



## Young Person aged between 9 and 11

**FOR USE IF NO CONNECTIVITY IS AVAILABLE TO USE VIEWPOINT.** Results from the paper based version will need to be entered into Viewpoint on your return to the Office using the Childs log in ID for inclusion in the Child Overview.

Young Person's Name \_\_\_\_\_ Date of completion: \_\_\_\_\_

### Safety and Permanency Questions

Below are the Safety and Permanency questions in the Questionnaire. They are age specific and have skip rules so not every child or young person will see all the questions.

We have some voluntary questions to ask you to understand how you are going so we can help and support you. Do you want to participate? Yes  No

If you don't want to participate tick the main reason why..

	This is my main reason
I do not have enough time	<input type="checkbox"/>
I do not wish to participate- as I can't see the value in it for me	<input type="checkbox"/>
I don't understand why I am doing this	<input type="checkbox"/>
I'm not confident with technology	<input type="checkbox"/>
I've asked to complete the questionnaire at a different time	<input type="checkbox"/>
Other reason – please specify	<input type="checkbox"/>

Hi, thanks for joining us to answer some questions about how you are going. We want to make sure you get the help and support you need. To do this we need to hear from you. If you don't understand a word or question click the **i** button or ask your caseworker. There are no right or wrong answers. Are you ready? Let's go....

### 1. Do you feel cared for where you live now?

Yes, completely	Just About	Not Really	Not at all	Pass
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 2. What would you need to change for you to feel more cared for? (Free text)

### 3. Do you feel safe where you live now?

Yes, completely	Just About	Not Really	Not at all	Pass
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 4. What would you need to change for you to feel safer? (Free text)

Question continue on the following pages ...



**5. Are there any responsible adults you could turn to if you were having problems?**

Yes  No

**6. If yes, how many adults could you turn to?**

One  More than one

**7. How old are you?**

7 or 8 years  **9, 10 or 11 years**  12 or 13 years  14 to 17 years

Thank you for your time answering the questions. You have now come to the end of the section that talks about your sense of safety and permanency.

Is there anything you want to tell your caseworker or someone about what you are thinking or feeling?

**8. Is either your birth mum or dad's culture Aboriginal or Torres Strait Islander?**

Yes  No  I don't know

If yes, your mum or dad are Aboriginal or Torres Strait Islander continue onto the Aboriginal Cultural Connections Question's you can find them on the following page.

If no, **Thank you very much for your help**



### Aboriginal Cultural Connections Questionnaire

The next few questions are about your Aboriginal or Torres Strait Islander culture.

**1. Do you know who your family/mob is?**

Yes  No

**2. If yes, Who are they?** (It's OK if you can't spell them. Give it a go or ask your Caseworker for help) Free text

**3. Do you know the town/city your family/mob is from?**

Yes  No

**4. Do you know the name of the Land/Clan/Country/Nation you are from?**

Yes  No

**5. If yes, What is the name of your land/Clan/Country/Nation?** (its ok if you can't spell it. Give it a go or ask your caseworker for help)

**6. Do you know your Birth Mum's Land/Clan/Country/Nation?**

Mum's not Aboriginal  Yes  No

**7. If yes, What is your Birth Mum's Land/Clan/Country/Nation?** (its ok if you can't spell it. Give it a go or ask your caseworker for help)

**8. Do you know your Birth Dad's Land/Clan/Country/Nation?**

Dad's not Aboriginal  Yes  No

**9. If yes, What is your Birth Dad's Land/Clan/Country/Nation?** (its ok if you can't spell it. Give it a go or ask your caseworker for help)

*Question continue on the following page ...*



**10. Do you live on country?**

Yes

No

**11. If No, How often do you return to country?**

Monthly or more often

Less than monthly but  
more than 6 monthly

Once or twice a year

Sometimes, but less than  
once a year

**12. Do you know what your Aboriginal Totem/s are?**

Yes

No

**13. If yes, what is your Aboriginal Totem/s?**

**14. Do you know any Aboriginal words or language?**

Yes

No

Don't know

**15. If yes, What are the words and their meaning?**

**16. What do you know about your Aboriginal culture?**

Language <input type="checkbox"/>	Lore <input type="checkbox"/>	Dance <input type="checkbox"/>	Art <input type="checkbox"/>	Men's business <input type="checkbox"/>	Women's business <input type="checkbox"/>
Song lines <input type="checkbox"/>	Traditional boundaries <input type="checkbox"/>	Dream time stories <input type="checkbox"/>	I don't know <input type="checkbox"/>	Other (free text) <input type="checkbox"/>	

**17. Would you like to learn more about your Aboriginal culture?**

Yes

No

Don't know

*Question continue on the following page ...*



**18. Which group of Aboriginal people are you connected to?** (or what Aboriginal people do you do things with?) You can select more than one answer.

Kin/family	<input type="checkbox"/>
Aboriginal carers	<input type="checkbox"/>
Aboriginal caseworkers	<input type="checkbox"/>
Aboriginal Services	<input type="checkbox"/>
Aboriginal school groups or staff	<input type="checkbox"/>
Elders	<input type="checkbox"/>
Other: Please list any other Aboriginal people you are connected to	

**19. Who do you learn from about your Aboriginal culture?** You can select more than one answer.

Kin/family	<input type="checkbox"/>
Aboriginal carers	<input type="checkbox"/>
Aboriginal caseworkers	<input type="checkbox"/>
Aboriginal Services	<input type="checkbox"/>
Aboriginal school groups or staff	<input type="checkbox"/>
Elders	<input type="checkbox"/>
Other: Please list any other Aboriginal people you are connected to	

**Thank you very much for your help**