**Botany Family and Children Centre - TEI Outcomes Matrix (pg. 1-6) + Surveys (pg. 7-22)**

| Activities | TEI program client outcomes | Service level outcomes | DEX Reporting | Outputs from program logic | How will this be measured? | When will this be measured? | Who is responsible for measuring this outcome? |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Program activity 2: Community CentresService type: Social participation* Tantrum behaviour management seminar
 | **Social and Community:** increase sense of belonging to the community**Education and Skills:** Increase school attendance and achievement | Increased engagement with relevant servicesIncreased knowledge about services and activities in their community | 1 case per seminar1 session for each meetingUnidentified clientsCan record individual clients if they are known to the service. | 5-10 families per seminar6-8 seminars per year | Participants will be asked to complete the following survey (see page 7):How much to you agree or disagree with the following statements:1. This seminar provided me with useful information and resources
2. I have better knowledge and understanding of my child/ren’s behaviour
3. I think I can apply these parenting tips at home
4. The seminar was easy to understand
5. I would recommend the seminar to others

Answers from all participants will be collated and then averaged.The result from questions 1-3 will be recorded into Community SCORE: Group/community knowledge, skills, attitudes and behaviours. Results for questions 4-5 are NOT recorded in the Data Exchange. However, we will use this information to improve the seminar as needed. | Clients to complete survey at end of session. | Clients to complete the survey.Activity leader to collect all surveys at the end of the session. |
| Program activity 2: Community CentresService type: Social participation* Transition to school seminar
 | 1 case per seminar1 session for each meetingUnidentified clientsCan record individual clients if they are known to the service. | 15-20 families1 seminar per year | Participants will be asked to complete the following survey (see page 8):How much to you agree or disagree with the following statements:1. This seminar provided me with useful information and resources
2. I have a better understanding of my child/ren’s needs and how to support them starting school
3. I think I can apply these parting tips at home
4. The seminar was easy to understand
5. I would recommend the seminar to others

Answers from all participants will be collated and then averaged.The result will be recorded into Community SCORE: Group/community knowledge, skills, attitudes and behaviours. Results for questions 4-5 are NOT recorded in the Data Exchange. However, we will use this information to improve the seminar as needed. |
| Program activity 2: Community CentresService type: Social participation* Centre is used by other organisations to deliver services (e.g. Parents Next Program, speech therapy).
 | **Social and Community:** increase sense of belonging to the community | Increased engagement with relevant services | 1 case: room hire1 session per weekCount clients who access services – record number of clients as unidentified. | Parent Next (Mission Australia) use the space fortnightly.Counsellor uses the space weekly. | Outcomes will not be measured due to the nature of the service.  | N/A | N/A |
| Program Activity 3: Community SupportService type: Advocacy and Support* We support clients to access other supports they need and to navigate the service system.
* This could include accessing housing, legal services, domestic violence services and other supports.
* Provision of this service includes:
	+ Contacting other services on behalf of a client, while the client is present
	+ Collaborating with another service at the request of a client
	+ Accompanying clients to other services
 | Empowerment: Increased client reported self-determination | Increase people’s confidence to access the supports they needIncrease people’s ability to access the support they need and navigate the service system Increased engagement with relevant services | 1 Case for advocacy and support1 session for every time you meet with a client or familyAll clients are individual clients. | Total number of clients for the year = 130 | Staff will conduct a practitioner assessment (see page 10). Staff will talk to and observe the client throughout their session. Staff should consider the following and assess where they think the client sits on the 5-point SCORE scale: | Initial assessment will be recorded for all clients.Follow-up assessment + Satisfaction will be recorded if client returns.Aim to complete follow-up assessments with 50% of all individual clients.Target completion rate of satisfaction survey: 10% of all individual clients. | Staff member will conduct a practitioner assessment.Clients to complete satisfaction survey on their own. |
| Does the client find it easy or hard to access the services they need? Does the client feel comfortable accessing other services? | Goals SCORE: Engagement with relevant services1 = very hard2 = hard3 = neither easy nor hard4 = easy5 = very easy |
| Does the client feel confident they can get the support they need?Does the client feel confident they can make decisions about the support they receive? | Goals SCORE: Empowerment1 = not confident at all2 = slightly confident3 = somewhat confident4 = fairly confident5 = completely confident |
| Satisfaction will be measured using the following questions (see page 11):How much do you agree or disagree with the following statement: * I am satisfied with the service I received
* The service listened to me and understood my issues
* I am better able to deal with the issues I sought help with.

Results will be recorded into Satisfaction SCORE domains. |
|  |  |  |  |  |  |  |  |  |
| Program Activity 4: Targeted SupportService Type: Supported PlaygroupsService description: * Botany Transition to School
* Daceyville PS Transition to School/Community supported playgroup
* Matraville / Harmony PS supported playgroup
* Soldier’s Settlement PS supported playgroup
* Eastlakes PS Transition to School/Community supported Playgroup
* Inhouse community playgroup
* Babies Playgroup (0-3 years)
 | Empowerment: Increased client reported self-determinationSocial and Community: increase sense of belonging to the communityEducation and Skills: Increase school attendance and achievementHome: Sustained safe and stable housing | Increase parent’s confidence in parentingIncrease formal and informal networks (decrease isolation)Increase community connectednessIncrease age-appropriate development for childrenIncrease parenting knowledgeIncrease parenting skillsImprove parent-child relationship | Each playgroup will have 1 case (7 cases)Each meeting is a session (10 sessions per playgroup, 4 terms a year)Attach individual clients to cases + sessions | Number of playgroups = 7Number of playgroup sessions per term = approximately 10Number of parents at each session = average 15Number of children at each session = 15 Total clients per year = 500 | Parents will be asked to complete the following survey (see pages 12-14):How much do you agree or disagree with the following statements: | Responses to each question will be reported in the following SCORE domains: | Initial survey completed at first playgroup session.Follow up survey completed in middle of term and again at the end of term.Aim to complete follow-up assessments with 50% of all parents. | Clients to complete survey.Practitioner can support client to complete survey if needed. |
| * I have someone I can go to for help when I need it
 | An average is calculated from both responses and recorded under: Circumstances SCORE: Community participation and Networks |
| * I feel connected to my community
 |
| * I feel confident I can care for my child/ren
 | Goals SCORE: Empowerment |
| * I am aware of my child’s stages of development for their age
 | Goals SCORE: Knowledge |
| * I have the skills I need to care for my child
 | Goals SCORE: Skills |
| * I have a strong and positive relationship with my child
 | Circumstances SCORE: Family functioning |
| Satisfaction will be measured using the following question:How much do you agree or disagree with the following statement: * I am satisfied with the service I received
* The service listened to me and understood my issues
* I am better able to deal with the issues I sought help with

Results will be recorded into Satisfaction SCORE domains.  |
| Staff will conduct a practitioner assessment for the child (see page 14). Staff will engage with and observe the child throughout the playgroups. They will use a checklist on child developmental milestones (tailored to the child’s age) to determine where the child sits on the 5-point SCORE scale. See [Appendix 1](#Appendix1). The result will be recorded in Circumstances SCORE: Age-appropriate development.  | Initial assessment will be recorded for all children.Follow-up assessment will be recorded if child returns.Aim to complete follow-up assessments with 50% of all children. | Staff member will conduct a practitioner assessment. |
| Program Activity 4: Targeted SupportService type: Parenting programs* Circle of security
* Tuning into kids
* Dads tuning into kids
* Tuning into teens
 | Safety: Reduced risk of entry into the child protection systemEmpowerment: Increased client reported self-determination Education and skills: Increased school attendance and achievementHome: Sustained safe and stable housing | Increase parent’s confidence in parentingIncrease parenting knowledgeIncrease parenting skillsImproved parenting behavioursImprove parent-child relationship/attachmentIncrease parent’s ability to keep children safe | Each program has a case (4 cases).Each group meeting is a session.Attach individual clients to cases + sessions. | Circle of Security:8 weeks, weekly sessions8-10 parentsTuning into Kids:6 weeks, weekly sessions8-15 parentsDads Tuning into Kids:7 weeks, weekly sessions8-10 parentsTuning into Teens:6 weeks, weekly sessions8-15 parents | The [Parental Empowerment and Efficacy Measure](https://www.realwell.org.au/peem/) (PEEM) is used directly with clients (see page 16-18). The result of the PEEM is recorded into Goals SCORE: Changed behaviours.* PEEM 20-105 = 1 in SCORE
* PEEM 106-129 = 2 in SCORE
* PEEM 130-177 = 3 in SCORE
* PEEM 178-190 = 4 in SCORE
* PEEM 191-200 = 5 in SCORE

Satisfaction will be measured using the following question:How much do you agree or disagree with the following statement: * I am satisfied with the service I have received
* The service listened to me and understood my issues
* I am better able to deal with the issues I sought help with.
 | PEEM completed at first session.PEEM + Satisfaction survey completed at last session.Target completion rate of PEEM: 50% of all individual clients.Target completion rate of satisfaction survey: 10% of all individual clients.  | Clients to complete survey.Practitioner can support client to complete survey if needed. |
|  |  |  |  |  |  |  |  |
| Program activity 4: Targeted supportService types: Intake and assessmentAn interview and assessment is conducted with clients to identify their strengths and needs. We explain what services we provide and how we can assist them. Internal and external referrals are made as needed. | Social and Community: Increased participation in community events; increased sense of belonging to the communityEducation and Skills: Increased school attendance and achievement | Increased engagement with relevant servicesIncreased knowledge about services and activities in their community | Each client is a case.Each session is a client.Attach individual clients to cases + sessions.All other sessions with a client are recorded under other service types (e.g. counselling).Clients may only have one session if they’re referred to other services or activities. | 170 clients170 sessions | Outcomes will not be measured due to the nature of the service. Outcomes for clients who participate in intake and assessment sessions will be recorded under other service types (e.g. counselling, family capacity building).  | N/A | N/A |
| Program activity 4: Targeted supportService type: Information, advice and referralClients who are known to the service (i.e. participate in other activities) are given referrals as needed.Walk-ins, telephone enquiries, etc. are also provided with any information, advice and referrals needed. | **Social and Community:** Increased participation in community events; increased sense of belonging to the community**Education and Skills:** Increased school attendance and achievement | Increased engagement with relevant servicesIncreased knowledge about services and activities in their community | Referrals for clients known to the service are recorded in existing sessions. For example, if a parent at a playgroup is referred to counselling, that referral is recorded in the playgroup sessions. | 200 clients50 referrals a year through playgroup service on average30 referrals a year through Family support on average5 drop ins a month | Outcomes will not be measured due to the nature of the service.Outcomes for clients who are known to the service will be recorded under other service types (e.g. playgroups, parenting programs).It is not necessary or practical to collect outcome information for unidentified clients.  | N/A | N/A |
| Referrals for walk-ins, phone calls etc. are recorded as follows:1 Case1 Session per weekCount the number of clients seen each week and record them as unidentified clients. |
|  |  |  |  |  |  |  |  |  |
| Program Activity 4: Targeted supportService types: CounsellingClients participate in one-on-one counselling sessions to build their capacity to improve their circumstances. The sessions are tailored to client’s needs. Clients are referred to other services if their needs are beyond our capacity.  | **Empowerment:** Increased client reported self-determination **Home:** Sustained safe and stable housing **Health:** Improved parental health | Increase confidenceImprove capacity to make decisions to improve their livesImprove capacity of parents to build relationships with childrenReduced mental health issues | Each client is a case.Each counselling session is a session.Attach individual client’s to cases and sessions. | Number of clients: 20Number of sessions for clients varies – it’s based on client’s needs and circumstances. | Clients will be asked to complete the following survey (see pages 19-22).How much do you agree or disagree with the following statements: | Responses to each question will be reported in the following SCORE domains: | Initial survey completed at first counselling session.Follow up survey completed at last or a later counselling session.Target completion rate of survey: 50% of all individual clients. | Clients to complete survey.Practitioner can support client to complete survey if needed. |
| * I find my day-to-day life stressful
 | Circumstances SCORE: Mental health, wellbeing and self-care |
| * I have healthy relationships with my family and children
 | Circumstances SCORE: Family functioning |
| * I feel empowered to make decisions to improve my life circumstances
 | Goals SCORE: Empowerment |
| * I know how to get help when I need it
 | Goals SCORE: Engagement with support services |
| * I have someone I can go to for support when I need it
 | Circumstances SCORE: Community Participation and Networks |
| Satisfaction will be measured using the following question:How much do you agree or disagree with the following statement: * I am satisfied with the service I have received
* The service listened to me and understood my issues
* I am better able to deal with the issues I sought help with.

Results will be recorded into Satisfaction SCORE domains. |
| Program Activity 4: Targeted supportService types: Family capacity buildingWe work one-on-one with families to identify and address their specific needs. We work with families to connect them to their community, to keep children safe and to build the capacity of parents to help their families and children thrive.Clients are referred to other services as needed.Some of our family capacity building services are delivered off-site (e.g. local schools) to reach families who need us most.  | **Empowerment:** Increased client reported self-determination **Home:** Sustained safe and stable housing **Safety:** Reduced risk of entry into the child protection system**Education and Skills:** Increased school attendance and achievement**Social and Community:** Increased sense of belonging to their community; increased participation in community events | Improved parent-child relationshipIncrease confidence in parenting skillsIncrease parent’s ability to keep children safeIncrease in parent’s parenting skillsIncrease in formal and informal support networksIncreased engagement with relevant servicesIncreased participation in community life | Each family/client is a case.Each meeting with a family/client is a session.Attach individual client’s to cases and sessions. | Number of clients: 150Number of sessions per client: 2-6 | Clients will be asked to complete the following survey (see pages 22-24).How much do you agree or disagree with the following statements: | Responses to each question will be reported in the following SCORE domains: | Initial survey completed at first session.Follow up survey completed at last or a later session.Target completion rate of survey: 50% of all individual clients. | Clients to complete survey.Practitioner can support client to complete survey if needed. |
| * I have healthy and positive relationships with my children
 | Circumstances SCORE: Family functioning |
| * I feel confident I can care for my child/ren
 | Goals SCORE: Empowerment |
| * I am aware of the importance of safety for my children
 | Circumstances SCORE: Personal and family safety |
| * I have the skills I need to take care of my child/ren
 | Goals SCORE: Skills |
| * I have someone I can go to for support when I need it
 | An average is calculated from both responses and recorded under: Circumstances SCORE: Community participation and Networks |
| * I participate in events and activities in my local community
 |
| * I can access the services I need
 | Goals SCORE: Engagement with relevant services |
| Satisfaction will be measured using the following question:How much do you agree or disagree with the following statement: * I am satisfied with the service I have received
* The service listened to me and understood my issues
* I am better able to deal with the issues I sought help with

Results will be recorded into Satisfaction SCORE domains. |

**Tantrum behaviour management seminar**

Thank you for attending our seminar. We would like to collect your feedback.

Below are some statements about the seminar. Please state whether you agree or disagree.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree | Disagree | Neither agree nor disagree | Agree | Strongly Agree |
| This seminar provided me with useful information and resources |  1 |  2 |  3 |  4 |  5 |
| I have better knowledge and understanding of my child/ren’s behaviour |  1 |  2 |  3 |  4 |  5 |
| I think I can apply these parenting tips at home |  1 |  2 |  3 |  4 |  5 |
| The seminar was easy to understand |  1 |  2 |  3 |  4 |  5 |
| I would recommend the seminar to others |  1 |  2 |  3 |  4 |  5 |

**Transition to school seminar**

Thank you for attending our seminar. We would like to collect your feedback.

Below are some statements about the seminar. Please state whether you agree or disagree.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree | Disagree | Neither agree nor disagree | Agree | Strongly Agree |
| This seminar provided me with useful information and resources |  1 |  2 |  3 |  4 |  5 |
| I have a better understanding of my child/ren’s needs and how to support them starting school |  1 |  2 |  3 |  4 |  5 |
| I think I can apply these parenting tips at home |  1 |  2 |  3 |  4 |  5 |
| The seminar was easy to understand |  1 |  2 |  3 |  4 |  5 |
| I would recommend the seminar to others |  1 |  2 |  3 |  4 |  5 |

**Practitioner Assessment: Advocacy and Support**

|  |  |
| --- | --- |
| Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Name of practitioner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

TO BE COMPLETED BY PRACTITIONER. DO NOT DISTRIBUTE TO CLIENTS

Initial assessment

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Does the client find it easy or hard to access the services they need? Does the client feel comfortable accessing other services? | 1 - Very hard | 2 – Hard | 3 – Neither easy nor hard  | 4 – Easy | 5 – Very easy |
|  |  |  |  |  |
| Does the client feel confident they can get the support they need? Does the client feel confident they can make decisions about the support they need? | 1 – Not at all confident | 2 – Slightly confident | 3 – Somewhat confident | 4 – Fairly confident | 5 – Completely confident |
|  |  |  |  |  |

Follow up assessment

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Does the client find it easy or hard to access the services they need? Does the client feel comfortable accessing other services? | 1 - Very hard | 2 – Hard | 3 – Neither easy nor hard  | 4 – Easy | 5 – Very easy |
|  |  |  |  |  |
| Does the client feel confident they can get the support they need? Does the client feel confident they can make decisions about the support they need? | 1 – Not at all confident | 2 – Slightly confident | 3 – Somewhat confident | 4 – Fairly confident | 5 – Completely confident |
|  |  |  |  |  |

**Satisfaction Survey: Advocacy and support**

|  |  |
| --- | --- |
| Name of practitioner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Assessment completed by\*:O Self-assessmentO Support person assessmentO Practitioner assessmentO Joint assessment |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \*Practitioner to complete |

Below are some statements about your satisfaction with our service. Please state whether you agree or disagree with the statements below.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree | Disagree | Neither agree nor disagree | Agree | Strongly Agree |
| I am satisfied with the service I received |  1 |  2 |  3 |  4 |  5 |
| The service listened to me and understood my issues |  1 |  2 |  3 |  4 |  5 |
| I am better able to deal with the issues I sought help with |  1 |  2 |  3 |  4 |  5 |

**Initial Survey: Supported Playgroup (parents only)**

|  |  |
| --- | --- |
| Name of playgroup: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Assessment completed by\*:O Self-assessmentO Support person assessmentO Practitioner assessmentO Joint assessment |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \*Practitioner to complete |

1. Circumstances and Goals

Below are some statements about your life circumstances and goals. Please state whether you agree or disagree with these statements.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree | Disagree | Neither agree nor disagree | Agree | Strongly Agree |
| I have someone I can go to for help when I need it |  1 |  2 |  3 |  4 |  5 |
| I feel connected to my community |  1 |  2 |  3 |  4 |  5 |
| I feel confident I can care for my child/ren |  1 |  2 |  3 |  4 |  5 |
| I am aware of my child’s stages of development for their age |  1 |  2 |  3 |  4 |  5 |
| I have the skills I need to care for my child |  1 |  2 |  3 |  4 |  5 |
| I have a strong and positive relationship with my child |  1 |  2 |  3 |  4 |  5 |

**Follow up Survey: Supported playgroup (parents only)**

|  |  |
| --- | --- |
| Name of playgroup: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Assessment completed by\*:O Self-assessmentO Support person assessmentO Practitioner assessmentO Joint assessment |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \*Practitioner to complete |

1. Circumstances and Goals

Below are some statements about your life circumstances and goals. Please state whether you agree or disagree with these statements.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree | Disagree | Neither agree nor disagree | Agree | Strongly Agree |
| I have someone I can go to for help when I need it |  1 |  2 |  3 |  4 |  5 |
| I feel connected to my community |  1 |  2 |  3 |  4 |  5 |
| I feel confident I can care for my child/ren |  1 |  2 |  3 |  4 |  5 |
| I am aware of my child’s stages of development for their age |  1 |  2 |  3 |  4 |  5 |
| I have the skills I need to care for my child |  1 |  2 |  3 |  4 |  5 |
| I have a strong and positive relationship with my child |  1 |  2 |  3 |  4 |  5 |

1. Satisfaction

Below are some statements about your satisfaction with the service you have received. Please state whether you agree or disagree with the statement.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|   | Strongly Disagree | Disagree | Neither agree nor disagree | Agree | Strongly Agree |
| I am satisfied with the service I received |  1 |  2 |  3 |  4 |  5 |
| The service listened to me and understood my issues |  1 |  2 |  3 |  4 |  5 |
| I am better able to deal with the issues I sought help with |  1 |  2 |  3 |  4 |  5 |

**What did you enjoy most about this playgroup?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Would you recommend this playgroup to a friend/family member?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How could we improve the playgroup experience for you and your child?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Practitioner Assessment: Supported Playgroup (child only) – all see** [**Appendix 1**](#Appendix1)

|  |  |
| --- | --- |
| Name of playgroup: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Name of practitioner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

TO BE COMPLETED BY PRACTITIONER. DO NOT DISTRIBUTE TO CLIENTS.

Initial assessment: Age-appropriate development of child

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 – Very poor | [ ]  | 2 – Poor | [ ]  | 3 - Moderate | [ ]  | 4 – Good | [ ]  | 5 – Very good | [ ]  |
| Child is not meeting any developmental milestones. Child struggles to learn key skills or knowledge. | Child is meeting some development milestones, but is struggling to master most skills. | Child is meeting some development milestones. They show signs of learning more.  | Child is meeting most developmental milestones. They have mastered most key skills and are consistently improving. | Child is meeting all developmental milestones. They have mastered all key skills and knowledge is well developed.  |

Follow up assessment: Age-appropriate development of child

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 – Very poor | [ ]  | 2 – Poor | [ ]  | 3 - Moderate | [ ]  | 4 – Good | [ ]  | 5 – Very good | [ ]  |
| Child is not meeting any developmental milestones. Child struggles to learn key skills or knowledge. | Child is meeting some development milestones, but is struggling to master most skills. | Child is meeting some development milestones. They show signs of learning more.  | Child is meeting most developmental milestones. They have mastered most key skills and they consistently improving. | Child is meeting all developmental milestones. They have mastered all key skills and knowledge is well developed.  |

**Initial Survey: Parenting programs**

|  |  |
| --- | --- |
| Name of program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Assessment completed by\*:O Self-assessmentO Support person assessmentO Practitioner assessmentO Joint assessment |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \*Practitioner to complete |

Think about each of the following statements. For each one, tick the box that shows whether the statement describes the way you have been feeling about things lately.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Definitely not | Not really | Kind of | Mostly | Definitely |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 1. I find it easy to talk to people like teachers, doctors and nurses about my children
 |  |  |  |  |  |  |  |  |  |  |
| 1. I know how to get useful information about how my children’s needs change as they grow
 |  |  |  |  |  |  |  |  |  |  |
| 1. I feel food when I think about the future of my children
 |  |  |  |  |  |  |  |  |  |  |
| 1. I can work out what to do if any of my children have a problem
 |  |  |  |  |  |  |  |  |  |  |
| 1. We have clear rules and routines in my family
 |  |  |  |  |  |  |  |  |  |  |
| 1. I can find services for my children when I need it
 |  |  |  |  |  |  |  |  |  |  |
| 1. In my family there is more to enjoy than to worry about
 |  |  |  |  |  |  |  |  |  |  |
| 1. I stay calm and manage life even when its stressful
 |  |  |  |  |  |  |  |  |  |  |
| 1. I believe my children will do well at school
 |  |  |  |  |  |  |  |  |  |  |
| 1. I can help make this community a better place for children
 |  |  |  |  |  |  |  |  |  |  |
| 1. I can help other families find help when they need it
 |  |  |  |  |  |  |  |  |  |  |
| 1. I have someone I can rely on to help with my children if I need it
 |  |  |  |  |  |  |  |  |  |  |
| 1. I know good parenting tips that I can share with others
 |  |  |  |  |  |  |  |  |  |  |
| 1. I feel that I’m doing a good job as a parent
 |  |  |  |  |  |  |  |  |  |  |
| 1. I feel good about myself
 |  |  |  |  |  |  |  |  |  |  |
| 1. I feel good about the way my children behave
 |  |  |  |  |  |  |  |  |  |  |
| 1. I feel part of a community
 |  |  |  |  |  |  |  |  |  |  |
| 1. I have good friends outside my family
 |  |  |  |  |  |  |  |  |  |  |
| 1. I can make time for my children when they need it
 |  |  |  |  |  |  |  |  |  |  |
| 1. I know my children feel safe and secure
 |  |  |  |  |  |  |  |  |  |  |

**Follow up Survey: Parenting programs**

|  |  |
| --- | --- |
| Name of program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Assessment completed by\*:O Self-assessmentO Support person assessmentO Practitioner assessmentO Joint assessment |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \*Practitioner to complete |

Think about each of the following statements. For each one, tick the box that shows whether the statement describes the way you have been feeling about things lately.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Definitely not | Not really | Kind of | Mostly | Definitely |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 1. I find it easy to talk to people like teachers, doctors and nurses about my children
 |  |  |  |  |  |  |  |  |  |  |
| 1. I know how to get useful information about how my children’s needs change as they grow
 |  |  |  |  |  |  |  |  |  |  |
| 1. I feel food when I think about the future of my children
 |  |  |  |  |  |  |  |  |  |  |
| 1. I can work out what to do if any of my children have a problem
 |  |  |  |  |  |  |  |  |  |  |
| 1. We have clear rules and routines in my family
 |  |  |  |  |  |  |  |  |  |  |
| 1. I can find services for my children when I need it
 |  |  |  |  |  |  |  |  |  |  |
| 1. In my family there is more to enjoy than to worry about
 |  |  |  |  |  |  |  |  |  |  |
| 1. I stay calm and manage life even when its stressful
 |  |  |  |  |  |  |  |  |  |  |
| 1. I believe my children will do well at school
 |  |  |  |  |  |  |  |  |  |  |
| 1. I can help make this community a better place for children
 |  |  |  |  |  |  |  |  |  |  |
| 1. I can help other families find help when they need it
 |  |  |  |  |  |  |  |  |  |  |
| 1. I have someone I can rely on to help with my children if I need it
 |  |  |  |  |  |  |  |  |  |  |
| 1. I know good parenting tips that I can share with others
 |  |  |  |  |  |  |  |  |  |  |
| 1. I feel that I’m doing a good job as a parent
 |  |  |  |  |  |  |  |  |  |  |
| 1. I feel good about myself
 |  |  |  |  |  |  |  |  |  |  |
| 1. I feel good about the way my children behave
 |  |  |  |  |  |  |  |  |  |  |
| 1. I feel part of a community
 |  |  |  |  |  |  |  |  |  |  |
| 1. I have good friends outside my family
 |  |  |  |  |  |  |  |  |  |  |
| 1. I can make time for my children when they need it
 |  |  |  |  |  |  |  |  |  |  |
| 1. I know my children feel safe and secure
 |  |  |  |  |  |  |  |  |  |  |

Satisfaction

Below are some statements about your satisfaction with this program. Please state whether you agree or disagree with the statement.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree | Disagree | Neither agree nor disagree | Agree | Strongly Agree |
| I am satisfied with the service I received |  1 |  2 |  3 |  4 |  5 |
| The service listened to me and understood my issues |  1 |  2 |  3 |  4 |  5 |
| I am better able to deal with the issues I sought help with |  1 |  2 |  3 |  4 |  5 |

**Initial Survey: Counselling**

|  |  |
| --- | --- |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Assessment completed by\*:O Self-assessmentO Support person assessmentO Practitioner assessmentO Joint assessment |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | \*Practitioner to complete |

1. Circumstances and Goals

Below are some statements about your life circumstances and goals. Please state whether you agree or disagree with these statements.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree | Disagree | Neither agree nor disagree | Agree | Strongly Agree |
| I find my day-to-day life stressful |  1 |  2 |  3 |  4 |  5 |
| I have healthy relationships with my family and children |  1 |  2 |  3 |  4 |  5 |
| I feel empowered to make decisions to improve my life circumstances |  1 |  2 |  3 |  4 |  5 |
| I know how to get help when I need it |  1 |  2 |  3 |  4 |  5 |
| I have someone I can go to for support when I need it |  1 |  2 |  3 |  4 |  5 |

**Follow up Survey: Counselling**

|  |  |
| --- | --- |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Assessment completed by\*:O Self-assessmentO Support person assessmentO Practitioner assessmentO Joint assessment |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | \*Practitioner to complete |

1. Circumstances and Goals

Below are some statements about your life circumstances and goals. Please state whether you agree or disagree with these statements.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree | Disagree | Neither agree nor disagree | Agree | Strongly Agree |
| I find my day-to-day life stressful |  1 |  2 |  3 |  4 |  5 |
| I have healthy relationships with my family and children |  1 |  2 |  3 |  4 |  5 |
| I feel empowered to make decisions to improve my life circumstances |  1 |  2 |  3 |  4 |  5 |
| I know how to get help when I need it |  1 |  2 |  3 |  4 |  5 |
| I have someone I can go to for support when I need it |  1 |  2 |  3 |  4 |  5 |

1. Satisfaction

Below are some statements about your satisfaction with the service you have received. Please state whether you agree or disagree with the statement.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree | Disagree | Neither agree nor disagree | Agree | Strongly Agree |
| I am satisfied with the service I received |  1 |  2 |  3 |  4 |  5 |
| The service listened to me and understood my issues |  1 |  2 |  3 |  4 |  5 |
| I am better able to deal with the issues I sought help with |  1 |  2 |  3 |  4 |  5 |

**What benefited you most by attending counselling sessions?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How could our service improve your counselling experience?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Initial Survey: Family capacity building**

|  |  |
| --- | --- |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Assessment completed by\*:O Self-assessmentO Support person assessmentO Practitioner assessmentO Joint assessment |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | \*Practitioner to complete |

1. Circumstances and Goals

Below are some statements about your life circumstances and goals. Please state whether you agree or disagree with these statements.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree | Disagree | Neither agree nor disagree | Agree | Strongly Agree |
| I have healthy and positive relationships with my children |  1 |  2 |  3 |  4 |  5 |
| I feel confident I can care for my child/ren |  1 |  2 |  3 |  4 |  5 |
| I am aware of the importance of safety for my children |  1 |  2 |  3 |  4 |  5 |
| I have the skills I need to take care of my child/ren |  1 |  2 |  3 |  4 |  5 |
| I have someone I can go to for support when I need it |  1 |  2 |  3 |  4 |  5 |
| I participate in events and activities in my local community |  1 |  2 |  3 |  4 |  5 |
| I can access the services I need |  1 |  2 |  3 |  4 |  5 |

**Follow up Survey: Family capacity building**

|  |  |
| --- | --- |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Assessment completed by\*:O Self-assessmentO Support person assessmentO Practitioner assessmentO Joint assessment |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | \*Practitioner to complete |

1. Circumstances and Goals

Below are some statements about your life circumstances and goals. Please state whether you agree or disagree with these statements.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree | Disagree | Neither agree nor disagree | Agree | Strongly Agree |
| I have healthy and positive relationships with my children |  1 |  2 |  3 |  4 |  5 |
| I feel confident in my ability to care for my child/ren |  1 |  2 |  3 |  4 |  5 |
| I know how to keep my child/ren safe and free of harm |  1 |  2 |  3 |  4 |  5 |
| I have the skills I need to take care of my child/ren |  1 |  2 |  3 |  4 |  5 |
| I have supportive relationships with family and friends |  1 |  2 |  3 |  4 |  5 |
| I participate events and activities in my local community |  1 |  2 |  3 |  4 |  5 |
| I have access to the services I need |  1 |  2 |  3 |  4 |  5 |

1. Satisfaction

Below are some statements about your satisfaction with the service you have received. Please state whether you agree or disagree with the statement.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree | Disagree | Neither agree nor disagree | Agree | Strongly Agree |
| I am satisfied with the service I received |  1 |  2 |  3 |  4 |  5 |
| The service listened to me and understood my issues. |  1 |  2 |  3 |  4 |  5 |
| I am better able to deal with the issues I sought help with |  1 |  2 |  3 |  4 |  5 |

 **What was the most beneficial to you when attending our service?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How could we improve your experience with our service?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Would you recommend our service?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appendix 1. Practitioner Assessment Supported Playgroup

***Randwick & Botany Supported Playgroup Service***

**Developmental Milestones**

**0-5 years**

**Purpose**

The early years of a child’s life are very important for his or her health and development. Development means changes in a child’s physical, social, emotional, behaviour, thinking and communication. All areas of development are linked, and each depends on and influence others (Raising Children Network, 2021). Skills such as taking a first step, smiling for the first time, and waving “BYE-BYE” are called developmental milestones. Children develop at their own pace; however developmental milestones give a general idea of the changes to expect as a child gets older.

Botany Family & Children’s Centre uses developmental monitoring as a tool for tracking children’s progress. Parents, grandparents, early childhood providers and practitioners can participate in developmental monitoring which observes the child over time and whether the child is meeting typical developmental milestones (Centres for Disease Control and Prevention, 2021).

**Early Intervention**

It is recommended by Child & Family Health Service (CaFHS) that families are up to date with their Blue Book (My Health and Development Record). This can help assure families that is all well, or to get help for their child if they need it.

If parents are concerned a referral to the Early Childhood Clinic can be made for developmental screening that takes a closer look at how their child is developing. The Learn the Signs. Act early resource tools for families to monitor and track their child’s development can be accessed from the website [www.cdc.gov](http://www.cdc.gov). All resources are available in multiple languages.

DEVELOPMENTAL MILESTONES

**Birth to 4 months**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

Checklist completed by:

* Practitioner assessment
* Joint assessment
* Self-assessment

|  |  |
| --- | --- |
| **DEVELOPMENTAL AREA** | **OBSERVE** |
| **Physical** | * moves whole body
* squirms, waves arms, moves legs up and down
* the emergence of eating and sleeping patterns
* responds to being placed on a flat surface
* reacts to sudden loud noises
* head turns to side when cheek touched
* sucking motions with mouth (seeking nipple)
* responds to gentle touching, cuddling, rocking
* shuts eyes tight in bright sunlight
* able to lift head and chest when laying on stomach
* begins to roll from side to side
* starts reaching to swipe at dangling objects
* able to grasp object that is put into hands
 |
| **Social** | * smiles and laughs
* makes eye contact when held about 20cm from face of adult looking at them
* may sleep most of the time
* alert and preoccupied with faces
* moves head to sound of voices
 |
| **Emotional** | * bonding
* cries (peaks at about six to eight weeks and levels off at about 12-14 weeks)
* cries when hungry or uncomfortable and usually stops when held
* shows excitement as parent prepares for feeding
 |
| **Cognitive** | * smiles and laughs
* looks toward direction of sound
* eyes track slow moving targets for brief periods e.g. follows your finger
* looks at edges, patterns with light/dark contrast and faces
* imitates adult tongue movements when being held and talked to
* learns through sensory experiences
* repeats actions but unaware of ability to cause actions
 |
| **Language** | * expresses needs
* cries
* when content makes small throaty noises e.g. coos and gurgles (makes ‘goo’ and ‘gah’ sounds)
* soothed by sound of voice or by low rhythmic sounds
* mimics adult tongue movements when being held and talked to
* may start to copy sounds
 |
| **Act Early by talking to your child’s doctor or early childhood nurse if your child is:** | * floppy or stiff
* crying a lot
* arching his/her back
* not responding to sounds
* not showing interest or responding when played with
* not feeding as expected
* not starting to make sounds
* not responding to familiar faces
 |

**Comments:**

DEVELOPMENTAL MILESTONES

**4 to 8 months**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

Checklist completed by:

* Practitioner assessment
* Joint assessment
* Self-assessment

|  |  |
| --- | --- |
| **DEVELOPMENTAL AREA** | **OBSERVE** |
| **Physical** | * plays with feet and toes
* makes an effort to sit alone, but needs hand support
* raises head and chest when lying on stomach
* tries to crawl when lying on stomach
* rolls from back to stomach
* reaches for and grasp objects, using one hand to grasp
* crawls using both hands and feet
* eyes smoothly follow an object or person
* able to take weight on feet when standing
* watches activities across room and eyes move in unison
* turns head to sound of voices
 |
| **Social** | * reacts when approaching or around another baby or toddler
* responds to own name
* smiles often and shows excitement when seeing food being made or at bath time
* recognises familiar people and stretches arms to be picked up
 |
| **Emotional** | * is becoming more settled in eating and sleeping patterns
* laughs, especially in social interactions
* may soothe self when tired or upset by sucking thumb or dummy
* begins to show wariness of strangers
* may fret when parent leaves the room
* happy to see faces they know
 |
| **Cognitive** | * swipes at dangling objects
* shakes and stares at toy placed in hand
* becomes bored if left alone for long periods of time
* repeats accidentally caused actions that are interesting
* enjoys games such as peek-a-boo or pat-a-cake
* will search for partly hidden objects
* enjoys toys, banging objects, scrunching paper
* explores objects by looking at and mouthing them
* develops preferences for foods
 |
| **Language** | * enjoys games such as peek-a-boo or pat-a-cake
* babbles and repeat sounds
* makes talking sounds in response to others talking
* copies sounds
* smiles and babbles at own image in mirror
* responds to own name
 |
| **Act Early by talking to your child’s doctor or early childhood nurse if your child is:** | * not learning to make sounds
* not responding to familiar faces
* not learning to roll when playing on the floor
* not responsive to carers
* not babbling and making sounds
* not playing with feet/swapping objects between hands
 |

**Comments:**

**DEVELOPMENTAL MILESTONES**

8 to 12 months

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

Checklist completed by:

* Practitioner assessment
* Joint assessment
* Self-assessment

|  |  |
| --- | --- |
| **DEVELOPMENTAL AREA** | **OBSERVE** |
| **Physical** | * pulls self to standing position when hands held
* raises self to sitting position
* sits without support
* stands by pulling themselves up using furniture
* steps around furniture
* successfully reaches out and grasps toy
* transfers objects from hand to hand
* picks up and pokes small objects with thumb and finger
* picks up and throws small objects
* holds simple, familiar objects, such as biscuit or bottle
* crawls quickly and fluently
* may stand alone momentarily
* may attempt to crawl up stairs
* grasps spoon in palm, but poor aim of food to mouth
* uses hands to feed self
* has alert peripheral vision
* rolls ball and crawls to retrieve it
 |
| **Social** | * shows definite anxiety or wariness at appearance of strangers
 |
| **Emotional** | * actively seeks to be near parent or primary caregiver
* shows signs of anxiety or stress if parent goes away
* offers toy to adult but does not release it
* shows signs of empathy to distress of others (but often soothes self)
* actively explores and plays when parent present, returning now and then for assurance and interaction
 |
| **Cognitive** | * moves obstacle to get at desired toy
* bangs two objects held in hands together
* responds to own name
* makes gestures to communicate and to symbolize objects, e.g. points to something they want
* seems to understand some things parent or familiar adults say to them
* drops toys to be retrieved; when handed back, drops again and looks in direction of dropped toy
* smiles at image in mirror
* likes playing with water
* shows an interest in picture books
* understands gestures/responds to ‘bye, bye’
* listens with pleasure to sound-making toys and music
* notices differences and shows surprise
 |
| **Language** | * responds to own name being called, family names and familiar objects
* babbles tunefully
* says words like ‘dada’ or ‘mama’
* waves goodbye
* imitates hand clapping
* imitates actions and sounds
* enjoys finger-rhymes
* shouts to attract attention
* vocalises loudly using most vowels and consonants – beginning to sound like conversation
 |
| **Act Early by talking to your child’s doctor or early childhood nurse if your child is:** | * not responsive to carers
* not babbling and making sounds
* not beginning to sit, crawl, or pull to stand
* not playing with feet, swapping objects between hands
* not interested in holding toys
* not learning to eat solids
 |

**Comments:**

**DEVELOPMENTAL MILESTONES**

1 to 2 years

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

Checklist completed by:

* Practitioner assessment
* Joint assessment
* Self-assessment

|  |  |
| --- | --- |
| **DEVELOPMENTAL AREA** | **OBSERVE** |
| **Physical** | * walks, climbs and runs
* takes two to three steps without support, legs wide and hands up for balance
* crawls up steps
* dances in place to music
* climbs on to a chair
* kicks and throws a ball
* feeds themselves
* begins to run (hurried walk)
* scribbles with pencil or crayon held in fist
* turns pages of book, two or three pages at a time
* rolls large ball, using both hands and arms
* finger feeds efficiently
* begins to walk alone in a ‘tottering way’, with frequent falls
* squats to pick up an object
* reverts to crawling if in a hurry
* can drink from a cup
* tries to use spoon/fork
 |
| **Social** | * begins to cooperate with others when playing
* may play alongside other toddlers, doing what they do but without seeming to interact (parallel play)
* curious and energetic, but depends on adult presence for reassurance
* may show anxiety when separated from significant people in their lives
 |
| **Emotional** | * seeks comfort when upset or afraid
* takes cue from parent or primary carer regarding attitude to strangers
* may become upset easily if tired or frustrated
* assists others in distress by patting, making sympathetic noises or offering material objects
 |
| **Cognitive** | * repeats actions that lead to interesting/ predictable results, e.g. bangs spoon on saucepan
* points to objects when named
* knows some body parts and points to body parts in a game
* recognises self in photo or mirror
* mimics household activities, e.g. bathing baby, sweeping floor
* may signal when she/he has finished using the toilet
* spends a lot of time exploring and manipulating objects, putting them in mouth, shaking and banging them
* stacks and knocks over items
* selects games and puts them away
* calls self by name, uses ‘I’, ‘mine’, ‘I do it myself’
* will search for hidden toys
 |
| **Language** | * comprehends and follows simple questions/commands
* says first name
* says many words (mostly naming objects)
* begins to use one to two word sentences e.g. “want milk”
* reciprocal imitation of another toddler: will imitate each other’s actions
* enjoys rhymes and songs
 |
| **Act Early by talking to your child’s doctor or early childhood nurse if your child is:** | * not using words or actions to communicate such as waving or raising arms to be lifted
* not wanting to move around
* not responding to others
* not seeking the attention of familiar people
 |

 **Comments:**

DEVELOPMENTAL MILESTONES

2 to 3 years

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

Checklist completed by:

* Practitioner assessment
* Joint assessment
* Self -assessment

|  |  |
| --- | --- |
| **DEVELOPMENTAL AREA** | **OBSERVE** |
| **Physical** | * walks, runs, climbs, kicks and jumps easily
* uses steps one at a time
* squats to play and rises without using hands for support
* catches ball rolled to him/her
* walks towards a ball to kick it
* jumps from a low step or over low objects
* attempts to balance on one foot
* avoids obstacles
* able to open doors
* stops readily
* moves to music
* turns pages one at a time
* holds crayon with fingers
* uses a pencil to draw or scribble in circles and lines; may still be held in fist
* gets dressed with help
* self-feeds using utensils and a cup
 |
| **Social** | * plays with other children
* takes part in simple make-believe play
* may prefer same sex playmates and toys
* unlikely to share toys without protest
 |
| **Emotional** | * shows strong attachment to a parent (or main family carer)
* shows distress and protest when a parent or other caregiver leaves and wants that person to do things for them
* begins to show guilt or remorse for misdeeds
* may be less likely to willingly share toys with peers
* may demand adult attention
 |
| **Cognitive** | * builds a tower of five to seven objects
* lines up objects in ‘train’ fashion
* recognises and identifies common objects and pictures by pointing
* enjoys playing with sand, water, dough; explores what these materials feel like, rather than making things with them
* uses symbolic play, e.g. uses a block as a car
* shows knowledge of gender-role stereotypes
* identifies a child in a picture as a boy or girl
* engages in make-believe and pretend play
* begins to count with numbers
* recognises similarities and differences
* imitates rhythms and animal movements
* is becoming aware of space through physical activity
* can follow two or more directions
 |
| **Language** | * uses two or three words together, e.g. “go potty now”
* ‘explosion’ of vocabulary and use of some correct grammatical forms of language
* refers to self by name and often says ‘mine’
* asks lots of questions
* uses pronouns and prepositions, simple sentences and phrases
* labels own gender
* copies words and actions
* makes music, sings and dances
* likes listening to stories and books
 |
| **Act Early by talking to your child’s doctor or early childhood nurse if your child is:** | * is not interested in playing
* is falling a lot
* finds it hard to use small objects
* does not understand simple instructions
* is not using many words
* is not joining words in meaningful phrases
* is not interested in food
* is not interested in others
 |

**Comments**:

DEVELOPMENTAL MILESTONES

3 to 5 years

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

Checklist completed by:

* Practitioner assessment
* Joint assessment
* Self-assessment

|  |  |
| --- | --- |
| **DEVELOPMENTAL AREA** | **OBSERVE** |
| **Physical** | * dresses and undresses with little help
* hops, jumps and runs with ease
* climbs steps with alternating feet
* gallops and skips by leading with one foot
* transfers weight forward to throw ball
* attempts to catch ball with hands
* climbs playground equipment with increasing agility
* holds crayon/pencil etc. between thumb and first two fingers
* exhibits hand preference
* imitates a variety of shapes when drawing, e.g. circles
* independently cuts paper with scissors
* can use the toilet themselves
* feeds self with minimum spills
* walks and runs more smoothly
* enjoys learning simple rhythm and movement routines
* develops ability to toilet train at night
 |
| **Social** | * enjoys playing with other children
* may have a particular friend
* shares, smiles and cooperates with peers
* jointly manipulates objects with one or two other peers
* developing independence and social skills they use for learning and getting on with others at pre school and school
 |
| **Emotional** | * understands when someone is hurt and comforts them
* attains gender stability (sure she/he is a girl/boy)
* may show stronger preference for same-sex playmates
* may enforce gender-role norms with peers
* may show bouts of aggression with peers
* likes to give and receive affection from parents
* may praise themselves
 |
| **Cognitive** | * understands opposites (e.g. big/little) and positional words (middle, end)
* uses objects and materials to build or construct things, e.g. block tower, puzzle, clay, sand and water
* builds tower eight to 10 blocks
* answers simple questions
* counts five to 10 things
* has a longer attention span
* talks to self during play - to help guide what he/she does
* follows simple instructions
* follows simple rules and enjoys helping others
* may write some numbers and letters
* engages in dramatic play, taking on pretend character roles
* recalls events correctly
* counts by rote, having memorised numbers
* touches objects to count - starting to understand relationship between numbers and objects
* can recount a recent story
* copies letters and may write some unprompted
* can match and name some colours
 |
| **Language** | * speaks in sentences and uses many different words
* answers simple questions
* asks many questions
* tells stories
* talks constantly
* enjoys talking and may like to experiment with new words
* uses adult forms of speech
* takes part in conversations
* enjoys jokes, rhymes and stories
* will assert self with words
 |
| **Act Early by talking to your child’s doctor or early childhood nurse if your child is:** | * is not understood by others
* has speech fluency problems or stammers
* is not playing with other children
* is not able to have a conversation
* is not able to go to the toilet or wash him/herself
 |

**Comments:**

**Useful Websites**

**Being, Belonging, Becoming; Early Years Learning Framework for Australia**

<https://www.acecqa.gov.au/sites/default/files/2018-02/belonging_being_and_becoming_the_early_years_learning_framework_for_australia.pdf>

Centres for Disease Control and Prevention’s Learn the Signs. Act Early

<https://www.cdc.gov/ncbddd/actearly/freematerials.html>

Focus on the Family

<https://www.families.org.au/>

Karitane

<https://karitane.com.au/>

Raising Children’s Network: the Australian parenting website

<https://raisingchildren.net.au/>

Resourcing Parents

<https://www.resourcingparents.nsw.gov.au/>

Starting blocks

<https://www.startingblocks.gov.au/>

|  |
| --- |
| **Useful Numbers****Karitane:** 1300 227 464**Parent Helpline:** 1300 1300 52**Tresillian:** 02 9787 0855**Child & Family Health Centres Central Intake:** 02 9382 0933 |