**The Seven Looking After Children Developmental Domains**

**Overview**

**Health:**

This area includes progress towards achieving all the physical developmental milestones from childhood to puberty, injury prevention and immunisation against preventable illnesses, managing childhood illnesses and accidental injuries, personal hygiene, good dental care, the provision of a healthy diet and the development and maintenance of a physically active lifestyle. It includes the management of specific health conditions such as asthma, allergies, diabetes, cancers etc and /or disabilities such as vision loss, hearing loss, speech impairment, mobility difficulties, etc. During adolescence, sexual health and alcohol and drug usage become important.

**Emotional & Behavioural Development:**

This area focuses on the child’s responses to other people and the world around them, as reflected in their feelings and demonstrated through their actions. Positive attachments and nurturing relationships build healthy emotional and behavioural responses that equip the child to better deal with stresses and become resilient. However poor quality attachments, continually stressful experiences and/or especially traumatic experiences can mean that a child develops patterns of thinking and ways of responding that can negatively impact on their emotional and behavioural development.

**Education:**

This area covers the child or young person’s thinking and learning processes from birth to adulthood. Education is much broader than formal schooling, although participation in pre-school, primary school, secondary school and vocational training is very important for developing life skills and the capacity to continually learn. Every child needs to be supported by those who care for them to have high aspirations so that they maximise the benefits of formal education, fulfil their potential and develop the skills that will equip them for a good life.

**Family & Social Relationships**:

Families provide the primary social relationships for a child. Children need a positive relationship with at least one significant adult to provide a secure base from which to develop other positive relationships. Sibling relationships are also very important. Maintaining positive connections with as many members of their extended family as possible is important for a child’s stability, especially if a child cannot live with either or both of their biological parents. This area also considers the child’s capacity to make friends, get on with peers and develop the skills needed for future successful adult relationships as partners, parents, friends and work colleagues.

**Identity:**

This area covers the question of ‘Who am I?’ and where do I belong. The sense of self is influenced by their gender, ethnicity, religion, sexuality and physical appearance. Family, community and culture provide significant elements of a child’s identity, especially for Aboriginal children. Photos, certificates, mementos, recalling and retelling shared experiences develop the individual child or young person’s “life story” about growing up in a particular time and place.

**Social Presentation:**

A child’s appearance, social behaviour and personal habits affect how other people perceive and treat them. These reactions will affect a child’s self esteem and self confidence. The way a child or young person is dressed, their physical appearance and their behaviours lead to judgements being made by others. Young people need help and resources to present themselves in ways that help them to be positively regarded by their peers and adults. Recreation and leisure activities develop self confidence and skills related to successful interactions with peers.

**Self Care Skills:**

All children need to be given the opportunity to care for themselves at a level appropriate to their age and ability with the goal of eventual independence. From babies drinking from a cup, to toilet training to completing simple chores to being ready to live independently. Most of these skills are developed from observing the role modelling of others.

### Considering the health of a child or young person in out of home care

**Health** includes progress towards achieving all the physical developmental milestones from childhood to puberty, injury prevention and immunisation against preventable illnesses, managing illnesses and accidental injuries, personal hygiene, good dental care, the provision of a healthy diet and the development and maintenance of a physically active lifestyle. It includes the management of specific health conditions such as asthma, allergies, diabetes, cancers etc and /or disabilities such as vision loss, hearing loss, speech impairment, mobility limitations, etc. During adolescence sexual health and drug and alcohol usage become important.

**All children and young people who come into care** need to have an initial medical and dental assessment and ongoing regular check ups as well as being provided with any specific medical and dental (including orthodontic) care that may be required. It is important to find out their Medicare number as soon as possible and whether they have any allergies, require any regular medication and /or have any specific health issues which need immediate attention. Find out and keep a record of as much as possible of their medical history including information about any previous illnesses, injuries and periods in hospital.

**For babies and young children** also consider whether they have been linked to a Maternal and Child Health nurse, whether they are achieving expected developmental milestones, and whether they are up to date with routine immunisations.

**For older children** also consider their health behaviour - maintenance of personal hygiene, awareness of basic safety issues, coping with physical and emotional change, access to simple information about sexual activity.

**For young people**, also consider their developing confidence and responsibility for their health, their right to choose health professionals and health assessments, their ability to access health professionals, accessing information and advice about health matters, and information and advice regarding sex education and substance abuse.

**For Aboriginal children and young people** consider the specific health issues that can affect them. Aboriginal children and young people are much more likely to experience:

* Low birth weight. This leads to an increased likelihood of health and developmental issues. Early intervention services are important
* Upper respiratory tract infections and middle ear infections such as otitis media. This leads to an increased likelihood of hearing loss which will impact on children, especially educationally
* Low immunisation rates and the subsequent contraction of vaccine preventable illnesses like whooping cough
* Young maternal age. Appropriate sex education advice is important in preventing this.
* Diabetes and renal failure at a younger age. This increases the importance of promoting a healthy lifestyle in terms of diet and exercise.

Also consider the most appropriate health service for an Aboriginal child. Generally this will be an Aboriginal Health service. If this is not possible, it is important to find a health service that has some understanding of Aboriginal health issues.

**Considering the emotional and behavioural development of a child or young person in out of home care**

**Emotional and behavioural development** is focused on the child’s responses to other people and the world around them, as reflected in their feelings and demonstrated through their actions. Positive attachments and nurturing relationships build the characteristics and strengths that are associated with healthy emotional and behavioural responses and equip the child to better deal with stresses and become resilient. However poor quality attachments, continually stressful experiences and/or especially traumatic experiences can mean that a child develops patterns of thinking and habitual responses that can negatively impact on their emotional and behavioural development.

**Children and young people coming into care** have experienced the loss and grief of being separated from their family. They have often also experienced significant trauma as a result of the neglect or abuse that led to them being placed in care. The way they respond to this grief and trauma is demonstrated in their feelings and their actions. Emotional and behavioural concerns associated with traumatic experiences need to be identified and addressed through a therapeutic process. The relationship between the child and their primary carer may need to be developed therapeutically to provide a more secure base for the child. To enable this to happen, foster carers and residential workers may need trauma informed support and guidance to know what to do and how to respond appropriately to the child’s reactions. The need for trauma informed assistance can be exhibited in many ways: a child who is overly quiet and compliant may need as much assistance as a child or young person who is acting out in more challenging and confronting ways.

While children and young people in care can have some emotional and behavioural problems, they will also have positive characteristics and strengths. Supporting and encouraging these strengths can mean that they are better equipped to deal with stresses and become more resilient.

**Generally** you will need to considerthe nature of theirrelationships with parents and carers, siblings, friendships and peer relationships, anxiety and worries, adaptation to change, concentration and behaviour, their response to stress and degree of control over strong emotions. How do they deal with worries and disappointments? What are their talents and interests? Are they generally happy?

**For babies and very young children** consider whether they enjoy close physical contact. Are they happy? Do they seem nervous? Are there any sleep problems? Is there any self injury – eg head banging? Are they destructive- break things on purpose?

**For pre-school aged children** consider whether they are they considerate of others feelings. Do they suffer from head aches or stomach aches? Do they seem worried? Do they share with others? Do they have any friends? Are they liked by other children? Are they bullied? Do they have a good attention span?

**For primary school aged children** again consider whether they suffer from head aches or stomach aches? Do they seem worried? Do they share with others? Do they have any friends? Are they liked by other children? Are they bullied? Do they have a good attention span? Also consider whether they are telling lies or cheating. Are they stealing?

**For adolescents** especially consider whether they are able to see the positive side of things. Can they say what is on their mind? Consider whether they have a positive body image. Are they overly compliant? Are they shutting themselves off from other people? Do they lose their temper easily? Have they been cautioned by the police for any criminal activities?

**In the Aboriginal and Torres Strait Islander cultures**, health and mental illnesses are viewed holistically involving the spiritual, social, emotional, cultural and physical well-being of not just the individual but the whole community. Healing must encompass and recognise their historical and socio-political context, including loss of land, culture and identity, trauma, loss and grief due to separation of families and children, plus the impacts of social inequality and racism.

**Considering the educational needs of a child or young person in out of home care**

**Education** develops the child or young person’s thinking and learning processes from birth to adulthood. Education is much broader than formal schooling, although pre-school, primary school, secondary school and vocational training generally provide the best foundations for life long learning and development. Every child needs to be supported by those who care for them to have high aspirations so that they maximise the benefits of formal education, fulfil their potential and develop the skills that will equip them for a good life.

**Children/young people in care** are at greater risk of disrupted education and associated poor educational outcomes. Without additional support and higher expectations, children in care will struggle to keep up with their peers and may even give up trying. Everyone involved must do whatever is needed to help children in care overcome the barriers that would otherwise prevent them from reaching their full potential. It is important that changes of school are avoided – and if unpreventable, extra supports must be put in place to prevent the young person falling further behind academically. This is why all school aged children in out of home care must have a school based Student Support Group and Individual Education Plan under the Out-of Home-Care Education Commitment which is the Partnering Agreement between the Department of Human Services, the Department of Education and Early Childhood Development, the Catholic Education Commission Victoria and Independent Schools Victoria.

**Babies and preschoolers** need to be encouraged to learn by having new experiences offered in a stimulating but supportive way and having books read to them from an early age. Regular attendance at a pre-school or child care program which incorporates an early learning component is important for all four year olds and benefits many three year olds. Consider whether they have access to a range of toys and play materials. Do their carers sing nursery rhymes to them? Is a pre-school age child recognising numbers, letters and words? Has a developmental delay been noted?

**For School aged children** consider school attendance, overall academic performance and whether their academic performance reflects their potential. Are they ahead or behind their peers? What are their strengths and areas of success? What is their learning style? Do they have the right learning equipment including access to computer and internet and a place to do homework? Can they communicate well and relate to teachers and peers or is their behaviour getting in the way? Who is liaising with school? (e.g. attending Student Support Group and participating in the development of Individual Education Plan, attending Parent-teacher interviews) What about cultural and ethnic learning needs, homework, and involvement in clubs and extra curricular activities? Do they need help with managing transitions (e.g. change of school, change from primary to secondary school, preparing for tertiary education or post school learning)? If the child or young person has a disability, do they have the supports and equipment they need?

Talk with the child or young person about their experience of school. Are they happy at school? Is bullying an issue? Do they have friends at school? What are they good at? What are they struggling with? Do they need some extra coaching in a specific area such as maths or literacy? What do they want to be when they grow up? For older children also consider their ambitions for further education and training including tertiary education. Do they need career advice?

**If they are not at school**, what would encourage them to return? Would enrolment in a different school or an alternative learning arrangement make a difference? What other learning and development options are available to help them develop skills? Can they build their skills through their involvement in the wider community, volunteering, hobbies or sporting interests? Do they need help with writing job applications,applying for a tax file number, applying for Centrelink benefits?

**For Aboriginal and Torres Strait Island children and young people**, also consider the significantly lower rates of pre-school attendance and the importance of school preparation, the lower levels of literacy and numeracy and the importance of culturally relevant services for school assistance. Also consider how the child or young person is connected to their culture through education, how the school can provide a culturally relevant teaching program and how the educational environment can provide opportunities to promote a positive understanding of Aboriginal history and culture.**Considering the child or young person in care’s family and social relationships**

Families provide the primary social relationships for a child. Children need a positive relationship with at least one significant adult to provide a secure base from which to develop other positive relationships. Sibling relationships are also very important. Maintaining positive connections with as many members of their extended family as possible is important for a child’s stability, especially if a child cannot live with either or both of their biological parents. This area also considers the child’s capacity to make friends, get on with peers and develop the skills needed for future successful adult relationships as partners, parents, friends and work colleagues.

**For children and young people in out of home care**, it is crucial for their stability that positive connections with family and friends are developed wherever possible. Strong family links can provide a sense of continuity to a child or young person in out of home care and can lead to better outcomes in many areas. Most children do return to their family even if they live away from them for some years. Efforts need to be made to maintain or re-establish positive family and friendship connections while the child or young person is in care. The child or young person will generally need help in enabling their contact with family members to be a positive experience for them. Their family may need help in enabling the contact to support family reunification where this is still planned. If a child is in permanent care, their permanent carers become their immediate family but some ongoing contact with parents, siblings and extended family members may still be important for their ongoing identity, stability and capacity to develop mature relationships .

**For Aboriginal children**, their family and community relationships are crucial to their cultural identity.

**Generally** consider the nature and extent of their contact their parents, siblings and extended family members. Consider how best to develop positive relationships with family members from both the paternal and maternal sides of the family, step parents, and current and any previous carers. Do they have a positive relationship with at least one adult who is important to them? Also consider the special relationship between siblings and the importance of enabling separated siblings to be in regular contact with each other. Does the child or young person have friends of their own age? How are positive relationships with their peers being supported and encouraged? What needs to occur to support and extend the child or young person’s family and social network?

Remember that it is easier to help a child maintain their significant positive relationships than it is to successfully replace them.

**For babies and very young children**, consider whether the nature and extent of their contacts with their parents, siblings and extended family members are benefiting the child and contributing to the goal of family reunification (unless there has been a decision made that the child will not be going home). Is physical affection being shown to the child? Does the child respond warmly to their current carer and look to the carer for comfort when distressed? Is the child encouraged to meet and play with other children?

**For primary school aged children** consider whether they have a sense of belonging within their biological family and/or within their carer’s household. Do they have a secure relationship with their current carer? What steps are being taken to maintain and strengthen their relationships with their parents and extended family members, assuming that family reunification is still part of the current case plan? If they have siblings who are not in the same placement, are they able to have regular contact with each other as well as with their parents? How often do they see their friends outside of school?

**For adolescents**, consider the current and future role of their parents, sibling and extended family members in their life. How well are they managing their current relationships with their friends, their peers and the adults significantly involved in their lives? Are they learning the sorts of relationship skills that will help them develop future positive adult relationships as partners, parents, friends, and work colleagues? Are they developing a network of social relationships that will enable them to have someone to contact when they need help in future? Is there someone, likely to still be part of their life after they leave care, who they will want to share a future happy life event with or invite to a special celebration?

**Considering the child or young person in care’s identity**

This area covers the question of ‘Who am I?’ and where do I belong. The sense of self is influenced by their gender, ethnicity, religion, sexuality and physical appearance. Family, community and culture provide significant elements of a child’s identity, especially for Aboriginal children. Photos, certificates, mementos, recalling and retelling shared experiences develop the individual child or young person’s “life story” about growing up in a particular time and place.

**For a child or young person in out of home care** the issues of identity and self esteem are even more important because of their experiences prior to coming into care and their subsequent disruptive experiences and separations from their parents and often siblings, friends and other carers. Children in out of home care often have no clear idea where they will be living over the longer term and therefore face an uncertain future. Be mindful of how these issues impact on them and consider strategies to promote a positive sense of identity and self and sense of belonging. The child’s or young person’s positive sense of self will be built by their ability to identify things that they are good at, their connectedness to their family and community, developing links with others from their own cultural, ethnic or religious background, knowing that someone cares about them, acceptance by peers, and their confidence in explaining their circumstances to friends and others. Life books are essential for young people in care to not only keep information and pictures about their time pre-care but for continuing to record their ‘story’ while they are in care.

**Generally** consider whether the child or young person has a positive and stable sense of who they are and where they fit in the community in which they live. If they have a particular cultural heritage, ethnic background or religious affiliation are they being encouraged to be proud of their heritage and given assistance in participating in cultural and community events or religious ceremonies and practices? Are they being given praise at every opportunity and positive feedback that lets them know they are cared for? Do they have something that makes them feel good about themselves, accepted, special or important to other people?

**For babies and very young children** consider whether they can recognise their name. Is someone collecting photographs, mementoes of their time in care? Is a Life Story book being made? Do their toys and books reflect their cultural background?

**For primary school age children** consider whether they understand why they are in care. Are they getting picked on by others because they are in care or because of their ethnicity? Is someone working with the child to help them be proud of their cultural, ethnic, or religious heritage? If they have a religious affiliation is someone helping them observe their religious practices and attend worship or participate in related activities? What things are they proud of doing?

**For adolescents** consider whether they need to develop a more mature understanding of why they are in care and about their place in their family, community and culture. Are they exploring religious and spiritual ideas including thinking about the meaning and purpose of their life? What are their life goals (personal and work)?

**For an Aboriginal child or young person** consider whetherthey identify as an Aboriginal and whether they have a sense of belonging to their family and community group and are connected to country. Are they able to regularly participate in cultural and community events relevant to their family and community group? Have they had a chance to “return to country” to reconnect with their people, community culture and their traditional land?

Aboriginal and Torres Strait Islander children on a Guardianship or Long term Guardianship Order are legally required to have a specifically designated Cultural Support Plan. Generally only those Aboriginal children and young people who have been in out of home care for a considerable period of time are likely to be on those orders and therefore are expected to have a specifically designated Cultural Support Plan. However cultural support planning is an important component of all aspects of work involving Aboriginal children in out of home care. Cultural support planning advice should be sought from the Aboriginal Childcare Specialist Assessment and Support Service (ACSASS), an Aboriginal Family Decision Making (AFDM) convenor or other appropriate worker based in your local Aboriginal Community Controlled Organisation (ACCO).

**Considering the child or young person in care’s social presentation**

A child’s appearance, social behaviour and personal habits affect how other people perceive and treat them. These reactions will affect a child’s self esteem and self confidence. The way a child or young person is dressed, their physical appearance and their behaviours lead to judgements being made by others. Young people need help and resources to present themselves in ways that help them to be positively regarded by their peers and adults. Recreation and leisure activities develop self confidence and skills related to successful interactions with peers.

**Children and young people in out of home care** may experience different messages regarding their social presentation: differences between birth family and placement, within the placement, or when they move placements. It is important for adults to attempt to give consistent messages and provide the necessary resources that will help them to present a positive image of themselves to the world.

Culturally determined values and experiences will also influence the way a child or young person presents socially. Carers from different cultural backgrounds will need to understand and support cultural differences in appearance, behaviours and manners. Some religious, ethnic and cultural groups have culturally appropriate ways of dressing and behaving that the child or young person should be encouraged to adopt. In particular, the Aboriginal culture places great emphasis on the values of inter-dependence, group cohesion, spiritual connectedness, traditional links to land, community loyalty, respect for elders, and mutual assistance.

Wherever possible, children and young people in out of home care must be provided with the opportunity to continue recreational pursuits and interests enjoyed before entering placement. For an Aboriginal child or young person, participation in sporting and community recreational activities is also part of their cultural support and development of their Aboriginal identity.

**Generally** consider the child or young person’s understanding of the impression they have on others and their ability to vary their behaviour and appearance according to who they are relating to and in what context. Do they appear well cared for? Are they allowed make mistakes in learning to adjust their appearance and behaviour to different circumstances and express their own individuality? Are they receiving clear, consistent and honest feedback from others about how they look and behave?

**For very young children** consider whether they are appropriately dressed for the weather, time of day, messy activities, growing body, comfort etc. Are they being encouraged to play “dress ups”? Are they learning to say “please” and ‘thank you”?

**For primary school aged children** consider whether they are being encouraged to dress and express themselves in ways that encourage their personal preferences as well as being suitable for their age and activity. Are they growing so quickly that it is hard to provide enough suitable clothes and footwear for all their different activities and also allow them to have some choices? Are they learning to be considerate of others through taking turns, not speaking with their mouth full of food, covering their mouth when they sneeze, learning to say “sorry” and “excuse me” etc? Can they make themselves understood by people outside the immediate family? Can they adjust their behaviour and conversation in different settings such as school and home? Are they involved in any sporting groups or hobbies?

**For adolescents** consider whether the impression they generally make on others is the impression they intend to make. Are they happy with their appearance? Does their personal appearance give the impression that they look after themselves? Do they need orthodontic work, support to lose weight, specialised clothing to manage a disability, chronic health condition, changing body shape post puberty? Does their behaviour and appearance differ to fit the occasion eg school, sporting field, outings with peers, visits with family members etc? Do they have suitable clothes to wear to job interviews etc? Do the adults in their life have trouble treading the fine line between respecting and tolerating their choices and providing positive advice that might help prevent them getting into difficulties or feeling embarrassed? Does the young person require feedback and advice on personal issues including personal hygiene? Who would be best to give them this sort of advice in a clear and honest way, respecting their need for privacy and dignity?

**Considering the child or young person in care’s self care skills**

All children need to be given the opportunity to care for themselves at a level appropriate to their age and ability with the goal of eventual independence. From babies drinking from a cup, to toilet training to completing simple chores to being ready to live independently. Most of these skills are developed from observing the role modelling of others.

**For children in out of home care**, self care skills may have been overlooked or in some cases, over- relied upon, prior to coming into to placement. Young people who have been in care in care are more likely to have to fend for themselves from an earlier age. They are less likely to have access to the level and type of resources, supports and back up after they leave home from family members that most young people in the community leaving home can rely on. They are also likely to be more reliant sooner on their capacity to budget and manage money, obtain and maintain accommodation, cook, clean, shop, access services like gas and electricity, plumber or electrician, find a job or access Centrelink allowances, negotiate and resolve conflict.

**Generally** consider the child or young person’s ability to care for themselves at a level appropriate to their age and ability. Self care skills are acquired gradually throughout a child’s life. Being able to do things for themselves from an early age instils confidence and helps deal with new situations in a positive way. For children and young people to learn to look after themselves and have the confidence to take on new experiences, they need an environment that encourages them to learn, is tolerant of their needs to try out new experiences, but is watchful for their safety. They need to be able to make mistakes and try again.

Consider whether the child or young person has both the desire to learn skills and an awareness of and the sense to avoid risky circumstances. Is the child or young person developing capacities for decision making, negotiating and conflict resolution? Is the child or young person learning the skills they need for protecting themselves from harm?

Remember to consider carefully the impact of a disability or other specific vulnerabilities on the development of self care skills.

**For babies and very young children** begin by considering whether they can drink from a cup and feed themselves with a spoon and can then progress to using a knife and fork. Also consider their progress with toilet training, learning to dress and undress themselves, and helping with putting their toys and clothes away.

**For primary school aged children** consider whether they can do up buttons, tie shoelaces, put toys away, clean their teeth without being told, bath themselves, make an emergency phone call, get a snack or drink for themselves, set the table, make their bed. Are they learning about road safety, personal hygiene, a healthy diet, the value of money?

**For adolescents** consider whether they can prepare a meal, clean the house, budget their money, use an ATM, get themselves up and ready to go to school or work, travel confidently and safely on public transport. Can they ask for help when required and do they know who to ask for what? Are they learning about how to apply for a TAFE or university course, a job, housing, a tax file number, Centrelink payment, Medicare payment, driver’s licence? Are they ready to live independently? Are they being supported to develop the negotiation, problem solving and conflict resolution skills that they are likely to need for living with others in an unsupervised shared house situation?