

THE FAMILY STRENGTHS AND NEEDS TOOLKIT

Indicators of Need

This publication has been produced by the Somerset Safeguarding Children Partnership to support families in North Somerset

CONTENTS:

IF YOU ARE CONCERNED
THAT A CHILD MAY BE
AT RISK OF, OR MAY BE
SUFFERING SIGNIFICANT
HARM CALL:

01275 888 690

OR CALL **999** IF THERE
IS AN IMMEDIATE RISK
TO THE CHILD

1: PHYSICAL CARE

Food	2
Quality of housing	3
Stability of housing	4
Child / Young Person's clothing	4
Animals	5
Hygiene	5

2: HEALTH

Safe sleeping arrangements and co-sleeping for babies	6
Appropriate sleeping arrangements for older children	7
Seeking advice and intervention	8
Disability and illness	9

3: SAFETY & SUPERVISION

Safety awareness and features	10
Supervision of the child / young person	11
Handling of baby / response to baby	12
Care by other adults	13
Responding to adolescents	14
Traffic awareness and in car safety	14

4: LOVE & CARE

Parent / carer's attitude to child warmth and care	16
Boundaries	17
Adult arguments and violence	18
Young caring	18
Positive values	19
Adult mental health	19
Substance misuse	21

5: STIMULATION & LEARNING

Unborn	23
0-2 years	24
2-5 years	25
Learning opportunities	26
Physical activity and leisure	27
Friendships	27
Addressing bullying	28

6: CAPACITY AND COMMITMENT TO CHANGE

Acceptance of issue	29
Taking responsibility	30
Sustaining change	31

Universal Needs

Additional Needs

Complex / Intensive Needs

Acute / Specialist Needs

1: PHYSICAL CARE

1.1 Food

Child/young person is provided with necessary quantity and quality of food and drink, which is appropriate to their age and stage of development - including in the antenatal period.

Meals are organised and there is a routine which includes the family sometimes eating together.

Child/young person's special dietary requirements are always met.

Parents/carers understand the importance of food and drink and a balanced diet.

Child/young person is provided with an adequate quantity of food and drink for their needs, which is of reasonable quality and adequate for their age and stage of development, but there is a lack of routine.

Child/young person may occasionally be expected to prepare their own food.

Child/young person's special dietary requirements are inconsistently met.

Parents/carers understand the importance of food, drink, and routine but sometimes their personal circumstances impact on ability to provide.

Child/young person receives insufficient quantity of food and drink and appears hungry.

Food provided is of low quality, which is often not appropriate to their age and stage of development and there is a lack of routine.

Child/young person may regularly be expected to prepare their own food.

Child/young person's special dietary requirements are rarely met.

Parents/carers are unable to provide or are indifferent to the importance of appropriate food and drink for the child/young person.

Child/young person does not receive an adequate quantity of food and drink and is observed to be hungry.

The food provided is of a consistently low quality with a predominance of sugar, sweets, crisps and chips etc. and there is a lack of routine in preparation and times when food is available.

Child/young person may largely be expected to prepare their own food.

Child/young person's special dietary requirements are never met.

Parents/carers are unable to provide, or are actively resistant, to advice about appropriate food and drink and the need for a routine.

Universal Needs

Additional Needs

Complex / Intensive Needs

Acute / Specialist Needs

1.2 Quality of housing

The accommodation has all essential amenities such as heating, washing/bathing facilities, cooking facilities, adequate beds and bedding and a toilet and is in a reasonable state of repair and decoration.

Parents/carers understand the importance of the home conditions to child/young person's well-being

The accommodation has some essential amenities but is in need of decoration and repair. Parents/carers are aware of this and have taken steps to address these issues.

The accommodation is reasonably clean, may be damp, but the parents/carers address this.

Parents/carers recognise the importance of the home conditions to the child/young person's sense of well-being but can be limited by personal circumstances.

The accommodation is in a state of disrepair, parents/carers are unmotivated or unable to address this and the child has suffered occasional accidents and potentially poor health as a result.

The look is bare and sometimes dirty/smelly and there are inadequate amenities such as beds and bedding, a dirty toilet, lack of clean washing facilities and the environment is dirty and cluttered.

The accommodation smells of damp and there is evidence of mould, with little or no attempt to address this.

Parents are indifferent or unable to recognise the impact of the home conditions on the child/young person's sense of wellbeing.

The accommodation is in a dangerous state of disrepair, and this is known to have caused or contributed to a number of accidental injuries and poor health for the child/young person.

The accommodation is dirty and unhygienic and there is a lack of essential amenities such as a working toilet, washing/bathing facilities, inappropriate and dirty bed and bedding and poor facilities for the preparation of food.

Faeces or other harmful substances are visible, and house smells. The accommodation smells strongly of damp and there is extensive mould which is untreated.

Parents/carers are unable to make changes or unwilling to take advice about the impact of the home circumstances on child/young person's well-being.

Universal Needs

Additional Needs

Complex / Intensive Needs

Acute / Specialist Needs

1.3 Stability of housing

Child/young person has stable home environment without too many moves (unless necessary).

Parents/carers understand the importance of stability for child/young person.

Child/young person has a reasonably stable home environment but has experienced a number of house moves/new adults in the family home.

Parents/carers recognise that this could be detrimental to the child/young person, but their personal circumstances occasionally impact on providing stability.

Child/young person does not have a stable home environment and has either experienced lots of moves and/or lots of adults coming in and out of the home for periods of time.

Parents/carers do not recognise or accept the importance of stability for child.

Child/young person experiences lots of moves, staying with relatives or friends at short notice (often in circumstances of overcrowding leading to child/young people sleeping in unsuitable conditions).

The home has numerous adults frequenting the property, and the child/young person does not always know the adults who stay over.

Parents/carers are unable to understand the impact on child/young person of instability and resistant to advice regarding this.

1.4 Child/young person's clothing

Child/young person has clothing which is clean and fits well.

Child/young person is routinely dressed appropriately for the weather and parents/carers are aware of the importance

Child/young person has clothes, but these are sometimes poorly fitting and/or unclean.

The parents/carers consider clothing to meet the needs of the child/young person in an age-appropriate way for the

Child/young person has clothing, which is dirty and crumpled, in a poor state of repair and not well fitting.

The child/young person lacks appropriate clothes for the weather and does not have sufficient clothing to allow for

Child/young person has clothes which are filthy, ill-fitting, and smelly. The clothes are usually unsuitable for the weather.

Child/young person may sleep in day clothes and is not provided with clean clothes when they are soiled.

Universal Needs	Additional Needs	Complex / Intensive Needs	Acute / Specialist Needs
<p>of clothing for the child/young person in an age-appropriate way.</p>	<p>weather, but their own personal circumstances can hinder this.</p>	<p>regular washing. Parents/carers are indifferent to the importance of clothing for the child/young person in an age-appropriate way and may place responsibility on the child/young person to ensure suitable clothing is worn.</p>	<p>The parents/carers are unable to understand or resistant to advice about the need for appropriate clothes for the well-being of the child/young person and place full responsibility on the child/young person to ensure suitable clothing is worn.</p>
<h3>1.5 Animals</h3>			
<p>Animals are well cared for and are a positive enhancement to the home environment.</p> <p>Children and young people are encouraged to behave kindly towards animals.</p>	<p>Animals are reasonably well cared for but contribute to a sense of chaos in the house.</p> <p>Animals present no danger to child/young people, or adults and any ill-treatment of animals is addressed by parents/carers.</p>	<p>Animals are not always well cared for, or house trained, and animal faeces or urine is not dealt with appropriately.</p> <p>Animals may present a potential risk.</p> <p>Mistreatment of animals by adults or children and young people is not always addressed by parents/carers.</p>	<p>Animals are not well cared for, and ailments are not treated. Faeces and urine are present in living areas.</p> <p>Animals are dangerous and child/young person may be left unsupervised with them.</p> <p>Parents/carers do not address, or may encourage the ill treatment of animals by adults or child/young people.</p>
<h3>1.6 Hygiene</h3>			
<p>The child/young person is clean and is either given a bath, washed regularly and teeth cleaned or encouraged to do so in an age-appropriate way.</p>	<p>The child/young person is reasonably clean, but the parents/carers do not bath or wash them regularly and/or consistently encouraged to</p>	<p>The child/young person presents as unclean and is only occasionally bathed/washed or encouraged to wash and brush teeth in an age-appropriate way,</p>	<p>The child/young person routinely presents as being dirty and is not bathed or washed or encouraged wash or brush their teeth, with evidence that they infrequently</p>

Universal Needs	Additional Needs	Complex / Intensive Needs	Acute / Specialist Needs
<p>Head lice, skin conditions (inc. nappy rash) and other medical needs are treated promptly and appropriately, using correct medication if required.</p> <p>Parents/carers take an active interest in the child/young person's appearance.</p>	<p>wash and brush teeth in an age-appropriate way.</p> <p>Head lice and skin conditions (inc. nappy rash) and other medical needs are inconsistently treated and correct medication is not always used, but parents/carers treat it if given encouragement and advice.</p> <p>Parents/carers take some interest in the child/young person's appearance and the importance of hygiene to the child/young person's wellbeing.</p>	<p>with evidence that they do not brush their teeth on a regular basis.</p> <p>Head lice and skin conditions (inc. nappy rash) and other medical needs are not treated appropriately, and parents/carers are indifferent to concerns expressed by others.</p> <p>Parents/carers are unable to or do not take an interest in child/young person's appearance and do not acknowledge the importance of hygiene to the child/young person's wellbeing.</p>	<p>brush their teeth.</p> <p>Head lice and skin conditions (inc. nappy rash) and other medical needs are not treated and become chronic and parents/carers are resistant to concerns expressed by others.</p> <p>Parents/carers are unable to or do not take an interest in child/young person's appearance resistant to acknowledge the importance of hygiene to the child/young person's wellbeing.</p>

2: HEALTH

2.1 Safe sleeping arrangements or co-sleeping for babies

<p>Parents/carers have information on safe sleeping and follow the advice and guidelines.</p> <p>There is suitable bedding and parents/carers have an awareness of the importance of the room temperature, sleeping position of the baby, and parents/carers do</p>	<p>Parents/carers have information on safe sleeping, but do not always follow advice and guidelines.</p> <p>Bedding, room temperature or smoking in the house may not always be taken into consideration and parents/carers may not be aware of sleeping</p>	<p>Parents/carers are unaware of safe sleeping advice and guidelines, even if they have been provided.</p> <p>Parents/carers are unable to accept or understand advice about beds and bedding, room temperature, sleeping position of the baby and smoking in the</p>	<p>Parents/carers are indifferent or resistant towards safe sleeping advice and guidance and may see advice given as interference.</p> <p>Parents/carers do not take account of beds and bedding, room temperature, sleeping position of the baby, and adults smoking in the household. (Be</p>
---	--	---	---

Universal Needs	Additional Needs	Complex / Intensive Needs	Acute / Specialist Needs
<p>not smoke in house.</p> <p>Parents/carers are aware of guidance around co-sleeping and recognise the potentially harmful impact of alcohol and drugs on co-sleeping.</p> <p>Parents/carers are responsive and alert to safe sleep practices, being consistent even when there are changes to the sleep routine.</p>	<p>position of the baby. (Be aware this raises risk of SUDI/SIDS).</p> <p>Parents/carers are aware of the dangers of co-sleeping and recognise the dangers of drugs and alcohol by the parents/carers on co-sleeping, but this is sometimes inconsistently observed.</p> <p>Parents/carers are generally responsive and alert to safe sleep practices but these can sometimes be inconsistent, especially when there is a change to routine such as family sickness, or staying over at a different address.</p>	<p>home. (Be aware this raises risk of SUDI/SIDS).</p> <p>Sleeping arrangements for baby are unsuitable and parents/carers are indifferent to advice regarding this.</p> <p>Parents/carers do not recognise the importance of the impact of their alcohol/drug use on safety when co-sleeping.</p> <p>Parents/carers are not responsive and alert to safe sleep practice when out of routine but are willing to engage in understanding the risk and demonstrate the intention of safe sleep practice.</p>	<p>aware this raises the risk of SUDI/SIDS).</p> <p>Sleeping arrangements for baby are unsuitable and parents/carers are resistant to advice regarding this.</p> <p>Parents/carers are not concerned about the impact on baby of their alcohol/drug use, or witnessing adult sexual behaviour.</p> <p>Risks to the baby through unsafe sleep practice is heightened when out of routine.</p>

2.2 Appropriate sleeping arrangements for older children

<p>Parents/carers understand that older children and teenager need sufficient sleep and encourage sensible bedtime routines.</p>	<p>Parents/carers understand the need for bedtime routines but can be inconsistent at times due to their own personal circumstances.</p>	<p>Parents/carers are unable to ensure/indifferent to the need for a consistent bedtime routine and the child is often tired during the day as a result of this.</p>	<p>The child does not get enough sleep and their behaviour and education are significantly impacted as a result.</p>
--	--	--	--

Universal Needs	Additional Needs	Complex / Intensive Needs	Acute / Specialist Needs
<p>Parents/carers provide an appropriate bed and bedding which is kept clean on a regular basis.</p> <p>Parents/carers understand the need for undisturbed sleep and seek to remove distractions from the child's bedroom, such as mobile phones and electronic devices.</p>	<p>Parents/carers generally provide an appropriate bed and bedding but these are not always cleaned or replaced when needed.</p> <p>Parents/carers understand the need for undisturbed sleep but makes inconsistent attempts to ensure this is the case.</p> <p>Children may be on a mobile phone or other electronic device until quite late on frequent occasions and inconsistent boundaries put in place to restrict this.</p>	<p>The child is frequently late or misses school due to tiredness.</p> <p>Parents/carers do not always provide an appropriate bed and bedding, which are often left dirty or in need of replacing, with some unreasonable expectations in line with age and stage of development for young person to maintain cleanliness of bedding.</p> <p>The parents/carers are unable to ensure or indifferent to their child being disturbed at night by mobiles phones and electronic devices, which happens frequently, and make no attempt to prevent this.</p>	<p>The child is often late or misses school due, or struggles to concentrate when at school due to tiredness.</p> <p>An appropriate bed or bedding are not provided and/or are inadequate, dirty or in need of replacing, with an unreasonable expectation on the young person having responsibility for this.</p> <p>The child's sleep is typically disturbed by phones and electronic devices and the parents/carers are unable to prevent or resistant to advice about preventing this.</p>

2.3 Seeking advice and intervention

<p>Advice is sought from professionals or experienced adults on matters of concern about the child/young person's health.</p>	<p>Advice is usually sought from professionals or experienced adults on matters of concern about the child/young person's health.</p>	<p>Advice is often not sought from professionals or experienced adults on matters of concern about the child/young person's health.</p>	<p>Parents/carers do not attend to childhood illnesses unless severe or in an emergency.</p> <p>Childhood illnesses are allowed to deteriorate before advice/care is sought and parents/carers are unable to understand or resistant</p>
---	---	---	--

Universal Needs	Additional Needs	Complex / Intensive Needs	Acute / Specialist Needs
<p>Appointments are made and the child/young person is consistently brought to attend.</p> <p>Preventative care is assessed such as dental/optical and all immunisations are up to date.</p> <p>Parents/carers ensure the child/young person completes any agreed programme of medication or treatment.</p>	<p>Parents/carers understand the importance of routine care such as optical/dental but is not always consistent in keeping routine appointments.</p> <p>Immunisations can be delayed, but eventually completed.</p> <p>Parents/carers are inconsistent about ensuring that the child/young person completes any agreed programme of medication or treatment, recognising the importance to the child/young person, but personal circumstances can get in the way.</p>	<p>Dental care and optical care are not routinely attended to.</p> <p>Immunisations are not up to date, but parents/carers will allow access to child/young person if home visits are carried out.</p> <p>Parents/carers cannot or do not ensure the child/young person completes any agreed programme of medication or treatment and they are unable to assess the impact or indifferent to the child/young person's wellbeing, with an emphasis on the child/young person to largely be responsible for caring for their own health needs.</p>	<p>to advice from others (e.g. professionals or family members) to seek medical advice.</p> <p>Child/young person is not brought to appointments such as dental/optical checks and immunisations are not up to date, even if a home appointment is offered.</p> <p>Parents/carers do not ensure that the child/young person completes any agreed programme of medication or treatment and are unable to understand or resistant to advice about this from others, and do not recognise likely impact on child/young person. Child/young person is seen as being wholly responsible for caring for their own health needs.</p>

2.4 Disability and illness

<p>Parents/carers are positive about child/young person's identity and value them.</p>	<p>Parents/carers are generally, but not always, positive about child/young person's identity but value them.</p>	<p>Parents/carers can show irritation at the child/young person's disability, often blaming the child/young person and not recognising identity.</p>	<p>Parents/carers are unable to, or do not, recognise child/young person's identity and are negative about the child/young person as a result of the</p>
--	---	--	--

Universal Needs	Additional Needs	Complex / Intensive Needs	Acute / Specialist Needs
<p>Parents/carers attend to needs relating to child/young person's disability.</p> <p>Parents/carers are proactive in seeking appointments and advice and advocating for the child/young person's well-being.</p>	<p>Parents/carers are inconsistent in recognising the impact and meeting the needs of the child/young person's disability and may allow own needs to take precedence over the needs of the child/young person.</p> <p>Parents/carers accept support but are not always proactive in seeking advice/support around the child/young person's needs.</p>	<p>Parents/carers do not always prioritise needs relating to child/young person's disability, and there is significant minimisation of the child/young person's health needs.</p> <p>Parents/carers do not, or are unable to, seek or accept advice and support around the child/young person's needs, and can be indifferent to the impact on the child/young person.</p>	<p>disability.</p> <p>Parents/carers do not ensure that needs are met with regard to the child/young person's disability, which leads to deterioration of the child/young person's wellbeing.</p> <p>Parents/carers are unable to understand, or are resistant to, advice regarding seeking help for the child/young person, and decline support around child/young person's disability.</p>

3: SAFETY & SUPERVISION

3.1 Safety awareness and features

<p>Parents/carers are aware of safety factors and there is evidence of proactive safety measures taken, inc. safety equipment use and maintenance.</p>	<p>Parents/carers are aware of safety issues, but are inconsistent in safety measures, inc. safety equipment use and maintenance.</p>	<p>Parents/carers do not always recognise risk and there is evidence of regular dangers to the child/young person. Proactive safety measures such as equipment are not used.</p> <p>Parents/carers are unable to understand or are indifferent to advice, or unable to sustain safety measures.</p>	<p>Parents/carers are unable to recognise risk to the child/young person's safety and are unable to understand or resistant to advice regarding this and can hold child/young person responsible for accidents and injuries sustained.</p>
--	---	---	--

Universal Needs

Additional Needs

Complex / Intensive Needs

Acute / Specialist Needs

3.2 Supervision of the child/young person

Effective supervision is provided in line with age and stage of development and parents/carers recognise the importance of appropriate supervision for the child/young person's well-being.

Parents/carers ensure the child/young person does not watch films/TV, access online material or play with computer games which are inappropriate for the child/young person's age and stage of development.

Variable supervision is provided both indoors and outdoors, but parents/carers intervene effectively where there is danger.

When the child/young person is away from home the parents/carers do not always know where child is and have inconsistent awareness of safety issues.

Parents/carers show concern about when child/young person should be home and take proportionate action (e.g. a phone call) if not home on time.

Parents/carers are aware of the need to monitor the child/young person to ensure they do not watch films/TV, access online material (including pornography) or play with computer games which are inappropriate for the child/young person's age and stage of development but is inconsistent in this due to their

Little supervision provided indoors or outdoors, and parents/carers do not always respond quickly to dangers.

There is limited concern about where child/young person is, or who they are with.

Parents/carers are inconsistently concerned about returning home late or staying out late at night and inconsistently takes action if not home on time (e.g. a phone call or reporting missing to the police)

Parents/carers do not monitor the child/young person to ensure they do not watch films/TV, access online material (including pornography) or play with computer games which are inappropriate for the child/young person's age and stage of development.

Significant lack of supervision.

Young children contained in car seats/highchairs for long periods of time.

Parents/carers are unable to track, or indifferent to, the whereabouts of child/young person, and often do not know where child/young person is, or who they are with and are oblivious to any dangers.

There are little or no boundaries about when to come home or staying out late at night/overnight and no action taken if not returned home.

Parents/carers allow the child/young person to watch age inappropriate television, films, online material (including pornography), or play age-inappropriate computer games, and are resistant to advice relating to this; not recognising the potential impact on the child/young person's wellbeing.

Universal Needs	Additional Needs	Complex / Intensive Needs	Acute / Specialist Needs
	<p>own personal difficulties and circumstances.</p> <p>Parents/carers are aware of the importance of supervision, but can allow personal circumstances to impact on their ability to supervise.</p>	<p>Parents/carers are unable to understand or indifferent to the importance of supervision and fail to consistently act on advice given.</p>	<p>Parents/carers are unable to understand, or are resistant to, advice from others regarding appropriate supervision and cannot or do not recognise the potential impact on child/young person's wellbeing.</p>

3.3 Handling of baby / response to baby

<p>Parents/carers are nurturing and responsive to the baby's needs and are careful whilst handling and laying the baby down, and frequently check if baby is unattended.</p> <p>Parents/carers spend time with baby, interacting, holding, and showing warmth and affection</p>	<p>Parents/carers are not always consistent in their responses to the baby's needs, due to their own personal circumstances.</p> <p>Parents/carers can at times be precarious in handling and are inconsistent in supervision.</p> <p>Parents/carers spend some time with the baby interacting, but are led by baby's moods, and so respond negatively if baby is not content.</p>	<p>Parents/carers cannot or do not recognise the importance of responding consistently to the needs of the baby.</p> <p>Handling can be precarious and baby is left unsupervised with potential risks (e.g. choking risk if bottle left in the mouth).</p> <p>Parents/carers spend little time with the baby interacting, and only intermittently recognise the importance of this on wellbeing or child development.</p>	<p>Parents/carers do not respond to the needs of the baby and only address issues when they choose to do so or when felt it to be a necessity (e.g. due to sustained crying due to hunger)</p> <p>There is consistent unsafe handling, and the baby is left dangerously unsupervised.</p> <p>The baby is strapped into a car seat/highchair/buggy etc. for long periods of time and lacks adult interaction.</p> <p>Parents/carers are unable to understand the need to pick the baby up and are resistant to</p>
---	--	---	---

Universal Needs	Additional Needs	Complex / Intensive Needs	Acute / Specialist Needs
			advice regarding bonding, and the provision of comfort and stimulation.

3.4 Care by other adults

<p>Child/young person is left in the care of a vetted adult or trusted and suitable young person.</p> <p>Out of necessity a child/young person may be left with a trusted and suitable young person who is known to the family for no longer than necessary, as an isolated incident.</p> <p>Parents/carers and child/young person are always aware of each other's whereabouts.</p> <p>Parents/carers are consistent in helping the child/young person to keep themselves safe from others and provide advice and support.</p>	<p>Child/young person is sometimes left with an adult, or a child/young person not known to be suitable.</p> <p>Parents/carers are aware of the importance of safe care, but sometimes are inconsistent because of their own personal circumstances.</p> <p>Parents/carers and child/young person are not always aware or confident of each other's whereabouts.</p> <p>Parents/carers are inconsistent in helping the child/young person to keep themselves safe from others but provide some advice and support.</p>	<p>Child/young person is frequently left with an adult, or a child/young person not known to be suitable.</p> <p>Parents/carers are indifferent or unable to understand the impact of safe care of the child/young person, do not recognise potential risks and leave the child/young person with unsuitable or potentially harmful adults.</p> <p>Child/young person found wandering outside of the home and/or locked out.</p> <p>Parents/carers do not raise awareness of the importance of child/young person keeping themselves safe from others and provide little advice and support around this.</p>	<p>Child/young person is left alone or in the company of another child/young person, or adult known to be unsuitable.</p> <p>Parents/carers are unable to understand, or are resistant to, advice about providing safe care and the risks of children/young people being left with unsuitable or dangerous adults.</p> <p>Child/young person often found wandering outside, locked out of the home, or missing.</p> <p>Parents/carers provide no advice/support about keeping safe, and may put child/young person at risk of harm from other.</p>
---	--	--	--

Universal Needs

Additional Needs

Complex / Intensive Needs

Acute / Specialist Needs

3.5 Responding to adolescents

The young person's needs are fully considered with appropriate adult care.

Where risky behaviour occurs it is identified, and the response is effective and proportionate by the parents/carers and seeks help from extended family/friend networks or services appropriately.

Parents/carers are attuned and alert to the young person's mood and respond appropriately to support their wellbeing.

Parents/carers are aware of the young person's needs but can be inconsistent in responding to them.

Where risky behaviour occurs the parents/carers respond inconsistently to it, or rely on help from extended family/friend networks or services to address. Parents/carers recognise that the young person is still in need of guidance and protection from potentially risky behaviour, but they do not always have the capacity to respond to this effectively.

Parents/carers are aware of the young person's mood but can be inconsistent in response to supporting wellbeing.

Parents/carers recognise risky behaviour but have limited understanding and resources to respond effectively.

Parents/carers sometimes recognise that the young person is still in need of guidance and protection from potentially risky behaviour but have limited capacity to acknowledge or address risks, including risks from outside the home, e.g. significantly older friendship groups.

Parents/carers have limited awareness or understanding of the young person's mood and can be inconsistent in response to supporting wellbeing.

The young person's needs are not considered and there is not sufficient effective adult care.

Parents/carers cannot or do not recognise that the young person is still in need of guidance and protection from risky behaviour, e.g. lack of awareness of the young person's whereabouts for long periods of time.

Parents/carers are unable to or resistant to acknowledging or addressing risks from outside the home.

Parents/carers do not have an awareness or understanding of the young person's mood e.g. recognising depression which could lead to self-injury, and do not feel a responsibility to support young person's emotional wellbeing.

3.6 Traffic awareness & in-car safety

Baby/infant is well secured in pram/pushchair.

Baby/infant is not always secured in pushchair and 3–5-year-old

Baby/infant is consistently not secured in pushchair and

Babies/infant is rarely unsecured in pram/pushchair and parent/

Universal Needs

Parents/carers take into consideration the age and ability of the child/young person, including any additional needs, to assess the risk in relation to traffic awareness.

The child/young person is taught traffic skills appropriate to their developmental needs. ([see ROSPA road safety - a guide for parents](#))

Child/young person is always appropriately accommodated/restrained when travelling by car in line with guidance. ([see ROSPA car safety guidance](#))

Child/young person is always supported to cycle safely/use scooters e.g. wearing a helmet.

Additional Needs

inconsistently supervised.
7 years onwards are allowed to cross the road with another young child alone and 8 years old crosses the road regardless of safety concerns.

Child/young person is given some guidance about traffic skills.

Child/young person is generally accommodated/restrained properly when travelling by car in line with guidance but this is not always consistent. ([see ROSPA car safety guidance](#))

Child/young person is usually supervised/supported when cycling/using scooters and does not always wear safety equipment e.g. helmet.

Complex / Intensive Needs

3–5-year-olds are largely unsupervised where traffic is present or follows behind with minimal supervision.

Child/young person is not given robust supervision or guidance around road safety.

Child/young person is not always accommodated/restrained when travelling by car in line with guidance. ([see ROSPA car safety guidance](#))

Child/young person inconsistently supervised/supported when cycling/using scooters, but rarely wears safety equipment e.g. helmet, leading to occasional injuries.

Acute / Specialist Needs

carer shows limited regard for road safety.

There is a significant lack of supervision around traffic and little or no guidance given around road safety. Parents/carers lack understanding of why teaching traffic skills might be important for the child/young person's immediate safety and future well-being.

Child/young person is not accommodated/restrained when travelling by car in line with guidance and is at risk of injury as a result of this.

No regard is given to the child/young person's safety when cycling/using scooters etc and safety equipment, e.g. helmet, not provided.

Universal Needs

Additional Needs

Complex / Intensive Needs

Acute / Specialist Needs

4: LOVE & CARE

4.1 Parent/carer's attitude to child, warmth and care

Parents/carers talk warmly about the child/young person and are able to praise and give emotional reward.

Parents/carers respond appropriately to the child's needs for physical care and positive interaction and the emotional response of is consistently one of warmth, love and care, responding appropriately if the child/young person is distressed or hurt.

Parents/carers talk kindly about the child/young person and are positive about achievements most of the time but can allow their own needs to impact on this.

Parents/carers recognise that praise and reward are important but are inconsistent in application.

Child/young person not always listened to and parents/carers sometimes respond with irritation if child seeks comfort through demonstration of emotions, such as crying.

Parents/carers do not always respond appropriately if child/young person distressed or hurt.

Parents/carers understand the importance of demonstrations of love and care, but their own circumstances and difficulties may impede responses.

Parents/carers do not speak warmly about the child/young person and are indifferent to the child/young person's achievements.

Parents/carers do not provide praise or reward and can minimise praise from others.

Emotional response often lacks warmth and can respond aggressively or dismissively if child is distressed or hurt.

Parents/carers are indifferent to advice about the importance of love and care to the child/young person.

Parents/carers seldom initiate physical interactions with the child/young person and when initiated by the child/young person can be indifferent to it.

Parents/carers speak with high criticism and low warmth about the child/young person and do not provide any emotional reward or praise, as well as minimising praise offered by others.

Parents/carers are resistant to advice about the importance of praise and reward of the child/young person.

Parents/carers do not show any warmth or physical affection to the child/young person and are unable to or do not respond to overtures for warmth and care, including responding aggressively or dismissively if child/young person is distressed or hurt.

Parents/carers may respond to incidents of harm if they consider themselves to be at risk of involvement with the authorities.

Parents/carers are unable to accept/resistant to advice about

Universal Needs	Additional Needs	Complex / Intensive Needs	Acute / Specialist Needs
<p>Parents/carers value the child/young person's cultural identity and seek to ensure the child/young person develops a positive sense of self.</p>	<p>Child/young person is often feels the need to initiate physical interaction with parents/carers who can respond inconsistently or passively to these overtures.</p> <p>Parents/carers recognise the child/young person's cultural identity and ensuring child/young person develops a positive sense of self, but sometimes allow personal circumstances to impact on this.</p>	<p>Parents/carers do not recognise the child/young person's cultural identity and are indifferent to the importance of ensuring that the child/young person develops a positive sense of self.</p>	<p>the importance of responding to the child/young person if hurt or distressed.</p> <p>Parents/carers discourage the child/young person's cultural identity and do not recognise the importance of ensuring the development of a positive sense of self.</p>

4.2 Boundaries

<p>Parents/carers provide consistent boundaries and ensure the child/young person understands the importance of set limits.</p> <p>Child/young person is disciplined proportionately and effectively with the intention of teaching proactively.</p>	<p>Parents/carers recognise the importance of setting boundaries but can be inconsistent in their application due to their own personal circumstances.</p> <p>Discipline can be inconsistent, and parents/carers may at times use disproportionate punishment or sanctions.</p>	<p>Parents/carers provide few boundaries, and are critical when responding to the child/young person's behaviour and hold them responsible for it.</p> <p>Discipline involves frequent disproportionate physical and/or emotional punishment or sanctions.</p> <p>Parents/carers are indifferent to, or unable to understand advice provided on the need for more appropriate methods of disciplining.</p>	<p>Parents/carers provide no boundaries for the child/young person and reacts harshly when responding to their behaviour.</p> <p>Parents/carers routinely uses disproportionate physical and/or emotional chastisement and harsh methods of discipline and punishment.</p> <p>Parents/carers are resistant to, or unable to understand advice provided on the need for more appropriate methods of disciplining.</p>
--	---	--	--

Universal Needs

Additional Needs

Complex / Intensive Needs

Acute / Specialist Needs

4.3 Adult arguments and violence

Parents/carers interact positively with each other when in the presence of child/young person, even in times of difficulty.

Parents/carers have a good understanding of the impact of conflict on the child/young person and is sensitive to this.

Parents/carers sometimes argue in front of child/young person, but there is no threatening behaviour from either party.

Parents/carers recognise the impact of conflict on the child/young person's wellbeing, but personal circumstances sometimes lead to arguments breaking out being witnessed.

Parents/carers frequently argue aggressively in front of the child/young person and this may at times lead to abuse and/or threatening behaviour.

There is minimal awareness and understanding of the impact of the conflict and abuse on the child/young person and little attempts are made to resolve conflict away from them.

Parents/carers frequently argue aggressively in front of the child/young person and this leads to frequent violent and threatening behaviour.

There is a resistance, indifference or inability to understand advice provided on the impact of violence or coercive behaviour on child/young person and no attempts are made to resolve conflict away from them.

4.4 Young caring

Child/young person contributes to household tasks as would be expected for age and stage of development and does not take on additional caring responsibilities which might impact well-being.

Parents/carers recognise that the child/young person should not be engaged in excessive

Child/young person has some additional responsibilities within household additional to what would be expected for age and stage of development, but these are felt to have a minimal impact and do not interfere with the child/young person's learning opportunities, and interfere minimally with leisure and social activities.

Parents/carers recognise that the child/young person should not be engaged in excessive caring

Child/young person has significant caring responsibilities that interfere with their learning opportunities, leisure and social activities.

Parents/carers are indifferent to, or lacks understanding of, the impact of caring responsibilities

Child/young person has caring responsibilities which are excessive or inappropriate for their age or ability. Inappropriate tasks may include personal/intimate care, unsafe tasks for their age, or tasks which put the cared for person at risk.

May have a significant impact on learning opportunities, leisure and social activities.

The impact that the caring responsibilities may have on the child/young person's

Universal Needs	Additional Needs	Complex / Intensive Needs	Acute / Specialist Needs
<p>caring responsibilities and the impact that doing so may have on them.</p>	<p>responsibilities but is inconsistent in their response.</p>	<p>on the child/young person and may rely on them to undertake tasks when other support is available.</p>	<p>wellbeing is not understood or acknowledged. Parents/carers are resistant to advice or refusing consent for appropriate service intervention.</p>

4.5 Positive values

<p>Parents/carers encourages the child/young person to have positive values, to understand right from wrong, be respectful to others and show kindness and helpfulness.</p> <p>Parents/carers give clear advice and support around an awareness of the risks of smoking, underage drinking, drug misuse and early sexual relationships.</p>	<p>Parents/carers have a limited impact on helping the child/young person to have positive values, to understand right from wrong, be respectful to others and show kindness and helpfulness.</p> <p>Parents/carers give some advice around the impact of smoking, underage drinking, drug misuse and early sexual relationships but is not always consistent with these messages.</p>	<p>Parents/carers do not or cannot teach child/young person positive values and is indifferent to issues of right and wrong, kindness and respect for others.</p> <p>Parents/carers give minimal advice about the impact of smoking, underage drinking, drug misuse and early sexual relationships.</p>	<p>Parents/carers actively encourage negative values in the child/young person, and can condone anti-social behaviour.</p> <p>Parents/carers are indifferent to or do not understand the impact of smoking, underage drinking, drug use, and/or early sexual relationships. No advice is given, and these behaviours may be encouraged.</p>
---	--	---	---

4.6 Adult mental health

<p>Parents/carers discuss feelings of depression/low mood according to age of child/young person.</p> <p>Parents/carers are aware of the impact of parental mental distress on parenting role and</p>	<p>Parents/carers discusses feelings of depression and low mood, and are aware of the impact of parental mood on child/young person but can be inconsistent with this at times.</p>	<p>Parents/carers talk about depression and/or suicide in front of the child/young person and is unaware of the potential impact on them.</p> <p>Parents/carers are indifferent to</p>	<p>Parents/carers have attempted suicide or displayed distressing behaviour in front of child/young person.</p> <p>Parents/carers can hold the child/young person responsible</p>
---	---	--	---

Universal Needs	Additional Needs	Complex / Intensive Needs	Acute / Specialist Needs
<p>the child/young person, and can mitigate risks when experiencing their own mental distress.</p> <p>Parents/carers do not express unusual beliefs about the child/young person.</p>	<p>Parents/carers generally mitigate impact to the child/young person when experiencing their own mental distress, but may experience difficulties doing so on some occasions.</p> <p>Parents/carers sometimes experience unusual beliefs about the child/young person but can mitigate any risks to them.</p>	<p>advice about the importance of not talking about this issue and may see the child/young person as a source of mental health support.</p> <p>Parents/carers are often unable to meet the practical and emotional needs of the child or young person due to their own mental distress and are often unable to mitigate risks during such times.</p> <p>Parents/carers sometimes experience unusual beliefs about the child/young person but can fail to mitigate risks to the child/young person.</p> <p>Discussions take place around parents/carers' mental distress/mental health that are witnessed and inappropriate to child/young</p>	<p>for feelings of depression and is open with the child/young person and/or others about this.</p> <p>Parents/carers are resistant to advice focussed on stopping this behaviour and parent/carer does not or cannot recognise the impact on the child/young person.</p> <p>Parents/carers unable to meet the practical and emotional needs of the child/young person due to their own mental distress.</p> <p>Parents/carers unaware of the impact of their mental distress on caring role and child/young person, and are unable/unwilling to meet their practical and emotional needs or mitigate risks during such times.</p> <p>Parents/carers experience unusual beliefs about the child/young person which may place them at risks.</p> <p>Discussions take place within the home about parent/carer mental health/distress that are inappropriate to child/young</p>

Universal Needs	Additional Needs	Complex / Intensive Needs	Acute / Specialist Needs
<p>Parents/carers seek emotional support from other adults rather than the child/young person.</p> <p>Parents/carers collaborate with the relevant health and wellbeing services when needed.</p>	<p>Parents/carers generally seek support from adult contacts and collaborates with relevant health and well-being services when needed but can be inconsistent with this.</p>	<p>person's age and understanding or cause the child/young person distress.</p> <p>Parents/carers sometimes rely on emotional support from the child/young person.</p>	<p>person's age and understanding or cause the child/young person distress.</p> <p>Parents/carers seek and rely on excessive emotional support from the child/young person to a disproportionate and damaging degree.</p>

4.7 Substance misuse

<p>Alcohol and substances are stored safely, if in the home.</p> <p>Parents/carers model low consumption or do not drink or use substances in front of the child/young person.</p> <p>Parents/carers use does not impact on the child/young person in terms of</p>	<p>Alcohol & medication are usually kept out of reach of the child/young person but could on occasions be accessed accidentally.</p> <p>Parents/carers believe it is normal for child/young person to be exposed to regular alcohol and substance use by adults.</p> <p>Parents/carers use may occasionally impact on the child/young person in terms</p>	<p>Alcohol & medication are usually not stored safely and could be accessed accidentally.</p> <p>Parents/carers generally lack awareness of the impact their substance use has on the child/young person and is inconsistent in engagement with specialist services if required.</p> <p>Parents/carers use of substances or alcohol leads to an inconsistency in care and the</p>	<p>Alcohol & medication are easily accessible to the child/young person.</p> <p>Parents/carers hold the child/young person responsible for their substance use and blames their continued use on the child/young person. Parents/carers significantly minimise and are resistant to advice around their use or refuse to acknowledge concerns or engage with specialist services.</p> <p>Parents/carers do not or cannot respond to the child/young person's needs or show</p>
--	---	---	--

Universal Needs

their emotional availability and consistency of care. They have physical ability to care or respond to the child/ young person at all times, including emergency situations, should they arise.

Parents/carers maintain consistent boundaries and routines which are unaffected by any alcohol or substance use.

Parents/carers talk appropriately about alcohol use substances to the child/young person, being aware of the child/young person's age and stage of development and understanding.

Alcohol and substances do not impact on the family finances.

Parents/carers moods are not affected by their substance or

Additional Needs

of their emotional availability and consistency of care. They have physical ability to care or respond to the child/ young person on most occasions, including emergency situations, should they arise or arrange for additional support when unable to fully provide this themselves.

Parents/carers broadly maintain boundaries and routines, but these are changed and/ or adapted to accommodate alcohol or substance use at times.

Parents/carers do not always talk appropriately about alcohol use or substances in line with the child/young person's age and stage of development and understanding.

Finances may be affected but the child/young person's needs are generally met.

Parents/carers moods are sometimes affected by their

Complex / Intensive Needs

child/young person may take on excessive responsibilities at home. The child/young person's access to appropriate medical, dental or emergency care may be delayed or disrupted as a result of substance use.

Parents/carers struggle to maintain consistent boundaries and routines due to the impact of alcohol or substance use.

Parents/carers frequently talk inappropriately about alcohol use or substances in line with the child/young person's age and stage of development and understanding and may normalise or encourage substance use.

Finances are affected which has a negative impact on the child/ young person, e.g. missing learning opportunities.

Parents/carers moods can be unpredictable as a result of

Acute / Specialist Needs

little awareness of the child/ young person's wellbeing, with learning opportunities frequently disrupted. The child/ young person's timely access to appropriate medical, dental or emergency care is impacted as a result of substance use.

Parents/carers fail to provide boundaries and routines due to the impact of alcohol or substance use.

Parents/carers involve the child/young person in their using behaviour (e.g. asking the child to get or prepare the substances), normalising and encouraging substance use.

Finances are significantly impacted, leading to unmet needs of the child/young person.

The child/young person is exposed to abusive or

Universal Needs	Additional Needs	Complex / Intensive Needs	Acute / Specialist Needs
alcohol use.	substance or alcohol use.	substance or alcohol use.	frightening behaviour of either the parents/carers or other adults (ie delusions/hallucinations) and the parents/carers do not, or cannot, recognise and respond to the child/young person's concerns and worries about the parents/carers circumstances.

5: STIMULATION AND LEARNING

5.1 Unborn

<p>Parents/carers attend all antenatal appointments and seek medical advice if there is a perceived problem.</p> <p>Parents/carers seek support for any difficulties they may have which could negatively impact on the unborn baby.</p> <p>Parents/carers are aware of the impacts of alcohol and substances on an unborn child and follow recommendations.</p>	<p>Parents/carers attend most antenatal clinic and prepare for the birth of the baby.</p> <p>Parent/carers are aware of, but can be inconsistent in seeking support for any difficulties they may have which could negatively impact on the unborn baby.</p> <p>Parents/carers are aware of the impact of substances on an unborn child but are inconsistent in following recommendations regarding their own or the baby's wellbeing.</p>	<p>Attendance at antenatal appointments is inconsistent and some missed and not rearranged.</p> <p>Parents/carers are unaware or indifferent to the impact of their own difficulties or activities on the unborn child and do not seek support to prevent it negatively impacting on the unborn baby.</p> <p>Parents/carers need support to manage any substance use during pregnancy and lack awareness of the impact this may have on the baby in terms of immediate risk and medium to</p>	<p>Parents/carers do not attend most or any antenatal appointments and are resistant to medical advice during the pregnancy.</p> <p>Parent/carer's do not address difficulties and engage in activities that could hinder the development, safety and welfare, or actively seek to inflict harm on the unborn baby.</p> <p>Parents/carers are unable to recognise the impact that any substance use is having on the unborn baby.</p>
--	--	---	---

Universal Needs	Additional Needs	Complex / Intensive Needs	Acute / Specialist Needs
<p>Parents/carers prepare for the birth of the baby and have the appropriate clothing, equipment, and cot prior to birth.</p>	<p>Parents/carers have undertaken some preparation for the birth of the baby but have not considered everything needed or sought advice on this.</p>	<p>long term future. Attendance at antenatal appointments may be sporadic.</p> <p>Parents/carers are unprepared for the birth of the baby and have only considered the most basic requirements.</p>	<p>Parents/carers have very little, or nothing, prepared for the birth of the baby.</p>

5.2 0-2 Years

<p>The baby is well stimulated and the parents/carers are aware of the importance of this and make active efforts to interact and stimulate the baby to promote emotional development and well-being.</p>	<p>Parents/carers understand the importance of stimulation, but can be inconsistent in care giving or stimulation of young children.</p> <p>Some reliance on extended family/friends or other networks for stimulation of the child and play opportunities (e.g. toys) are largely evident within the home but can be inconsistently available.</p>	<p>Parents/carers needs take precedence at times over the baby's needs.</p> <p>Stimulation of the child is not a priority and parents/carers find it difficult or are unwilling to offer stimulation to the child, with a large reliance on extended family/friends or other networks for stimulation of the child.</p>	<p>The parents/carers do not provide stimulation and the baby's mobility is restricted (e.g. confined in highchair/ pram) which is impeding the baby's physical and emotional development e.g. ability to walk or speak.</p> <p>Parents/carers can be angered at the demands made by the baby.</p> <p>Parents/carers are unable to understand or resistant to advice about the importance of stimulation and paying attention to the baby's needs for emotional stimulation as well as physical care to support development and well-being.</p>
---	---	---	---

Universal Needs

Play is prioritised to support development, and the importance of space for physical development is well-understood and offered to the child.

Additional Needs

Space for physical development is limited.

Complex / Intensive Needs

Developmental opportunities are not always available to the child e.g space to walk/ run and physical or emotional development may be delayed. Child's mobility may be restricted in small spaces.

Acute / Specialist Needs

Developmental opportunities are very limited or not available to the child and mobility restricted.

5.3 2-5 Years

The child receives effective stimulation such as parents/ carers talking to the child in an interactive way, as well as reading stories or singing.

Parents/carers provide all play and learning opportunities that are necessary and prioritise the family resources to meet the child's needs.

Parents/carers take child to child centred places locally, such as

The parents/carers provide adequate stimulation.

Parents/carers understand the importance of play and learning for the child's development and well-being and provide play and learning opportunities but sometimes their own circumstances and other demands made on their time get in the way and they have difficulty in prioritising the child's needs over their own.

Parents/carers usually take child to child centred places locally,

The parents/carers provide limited stimulation.

Parents/carers do not see the importance of play and learning opportunities this for the child. The child lacks key play and learning opportunities - not because of financial issues, but a lack of understanding, interest or recognition of the child's needs.

Child may go on adult-oriented trips, or they may be left to make

The parents/carers provide minimal stimulation.

Parents/carers are unable or unwilling to recognise the importance of play and learning on child development and resistant to child's needs or advice from others about the importance of stimulation.

The child may be left unsupervised for extended periods of time while parents/ carers go out locally, e.g. to socialise with friends.

The child is not taken to child centred places and prevented

Universal Needs	Additional Needs	Complex / Intensive Needs	Acute / Specialist Needs
<p>park, and encourage the child to make use of age-appropriate local resources.</p>	<p>such as park, but this can be inconsistent due to their own personal circumstances.</p>	<p>their own arrangements, e.g. to play outside.</p>	<p>from going on outings with friends or school which impacts negatively on socialisation and friendships.</p>

5.4 Learning opportunities

<p>Parents/carers take an active interest in learning opportunities and support these opportunities at home. Educational attendance is encouraged, supported and regular.</p> <p>Parents/carers encourage the child/young person to see learning as important and are interested in learning and support this at home.</p> <p>Parents/carers engage well with learning establishments and do not agree to missed days unless necessary.</p>	<p>Parents/carers understand and largely support learning opportunities, but support at home can be sporadic. Encouragement and support to regularly attend education is not always present.</p> <p>Parents/carers have an inconsistent approach to promoting learning opportunities, and may have had an ambivalent relationship with their own learning (past or present).</p> <p>Parents/carers can occasionally agree to days off where not necessary.</p>	<p>Parents/carers do not or cannot always understand the importance of learning opportunities and socialisation for the child/young person.</p> <p>There is a general lack of engagement with learning, and they may collude with avoidance of opportunities for the child/young person.</p> <p>Parents/carers regularly allow the child to days off where not necessary.</p>	<p>Parents/carers are resistant to the child/young person accessing learning opportunities, and do not provide support or encourage the child/young person to see any learning opportunity as making a positive contribution to their circumstances now or in the future.</p> <p>On occasion, the parents/carers may actively encourage the child/young person to reject learning opportunities and do not or cannot make the connection between learning and greater life opportunities.</p>
---	--	---	---

Universal Needs

Additional Needs

Complex / Intensive Needs

Acute / Specialist Needs

5.5 Physical activity and leisure

Parents/carers encourage the child/young person to engage in physical activity and leisure and prioritise family resources to support this where possible.

Parents/carers understand the importance of this to the child/young person's well-being.

Parents/carers recognise when the child/young person is good at something and ensure they are able to pursue it.

Parents/carers understand that physical activity and leisure activities are important to the child/young person but can be inconsistent in supporting this because own circumstances get in the way.

Parents/carers recognise the child/young person's strengths, but can be inconsistent in promoting a positive approach or creating opportunities for the child to succeed.

Child/young person makes use of sport through their own effort because the parents/carers are unwilling or unable to support them.

Parents/carers do not or cannot understand the importance of physical activity/leisure opportunities to the child/young person and are largely indifferent to the wishes of the child/young person or advice from others about the importance of physical activities, even if the child/young person enjoys them and thrives doing them.

Parents/carers do not encourage or are actively resistant to the child/young person's wish or need to take part in activities and may be active in preventing this.

Parents/carers actively support the child/young person in engaging in unsafe/unhealthy pursuits which might impact their physical or mental health.

5.6 Friendships

Parents/carers promote friendships/socialisation and are aware of who child/young person's friends are, and aware of their importance to child/young person's social and emotional development.

Parents/carers are aware of the need for friends/age-appropriate interaction, and supports the maintenance of friendships, although inconsistently.

Parents/carers have limited understanding of the importance of friendships/socialisation to social and emotional development and do not promote these.

Child/young person may experience difficulties with

Parents/carers are resistant to friendships outside the home and show no interest or support.

Parents/carers do not take effective action when bullying is identified and may encourage retaliative behaviour.

Universal Needs	Additional Needs	Complex / Intensive Needs	Acute / Specialist Needs
<p>Parents/carers are aware of safety issues and concerns regarding peers or risks outside the family and take protective measures e.g. decisive action where bullying occurs.</p>	<p>Parents/carers are generally knowledgeable about friendship/peer groups and can identify some level of risk outside the home and act upon it.</p>	<p>friendships and are largely unsupported with this by parents/carers unless reported to be bullied.</p> <p>Parents/carers do not actively seek information about friendship groups or activities outside the home which may pose risk.</p>	<p>Risks outside the home from peers or older people are not identified or explored or if risks evident no measures taken to act protectively against them.</p>

5.7 Addressing bullying

<p>Parents/carers alert to the child/young person being bullied and address source and impact on child/young person immediately e.g engage with educational provider for a resolution to the issue.</p>	<p>Parents/carers aware of likelihood of bullying, but not always proactive in the identification of it.</p> <p>Parents/carers at times intervene effectively when asked or a bullying issue identified but may be inconsistent in this.</p>	<p>Parents/carers unaware of the child/young person being bullied and does not act proactively to identify it.</p> <p>If parents/carers are made aware of bullying they provide limited intervention or fail to seek wider support in the community or from services to address this. Some emphasis may be placed on the child/young person to resolve the issue themselves.</p>	<p>Parents/carers are unable to understand or are indifferent to impact of the child/young person being bullied or to clear risks posed outside the home.</p> <p>Parents/carers fail to take action where risks are identified, either by themselves or by extended family/friend networks or services and may have an expectation on the child/young person to deal with this issue themselves.</p>
---	--	--	--

Universal Needs

Additional Needs

Complex / Intensive Needs

Acute / Specialist Needs

6: CAPACITY AND COMMITMENT TO CHANGE

6.1 Acceptance of issue

Parents/carers are concerned about the child/young person's welfare and proactively meet their physical, social, and emotional needs.

Parents/carers are determined to act in the best interests of the child/young person, confident in supporting the child/young person to overcome challenges and are willing to ask for help when needed.

Parents/carers are prepared to make personal sacrifices for the child/young person.

Parents/carers have inconsistent concerns about the child/young person's welfare and generally attempt to meet their needs, but own problems can take precedence.

Concerns about parents/carers own difficulties can dominate and whilst they have some motivation to change, they find it challenging to do so. This may be as a result of limited understanding of child development or wider factors, such as alcohol or substance misuse.

Parents/carers can appear disorganised, and often misread 'signals' from the child/young person, which may indicate the child/young person's needs not being met.

At times the parents/carers may place some responsibility on

Parents/carers have limited concern about the child/young person's welfare and their own need to change, or address competing demands on their time and money, leading to some of the child/young person's needs not being met.

Parents/carers prioritise their own needs over those of the child/young person regarding their welfare, although this may be influenced by stressors such as poor housing or unemployment.

Parents/carers sometimes seek emotional support from the child/young person inappropriately.

Parents/carers unable, unwilling or fail to recognise their parental roles and responsibilities and are resistant towards their part in meeting the needs of the child/young person.

Parents/carers often see the child/young person as wholly responsible for themselves and their own safety and believe that any harm that befalls the child/young person is the child/young person's fault.

Parents/carers may seek to give up the responsibility for their child/young person, e.g. to a family member or agency.

Universal Needs	Additional Needs	Complex / Intensive Needs	Acute / Specialist Needs
	<p>the child/young person or other factors as the cause of difficulties and place some responsibility to change on them but do recognise the need for change within themselves.</p>		

6.2 Taking responsibility

<p>Parents/carers acknowledge, understand and accept their responsibility to change and are proactive in initiating change themselves, or with limited support from others, inc. community-based resources, friends or extended family</p> <p>Parents/carers do not blame the child/young person for difficulties experienced.</p>	<p>Parents/carers can acknowledge, understand, and accept their responsibility to change but not always proactive in initiating change themselves, sometimes looking to others to instigate change.</p> <p>At times, the parents/carers may place some responsibility on the child/young person or other factors as the cause of difficulties and place some responsibility to change on them but do also recognise the need for change within themselves.</p>	<p>Parents/carers are unaware or indifferent to their responsibility to change and often look to others to instigate or enable this to happen.</p> <p>Parents/carers see the child/young person, other factors, or involvements of services as the cause of difficulties and largely place responsibility to change on them.</p>	<p>Parents/carers cannot/do not recognise their responsibility to change and are resistant to the suggestion of this, believing it is the responsibility of others to change or to enable this to happen.</p> <p>Parents/carers see the child/young person, other factors, or involvement of services as the cause of their difficulties and place full responsibility to change on them.</p>
--	--	--	---

Universal Needs

Additional Needs

Complex / Intensive Needs

Acute / Specialist Needs

6.3 Sustaining change

Parents/carers acknowledge the need for change and engage with activities to bring about change if needed.

There is evidence of positive change to the child/young person's lived experience and the parents/carers are able to understand, embed and sustain change over time.

Parents/carers have engaged with previous interventions which brought about positive change for the child/young person.

There is evidence of positive change to the child/young person's lived experience, but the parents/carers have not been able to embed and sustain this over time.

Parents/carers are willing to engage again with intervention aimed at sustaining change.

Parents/carers are only able to sustain changes for the child/young person for a short space of time or whilst there is service involvement, despite episodes of intervention to bring about change.

There is an overreliance on service involvement to bring about and sustain change.

Parents/carers are resistant, or do not/cannot recognise the need to change for the child/young person's benefit, despite episodes of intervention to bring about change.

There is a dependency on service involvement to bring about and sustain change.



Somerset Safeguarding
Children Partnership

This publication has been produced by the
Somerset Safeguarding Children Partnership to
support families in North Somerset

www.somerset safeguarding children.org.uk

Published: April 2022