



DOOR 1

Client ID .....

Practitioner .....

Date .....

## Kids' DOOR 1

### For supported screening (with traffic light rubric)

Practitioner note:

Kids' DOOR 1 is designed for children 6 years and over as a tool to help them tell their story about risk and safety. Whether completed by the app or by paper, this screen should be facilitated by a practitioner at minimum to establish if the child can (and prefers) to self-complete or needs help. Either way, the practitioner should remain nearby and available throughout the screening process, and ready to elaborate with DOOR 2 questions. The Kids' DOORS Handbook has further details.

Introduction for Kids' DOOR 1, including limited confidentiality:

*“These are some questions that we talk about with every child and young person. They help you talk with me about your happiness and safety. Some things will be true for you, and some won't be. Everyone is different. I'd like you to answer what is true for you.*

*I will keep your answers private, except for two things: First, you might want to share things with Mum, Dad, or someone else because that would be helpful to everyone; and second, there might be things I need to share with other people in order to keep people safe. Normally I would talk to kids about that, and then do whatever is needed to help.”*

## 1. About your culture or religion

1. Is there anything about your family's background that's important for me to know about (like what country you come from or what you believe in)?

Yes  No

## 2. About family and where you live

2.1 Some kids live in more than one home or place. At the moment, do you?  Yes  No

2.2 Do your parents live together?  Yes  No

a. If no, do they still see each other?  Yes  No

2.3 Do you live with either or both of your parents?  Yes, both  Yes, one of them  No, neither

2.4 Who mainly looks after you these days where you live? Write 1 and 2 next to the two main people who look after you.

\_\_\_ Mum<sub>a</sub>      \_\_\_ Dad<sub>b</sub>      \_\_\_ Grandparent<sub>c</sub>      \_\_\_ Brother(s)<sub>d</sub>      \_\_\_ Step-sister/brother<sub>e</sub>      \_\_\_ Friend<sub>f</sub>  
\_\_\_ Mum's partner<sub>g</sub>      \_\_\_ Dad's partner<sub>h</sub>      \_\_\_ Foster parent<sub>i</sub>      \_\_\_ Sister(s)<sub>j</sub>      \_\_\_ Other relative<sub>k</sub>      \_\_\_ Someone else<sub>l</sub>

2.5 Who else lives in your home(s)?

Mum<sub>a</sub>       Dad<sub>b</sub>       Grandparent<sub>c</sub>       Brother(s)<sub>d</sub>       Step-sister/brother<sub>e</sub>       Friend<sub>f</sub>  
 Mum's partner<sub>g</sub>       Dad's partner<sub>h</sub>       Foster parent<sub>i</sub>       Sister(s)<sub>j</sub>       Other relative<sub>k</sub>       Someone else<sub>l</sub>

2.6. How do you feel about your family, the way it is now? Tick all the words that match your feelings:

Fine /OK<sub>a</sub>       Sad/upset<sub>b</sub>       Safe and secure<sub>c</sub>  
 Annoyed/grumpy<sub>d</sub>       Worried<sub>e</sub>       A bit hopeless<sub>f</sub>  
 Scared/afraid<sub>g</sub>       Angry/mad<sub>h</sub>       Happy/joyful<sub>i</sub>

## 3. How you, your parents/carers and others get along

3.1 Do your parents live together or see each other?  Yes  No, they don't live together or see each other (GO TO 3.2a)

If yes, how do they get along?

a. They are friendly with each other  Yes  No  
b. They argue a lot  Yes  No  
c. When they argue I feel scared  Yes  No  
d. I get along with them  Yes  No

Please only answer these questions if your parents don't live together or they don't see each other.

3.2a Does parent/carer 1 (eg Mum) have a partner?  Yes  No, they don't have a partner (GO TO 3.2b)

If yes, how do they get along?

1. They are friendly with each other  Yes  No  
2. They argue a lot  Yes  No  
3. When they argue I feel scared  Yes  No  
4. I get along well with their partner  Yes  No

3.2b Does parent/carer 2 (eg Dad) have a partner?  Yes  No, they don't have a partner (GO TO 3.3)

If yes, how do they get along?

1. They are friendly with each other  Yes  No  
2. They argue a lot  Yes  No  
3. When they argue I feel scared  Yes  No  
4. I get along well with their partner  Yes  No

Please only answer these questions if you don't live with your parent(s).

3.3 How do the adults in your house get along?

a. They are friendly with each other  Yes  No  
b. They argue a lot  Yes  No  
c. When they argue I feel scared  Yes  No  
d. I get along well with them  Yes  No

#### 4. How you are doing lately

Thinking about you, over the past month have you felt:

- |                         |                              |                             |
|-------------------------|------------------------------|-----------------------------|
| 4.1 Happy enough        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4.2 <b>Very</b> worried | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4.3 <b>Very</b> sad     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4.4 <b>Very</b> angry   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

#### 5. How your parents/carers and others are doing lately

##### How parent/carer 1 is doing

Thinking about the person you said was parent/carer 1:

5.1a Do you live with them at least some of the time?  Yes  No, not living with parent/carer 1 (GO TO 5.2a)  
If Yes, over the past month, have they seemed:

- |                        |                              |                             |
|------------------------|------------------------------|-----------------------------|
| 1. Happy enough        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. <b>Very</b> worried | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. <b>Very</b> sad     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. <b>Very</b> angry   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

5.1b Do you spend time with parent/carer 1's partner?  Yes  No, not relevant to me (GO TO 5.2a)  
If Yes, over the past month, have they seemed:

- |                        |                              |                             |
|------------------------|------------------------------|-----------------------------|
| 1. Happy enough        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. <b>Very</b> worried | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. <b>Very</b> sad     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. <b>Very</b> angry   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

##### How parent/carer 2 is doing

Thinking about the person you said was parent/carer 2:

5.2a Do you live with them at least some of the time?  Yes  No, not living with parent/carer 2 (GO TO 5.3)  
If Yes, over the past month, have they seemed:

- |                        |                              |                             |
|------------------------|------------------------------|-----------------------------|
| 1. Happy enough        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. <b>Very</b> worried | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. <b>Very</b> sad     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. <b>Very</b> angry   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

5.2b Do you spend time with parent/carer 2's partner?  Yes  No, not relevant to me (GO TO 5.3)  
If Yes, over the past month, have they seemed:

- |                        |                              |                             |
|------------------------|------------------------------|-----------------------------|
| 1. Happy enough        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. <b>Very</b> worried | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. <b>Very</b> sad     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. <b>Very</b> angry   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

##### How other carers are doing

5.3 Does another adult care for you (eg foster parent or grandparent)  Yes  No, not relevant to me (GO TO 6)  
If Yes, over the past month, have they seemed:

- |                         |                              |                             |
|-------------------------|------------------------------|-----------------------------|
| a. Happy enough?        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. <b>Very</b> worried? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. <b>Very</b> sad?     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. <b>Very</b> angry?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

#### 6. How things are with you and your parents/carers

Thinking about parent/carer 1 and parent/carer 2:

- |  |                              |                             |   |
|--|------------------------------|-----------------------------|---|
| 6.1 The amount of time I spend with parent/carer 1 is right for me | <input type="checkbox"/> Yes | <input type="checkbox"/> No |   |
| 6.2 The amount of time I spend with parent/carer 2 is right for me | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not relevant to me |
| 6.3 If I had a problem, I know parent/carer 1 would help           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |   |
| 6.4 If I had a problem, I know parent/carer 2 would help           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not relevant to me |

## 7. How safe you feel these days

Sometimes children don't always feel as safe as they want to. These questions are about how safe you feel now and in the past.

- 7.1 Have you **always** felt as safe as you wanted to be?  Yes  No
- 7.2 Did you **always** feel safe with parent/carer 1?  Yes  No
- 7.3 Did you **always** feel safe with parent/carer 2?  Yes  No  Not relevant to me
- 7.4 Did you **always** feel safe with everyone else you live with?  Yes  No  Not relevant to me
- 7.5 Were your parents (and their partners) **always** safe with each other?  Yes  No  Not relevant to me
- 7.6 Were you **ever** afraid of being with anyone?  Yes  No
- 7.7 Were you **ever** hurt by anyone in a way that wasn't an accident (like being hit, pushed or touched in a bad way)?  Yes  No
- 7.8 Have you **ever** hurt someone in your home in a way that wasn't an accident (like hitting, pushing or touching in a bad way)?  Yes  No
- 7.9 Have you **ever** thought about or actually hurt yourself in a way that wasn't an accident?  Yes  No
- a. If yes, do you feel that way lately  Yes  No

## 8. Other stuff that feels tough

Sometimes tough things happen to children and young people. This year, did any of these things happen to you:

- 8.1 I have been bullied  Yes  No
- 8.2 I moved house  Yes  No
- 8.3 I changed schools  Yes  No
- 8.4 I was sick in hospital  Yes  No
- 8.5 Someone I love died  Yes  No
- 8.6 My family had big money worries  Yes  No
- 8.7 Anything else?  Yes  No
- a. If yes, please write it here .....

## 9. When things are hard

- 9.1 When things are tough in your family life, do you ask someone for help?  Yes  No
- 9.2 Is there anything else that helps you when things are tough?  Yes  No
- 9.3 Do you have a teacher who really understands you?  Yes  No
- 9.4 Do you have a friend you can talk to?  Yes  No

## 10. Helpful things and people

- 10.1 What's the most helpful thing you do when things are tough? .....
- 10.2 Who was the most helpful person to you this year? .....
- 10.3 What was the best thing that happened to you this year? .....

Close

Thank you for letting me know about your safety and your feelings. It's very important you feel as safe and secure as possible.

- Did these questions help you to talk and feel understood?  Yes  No  Not sure

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## Citations and references

McIntosh, J.E., Bailey, A., Lee, J. & Ralfs, C. (2023). Kids’ DOOR 1: Supported self-report. In: A. Bailey, J.E. McIntosh, A. Booth, J. Lee, & C. Ralfs (2023). *The Kids’ DOORS Handbook*. Unpublished Manuscript. The Bouverie Centre, La Trobe University and Relationships Australia, South Australia.

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