

Level B Assessment: Review and Enhance

Purpose: This assessment is designed to help the Care Team to assess and understand multiple incidents of sexual behaviour which may have been harmful. This form should be completed when there have been 2 or more Level A Checklist's completed, or a single Level A Checklist which was rated as Concerning, Very Concerning or Serious/Extreme.

To assist you with completing this Assessment, you may need to read the relevant table of age-related behaviours which provides example behaviours across the continuum.

[Birth to 3 years](#)

[10 to 11 years](#)

[4 to 6 years](#)

[12 to 14 years](#)

[7 to 9 years](#)

[15 to 17 years](#)

1. Child/ Young Person's Information

Child's name:	Jaryd Wilson
Child's DOB:	15/07/2019
Child's age:	6
Carer/s name:	Fiona and David Waters
Child's placement location:	Fremantle WA

2. Review Information

Date review completed:	9/09/2025
Person completing the review:	Mandy Tucker

3. Cultural Review

Is the child Aboriginal and/or Torres Strait Islander?	<u>yes</u>
<i>If known, include identified Aboriginal mob and language group.</i>	Noongar
Is the child culturally, linguistically and/ or religiously diverse?	<u>no</u>

If you answered yes to either of the above questions, you must consult with an Aboriginal Practice Lead/ Cultural Advisor or appropriate alternative.

4. Consultation informing the review – list all those who have contributed to this review

Child or young person	N/A
Case Manager or equivalent	Mandy Tucker
Team Leader or equivalent	Brett Smith
Parent, Family or Kin	Gerald Wilson
Caregiver	Fiona Waters
Aboriginal Practice Lead/ Cultural Advisor	David Turner

Therapeutic Practitioner	N/A
Education support	School Teacher – Ms Walsh
Other	Click or tap here.

5. Description of the Behaviour

Using objective, descriptive language, describe the collection of behaviours you are reviewing from previous Level A Checklists and any of your own observations.

Jaryd's schoolteacher advised that whilst Jaryd was changing for school swimming in the changing room last week, he was overheard saying to a friend of his "if you show me your penis, I'll show you mine" while laughing. Jaryd was asked by the teacher that this behaviour was not appropriate and the behaviour has not been observed again. Jaryd's teacher did also mention that Jaryd and his peers have been overheard in the playground recently making jokes about girls having "boobs" and Jaryd on one occasion "mooned" another child by pulling his pants down and exposing his bottom. It was noted by the teacher that other boys in Jaryd's peer group had also been "moonning" each other that week.

Jaryd's foster carer has also advised that this week she observed Jaryd with his hand down his pants and touching his penis whilst watching TV in the lounge room. She advised a younger foster child was present at the time, but both children appeared to be focused on the TV when she walked in and it did not appear the younger child was aware of Jaryd touching himself. Jaryd's foster carer asked Jaryd to take his hands out of his pants while in the lounge room, which he did when asked. Jaryd reportedly did not appear embarrassed or upset when redirected by his carer.

6. Classify the Behaviour

Drawing on your experience and the table examples provided below select where you think the behaviours sit along the continuum. Review the age-related behaviours table for the child or young person if required and be sure to consider all previous sexualised behaviour in the past six months. You may be reviewing behaviours from across the continuum – use the ones that concern you the most.

Developmentally Appropriate	Developmentally Inappropriate	Concerning	Very Concerning	Serious/Extreme
<p>The type of behaviour is expected for the child's developmental stage; it is seen as socially acceptable and aligned with community expectations.</p> <p>It is typically considered appropriate sexual expression and/or exploration.</p>	<p>Sexual Behaviour is developmentally, socially, contextually and/or culturally inappropriate.</p> <p>Considered on the fringe of being developmentally acceptable.</p> <p>May be displayed as a single incident behaviour that is slightly outside the developmental norm or behaviour that may be outside the developmental norm but readily</p>	<p>Behaviour that is clearly outside developmental expectations. May also include developmentally inappropriate behaviours displayed as part of a pattern of behaviour.</p> <p>Regardless of context, the behaviour is generally socially unacceptable even within diverse peer or social groups.</p>	<p>This behaviour is clearly outside developmental expectations and is considered socially unacceptable. It is often intrusive and harmful to the child or young person displaying the behaviours and/or others.</p> <p>A child's intent or motivator of the behaviour may also differ markedly from the norm in this group. They may disregard the other child's wishes,</p>	<p>An extension of behaviours that are 'Very Concerning', 'Serious/ Extreme' behaviours may also include elements of physical violence, sadism, degradation, and be highly intrusive and harmful to others.</p> <p>Particularly in early adolescence and adolescence, these behaviours may evoke sexual arousal linked to violence and use</p>

	accepted within a social peer group or set context. Inappropriate sexual behaviour can include appropriate sexual behaviour that is displayed in inappropriate contexts, particularly by younger children.		distress or resistance prioritising their own gratification or needs over others.	of power and force.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Developmental Considerations

Consider the various areas of developmental abilities for the child or young person. Are there any notable delays or additional considerations in the child or young person's development?

Cognitive development	Developmentally Appropriate
<i>If delays are noted, provide further information, e.g. formal diagnosis, memory function, attention, problem solving skills, executive functioning.</i>	Click or tap here.
Language development	Developmentally Appropriate
<i>If delays are noted, provide further information, e.g. receptive or expressive delays, limited vocabulary, poor conversational skills.</i>	Click or tap here.
Social development	Developmentally Appropriate
<i>If delays are noted, provide further information, e.g. issues with developing and maintaining friendships/ relationships.</i>	Click or tap here.
Emotional development	Developmentally Appropriate
<i>If delays are noted, provide further information, e.g. diagnosed concerns – anxiety, depression, PTSD; regulation difficulties.</i>	Click or tap here.
Physical/ Biological development	Developmentally Appropriate
<i>If delays are noted, provide further information, e.g. growth patterns, motor skills development, self-care abilities, puberty onset, or overall health status.</i>	Click or tap here.
Sexual development	Developmentally Appropriate
<i>If delays are noted, provide further information, e.g. understanding of body changes, interest in sexual activities, or age-appropriate sexual knowledge.</i>	Click or tap here.

8. Contextual Considerations

Consider the various contextual factors for the child or young person. Are there any notable concerns, influences, or additional considerations.

Social context

No

Including situational circumstances, if additional considerations are noted, provide further information, e.g. have they recently come into care, relocated from home/ family region, recent births/ deaths, social group/ peer influences.

Nil recent changes.

The “mooning” behaviour has been something several of the other boys in Jaryd’s peer group at school have also been doing during break times in the past weeks.

Cultural context	Yes
<i>If additional considerations are noted, provide further information, e.g. cultural practices and beliefs, community connections, or recent significant life changes such as migration or sorry business.</i>	Aboriginal boy, Noongar descent. Good connection to family, but placed in foster care.
Religious context	No
<i>If additional considerations are noted, provide further information, e.g. religious practices and beliefs, religious observances.</i>	Click or tap here.
Environmental context	Yes
<i>If additional considerations are noted, provide further information, e.g. care arrangement (residential is vastly different to kinship/ foster care), school context, community context.</i>	In foster care, has been same placement for 3 years. Good connection with carers, carers are motivated to support Jaryd.

9. Understanding Consent, Mutuality, Reciprocity and Respect

Were there other children or young people involved in the behaviour?

Yes, please provide more detail below

If you answered yes, please describe how they were involved. How they are connected to the child or young person, their age, relevant information about them and any other information on the dynamic between the children. Use descriptive and objective language.

At school – same-aged peers involved, reported as friends of Jaryd’s. Peers also engaging in some of the same behaviours.

At home – younger foster child present, but reportedly unaware of Jaryd touching his genitals. Described as usually having a good relationship between the two children.

Drawing on your experience and the table examples provided below select where you think the behaviour sits along the continuum in terms of consent, mutuality, reciprocity and respect. Review the age-related behaviours table for the child or young person if required and be sure to consider all previous sexualised behaviour in the past six months.

Developmentally Appropriate	Developmentally Inappropriate	Concerning	Very Concerning	Serious/ Extreme
<p>The children involved have a shared understanding of the behaviour. The behaviour is mutual and reciprocal with no power differential or coercion.</p> <p><i>*noting that the child may not be at the legal age of ‘consent’.</i></p>	<p>The children involved have a shared understanding of the behaviour. Generally consensual, reciprocal and includes mutuality with no or minimal power differential. Possible self-induced pressure to fit in with peers.</p>	<p>May involve inequity in power, lack of respect or reciprocity for the other and limited mutuality. There may be differences in the understanding of the children involved regarding the sexual nature of the behaviour or gratification experienced.</p>	<p>Will likely include a lack of respect for the rights of the other child, inequity in power, disregard for the concept of mutuality (particularly in early adolescence and adolescence where sexual gratification is a motivator) and will often involve coercion or force, or involvement of younger children</p>	<p>Often involves force, coercion, threats, and deception with limited respect for the rights of the other children involved. The child displaying the behaviours may have developed or be developing a fixated sexual interest in younger children.</p>

			in sexual activity which they do not understand.	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Pattern of the Behaviour

Considering the sexual behaviour displayed by the child or young person in the last six months, please describe the pattern of behaviour in terms of:

a. the type of sexual behaviours displayed.

Curious, "I'll show you mine if you show me yours" game with same-aged peer. Exposing of bottom to same-aged peers in context of peers also engaging in this behaviour.
Exploration of genitals/masturbation, but in public space of house, with younger child present.

b. the frequency of these behaviours.

All one-off behaviours.

c. the persistency of these behaviours after redirection, intervention, education, and other supports.

None have been observed to persist following redirection.

d. the location or setting in which they have occurred.

Both at home ("public" area of house) and at school.

e. the involvement of other children or young people.

Same-aged peers involved at school, younger foster child present at home (but unaware).

Drawing on your experience and the table examples provided below select where you think the behaviour sits along the continuum in terms of pattern. Review the age-related behaviours table for the child or young person if required and be sure to consider all previous sexualised behaviour in the past six months.

Developmentally Appropriate	Developmentally Inappropriate	Concerning	Very Concerning	Serious/ Extreme
Pattern of the child's sexual expression has been developmentally appropriate.	Sexual behaviours displayed outside of appropriate contexts are typically one-off play/peer based. Child or young person responds to redirection or explanation about appropriate context as required. Generally seen in early adolescence and adolescence as healthy experimentation or in pre-school aged children exploring their bodies. Often single incidents that can be shifted with minimal boundary	May be single incident, but typically repeated and sometimes compulsive/driven behaviour.	Often repeated but not always compulsive, behaviour can sometimes be seen to 'escalate' in level and frequency over time. Likely to persist despite targeted redirection or intervention, sometimes in secret. May involve multiple children and occur across varied locations.	Behaviour is often persistent and accompanied by rigid or ingrained patterns of thought that have developed over an extended period. Behaviour is likely to continue without specialised therapeutic intervention, and often persists in secret. Likely includes multiple children and varied locations.

	setting, psychoeducation and/or redirection.			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Past Interventions and Supports

What, if any, supports or interventions have been put in place to manage the behaviour and support change?

No supports or interventions outside of in-the-moment redirection.

What has worked and what hasn't? Why/ why not?

Redirection has worked in all contexts so far.

What are the strengths of the child, young person and/or their support network which may assist in supporting safety and wellbeing?

No developmental delays in any areas noted. Has good friendships and peer relationships at school. Consistent and long-term foster placement. Regular contact and connection with biological family, connected to culture.

12. The Child or Young Person's Views

Understanding the child and young person's views of their behaviour is important to ensure a tailored response that meets the needs of the child or young person. If appropriate you should engage the child or young person in a developmentally appropriate conversation about their behaviour.

a. Did you have a discussion with the child or young person about their behaviour?

Yes

b. If no, explain why this was unable to occur (e.g. cultural context made this inappropriate)

Click or tap here.

c. If yes, in your discussions with the child or young person, how willing have they been to engage in discussion on the sexual behaviour? Describe the discussion/s.

Redirection of the behaviours in the moment has included asking Jaryd to cease the behaviours because they aren't appropriate (i.e. "it's not appropriate to ask someone else to show you their private parts"). However, further discussion with Jaryd has not yet occurred.

d. How does the child or young person describe their behaviour and its impact on their life?

Unknown

e. Their expressed and observed emotional experience.

Not observed to appear embarrassed or distressed when redirected from the behaviours.

f. Any other comments from the child or young person?

Click or tap here.

13. Overall Review

How concerned are you about the wellbeing of the child or young person?

Not at all concerned

How concerned are you about the safety of other children or young people being around this child or child or young person?

Somewhat concerned

Why do you have this level of concern?

Jaryd's behaviours appear to be largely age-appropriate exploration, but at times in inappropriate contexts. Given this, I am not worried about his wellbeing, as it appears likely to be age-appropriate exploration that needs redirection and education. I am only somewhat concerned about the safety of other children simply because the behaviours have occurred with (or in the presence of) other children and have not yet been fully addressed with Jaryd, so it is difficult to say for certain there is no risk to other children.

Are there any other comments you wish to add?

Based on your answers to the above questions and considering the level of concern you have indicated above, where do you think the overall sexual behaviour sits along the continuum?

Developmentally Appropriate	Developmentally Inappropriate	Concerning	Very Concerning	Serious/ Extreme
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Most of the behaviours are largely age-appropriate exploration; however, the contexts of behaviours occurring across both home and school environments and other children being involved or present, has raised the level of concern to developmentally inappropriate.

14. Actions and Follow-up

Given your review of the child or young person's behaviour, please see below suggested actions you may wish to follow up with.

Developmentally Appropriate

Step 1: Continue promoting healthy, developmentally appropriate behaviours and provision of appropriate psychoeducation related to respectful relationship, sexual health, and personal boundaries as is developmentally, socially, and culturally appropriate for the child or young person.

Step 2: Ensure a copy of this Review is provided to relevant Care Team members and placed on the child or young person's file.

Developmentally Inappropriate

In addition to the above:

Step 3: Undertake review of the **Acute Safety Plan** or create one considering evaluation of all sexual behaviours in the last six months.

- [Acute Safety Plan](#)

Step 4: Reinforce appropriate boundaries and rules within the home environment to support development of appropriate behaviour, (including consideration for the online environment).

Step 5: Ensure carers have been provided with appropriate training and supports as required to support the home environment and the child or young person to develop appropriate behaviours, (including consideration for the online environment).

- [Understanding and Responding to Harmful Sexual Behaviours – Online Carer Resources](#)

Step 6: Ensure the child or young person has been provided with targeted psychoeducation to support their development of appropriate behaviours (including consideration for the online environment).

Concerning, Very Concerning or Serious/ Extreme

In addition to the above:

Step 7: After consultation and **IF** required prepare and submit a mandatory report.

- [Link to MR guide](#)
- [Link to MR portal](#)
- [Link to MR training](#)

Step 8: Develop and implement an **Enhancing Safety and Wellbeing plan**.

- [Enhancing Safety and Wellbeing Plan](#)

Step 9: Consider and action as needed further specialised referral to relevant clinical and other supports, including psychologists, cultural advisor or practitioner to undertake targeted assessment and further intervention.

- [Link to CSATS/ IHS and specialist service](#)

Step 10: Consider and implement as required additional supervision needs to ensure safety for the child or young person and other children and young people around the child. This may include alternative placement considerations, based on the Care Team's assessment of immediate safety needs.