navas, P., Verdugo, M. A., Arias, B., & Gomez, L. E. (2012). Development of an instrument for diagnosing significant limitations in adaptive behavior in early childhood. *Research in Developmental Disabilities, 33*(5), 1551-1559. https://doi.org/10.1016/j.ridd.2012.03.006	Development/ psychometrics of tool
64	Pan, X., Totsika, V., Nicholls, G., & Paris, A. (2019). Validating GO4KIDDS as a brief measure of adaptive skills in special education settings for children with severe intellectual disability. *Journal of Applied Research in Intellectual Disabilities, 32*(2), 280-287. https://doi.org/10.1111/jar.12524	Development/ psychometrics of tool
65	Peyton, C., Msall, M. E., Wroblewski, K., Rogers, E. E., Kohn, M., & Glass, H. C. (2021). Concurrent validity of the Warner Initial Developmental Evaluation of Adaptive and Functional Skills and the Bayley Scales of Infant and Toddler Development, Third Edition. *Developmental & Medical Child Neurology, 63*(3), 349-354. https://doi.org/10.1111/dmcn.14737	Development/ psychometrics of tool
66	Rojahn, J., Schroeder, S. R., Mayo-Ortega, L., Oyama-Ganiko, R., LeBlanc, J., Marquis, J., & Berke, E. (2013). Validity and reliability of the Behavior Problems Inventory, the Aberrant Behavior Checklist, and the Repetitive Behavior Scale-Revised among infants and toddlers at risk for intellectual or developmental disabilities: a multi-method assessment approach. *Research in Developmental Disabilities, 34*(5), 1804-1814. https://doi.org/10.1016/j.ridd.2013.02.024	Development/ psychometrics of tool
67	Rose-Jacobs, R., Cabral, H., Beeghly, M., Brown, E. R., & Frank, D. A. (2004). The movement assessment of infants (MAI) as a predictor of two-year neurodevelopmental outcome for infants born at term who are at social risk. *Pediatric Physical Therapy, 16*(4), 212-221. https://doi.org/10.1097/01.PEP.0000145931.87152.C0	Development/ psychometrics of tool
68	Saether, R., Helbostad, J. L., Adde, L., Jørgensen, L., & Vik, T. (2013). Reliability and validity of the Trunk Impairment Scale in children and adolescents with cerebral palsy. *Research in Developmental Disabilities, 34*(7), 2075-2084. https://doi.org/10.1016/j.ridd.2013.03.029	Development/ psychometrics of tool
69	Schenkelberg, M. A., Brown, W. H., McIver, K. L., & Pate, R. R. (2021). An observation system to assess physical activity of children with developmental disabilities and delays in preschool. *Disability and Health Journal, 14*(2), 101008. https://doi.org/10.1016/j.dhjo.2020.101008	Development/ psychometrics of tool

Number	Reference	Exclusion reason
70	Sedem, M., Siljehag, E., Allodi, M. W., & Odom, S. L. (2022). Reliability and validity of a Teacher Impressions Scale to assess social play of Swedish children in inclusive preschools. *Assessment for Effective Intervention, 48*(1), 52-61. https://doi.org/10.1177/15345084221100416	Development/ psychometrics of tool
71	Seo, H., Shogren, K. A., Wehmeyer, M. L., Hughes, C., Thompson, J. R., Little, T. D., & Palmer, S. B. (2016). Exploring Shared Measurement Properties and Score Comparability between Two Versions of the "Supports Intensity Scale". *Career Development and Transition for Exceptional Individuals, 39*(4), 216-226. https://doi.org/10.1177/2165143415583499	Development/ psychometrics of tool
72	Shabnam, S., & Swapna, N. (2023). Clinical Validation of Feeding Handicap Index for Children (FHI-C). *Journal of Autism and Developmental Disorders, 53*(11), 4412-4423. https://doi.org/10.1007/s10803-022-05699-5	Development/ psychometrics of tool
73	Shogren, K. A., Seo, H., Wehmeyer, M. L., Palmer, S. B., Thompson, J. R., Hughes, C., & Little, T. D. (2015). Support Needs of Children with Intellectual and Developmental Disabilities: Age-Related Implications for Assessment. *Psychology in the Schools, 52*(9), 874-891. https://doi.org/10.1002/pits.21863	Development/ psychometrics of tool
74	Stewart, S. L., Morris, J. N., Asare-Bediako, Y. A., & Toohey, A. (2020). Examining the Structure of a New Pediatric Measure of Functional Independence Using the interRAI Child and Youth Mental Health Assessment System. *Developmental Neurorehabilitation, 23*(8), 526-533. https://doi.org/10.1080/17518423.2019.1698070	Development/ psychometrics of tool
75	Wong, V., Wong, S., Chan, K., & Wong, W. (2002). Functional Independence Measure (WeeFIM) for Chinese children: Hong Kong Cohort. *Pediatrics, 109*(2), E36. https://doi.org/10.1542/peds.109.2.e36	Development/ psychometrics of tool
76	Bonanni, P., Gobbo, A., Nappi, S., Moret, O., Nogarol, A., Santin, M., . . . Martinuzzi, A. (2009). Functioning and disability in patients with Angelman syndrome: Utility of the International Classification of functioning disability and health, children and youth adaptation framework. *Disability and Rehabilitation: An International, Multidisciplinary Journal, 31*(Suppl 1), S121-S127. https://doi.org/10.3109/09638280903317872	Does not discuss functional impact or how the tool can be used differentiate strengths/support needs

Number	Reference	Exclusion reason
77	Castro, S., & Pinto, A. (2015). Matrix for assessment of activities and participation: Measuring functioning beyond diagnosis in young children with disabilities. *Developmental Neurorehabilitation, 18*(3), 177-189. https://doi.org/10.3109/17518423.2013.806963	Does not discuss functional impact or how the tool can be used differentiate strengths/support needs
78	Lee, C.-L., Lin, H.-Y., Tsai, L.-P., Chiu, H.-C., Tu, R.-Y., Huang, Y.-H., . . . Lin, S.-P. (2018). Functional independence of Taiwanese children with Prader-Willi syndrome. *American Journal of Medical Genetics. Part A, 176*(6), 1309-1314. https://doi.org/10.1002/ajmg.a.38705	Does not discuss functional impact or how the tool can be used differentiate strengths/support needs
79	Milne, S., & McDonald, J. (2015). Assessing adaptive functioning in preschoolers referred for diagnosis of developmental disabilities. *Infants & Young Children, 28*(3), 248-261. https://doi.org/10.1097/IYC.0000000000000037	Does not discuss functional impact or how the tool can be used differentiate strengths/support needs
80	Sugiyama, M., Aoki, S., Kawate, N., & Hashimoto, K. (2022). Limitation of developmental test to measure functional independence of children: Relationship between the Japanese version of WeeFIM II® and KSPD. *Journal of Pediatric Rehabilitation Medicine, 15*(4), 667-676. https://doi.org/10.3233/prm-210079	Does not discuss functional impact or how the tool can be used differentiate strengths/support needs
81	Tan, V., Smidt, A., Herman, G., Munro, N., & Summers, S. (2023). Revising the Pragmatics Profile using a modified Delphi methodology to meet the assessment needs of current speech-language therapists. *International Journal of Language & Communication Disorders, 58*(6), 2144-2161. https://doi.org/10.1111/1460-6984.12922	Does not discuss functional impact or how the tool can be used differentiate strengths/support needs

Number	Reference	Exclusion reason
82	Verdugo, M. A., Aguayo, V., Arias, V. B., & García-Domínguez, L. (2020). A Systematic Review of the Assessment of Support Needs in People with Intellectual and Developmental Disabilities. *International Journal of Environmental Research in Public Health, 17*(24). https://doi.org/10.3390/ijerph17249494	Does not discuss functional impact or how the tool can be used differentiate strengths/support needs
83	Lebeer, J., Struyf, E., De Maeyer, S., Wilssens, M., Timbremont, B., Denys, A., & Vandeveire, H. (2010). Identifying special educational needs: Putting a new framework for graded learning support to the test. *European Journal of Special Needs Education, 25*(4), 375-387. https://doi.org/10.1080/08856257.2010.513542	Presents framework but does not discuss processes for assessing and differentiating strengths/support needs

Appendix 2. Systematic review: articles excluded during extraction (*n* = 1).

Number	Reference	Exclusion reason
1	Msall, M. E. (2005). Measuring functional skills in preschool children at risk for neurodevelopmental disabilities. *Mental Retardation and Developmental Disabilities Research Reviews, 11*(3), 263-273. https://doi.org/10.1002/mrdd.20073	Guidance for assessment, intervention, or outcomes

Appendix 3. Systematic review: articles included (*n* = 3).

Number	Reference
1	Huang, C. Y., Tseng, M. H., Chen, K. L., Shieh, J. Y., & Lu, L. (2013). Determinants of school activity performance in children with cerebral palsy: A multidimensional approach using the ICF-CY as a framework. Research in Developmental Disabilities, 34(11), 4025-4033. https://doi.org/10.1016/j.ridd.2013.08.022
2	Lin, H. Y., Chuang, C. K., Chen, Y. J., Tu, R. Y., Chen, M. R., Niu, D. M., & Lin, S. P. (2015). Functional independence of Taiwanese children with Down syndrome. *Developmental Medicine and Child Neurology*, *58*(5), 502-507. https://doi.org/10.1111/dmcn.12889
3	Walker, V. L., DeSpain, S. N., Thompson, J. R., & Hughes, C. (2014). Assessment and Planning in K-12 Schools: A Social-Ecological Approach. Inclusion, 2(2), 125-139. https://doi.org/10.1352/2326-6988-2.2.125

Appendix 4. Grey literature: articles excluded during full-text screening with reasons (*n* = 50).

Number	Title in Google search results	URL	Exclusion reason
1	Queensland Childrens Wellbeing Framework	https://qed.qld.gov.au/programsinitiatives/education/Documents/qld-children-wellbeing-framework.pdf	Does not discuss assessment, differentiation, or reporting of strengths and/support needs.
2	The ACT Children and Young People's Commitment 2015–2025	https://www.communityservices.act.gov.au/data/assets/pdf_file/0008/798785/CSD_CYPC_A4_web.pdf	Not a framework/tool.
3	Children's Voices: A principled framework for children and young people's participation as valued citizens and learners	https://www.education.sa.gov.au/docs/early-years/childrens-voices-framework.pdf?acsf_files_redirect	Outside of scope.
4	Early childhood approach - A guide for health professionals	https://www.ndis.gov.au/media/3636/download?attachment	Outside of scope.
5	Assessment and Classification of Support Needs	https://www.adcet.edu.au/resource/4835/file/1	Outside of age range.
6	The Royal Australasian College of Physicians Paediatric & Child Health Division Position Statement: Early Intervention for Children with Developmental Disabilities	https://www.racp.edu.au/docs/default-source/advocacy-library/early-intervention-for-children-with-developmental-disabilities.pdf	Not a framework/tool.

Number	Title in Google search results	URL	Exclusion reason
7	Australia's Disability Strategy (2021-2031) Early Childhood Targeted Action Plan	https://www.disabilitygateway.gov.au/sites/default/files/documents/2021-12/1886-tap-early-childhood.pdf	Not a framework/tool.
8	Review of the Inclusion Support Program – Final report	https://www.education.gov.au/download/17404/review-inclusion-support-program-final-report/35230/document/pdf	Duplicate.
9	Approaches to the provision of educational support for children and young people with additional health and developmental needs - Dyslexia	https://www.education.vic.gov.au/Documents/about/department/psdlitreview_EducationalSupportforStudentswithDyslexia.pdf	Not a framework/tool.
10	Protecting children: A common approach to identifying and supporting children and families in need.	https://www.aracy.org.au/publications-resources/command/download_file/id/220/filename/Protecting_children_-_a_common_approach_to_identifhying_and_supporting_children_and_families_in_need.pdf	Does not discuss assessment, differentiation or reporting of strengths and/support needs.
11	WA Disability Health Framework Companion Resource Foundations for change Second Edition	https://www.health.wa.gov.au/~/media/Corp/Documents/Health-for/Health-Networks/Disability/Disability-framework-companion.pdf	Outside of age range.
12	Achieving inclusiveness through Abilities Based Learning and Education Support.	https://www.education.gov.au/download/2920/achieving-inclusiveness-through-ables/4049/document/pdf	Does not discuss assessment, differentiation or reporting of strengths and/support needs.

Number	Title in Google search results	URL	Exclusion reason
13	Relinquishment Risk Assessment and Key Predictive Factors & Indicators Matrix	https://www.cfecfw.asn.au/wp-content/uploads/2019/04/DHHS-Relinquishment-Risk-Assessment-Matrix-2015.pdf	Outside of scope.
14	Draft Disability and Learning Support Action Plan: Analysis of Engagement Feedback	https://conversation.education.govt.nz/assets/DLSAP/Draft-Disability-and-Learning-Support-Action-Plan-Analysis-of-Engagement-Feedback.pdf	Does not discuss assessment, differentiation or reporting of strengths and/support needs.
15	Disability Support Services Strategic Plan 2014 to 2018. Disabled people and their families are supported to live the lives they choose	https://www.health.govt.nz/system/files/documents/publications/disability-support-services-strategic-plan-2014-to-2018-v2.pdf	Does not discuss assessment, differentiation or reporting of strengths and/support needs.
16	Assessment of Young Children With Delays or Disabilities	https://www.sagepub.com/sites/default/files/upm-binaries/97954_Chapter_5_Assessment_of_Young_Children_with_Delays_or_Disabilities.pdf	Does not provide a framework/tool.
17	Assessment of Developmental Supports for At-Risk Children and their Families: A Special Study for Help Me Grow Alameda County	https://first5alameda.org/files/funding/HMG_developmental_supports.pdf	Does not provide a framework/tool.
18	How Support Needs Can Be Used to Inform the Allocation of Resources and Funding Decisions	https://www.aaidd.org/docs/default-source/sis-docs/supportneeds.pdf?sfvrsn=a88b3021_0	Outside of age range.

Number	Title in Google search results	URL	Exclusion reason
19	Character Strengths and Intellectual and Developmental Disability: A Strengths-Based Approach from Positive Psychology	https://www.viacharacter.org/pdf/Disability%20-%20seminal%20practice%20%20statement%20paper%20-%20Niemiec%20Shogren%20%20Wehmeyer%20(2017).pdf	Outside of age range.
20	Charting the LifeCourse Framework: Principles	https://dhhs.ne.gov/DD%20Documents/CtLC-FrameworkPrinciples_2020.pdf	Unable to access.
21	Halton Levels of Need Framework	https://hcypsp.haltonsafeguarding.co.uk/wp-content/uploads/2022/05/Levels-Of-Need-Framework.pdf	Outside of scope.
22	County Durham Single Assessment Procedure & Practice Guide	https://durham-scp.org.uk/wp-content/uploads/2016/06/SINGLE-ASSESSMENTREVISED-SEPTEMBER-2015-FINAL-updated-links.pdf	Does not provide details of assessment process.
23	The Common Assessment Framework and schools	https://bso.bradford.gov.uk/userfiles/file/Bradford%20Council/The%20Common%20Assessment%20Framework%20and%20schools%201%20.pdf	Does not provide details about use with children.
24	The NWT Disability Framework	https://pubs.aina.ucalgary.ca/health/62320E.pdf	Does not discuss assessment, differentiation or reporting of strengths and/support needs.
25	Understanding the Assessment Informed Personal Supports Budget Framework: Guide for Service Providers & Agencies	https://manitoba.ca/fs/clds/pubs/boa-guide-service-providers-agencies.pdf	Outside age range

Number	Title in Google search results	URL	Exclusion reason
26	British Columbia Framework for the Advancement of Health Outcomes for People with Intellectual Disabilities	https://www.specialolympics.ca/sites/default/files/SOBC_ProposedBCHealthFrameworkIndividualsIDs.pdf	Does not discuss assessment, differentiation or reporting of strengths and/support needs.
27	Elk Island Catholic Separate School Division May 2021 Administrative Procedures Manual: Specialized services	https://www.eics.ab.ca/download/345668	Does not discuss assessment, differentiation or reporting of strengths and/support needs.
28	Inclusion Support Program Guidelines Facilitating Access, Participation and Support	https://www.nbed.nb.ca/operatorportal/Content/Resourses/ISP%20Guidelines.pdf	Does not discuss assessment, differentiation or reporting of strengths and/support needs.
29	Fostering parents-professional collaboration for facilitating the school inclusion of students with ASD: Design of the ”ToGather” web-based prototype	https://inria.hal.science/hal-03436355/document	Focus on parents.
30	Who are they? Assessing the needs of children with intensive and complex support needs in eight European regions	https://www.spill.uantwerpen.be/wp-content/uploads/2021/03/ENABLIN_NeedsAssessment_ReportAllPartners_EN.pdf	Does not present a framework/tool.
31	Understanding the use of the Common Assessment Framework: Exploring the implications for frontline professionals	https://uobrep.openrepository.com/bitstream/handle/10547/556347/nethercott.pdf?sequence=1&isAllowed=y	Duplicate.

Number	Title in Google search results	URL	Exclusion reason
32	Assessing Children With Disabilities Using WHO International Classification of Functioning, Disability and Health Child and Youth Version Activities and Participation D Codes	http://www.kimorengradel.com/Child%20Neurology%20Open%202015-Illum.pdf	Focus on evaluation of ICF-CY.
33	Child Strategy	https://www.lapsenoikeudet.fi/wp-content/uploads/2021/04/child-strategy-ENG.pdf	Outside of scope.
34	WWF Child Rights Programme Review Final Report (2018-2021)	https://www.worldvision.fi/media/d4el5p2j/wvf-child-rights-programme-review-final-report-2018-2021.pdf	Unable to access.
35	Helsinki's curriculum for early childhood education and care	https://www.hel.fi/static/liitteet-2019/KasKo/vare/Helsinki_Vasu_EN_Sivut.pdf	Old version of document.
36	The Bayley-III-NL special needs addition	https://research.rug.nl/files/2331520/Definitief_proefschrift_L_Visser.pdf	Excluded article type.
37	Development, psychometrics and feasibility of the School Participation Questionnaire: A teacher measure of participation related constructs	https://pure.hva.nl/ws/files/17781636/1_s2.0_S0891422220301980_main.pdf	Focus on psychometric properties of tool.
38	Standards for Inclusive Education in Bhutan	http://www.education.gov.bt/wp-content/downloads/publications/publication/Standards-for-Inclusive-Education-in-Bhutan.pdf	Does not discuss assessment, differentiation or reporting of children's strengths and needs.

Number	Title in Google search results	URL	Exclusion reason
39	Assessing disability of children in Armenia: Country Case Study	https://www.unicef.org/eca/media/31136/file/Assessing%20disability%20of%20children:%20Armenia.pdf	Does not provide details of assessment process.
40	Development, implementation and use-case driven modernization of the International Classification of Functioning, Disability and Health (ICF)	https://www.uzis.cz/res/file/akce/20191022-klasifikon/01-kostanjsek.pdf	Focus on the ICF and does not provide details of assessment process.
41	Disability Assessment and Determination in Arab Countries: An Overview	https://afsd-2022.unescwa.org/sdgs/pdf/knowledge-fair/escwa/gender-justice/p9/pdf-disisability-assessment-determination-arab-countries-english_0.pdf	Outside of scope.
42	Development of a support needs assessment scale.	https://www.redalyc.org/pdf/167/16732936015.pdf	Unable to access.
43	Adaptive case management as a tool of assessment of issues of children in difficulty	https://ibn.idsi.md/sites/default/files/imag_file/p-18-27.pdf	Outside of scope.
44	SVS Inclusion Policy 2022-23	https://www.svschool.ae/wp-content/uploads/2023/07/SVS-202324-Inclusion-Policy.pdf	Does not discuss assessment, differentiation or reporting of strengths and/support needs.
45	Inclusion Policy	https://www.gemsworldacademy-dubai.com/-/media/project/gems/gwa_gems_world_academy_dubai/ay-2023---2024-documents/key-policies/inclusion-policy-2023-2024.pdf	Outside of age range.

Number	Title in Google search results	URL	Exclusion reason
46	Inclusion Policy	https://www.gemsmetropoleschool-dubai.com/-/media/Project/GEMS/MTS_Metropole_School_Motor_City/_Files-and-Documents/GEMS-Metropole-Inclusion-Policy.pdf	Does not discuss assessment, differentiation or reporting of strengths and/support needs.
47	Guidelines on Children's Reintegration	https://www.sos-childrensvillages.org/getmedia/107200b0-ad9e-4a71-b314-7daed6e7a054/Guidelines-on-Children-s-Reintegration_web-version.pdf	Outside of scope.
48	Children on the move: From protection towards a quality sustainable solution - A practical guide	https://www.ssi-suisse.org/sites/default/files/2017-08/Childrenonthemove_Guide_0.pdf	Outside of scope.
49	Analysis of Factor Validity of the Support Intensity Scale on Bosnian–Herzegovinian Sample	https://ac-psych.org/en/download-pdf/volume/16/issue/2/id/293	Focus on psychometrics of tool.
50	Strengths-based approaches to disability, the supports paradigm, and the importance of the supports intensity scales	https://oaji.net/articles/2020/1746-1607523015.pdf	Does not present a framework/tool.

Appendix 5. Grey literature: articles excluded during extraction with reasons (*n* = 34).

Number	Title	URL	Exclusion reason
1	SAFER children framework guide: The five practice activities of risk assessment in child protection	https://www.cpmanual.vic.gov.au/safer-children-framework-guide-october-2021	Outside of scope
2	Family Support Services Operational Framework	https://www.dpac.tas.gov.au/__data/assets/pdf_file/0021/241725/Family_Support_Services_Operational_Framework_v5_LR.pdf	Outside of scope
3	Disability Sector Strengthening Plan	https://www.closingthegap.gov.au/sites/default/files/2022-08/disability-sector-strengthening-plan.pdf	Does not address RQs.
4	Infant, Child and Adolescent (ICA) Taskforce Implementation Program Intellectual Disability, Neurodevelopmental Disorders and Neuropsychiatric Conditions Model of Care	https://www.mhc.wa.gov.au/media/4712/intellectual-disability-neurodevelopment-disorder-and-neuropsychiatric-condition-model-of-care.pdf	Does not address RQs.
5	Whole Child Approach: A guide to applying the whole child approach	https://www.msd.govt.nz/documents/about-msd-and-our-work/publications-resources/planning-strategy/agenda-children-whole-child/whole-child-approach.pdf	Does not address RQs.
6	Child and Youth Wellbeing: Current Programme of Action	https://childyouthwellbeing.govt.nz/sites/default/files/2019-08/current-programme-action-child-wellbeing-strategy-aug-2019.pdf	Does not address RQs.
7	Child and Youth Wellbeing Strategy: 2019	https://www.childyouthwellbeing.govt.nz/sites/default/files/2019-08/child-youth-wellbeing-strategy-2019.pdf	Does not address RQs.
8	The 'My World' Assessment Triangle	https://elchighland.files.wordpress.com/2017/07/my-world-triangle.pdf	Does not address RQs.

Number	Title	URL	Exclusion reason
9	The CASC Framework: An Assessment Model for Students With Intellectual and Developmental Disabilities	https://digitalcommons.du.edu/cgi/viewcontent.cgi?article=2834&context=etd	Excluded article type.
10	The ICF: An overview	https://www.cdc.gov/nchs/data/icd/icfoverview_finalforwho10sept.pdf	Does not address RQs.
11	Infant, Child and Adolescent (ICA) Taskforce Implementation Program Intellectual Disability, Neurodevelopmental Disorders and Neuropsychiatric Conditions Model of Care	https://www.mhc.wa.gov.au/media/4712/intellectual-disability-neurodevelopment-disorder-and-neuropsychiatric-condition-model-of-care.pdf	Does not address RQs.
12	Dudley's Thresholds Framework	https://dudleycypfnetwork.files.wordpress.com/2019/07/dudley-thresholds-framework-doc-june-2018-4-1.pdf	Duplicate information.
13	Children's Community Options Program Procedures Guide for Administering Agencies	https://www.dhs.wisconsin.gov/publications/p01780.pdf	Outside of scope.
14	Framework for the Assessment of Children in Need and their Families	https://www.kirkleessafeguardingchildren.co.uk/wp-content/uploads/2019/12/Framework-for-the-assessment-of-children-in-need-and-their-families.pdf	Outside of scope.
15	Multi-Agency Thresholds Guidance for Nottinghamshire Children's Services	https://www.nottinghamshire.gov.uk/media/1731833/pathwaytoprovision.pdf	Does not address RQs.
16	Children's Social Care National Framework: A government consultation on principles for practice, expected outcomes and indicators: statutory guidance	https://consult.education.gov.uk/children2019s-social-care-national-framework/childrens-social-care-national-framework/supporting_documents/Childrens%20Social%20Care%20National%20Framework%20Consultation%20Document%20February%202023.pdf	Does not address RQs.

Number	Title	URL	Exclusion reason
17	East Renfrewshire's "Getting it right for every child" Framework For Children and Young People – Practitioner's Guidance Manual	https://blogs.glowscotland.org.uk/er/public/BHS-SUP-Behaviour/uploads/sites/2315/2015/06/ER-Getting-It-Right-Framework-Practitioners-Guidance.pdf	Duplicate information.
18	Common Assessment Framework Model in Knowsley	https://www.knowsleyscp.org.uk/wp-content/uploads/2014/10/CAF-Model-in-Knowsley-Feb-2014.pdf	Duplicate information.
19	Right Help, Right Time: Delivering effective support for children and families in Cheshire East - Multi Agency Threshold of Need Guidance	https://www.cescp.org.uk/pdf/thresholds-document-final-master.pdf	Duplicate information.
20	Framework for Action: Providing effective support for children and their parents	https://www.boltonsafeguardingchildren.org.uk/downloads/file/36/framework-for-action	Duplicate information.
21	The Lancashire Continuum of Need and Thresholds Guidance	https://stpaulsrawtenstall.co.uk/wp-content/uploads/Common-Assessment-Framework.pdf	Duplicate information.
22	Thresholds of Need and Assessment Protocol: Making decisions that promote good outcomes for children in Ealing	https://www.ealing.gov.uk/download/downloads/id/14949/thresholds_of_need_and_assessmen t_protocol_201920.pdf	Duplicate information.
23	Children and Youth with Special Needs: A Framework for Action - Making it work!	https://www2.gov.bc.ca/assets/gov/family-and-social-supports/children-teens-with-support-needs/framework_for_action.pdf	Does not address RQs.
24	Early Learning and Child Care Strategic Action Plan for Inclusion and Equity 2023-2026	https://assembly.nu.ca/sites/default/files/2023-11/EN%20ELCC%20Strategic%20Action%20Plan%20WEB.pdf	Does not address RQs.
25	Statutory Framework for the Early Years Foundation Stage: Setting the standards for learning, development and care for children from birth to five	https://education-uk.org/documents/pdfs/2012-eyfs-statutory-framework.pdf	Duplicate information.

Number	Title	URL	Exclusion reason
26	How to use the ICF: A Practical Manual for using the International Classification of Functioning, Disability and Health (ICF)	https://www.neurocom.be/uploads/drafticfpracticalmanual.pdf	Does not address RQs.
27	Guideline on the use of the Child and Family Health Needs Assessment Framework for the Public Health Nursing Service	https://assets.hse.ie/media/documents/ncr/Guideline_on_the_use_of_the_Child_and_Family_Health_Needs_Assessment_Frame_BWs4vE5.pdf	Does not address RQs.
28	Helsinki's curriculum for early childhood education 2022	https://www.hel.fi/static/liitteet-2019/KasKo/vare/Helsinki_Vasu_EN.pdf	Duplicate information.
29	Hyvinkaa's curriculum for early childhood education and care 2019	https://www.hyvinkaa.fi/globalassets/kasvatus-ja-koulutus/varhaiskasvatus/vasu/hyvinkaan-varhaiskasvatussuunnitelma-2019_en.pdf	Duplicate information.
30	Statutory framework for the early years foundation stage: Setting the standards for learning, development and care for children from birth to five	https://dsbindia.com/EYFS_framework_-_March_2021.pdf	Duplicate information.
31	National Policy on Inclusive Education for Children with Special Needs in Lebanon	https://www.mehe.gov.lb/ar/Pages/Publications/IE%20policy%20brief%20Digital%20file.pdf	Does not address RQs.
32	An Ecological Framework for psychosocial child assessment	https://www.unodc.org/conig/uploads/documents/UNODC_Manual_-_An_Ecological_Framework_for_Psychosocial_Child_Assessment.pdf	Outside of scope.
33	A complete guide to managed moves as an alternative to permanent exclusion	https://gulbenkian.pt/uk-branch/wp-content/uploads/sites/18/2007/01/Managed-moves-04-08.pdf	Does not address RQs.
34	ICF Australian User Guide Version 1.0	https://www.aihw.gov.au/getmedia/7d1563f4-4a77-4542-985e-5754f7439c0c/icfugv1.pdf.aspx?inline=true	Does not address RQs.

Appendix 6. Grey literature: articles included (*n* = 52).

Number	Title	Country	URL
1	Belong, Being and Becoming: The Early Years Learning Framework for Australia	Australia	https://www.acecqa.gov.au/sites/default/files/2023-01/EYLF-2022-V2.0.pdf
2	National Framework for Universal Child and Family Health Services	Australia	https://www.health.gov.au/sites/default/files/2023-01/national-framework-for-universal-child-and-family-health-services.pdf
3	My Time, Our Place: Framework for school age care in Australia	Australia	https://www.acecqa.gov.au/sites/default/files/2023-01/MTOP-V2.0.pdf
4	Safe and Supported: The national framework for protecting Australia's children	Australia	https://www.dss.gov.au/sites/default/files/documents/12_2021/dess5016-national-framework-protecting-childrenaccessible.pdf
5	What's the Nest? Exploring Australia's Wellbeing Framework for Children and Young People	Australia	https://www.aracy.org.au/documents/item/700
6	South Australia's Outcomes Framework for Children and Young People	Australia (SA)	https://childrensa.sa.gov.au/wp-content/uploads/2019/11/Outcomes-Framework-Final-2019-10-11.pdf
7	National Clinical Assessment Framework for Children and Young People in Out-of-Home Care (OOHC)	Australia	https://www.health.gov.au/sites/default/files/2024-03/national-clinical-assessment-framework-for-children-and-young-people-in-out-of-home-care.pdf
8	Working with families with disability: Supporting good practice	Australia (ACT)	act.gov.au/__data/assets/pdf_file/0005/2386409/Working-with-families-with-disability.pdf
9	Child Development in Queensland Hospital and Health Services: Act now for a better tomorrow	Australia (QLD)	https://www.childrens.health.qld.gov.au/__data/assets/pdf_file/0022/177124/Child-Development-ACT-NOW-2.pdf

Number	Title	Country	URL
10	Victorian Early Years Learning and Development Framework	Australia (VIC)	https://www.education.vic.gov.au/Documents/childhood/providers/edcare/veyldframework.pdf
11	Practice Package Nursing and Health Care	Australia (NSW)	https://www.pandda.net/files/Practice-Package.pdf
12	Child Find, Universal Screening and Assessment	US	https://education.vermont.gov/sites/aoe/files/documents/edu-upk-cafe-special-series-issue-5-may-28-2021.pdf
13	A Celebratory Approach to SEND Assessment in the Early Years	UK	https://www.pengreen.org/wp-content/uploads/2018/05/A-Celebratory-Approach-to-SEND-Assessment-in-Early-Years-1.pdf
14	Examining the Reliability and Validity of the Supports Intensity Scale–Children's Version in Children With Autism and Intellectual Disability	US	https://files.eric.ed.gov/fulltext/EJ1160742.pdf
15	Play-Based Assessment: A Guide to Support Preschool Special Education Programs	US	https://tempfilesforkpf.s3-us-west-2.amazonaws.com/PBA+Final+Document.pdf
16	Division for Early Childhood (DEC) Recommended Practices with Examples	UK	https://fpg.unc.edu/sites/fpg.unc.edu/files/resources/presentations-and-webinars/Recommended%20Practices%20with%20Examples_0.pdf
17	Using Stakeholder Involvement, Expert Knowledge and Naturalistic Implementation to Co-Design a Complex Intervention to Support Children's Inclusion and Participation in Schools: The CIRCLE Framework	US	https://pdfs.semanticscholar.org/0ff6/fdcd0cca9621870ca85ee381dac42be3ed4f.pdf
18	Statutory framework for the early years foundation stage	UK	https://www.icmec.org/wp-content/uploads/2018/01/EYFS_STATUTORY_FRAMEWORK_2017.pdf

Number	Title	Country	URL
19	Early Childhood Standards of Quality for Birth to Kindergarten	US	https://www.michigan.gov/mileap/-/media/Project/Websites/mileap/Documents/Early-Childhood-Education/gsrp/standards/ECSQ-B-K_Final.pdf
20	Social Services and Well-being (Wales) Act 2014 Part 3 Code of Practice (assessing the needs of individuals)	UK	https://www.gov.wales/sites/default/files/publications/2019-05/part-3-code-of-practice-assessing-the-needs-of-individuals.pdf
21	Early identification, assessment of needs and intervention The Common Assessment Framework for children and young people: A guide for managers	UK	http://complexneeds.org.uk/modules/Module-2.4-Assessment-monitoring-and-evaluation/All/downloads/m08p050d/caf_managers_guide.pdf
22	National Framework for Children and Young People's Continuing Care	UK	https://assets.publishing.service.gov.uk/media/5a80e998ed915d74e623126b/children_s_continuing_care_Fe_16.pdf
23	Tameside Children's Needs Framework	UK	https://www.tameside.gov.uk/cypp/framework.pdf
24	A guide to Individual Assessment of Early Learning and Development (IAELD)	UK	https://thegrid.org.uk/assets/iaeld-interactive-mar2020.pdf
25	Threshold of need framework and guidance Working together to meet the individual needs of children, young people and families	UK	https://www.hull.gov.uk/downloads/file/1724/Threshold_of_needs_framework.pdf
26	National Service Framework for Children, Young People and Maternity Service: Disabled Children and Young People and those with Complex Health Needs	UK	https://assets.publishing.service.gov.uk/media/5a74a96840f0b619c8659675/National_Service_Framework_for_Children_Young_People_and_Maternity_Services_-_Disabled_Children_and_Young_People_and_those_with_Complex_Health_Needs.pdf

Number	Title	Country	URL
27	NEST framework: If You Need To Know More	UK	https://executive.nhs.wales/functions/strategic-programme-for-mental-health/together-for-children-and-young-people-2/the-nest-framework-archive/nyth-nest-documents/nest-framework-if-you-need-to-know-more/
28	Guidance on a common approach for professionals in Glasgow to assessment, planning and care management for children and young people	UK	https://www.glasgow.gov.uk/media/6490/GRIFEC-Practice-Guidance/pdf/GIRFEC_Practice_guidance_19_April_2017.pdf?m=1692190990337
29	The interRAI Child/Youth Mental Health – Developmental Disability (ChYMHDD) Instrument	Canada	https://interrai.org/instrument-category/comprehensive-assessment-instruments/child-and-youth/
30	Children and Youth with Support Needs: Service Framework and Service Descriptions	Canada	https://www2.gov.bc.ca/assets/gov/family-and-social-supports/children-teens-with-support-needs/1_cysn_service_framework.pdf
31	Aboriginal Supported Child Development	Canada	https://www.ascdp.bc.ca/downloads/ascd-guidelinesmanual-april122010-pdf.pdf
32	SmartStart Hubs: connecting families with child development services Policy and Practice Guidelines Early Intervention and Special Needs Modernization	Canada	https://files.ontario.ca/mccss-smart-start-hubs-policy-and-practice-guidelines-en-2022-05-02.pdf
33	Right time, right care: Strengthening Ontario's mental health and addictions system of care for children and young people	Canada	https://cmho.org/wp-content/uploads/Right-time-right-care_EN-Final-with-WCAG_2022-04-06.pdf
34	Saskatchewan Ministry of Education Inclusion and Intervention Plan Guidelines 2017	Canada	https://pubsaskdev.blob.core.windows.net/pubsask-prod/107699/Inclusion%252Band%252BIntervention%252BPlan%252BGuidelines.pdf

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35	Capable, Confident, and Curious: NOVA SCOTIA'S Early Learning Curriculum Framework	Canada	https://www.ednet.ns.ca/docs/nselcurriculumframework.pdf
36	Inclusive Student Services Special Education Plan	Canada	https://www.ddsb.ca/en/programs-and-learning/resources/Documents/Inclusive-Education/Special-Education-Plan.pdf
37	Fiji Education Management Information System (FEMIS) Disability Disaggregation Package Guidelines and forms	Fiji	https://planipolis.iiep.unesco.org/sites/default/files/ressources/femis_guidelines.pdf
38	Educational Support Guidelines: European School Brussels III - A Whole School Approach	France	https://www.eeb3.eu/app/uploads/2023/01/EEB3-Educational-Support-Guidelines-Version-EN-15.12.2022.pdf
39	Ordinarily Available Provision at SEN Support	UK	https://files.schudio.com/fairfield-primary-school/files/documents/Ordinarily_Available_Provision.pdf
40	Needs assessment protocol developed and adapted to Greek context	Greece	https://easpd.eu/fileadmin/user_upload/D7_with_layout_EN.pdf
41	Recommended Practices in Early Childhood Intervention: A guide book for professionals	Bulgaria	https://archiv.naso.bg/images/Recommended_Practices_in_Early_Childhood_Intervention.pdf
42	The development and design of the Musical Functional Assessment Profile (MFAP) in autism	Argentina	https://journals.qmu.ac.uk/approaches/article/view/42/33
43	Framework for the Assessment of Vulnerable Children & their Families: Assessment Tool and Practice Guidance	Ireland	https://www.tcd.ie/tricc/assets/pdfs/crc-archive/2006-Buckley-Horwath-Whelan-Framework-Assessment-Vulnerable.pdf
44	Procedures used to Diagnose a Disability and to Assess Special Educational Needs: An International Review	Ireland	https://ncse.ie/wp-content/uploads/2014/10/5_NCSE_Diag_Ass.pdf

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45	SPECIAL EDUCATIONAL NEEDS: A Continuum of Support Guidelines for Teachers	Ireland	https://assets.gov.ie/40642/674c98d5e72d48b7975f60895b4e8c9a.pdf
46	An Evaluation of the Identification of Need (ION) Process in Sligo/Leitrim and Donegal	Ireland	https://www.drugsandalcohol.ie/18115/1/an_evaluation_of_the_identification_of_need_ion_process_in_sligoleitrim_and_donegal.pdf
47	National core curriculum for early childhood education and care	Finland	https://www.oph.fi/sites/default/files/documents/National%20core%20curriculum%20for%20ECEC%202022.pdf
48	Oldham Refreshed Continuum of Need: Our Approach to Effective Support and Help Framework, for Children, Young People and Families in Oldham	Netherlands	https://www.olscb.org/cms-data/depot/hipwig/Oldham-Update-CON-FINAL-SCP-approved-Jan-2021.pdf
49	Assessing disability of children: A mapping in Armenia, Georgia, Moldova, North Macedonia, and Serbia	Croatia (Serbia in doc)	https://www.unicef.org/eca/media/31131/file/Assessing%20disability%20of%20children%20report.pdf
50	National Curriculum Framework for Foundational Stage	India	https://ncert.nic.in/pdf/NCF_for_Foundational_Stage_20_October_2022.pdf
51	Aston Village Educate Together National School Support and Assessment Policy	Ireland	https://astonvillageetns.com/wp-content/uploads/2019/10/Support-and-Assessment-Policy.pdf
52	Draft policy on screening, identification, assessment and support	South Africa	https://www.gov.za/sites/default/files/gcis_document/201409/sias-revised-final-comment.pdf

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