



THE FAMILY STRENGTHS AND NEEDS TOOLKIT

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IF YOU ARE
CONCERNED THAT
A CHILD MAY BE
AT RISK OF, OR
MAY BE SUFFERING
SIGNIFICANT HARM
CALL SOMERSET
DIRECT ON
0300 123 2224

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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 persons 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 consistency in preparation and routine.

Child/young persons 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 preparation or routine.

Child/young persons 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 persons 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.

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

The accommodation is reasonably clean, but may be

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

The look is bare and sometimes

The accommodation is in a dangerous state of disrepair and this has caused a number of accidental injuries and poor health for the child/young person.

The accommodation is dirty and squalid and there is a lack of

Universal Needs

the importance of the home conditions to child/young persons well-being.

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damp, but the parents/carers address this.
Parents/carers recognise the importance of the home conditions to the child/young persons sense of well-being, but can be limited by personal circumstances.

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dirty/smelly and there are inadequate amenities such as beds and bedding, a dirty toilet, lack of clean washing facilities and the whole environment is dirty and chaotic.
The accommodation smells of damp and there is evidence of mould.

Acute Needs

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 and the parents/carers are unable to make changes or unwilling to take advice about the impact of the home circumstances on child/young persons well-being.

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 house moves/new adults in the family home.
Parents/carers recognise that this could impact on child/young person, but the parents/carers personal circumstances occasionally impact on this.

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 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 children/young people sleeping in unsuitable conditions).
The home has a number of adults coming and going.
Child/young person does not



Universal Needs	Additional Needs	Complex Needs	Acute Needs
			<p>always know the adults who stay over.</p> <p>Parents/carers are unable to understand the impact on child/young person of instability.</p>

1.4 Child/young person’s clothing

<p>Child/young person has clothing which is clean and fits well.</p> <p>Child/young person is dressed appropriately for the weather and parents/carers are aware of the importance of clothing for the child/young person in an age appropriate way.</p>	<p>Child/young person has clothes, but these are sometimes poorly fitting and/or unclean.</p> <p>The parents/carers give consideration to clothing to meet the needs of the child/young person in an age appropriate way, but their own personal circumstances can hinder this.</p>	<p>Child/young person has clothing which is dirty and crumpled, in a poor state of repair and not well fitting.</p> <p>The child/young person lacks appropriate clothes for the weather and does not have sufficient clothing to allow for regular washing.</p> <p>Parents/carers are indifferent to the importance of clothing for the child/young person in an age appropriate way.</p>	<p>Child/young person has clothes which are filthy, ill-fitting and smelly. The clothes are usually unsuitable for the weather.</p> <p>Child/young person may sleep in day clothes and is not provided with clean clothes when they are soiled.</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.</p>
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1.5 Animals

<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 look reasonably well cared for, but contribute to a sense of chaos in the house.</p> <p>Animals present no danger to children and young people or adults and any ill-treatment of</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 present a potential risk. Mistreatment of animals</p>	<p>Animals are not well cared for and ailments are not treated.</p> <p>Faeces and urine are present in living areas.</p> <p>Animals are dangerous and are chaotically looked after.</p>
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animals is addressed by parents/carers.

by adults or children and young people is not always addressed by parents/carers.

Parents/carers do not address the ill treatment of animals by adults or children/young people.

1.6 Hygiene

The child/young person is clean and is either given a bath, washed daily or encouraged to do so in an age appropriate way.

The child/young person is encouraged to brush their teeth and head lice, skin complaints etc. are treated appropriately.

Nappy rash is treated appropriately.

Parents/carers take an interest in the child/young persons appearance.

The child/young person is reasonably clean, but the parents/carers do not bath or wash the child/young person regularly and/or the child/young person is not consistently encouraged to wash in an age appropriate way.

The child/young person does not always clean their teeth, and head lice and skin conditions etc. are treated in an inconsistent way.

Nappy rash is a problem, but parents/carers treat it if given encouragement and advice.

Parents/carers take some interest in the child/young persons appearance and the importance of hygiene to the child/young persons wellbeing.

The child/young person looks unclean and is only occasionally bathed/washed or encouraged to wash in an age appropriate way.

There is evidence that the child/young person does not brush their teeth, and that head lice and skin conditions etc. are not treated appropriately.

Parents/carers do not address concerns about nappy rash and are indifferent to concerns expressed by others.

Parents/carers are unable to or do not take an interest in child/young persons appearance and do not acknowledge the importance of hygiene to the child/young persons wellbeing.

The child/young person looks dirty, and is not bathed or washed or encouraged to do so.

The child/young person does not brush teeth.

Head lice and skin conditions are not treated and become chronic.

Parents/carers do not address concerns about nappy rash and are resistant to concerns expressed by others.

Parents/carers are resistant to concerns expressed by others about the child/young persons lack of hygiene.

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2: HEALTH

2.1 Safe sleeping arrangements or co-sleeping for babies

Parents/carers have information on safe sleeping and follows the guidelines.

There is suitable bedding and parent/carers have an awareness of the importance of the room temperature, sleeping position of the baby, and parents/carers do not smoke in house.

Parents/carers are aware of guidance around co-sleeping and recognises the potentially harmful impact of alcohol and drugs on co-sleeping.

There are appropriate sleeping arrangements for children and young people.

Parents/carers are responsive and alert to safe sleep practices, being consistent even when there are changes to the sleep routine.

Parents/carers have information on safe sleeping, but do not always follow guidelines, so bedding, temperature or smoking in the vicinity may be a little chaotic and parent/carer may not be aware of sleeping position of the baby. (Be aware this raises risk of SUDI/SIDS).

Parents/carers are aware of the dangers of co-sleeping and recognises the dangers of drugs and alcohol by the parents/carers on co-sleeping, but this is sometimes inconsistently observed.

Sleeping arrangements for the baby are sometimes disordered and can be a little chaotic, and not only when there is a change to routine such as family sickness, or staying over at a different address.

Parents/carers are unaware of safe sleeping guidelines, even if they have been provided.

Parents/carers are unable to accept or understand advice about beds and bedding, room temperature, sleeping position of the baby and smoking in the vicinity. (Be aware this raises risk of SUDI/SIDS).

Parents/carers do not recognise the importance of the impact of their alcohol/drug use on safety when co-sleeping.

Sleeping arrangements for baby are not suitable and parents/carers are indifferent to advice regarding this.

Parents/carers are not responsive and alert to sleep practice when out of routine but are willing to engage in understanding the risk and demonstrate the intention of safe sleep practice.

Parents/carers are indifferent or resistant towards safe sleeping guidance and may see advice given as interference.

Parents/carers do not take account of beds and bedding, room temperature, sleeping position of the baby, and adults smoking in the household. (Be aware this raises the risk of SUDI/SIDS).

Parents/carers are not concerned about the impact on baby of their alcohol/drug use, and witnessing adult sexual behaviour.

2.2 Appropriate sleeping arrangements for older children

The parents/carers understand that older children and teenagers

The parents/carers understand the need for bedtime routines

The parents/carers are unable to ensure/indifferent to the need for

The child does not get enough sleep and their behaviour and

Universal Needs

need sufficient sleep and encourages sensible bedtime routines.

The 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.

Additional Needs

but they are inconsistent, sometimes disordered and can be a little chaotic as their own needs often get in the way.

The parents/carers understand the need for undisturbed sleep but makes inconsistent attempts to ensure this is the case.

Children may be on a mobile phone or other electronic device until quite late on frequent occasions.

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a consistent bedtime routine and the child is often tired during the day.

The child is frequently late or misses school due to tiredness.

The parents/carers are unable to ensure or indifferent to their child being disturbed at night by mobile phones and electronic devices, which happens frequently, and make no attempt to prevent this.

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education are significantly impacted as a result.

The child's sleep is disturbed by phones and electronic devices all the time and the parents/carers are unable to prevent or resistant to advice about preventing this.

2.3 Seeking advice and intervention

Advice is sought from professionals or experienced adults on matters of concern about the child/young person's health.

Appointments are made and the child/young person is consistently brought to attend.

Preventative care is assessed such as dental/optical and all immunisations are up to date.

Parents/carers ensure the child/young person completes any agreed programme of medication or treatment.

Parents/carers understand the importance of routine care such as optical/dental but is not always consistent in keeping routine appointments.

Immunisations can be delayed, but eventually completed.

Parents/carers are inconsistent about ensuring that the child/young person completes any agreed programme of medication or treatment. They do recognise the importance to the child/young person, but personal circumstances can get in the way.

Dental care and optical care are not routinely attended to.

Immunisations are not up to date, but parents/carers will allow access to child/young person if home visits are carried out.

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.

Parents/carers do not attend to childhood illnesses unless severe or in an emergency.

Childhood illnesses are allowed to deteriorate before advice/care is sought.

Parents/carers are unable to understand or resistant to advice from others (e.g. professionals or family members) to seek medical advice.

Child/young person is not brought to appointments such as dental/optical checks, immunisations are not up to date, even if a home



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appointment is offered. 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.

2.4 Disability and illness

Parents/carers are positive about child/young person's identity and value him/her.
Parents/carers attend to needs relating to child/young person's disability.
Parents/carers are proactive in seeking appointments and advice and advocating for the child/young person's well-being.

Parents/carers are inconsistent in recognising the impact of the child/young person's disability and may allow own needs to take precedence over the needs of the child/young person.
Parents/carers are inconsistent in meeting needs relating to child/young person's disability, they do recognise the importance to the child/young person but adult needs sometimes take precedence over the needs of the child/young person.
Parents/carers accept support but are not always proactive in seeking advice/support around the child/young person's needs.

Parents/carers can show irritation at the child/young person's disability, often blaming the child and not recognising identity.
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.
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.

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 disability.
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 well-being.
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.

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3: SAFETY & SUPERVISION

3.1 Safety awareness and features

Parents/carers are aware of safety issues and there is evidence of proactive safety equipment use and maintenance.

Parents/carers are aware of safety issues, but are inconsistent in the use and maintenance of safety equipment.

Parents/carers do not recognise dangers to the child/young person and there is a lack of safety equipment, and evidence of regular dangers to the child/young person.

Parents/carers are unable to understand or are indifferent to advice about this and do not recognise or acknowledge the impact on the child/young person.

Parents/carers are unable to recognise dangers to the child/young person's safety and are unable to understand or resistant to advice regarding this.

Parents/carers do not recognise the importance of safe conditions to the child/young person, and can hold child/young person responsible for accidents and injuries.

3.2 Supervision of the child/young person

Effective supervision is provided in line with age and stage of development.

Parents/carers recognise the importance of appropriate supervision for the child/young person's well-being.

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

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

Parents/carers show concern about when child/young person should be home.

There is very little supervision indoors or outdoors and parent/carer does not always respond quickly.

There is limited concern about where child/young person is, or who they are with, and the parent/carer is inconsistently concerned about lack of return home or late nights.

Parents/carers are unable to understand or indifferent to importance of supervision and

Complete lack of supervision. Young children contained in car seats/high-chairs 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 no boundaries about when to come home or late



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Parents/carers are aware of the importance of supervision, and can allow personal circumstances to impact on consistency.

to advice regarding this from others.

nights.
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.

3.3 Handling of baby/response to baby

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.
Parents/carers spend time with baby, cooing and smiling, holding and behaving warmly.

Parents/carers are not always consistent in their responses to the baby's needs, because their own circumstances get in the way.
Parents/carers can be precarious in handling and are inconsistent in supervision.
Parents/carers spend some time with the baby, cooing and smiling, but are led by baby's moods, and so respond negatively if baby is not content.

Parents/carers cannot or do not recognise the importance of responding consistently to the needs of the baby.
Handling can be precarious and baby is left unattended (e.g. choking risk if bottle left in the mouth).
Parents/carers cannot or do not spend time with baby, cooing or smiling, and only intermittently recognise the importance of well-being or future development.

Parents/carers do not respond to the needs of the baby and only address issues when they choose to do so.
There is unsafe handling and the baby is left dangerously unattended.
The baby is strapped into a car seat/high-chair/buggy etc. for long periods and lacks adult attention and stimulation.
Parents/carers are unable to understand the need to pick the baby up and are resistant to advice regarding bonding, and the provision of comfort and attention.

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3.4 Care by other adults

Child/young person is left in the care of a vetted adult.
The child/young person is never in sole care of a person under 16. Parents/carers and child/young person are always aware of each other's whereabouts.
Out of necessity a child/young person aged 1-12 is left with a young person under 14 who is familiar and trusted for no longer than necessary, as an isolated incident.

0-9 year old child is sometimes left with a child/young person aged 10-13 or a person known to be unsuitable.
Parents/carers are not always confident about child/young person's whereabouts.
Parents/carers are inconsistent in helping the child/young person to keep themselves safe from others but provide some advice and support.
Parents/carers are aware of the importance of safe care, but sometimes are inconsistent because of own personal circumstances.

0-7 year old child is left with a 8-10 year old child/young person or an unsuitable adult.
Child/young person found wandering and/or locked out.
Parents/carers do not raise awareness of the importance of child/young person keeping themselves safe from others and provide no advice and support.
Parents/carers are indifferent or unable to understand the impact of safe care of the child/young person and leave the child/young person with unsuitable or potentially harmful adults and are unable to, or do not recognise, the potential risks to the child/young person.

0-7 year old child is left alone or in the company young child/young person or an unsuitable adult.
Child/young person often found wandering, missing or locked out.
Parents/carers provide no advice/support about keeping safe, and may put adult dangers in the way of the child/young person.
Parents/carers are unable to understand, or are resistant to, advice or professional challenge about giving safe care and the impact of children/young people being left with unsuitable or dangerous adults.

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 appropriate by the parents/carers.

Parents/carers are aware of the young person's needs, but can be inconsistent in responding to them.
Parent/carer are aware that the young person needs appropriate care but can be inconsistent in

Parents/carers recognise risky behaviour but have limited understanding and resources to respond effectively, and limited knowledge of/access to extended family or additional networks or services.

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,



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providing it.
Where risky behaviour occurs the parents/carers respond inconsistently to it, or seeks help from extended family/friend networks or services.
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.

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

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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 the capacity to be alert to and monitor the young person's moods e.g. recognising depression which could lead to self-injury.

3.6 Traffic awareness & in-car safety

Baby/infant is well secured in pram/pushchair.
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 taught traffic skills appropriate to their developmental needs.
[ROSPA road safety - a guide for parents](#)

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

Baby/infant is not secured in pushchair and 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.
Child/young person inconsistently supervised/

Babies/infant is unsecured in pram/pushchair and parent/carer shows limited regard for road safety.
There is a lack of supervision around traffic.
Lacks understanding of why teaching traffic skills might be important for the child/young person's immediate safety and future well-being.
Child travels in cars without proper restraint, and is at risk of

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Child/young person is always appropriately accommodated/restrained when travelling by car. Child/young person is always supported to cycle safely/use scooters e.g. wearing a helmet.
[ROSPA car safety guidance.](#)

Additional Needs

properly when travelling by car. Child/young person is largely supervised/supported when cycling/using scooters.
[ROSPA car safety guidance.](#)

Complex Needs

supported when cycling/using scooters, leading to occasional accidents/falls.
[ROSPA car safety guidance.](#)

Acute Needs

injury. No regard is given to the child/young person's safety when cycling/using scooters etc and safety equipment, e.g helmet, not provided.
[ROSPA car safety guidance.](#)

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 value the child/young person's cultural identity and seek to ensure the child/young person develops a positive sense of self. Parents/carers respond appropriately to the child's needs for physical care and positive interaction. The emotional response of the parents/carers is consistently one of warmth. Child/young person is listened to and parents/carers respond

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. Parents/carers recognise that praise and reward are important but are inconsistent in application. Parents/carers recognise the child/young person's cultural identity and are aware of the importance of ensuring child/young person develops a positive sense of self, but sometimes they allow personal circumstances to impact on this. Child/young person is main

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. 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. Parents/carers seldom initiate interactions with the child/young person and parents/carers are indifferent to or unable to if

Parents/carers speak with high criticism and low warmth about the child/young person and do not provide any reward or praise and may minimise the praise offered by others. Parents/carers are resistant to advice about the importance of praise and reward of the child/young person. Parents/carers are resistant to the child/young person's cultural identity and the importance of ensuring that the child develops a positive sense of self. Parents/carers do not show any warmth or physical affection to the child/young person and are



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appropriately.
 Child/young person is happy to seek physical contact and care.
 c respond appropriately if the child/young person is distressed or hurt.
 Parents/carers understand the importance of consistent and open demonstrations of love and care.

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initiator of physical interaction with parents/carers who can respond inconsistently or passively to these overtures.
 Child/young person not always listened to and parents/carers sometimes respond with irritation if child seeks comfort through negative 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.

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child/young person attempts to engage for pleasure, or seek physical closeness.
 Emotional response often lacks warmth.
 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.

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unable to or does not respond to overtures for warmth and care.
 Respond aggressively or dismissively if child/young person is distressed or hurt.
 Parents/carers respond to incidents of harm if they consider themselves to be at risk of involvement with the authorities.
 Parents/carers emotional response is harsh, critical and lacking in any warmth.
 Parents/carers are unable to accept/resistant to advice about the importance of responding to the child/young person if hurt or distressed.

4.2 Boundaries

Parents/carers provide consistent boundaries and ensure the child/young person understand the importance of set limits.
 Child/young person is disciplined effectively with the intention of teaching proactively.

Parents/carers provide boundaries which are sometimes inconsistent and uses mild physical and moderate other sanctions.
 Parents/carers recognise the importance of setting boundaries for the child/young person, but is inconsistent because of own personal circumstances or difficulties.

Parents/carers provide few boundaries, and are critical when responding to the child/young person's behaviour and uses physical and emotional sanctions.
 Parents/carers may hold child/young person responsible for their behaviour.
 Parent/carer is indifferent to, or unable to understand, the impact

Parent/carer provides no boundaries for the child/young person and treats the child/young person harshly when responding to their behaviour.
 Parent/carer uses physical chastisement and harsh other methods of discipline.
 Parent/carer is resistant to advice about appropriate methods of

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of the need for more appropriate methods of disciplining.

disciplining.

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.

Parent/carer has a good understanding of the impact of parent/carer 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 physical abuse of either party.

Parent/carer recognises the impact of parent/carer conflict on the child/young person's wellbeing but personal circumstances sometimes get in the way.

Parents/carers frequently argue aggressively in front of the child/young person and this leads to abuse.

There is minimal awareness and understanding of the impact of the abuse on the child/young person.

Parents/carers frequently argue aggressively frequently in front of the child/young person and this leads to frequent physical violence.

There is an inability to understand or indifference to the impact of the violence or coercive behaviour on child/young person and parent/carer is resistant to advice about the impact on their future development, and development of healthy relationships.

4.4 Young caring

Child/young person contributes to household tasks as would be expected for age and stage of development.

Does not take on additional caring responsibilities which might impact well-being.

Parent/carer recognises the importance of appropriateness

Child/young person has some additional responsibilities within household, but these are manageable for age and stage of development and do not interfere with the child/young person's education and interfere minimally with leisure/sporting activities.

Child/young person has significant caring responsibilities that interfere with education and leisure activities.

Parent/carer is indifferent to, or lacks understanding of, the impact of caring responsibilities on the child/young person.

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



Universal Needs

regarding caring responsibilities.

Additional Needs

Parent/carer recognises that the child/young person should not be engaged in excessive caring responsibilities but is inconsistent in their response.

Complex Needs

Acute Needs

learning opportunities, leisure and social activities.
Caring responsibilities may impact on the child/young person's wellbeing is not understood or acknowledged.
Parent/carer is resistant to advice or refusing consent for appropriate service intervention.

4.5 Positive values

Parent/carer encourages the child/young person to have positive values, to understand right from wrong, be respectful to others and show kindness and helpfulness.
This includes an awareness of smoking, underage drinking and drug misuse as well as early sexual relationships.
Parent/carer gives clear advice and support.
Parent/carer ensures the child/young person does not watch inappropriate films/TV or play with computer games which are inappropriate for the child/young person's age and stage of

Parent/carer has 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.
Parent/carer has some awareness of the impact of smoking, underage drinking and drug misuse as well as early sexual relationships on the child/young person and gives some advice and support.
Parent/carer is aware of the need to monitor the child/young person watching inappropriate material and playing inappropriate computer games,

Parent/carer does not or cannot teach child/young person positive values and is indifferent to issues of right and wrong, kindness and respect for others.
Parent/carer gives minimal advice about the impact of smoking, underage drinking and drug misuse as well as early sexual relationships.
Parent/carer does not monitor the watching of inappropriate materials or playing inappropriate games and is indifferent to or cannot understand the impact on the child/young person.

Parents/carers actively encourage negative values in the child/young person, and can condone anti-social behaviour.
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.
Parents/carers allow the child/young person to watch age-inappropriate television, films, online videos (including pornography), or play age-inappropriate computer games, and are resistant to advice



Universal Needs

development.

Additional Needs

but is inconsistent in monitoring because of own personal difficulties and circumstances.

Complex Needs

Acute Needs

relating to this; not recognising the potential impact on the child/young person's wellbeing.

4.6 Adult behaviour

Parent/carer discusses feelings of depression/low mood according to age of child/young person, and is aware of the potential impact of parental mood on the child/young person.
Parent/carer has a healthy relationship with alcohol and does not use drugs.

Parent/carer does discuss feelings of depression and low mood, and is aware of the impact of parental mood on child/young person, but their own mood or circumstances means there is inconsistency in the approach to topics discussed.
Parent/carer uses drugs and alcohol, but this has limited impact on the child/young person e.g. does not adversely affect supervision of child/young person.

Parent/carer talks about depression and suicide in front of the child/young person and is unaware of the potential impact on them.
Parent/carer is indifferent to advice about the importance of not talking about this issue.
Parent/carer uses drugs and/or alcohol, and is not consistently aware of the impact on child/young person.

Parent/carer has attempted suicide in front of child/young person.
Parent/carer can hold the child/young person responsible for feelings of depression and is open with the child/young person and/or others about this.
Parent/carer is resistant to advice focussed on stopping this behaviour and parent/carer does not or cannot recognise the impact on the child/young person.
Parent/carer uses drugs and alcohol and this has a significant harmful impact on the child/young person and impacts on their safety and wellbeing.
Parent/carer is resistant to advice about this.

Universal Needs

Additional Needs

Complex Needs

Acute Needs

4.7 Substance misuse

Alcohol and drugs are stored safely, if in the home.

The parent/carer models low consumption or does not drink or use in front of the child/young person.

The parent/carer's use does not impact on the child/young person in terms of parent/carer's emotional availability and consistency of care. They have physical ability to care or respond to the child/young person at all times.

The parent/carer is able to respond to emergency situations, should they arise, appropriately.

The parent/carer talks appropriately about substances to the child/young person, being aware of the child/young person's development, age and understanding.

The parent/carer is aware of the impacts of substances on an unborn child/young person and follows recommendations regarding the child/young

The parent/carer believes it is normal for children and young people to be exposed to regular alcohol and substance use.

The parent/carer maintains boundaries and routines but these are changed and/or adapted to accommodate use at times.

The parent/carer understands the importance of hygiene, emotional and physical care of their child/young person and arranges for additional support when unable to fully provide for the child/young person.

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

Parental mood is sometimes affected by substance or alcohol use.

The parent/carer is aware of the impact of substances on an unborn child/young person but inconsistently follows recommendations regarding their own or the baby's wellbeing.

The parent/carer generally lacks awareness of the impact their substance use has on their child/young person and is inconsistent in their engagement with specialist agencies.

The parent/carer's use of substances or alcohol leads to an inconsistency in caring and the child/young person takes on excessive responsibilities at home.

The parent/carer needs support in order to manage their use during pregnancy and lacks awareness of the impact this may have on their baby in terms of immediate and medium to long term future.

Substances are not consistently kept out of reach of the child/young person and could be accessed accidentally.

The child/young person's access to appropriate medical or dental care is delayed and learning opportunities are disrupted as a result of substance use within the family.

The parent/carer holds the child/young person responsible for their use and blames their continual use on the child/young person.

The parent/carer significantly minimises and is resistant to advice around their use or refuses to acknowledge concerns.

The parent/carer involves the child/young person in their using behaviour (e.g. asking the child to get the substances or prepare the substances).

The parent/carer is unable to recognise the impact substance use is having on their baby and refuses antenatal care or does not attend care offered.

The parent/carer does not or cannot respond to the child/young person's needs or shows little awareness of the child/young person's wellbeing (e.g. attending school).

There is an absence of supportive family members or a social network.

Universal Needs

person's wellbeing.
Antenatal care is sought.
Alcohol and substances do not impact on the family finances.
The child/young person's needs are fully met and a wide network of family, and supportive others are involved.

Additional Needs

Complex Needs

The finances are affected and the parent/carer's mood is unpredictable and there is a negative impact on the child/young person, e.g. missing learning opportunities.

Acute Needs

The child/young person is exposed to abusive or frightening behaviour of either the parent/carer or other adults (ie delusions/ hallucinations).
Education is frequently disrupted.
The parent/carer does not or cannot recognise and respond to the child/ young person's concerns and worries about the parent/carer's circumstances.

5: STIMULATION AND LEARNING

5.1 Unborn

parent/carer's welcome the pregnancy and seek care as soon as the pregnancy is confirmed.
Parent/carer's attend all the antenatal appointments and seek medical advice if there is a perceived problem.
Parent/carer's prepare for the birth of the baby and have the appropriate clothing, equipment and cot in time.

Parent/carer's attend antenatal clinic and prepare for the birth of the baby, the parent/carer's are acutely aware of and seek support for their mental health or substance misuse problems which could negatively impact on the unborn baby.

Parent/carer's are unaware or indifferent to the impact of mental health and/or substance misuse problems on the unborn child.

Parent/carer's do not attend any antenatal clinic appointments; they are resistant to medical advice during the pregnancy.
Parent/carer's have nothing prepared for the birth of the baby.
Parent/carer's engage in activities that could hinder the development, safety and welfare, or actively seek to inflict harm on the unborn baby.

Universal Needs

Additional Needs

Complex Needs

Acute Needs

5.2 0-2 Years

The baby is well stimulated and the parents/carer's are aware of the importance of this.

Parents/carer's understand the importance of stimulation, but can be inconsistent in care giving.

Parent/carer's needs take precedence at times over the baby's needs.
Some stimulation provided by parents/carer's.

The parent/carer's do not provide stimulation and the baby's mobility is restricted (e.g. confined in high-chair/pram) which is impeding the baby's physical and emotional development e.g. ability to walk or speak.
Parent/carer's get angry at the demands made by the baby.
Parent/carer's are unable to understand or resistant to advice about the importance of stimulation and paying attention to the baby's needs for attention and physical care.

5.3 2-5 Years

The child receives effective stimulation such as parent/carer's talking to the child in an interactive way, as well as reading stories and the parent/carer's playing with the child.
Parent/carer's provide all play and learning opportunities that are necessary and prioritises the family resources to meet the

The parent/carer's provide adequate stimulation.
Parent/carer's own circumstances and other demands made on their time sometimes get in the way and they may struggle to prioritise the child's needs over their own. However, the parent/carer does understand the importance of stimulation for the

The parent/carer's provide limited stimulation and does not see the importance of this for the child.
The child lacks key play and learning opportunities, and this is not because of financial issues, but a lack of understanding, interest or recognition of the need.

No stimulation is provided and parents/carers are resistant to child's needs or advice from others about the importance of stimulation.
The child has extremely limited play and learning opportunities, unless provided by others, and these are not well looked after.
The child may be left

Universal Needs

child's needs.

Parent/carer's take child to child centred places locally, such as park, or encourages child in an age appropriate way to make use of local resources.

Additional Needs

child's well-being.

The child has ample play and learning opportunities and the parent/carer's make an effort to ensure appropriate access to play and learning opportunities even if things are unaffordable, but sometimes struggles.

Child accompanies parent/carer's wherever parent/carer's decide, usually child friendly places, but sometimes child's time is taken up with adult outings because of parent/carer's needs.

Complex Needs

Child may go on adult oriented trips, but these are not child centred, or child left to make their own arrangements, e.g. to play outside.

Child is given responsibilities in the house that prevent opportunities for outings.

Acute Needs

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

Child is prevented from going on outings with friends or school which impacts negatively on socialisation and friendships.

5.4 Learning opportunities

Parent/carer takes an active interest in learning opportunities and actively supports these opportunities at home, attendance is regular.

Parent/carer engages well with early years settings and does not sanction missed days unless necessary.

Parent/carer encourages child/young person to see learning as important, is interested in

Parent/carer largely supports learning opportunities, but support at home can be sporadic.

Parent/carer has an inconsistent approach to promoting learning opportunities, and may have had an ambivalent relationship with own learning.

Parent/carer can occasionally sanction days off where not necessary.

Parent/carer understands the

Parent/carer does not or cannot always understand the importance of learning opportunities and socialisation for the child/young person.

There is a general lack of engagement with learning.

Parent/carer does not or cannot recognise the child/young person's need to learn and can collude with any avoidance of opportunities on the child/young

Parent/carer is resistant to the child/young person accessing learning opportunities, and provides no support and does not encourage the child/young person to see any learning opportunity as making a positive contribution to their circumstances now or in the future.

Overall lack of engagement with learning opportunities.



Universal Needs

Additional Needs

Complex Needs

Acute Needs

learning and supports this at home.

importance learning, but is inconsistent with support for this.

person's part.

On occasion, parent/carer may actively encourage the child/young person to reject learning opportunities and does not or cannot make the connection between learning and greater life opportunities.

5.5 Physical activity and leisure

Parent/carer encourages the child/young person to engage in physical activity and leisure, and prioritises family resources to support this where possible. Parent/carer understands the importance of this to the child/young person's wellbeing. Recognises when the child/young person is good at something and ensures they are able to pursue it.

Parent/carer understands that physical activity and leisure activities are important to the child/young person, but is inconsistent in supporting this, because own circumstances get in the way. Does recognise the child/young person's strengths, but is inconsistent in promoting a positive approach or making opportunities for the child to succeed.

Child/young person makes use of sport through own effort, parent/carer not motivated. Does not or cannot understand the importance of physical activity/leisure opportunities to the child/young person and is indifferent to wishes of the child/young person or advice from others about the importance of physical/leisure activities, even if the child/young person enjoys it and is thriving.

Carer does not encourage the child/young person to take part in activities, and may be active in preventing this. Can actively support the child/young person in engaging in unsafe/unhealthy pursuits which might impact their physical or mental health. Parent/carer resistant to the child/young person's desire to take part or advice from others about the importance of physical/leisure activities, even if the child/young person enjoys it.

5.6 Friendships

Parent/carer promotes friendships/socialisation and is aware of who child/young

Parent/carer is aware of the need for friends/age appropriate interaction, does not promote

Child/young person finds own friendships, without assistance from the parent/carer unless

Parent/carer is resistant to friendships outside the home and shows no interest or support.



Universal Needs

person's friends are, and is aware of their importance to child/young person's social and emotional development.
Aware of safety issues and concerns.

Additional Needs

this, but ensures friends are maintained and supported through opportunities for play etc.

Complex Needs

reported to be bullied.
Limited understanding of the importance of friendships/ socialisation to social and emotional development.

Acute Needs

Parent/carer does not understand importance to the child/young person of social interaction.

5.7 Addressing bullying

Parent/carer alert to the child/young person being bullied and addresses source and impact on child/young person immediately.

Parent/carer aware of likelihood of bullying and intervenes effectively when asked.

Parent/carer unaware of the child/young person being bullied and therefore does not intervene.

Parent/carer unable to understand or indifferent to impact of the child/young person being bullied.

6: CAPACITY AND COMMITMENT TO CHANGE

6.1 Acceptance of issue

Parent/carer is concerned about the child/young person's welfare; wants to meet their physical, social, and emotional needs and largely understands them.
Parent/carer is determined to act in best interests of the child/young person.
Parent/carer is confident in supporting the child/young person to overcome challenges and is willing to ask for help

Parent/carer has inconsistent concern about the child/young person's welfare and generally attempts to meet their needs, but own problems take precedence.
Parent/carer concerns about own difficulties dominate. Some motivation to change, but finds it hard, possibly as a result of limited understanding of child development or wider factors such as alcohol or substance

Parent/carer has limited concern about the child/young person's welfare, and their 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.
Parent/carer prioritises own needs over those of the child/young person when it comes to their welfare, although this may be influenced by stressors

Parents/carers unable, unwilling or fail to recognise their parental roles and responsibilities, and present a resistant attitude toward the child/young person.
Parents/carers often see the child/young person as totally responsible for themselves and their own safety and believe that any harm that befalls the child/young person is their own fault.
Parents/carers may seek to give



Universal Needs

when needed.
Parent/carer is prepared to make sacrifices for the child/young person.

Additional Needs

misuse.
May be disorganised, does not take enough time, or pays insufficient attention; may misread 'signals' from the child/young person; may occasionally exercise poor judgement.

Complex Needs

such as poor housing or unemployment.
Discussions with or witnessed by the child/young person around mental distress and mental health are inappropriate to the child/young person's age and understanding, or cause them to be afraid.
Parents/carers sometimes seek emotional support from the child/young person.

Acute Needs

up the responsibility for their child/young person.

6.2 Taking responsibility

Parent/carer is aware of impact of parental mental distress on parenting role and the child/young person, and is able to mitigate risks when experiencing mental distress.
Child/young person contributes to domestic tasks in a manner appropriate to their age and development.
Parent/carer does not express unusual beliefs about the child/young person.
Parent/carer seeks emotional support from other adults.
Parent/carer collaborates with

Parent/carer generally able to mitigate risks to child/young person when experiencing mental distress, but may experience difficulties on some occasions.
The parent/carer often relies upon child or young person to undertake domestic tasks within the home.
Parent/carer sometimes experiences unusual beliefs about the child/young person but is able to mitigate any risks to the child/young person.
Parent/carer seeks emotional

Parent/carer often unable to meet the practical and emotional needs of the child or young person due to their own mental distress.
The parent/carer overly relies upon child or young person to undertake domestic tasks within the home.
Parent/carer largely unaware of impact of parental mental distress on parenting role and child/young person and unable to mitigate risks when experiencing mental distress.
Discussions take place around

Parent/carer unable to meet the practical and emotional needs of the child/young person due to their mental distress.
The parent/carer primarily relies upon child or young person to carry out domestic tasks within the home.
Parent/carer unaware of impact of parental mental distress on parenting role and child/young person and unwilling to mitigate risks when experiencing mental distress.
Discussions take place around mental distress and mental



Universal Needs

the relevant health and wellbeing services.

Additional Needs

support from other adults. Parent/carer generally collaborates with relevant health and wellbeing services.

Complex Needs

mental distress and mental health that are inappropriate to child/young person's age and understanding or cause the child/young person to be afraid. Parent/carer sometimes seeks emotional support from the child/young person.

Acute Needs

health that are inappropriate to child/young person's age and understanding or cause the child/young person to be afraid. Parent/carer seeks emotional support from the child/young person to a disproportionate and damaging degree.

6.3 Sustaining change

Parents/carers acknowledge the need for change, engaging with activities to bring about change and there is evidence of positive change to the child/young person's lived experience.

Parents/carers have engaged with previous interventions which brought about positive change for the child/young person, and the family are willing to engage again with activity aimed at sustaining change.

Parents/carers are not able to sustain changes for the child/young person despite episodes of intervention to bring about change, neglect remains a feature of the child's life.

Parents/carers are resistant, or do not recognise the need to change for the child/young person despite episodes of intervention to bring about change, neglect remains a feature of the child's life.



CHILD / YOUNG PERSON'S SUMMARY SHEET

Child / Young Person's Name

Practitioner

Date

Agency

Universal Needs

Additional Needs

Complex Needs

Acute Needs

Unknown at this time

AREAS OF NEED	INDICATOR OF NEED	EXAMPLES / EVIDENCE OF IMPACT ON CHILD / YOUNG PERSON	PARENT / CARER'S VIEW	CHILD / YOUNG PERSON'S VIEW					
AREA 1: Physical Care									
Food	<table border="1"> <tr> <td style="background-color: #c8e6c9;"></td> <td style="background-color: #fff9c4;"></td> <td style="background-color: #ffe0b2;"></td> <td style="background-color: #ffcdd2;"></td> <td style="background-color: #e0e0e0;"></td> </tr> </table>								
Quality of housing	<table border="1"> <tr> <td style="background-color: #c8e6c9;"></td> <td style="background-color: #fff9c4;"></td> <td style="background-color: #ffe0b2;"></td> <td style="background-color: #ffcdd2;"></td> <td style="background-color: #e0e0e0;"></td> </tr> </table>								
Stability of housing	<table border="1"> <tr> <td style="background-color: #c8e6c9;"></td> <td style="background-color: #fff9c4;"></td> <td style="background-color: #ffe0b2;"></td> <td style="background-color: #ffcdd2;"></td> <td style="background-color: #e0e0e0;"></td> </tr> </table>								



AREAS OF NEED	INDICATOR OF NEED	EXAMPLES / EVIDENCE OF IMPACT ON CHILD / YOUNG PERSON	PARENT / CARER'S VIEW	CHILD / YOUNG PERSON'S VIEW					
AREA 1: Physical Care (continued...)									
Child's clothing	<table border="1"> <tr> <td style="background-color: #c8e6c9;"></td> <td style="background-color: #fff9c4;"></td> <td style="background-color: #ffe0b2;"></td> <td style="background-color: #ffcdd2;"></td> <td style="background-color: #e0e0e0;"></td> </tr> </table>								
Animals	<table border="1"> <tr> <td style="background-color: #c8e6c9;"></td> <td style="background-color: #fff9c4;"></td> <td style="background-color: #ffe0b2;"></td> <td style="background-color: #ffcdd2;"></td> <td style="background-color: #e0e0e0;"></td> </tr> </table>								
Hygiene	<table border="1"> <tr> <td style="background-color: #c8e6c9;"></td> <td style="background-color: #fff9c4;"></td> <td style="background-color: #ffe0b2;"></td> <td style="background-color: #ffcdd2;"></td> <td style="background-color: #e0e0e0;"></td> </tr> </table>								
AREA 2: Health									
Safe sleeping arrangements and co-sleeping for babies	<table border="1"> <tr> <td style="background-color: #c8e6c9;"></td> <td style="background-color: #fff9c4;"></td> <td style="background-color: #ffe0b2;"></td> <td style="background-color: #ffcdd2;"></td> <td style="background-color: #e0e0e0;"></td> </tr> </table>								
Appropriate sleeping arrangements for older children	<table border="1"> <tr> <td style="background-color: #c8e6c9;"></td> <td style="background-color: #fff9c4;"></td> <td style="background-color: #ffe0b2;"></td> <td style="background-color: #ffcdd2;"></td> <td style="background-color: #e0e0e0;"></td> </tr> </table>								
Seeking advice and intervention	<table border="1"> <tr> <td style="background-color: #c8e6c9;"></td> <td style="background-color: #fff9c4;"></td> <td style="background-color: #ffe0b2;"></td> <td style="background-color: #ffcdd2;"></td> <td style="background-color: #e0e0e0;"></td> </tr> </table>								
Disability and illness	<table border="1"> <tr> <td style="background-color: #c8e6c9;"></td> <td style="background-color: #fff9c4;"></td> <td style="background-color: #ffe0b2;"></td> <td style="background-color: #ffcdd2;"></td> <td style="background-color: #e0e0e0;"></td> </tr> </table>								
AREA 3: Safety and Supervision									
Safety awareness and features	<table border="1"> <tr> <td style="background-color: #c8e6c9;"></td> <td style="background-color: #fff9c4;"></td> <td style="background-color: #ffe0b2;"></td> <td style="background-color: #ffcdd2;"></td> <td style="background-color: #e0e0e0;"></td> </tr> </table>								
Supervision of the child/young person	<table border="1"> <tr> <td style="background-color: #c8e6c9;"></td> <td style="background-color: #fff9c4;"></td> <td style="background-color: #ffe0b2;"></td> <td style="background-color: #ffcdd2;"></td> <td style="background-color: #e0e0e0;"></td> </tr> </table>								
Handling of baby/ response to baby	<table border="1"> <tr> <td style="background-color: #c8e6c9;"></td> <td style="background-color: #fff9c4;"></td> <td style="background-color: #ffe0b2;"></td> <td style="background-color: #ffcdd2;"></td> <td style="background-color: #e0e0e0;"></td> </tr> </table>								



AREAS OF NEED	INDICATOR OF NEED	EXAMPLES / EVIDENCE OF IMPACT ON CHILD / YOUNG PERSON	PARENT / CARER'S VIEW	CHILD / YOUNG PERSON'S VIEW
AREA 3: Safety and Supervision (continued...)				
Care by other adults				
Responding to adolescents				
Traffic awareness and in-car safety				
AREA 4: Love and Care				
Parent/carer's attitude to child/young person, warmth and care				
Boundaries				
Adult arguments and violence				
Young caring				
Positive values				
Adult behaviour				
Substance misuse				



AREAS OF NEED	INDICATOR OF NEED	EXAMPLES / EVIDENCE OF IMPACT ON CHILD / YOUNG PERSON	PARENT / CARER'S VIEW	CHILD / YOUNG PERSON'S VIEW					
AREA 5: Stimulation and Learning									
Unborn	<table border="1"> <tr> <td style="background-color: #c8e6c9;"> </td> <td style="background-color: #fff9c4;"> </td> <td style="background-color: #ffe0b2;"> </td> <td style="background-color: #ffcdd2;"> </td> <td style="background-color: #e0e0e0;"> </td> </tr> </table>								
0-2 years	<table border="1"> <tr> <td style="background-color: #c8e6c9;"> </td> <td style="background-color: #fff9c4;"> </td> <td style="background-color: #ffe0b2;"> </td> <td style="background-color: #ffcdd2;"> </td> <td style="background-color: #e0e0e0;"> </td> </tr> </table>								
2-5 years	<table border="1"> <tr> <td style="background-color: #c8e6c9;"> </td> <td style="background-color: #fff9c4;"> </td> <td style="background-color: #ffe0b2;"> </td> <td style="background-color: #ffcdd2;"> </td> <td style="background-color: #e0e0e0;"> </td> </tr> </table>								
Learning opportunities	<table border="1"> <tr> <td style="background-color: #c8e6c9;"> </td> <td style="background-color: #fff9c4;"> </td> <td style="background-color: #ffe0b2;"> </td> <td style="background-color: #ffcdd2;"> </td> <td style="background-color: #e0e0e0;"> </td> </tr> </table>								
Physical activity and leisure	<table border="1"> <tr> <td style="background-color: #c8e6c9;"> </td> <td style="background-color: #fff9c4;"> </td> <td style="background-color: #ffe0b2;"> </td> <td style="background-color: #ffcdd2;"> </td> <td style="background-color: #e0e0e0;"> </td> </tr> </table>								
Friendships	<table border="1"> <tr> <td style="background-color: #c8e6c9;"> </td> <td style="background-color: #fff9c4;"> </td> <td style="background-color: #ffe0b2;"> </td> <td style="background-color: #ffcdd2;"> </td> <td style="background-color: #e0e0e0;"> </td> </tr> </table>								
Addressing bullying	<table border="1"> <tr> <td style="background-color: #c8e6c9;"> </td> <td style="background-color: #fff9c4;"> </td> <td style="background-color: #ffe0b2;"> </td> <td style="background-color: #ffcdd2;"> </td> <td style="background-color: #e0e0e0;"> </td> </tr> </table>								
AREA 6: Capacity & Commitment to Change									
Acceptance of issue	<table border="1"> <tr> <td style="background-color: #c8e6c9;"> </td> <td style="background-color: #fff9c4;"> </td> <td style="background-color: #ffe0b2;"> </td> <td style="background-color: #ffcdd2;"> </td> <td style="background-color: #e0e0e0;"> </td> </tr> </table>								
Taking responsibility	<table border="1"> <tr> <td style="background-color: #c8e6c9;"> </td> <td style="background-color: #fff9c4;"> </td> <td style="background-color: #ffe0b2;"> </td> <td style="background-color: #ffcdd2;"> </td> <td style="background-color: #e0e0e0;"> </td> </tr> </table>								
Sustaining change	<table border="1"> <tr> <td style="background-color: #c8e6c9;"> </td> <td style="background-color: #fff9c4;"> </td> <td style="background-color: #ffe0b2;"> </td> <td style="background-color: #ffcdd2;"> </td> <td style="background-color: #e0e0e0;"> </td> </tr> </table>								



What is our specific goal/ outcome?	What actions or support are required to achieve the outcome?	Who will do this?	Date this will be reviewed?	Date action completed?



Is there an Early Help or statutory assessment for this child?

YES NO

The following tools may be helpful if you have identified any issues.

Please indicate if any of the following have been completed:

Child Exploitation (CE) - [CE Screening tool](#)

YES NO

Unborn baby in the household - [Pre-birth Planning toolkit](#)

YES NO

Domestic Abuse - [ACPO DASH Risk Assessment](#)

YES NO

Is an [Early Help Assessment \(EHA\)](#) or statutory assessment required as a result of completing this summary sheet?

YES NO

This assessment has been completed with reference to the **The Family Strengths and Needs Toolkit**.

Signature

Print Name

Date