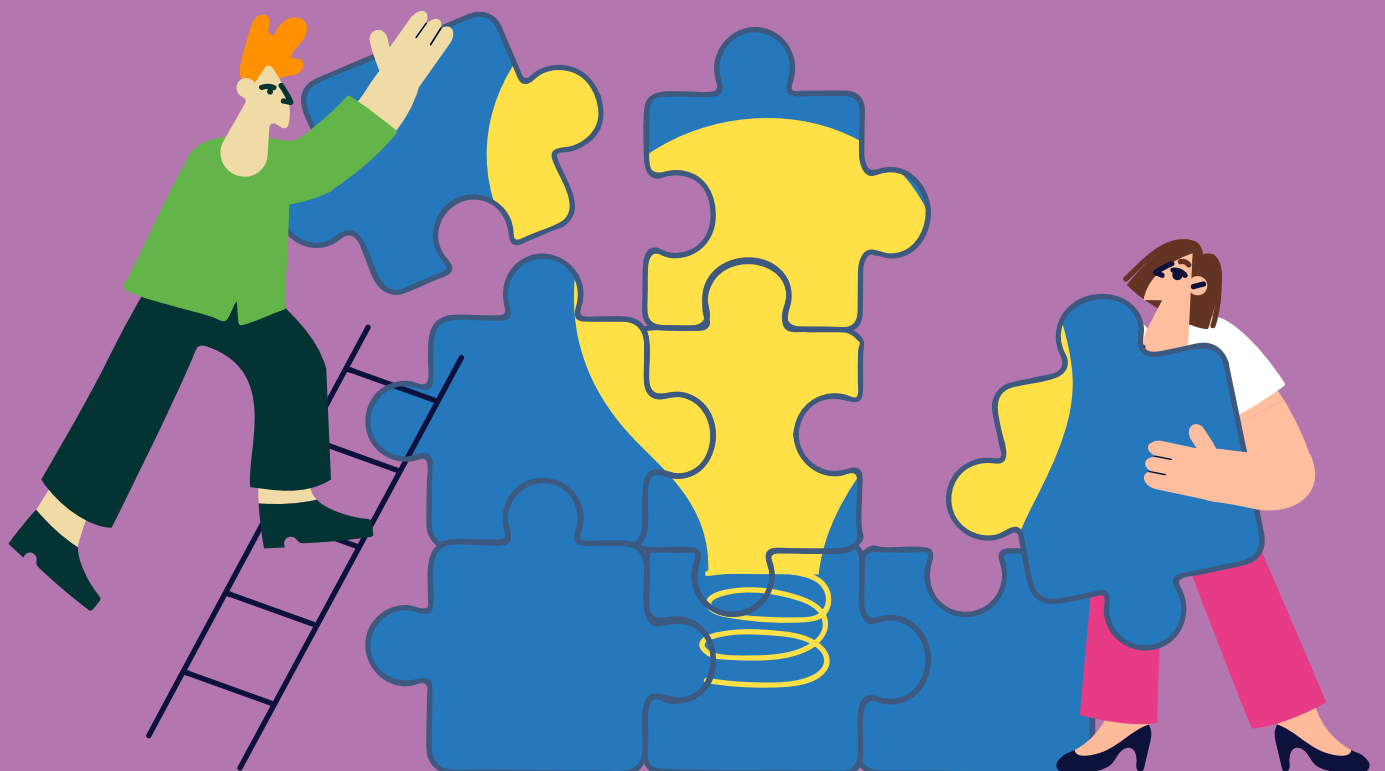


# Family Strengths and Needs Toolkit

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A toolkit to assist with the  
identification of neglect of a  
child or young person



# CONTENTS:

IF YOU ARE  
CONCERNED THAT  
A CHILD IS  
SUFFERING, OR IS  
LIKELY TO SUFFER  
SIGNIFICANT HARM  
CALL US ON

**0300 123 2224**



<b>1: PHYSICAL CARE</b>	<b>3</b>
Food	3
Quality of Housing	3
Stability of Housing	4
Child / Young Person's Clothing	5
Animals	5
Hygiene	6
<b>2: HEALTH</b>	<b>7</b>
Safe Sleeping Arrangements and co-sleeping for babies	7
Appropriate sleeping arrangements for older children	8
Seeking advice and intervention	8
Disability and illness	9

## USEFUL RESOURCES:

[Early Help Assessment](#)

[Step Up Step Down Protocol](#)

[Effective Support Document](#)

[Resolving Professional Differences](#)

[Allegations Management](#)

[Child Exploitation Screening Tool](#)

[South West Child Protection Procedures](#)

[Glossary of Terms](#)

<b>3: SAFETY AND SUPERVISION</b>	<b>10</b>	<b>5: STIMULATION &amp; LEARNING</b>	<b>20</b>
Safety awareness and features	10	Unborn	20
Supervision of the child / young person	10	0-2 years	21
Handling of baby / response to baby	11	2-5 years	21
Care by other adults	12	Learning opportunities	22
Responding to adolescents	12	Physical activity and leisure	23
Traffic awareness and in car safety	13	Friendships	23
		Addressing bullying	24
<b>4: LOVE &amp; CARE</b>	<b>14</b>	<b>6: CAPACITY AND COMMITMENT TO CHANGE</b>	<b>24</b>
Parent / carers attitude to warmth and care	14	Acceptance of issue	24
Boundaries	15	Taking responsibility	25
Adult arguments and violence	16	Sustaining change	26
Young caring	16	Assessment Summary Sheet	27
Positive values	17	Understanding the indicators of need	28
Adult behaviour	18		
Substance misuse	19		



## PHYSICAL CARE

1

## 1.1 Food

Child/young person is provided with necessary quantity and quality of food and drink, which is appropriate for 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 consistency in preparation and routine.

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 preparation or routine.

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'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 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 or repair or decoration.

The accommodation has some essential amenities, but it 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 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 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.

## UNIVERSAL NEEDS

Parents/carers understand the importance of the home conditions to the child/young person's wellbeing.

## ADDITIONAL NEEDS

The accommodation is reasonably clean, but 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 wellbeing, but can be limited by personal circumstances.

## COMPLEX NEEDS

The look is bare and sometimes dirty/smelly and there is 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

The accommodation is dirty and squalid 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 the 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 the child/young person's wellbeing.

### 1.3 Stability of housing

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

Parents/carers understand the importance of stability for the 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 the 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 the 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 always know the adults who stay over.

## UNIVERSAL NEEDS

## ADDITIONAL NEEDS

## COMPLEX NEEDS

## ACUTE NEEDS

Parents /carers are unable to understand the impact of instability on a child/young person.

### 1.4 Child/young person's clothing

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

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.

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

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.

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 regular washing.

Parents/carers are indifferent to the importance of clothing for the child/young person in an age appropriate way.

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.

The parents/carers are unable to understand or resistant to advice about the need for appropriate clothes for the wellbeing of the child/young person.

### 1.5 Animals

Animals are well cared for and are a positive enhancement to the home environment.

Children/young people are encouraged to behave kindly towards animals.

Animals look reasonably well cared for, but contribute to a sense of chaos in the house.

Animals present no danger to children/young people or adults and any ill-treatment of animals is addressed by parents/carers.

Animals are not always well cared for or house trained, and animal faeces or urine is not dealt with appropriately.

Animals present a potential risk. Mistreatment of animals by adults or children/young people is not always addressed by parents/carers.

Animals are not well cared for and ailments are not treated. Faeces and urine are present in living areas.

Animals are dangerous and are chaotically looked after.

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

## UNIVERSAL NEEDS

## ADDITIONAL NEEDS

## COMPLEX NEEDS

## ACUTE NEEDS

### 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 manner.

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

Nappy rash is treated appropriately.

Parents/carers take an interest in the child/young person's appearance.

The child/young person is reasonably clean, but the parents/carers do not bath or wash the child 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, 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 person's appearance and the importance of hygiene to the child/young person's 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 the child/young person's appearance and do not acknowledge the importance of hygiene to the child/young person's 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 their 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 person's lack of hygiene.



## HEALTH

2

## 2.1 Safe sleeping arrangements or co-sleeping for babies

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

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

Parents/carers are aware of guidance around co-sleeping and recognise 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 appropriate bedding and room temperature may be overlooked or smoking in the vicinity may occur. Parent/carer may not be aware of safe sleeping positions for the baby (be aware this raises risk of Sudden Unexplained Death of an Infant SUDI or Sudden Infant Death Syndrome SIDS).

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

Sleeping arrangements for the baby are sometimes disordered and can be a little chaotic. This does not only occur when there is a change of 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 the 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 house (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.



## UNIVERSAL NEEDS

## ADDITIONAL NEEDS

## COMPLEX NEEDS

## ACUTE NEEDS

### 2.2 Appropriate sleeping arrangements for older children

The parents/carers understand that older children and teenagers 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.

The parents/carers understand the need for bedtime routines 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.

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

The child does not get enough sleep and their behaviour and 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 understand the importance of routine care such as optical/dental but is not always consistent and in keeping with routine appointments.

Immunisations can be delayed, but eventually completed.

Parents/carers are inconsistent about ensuring the child/young person completes any agreed programme of medication or treatment.

Dental care and optical care are not routinely attended to.

Immunisations are not up to date, but parents/carers will allow access to the 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

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.

## UNIVERSAL NEEDS

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

## ADDITIONAL NEEDS

Parents/carers recognise the importance of medication/treatment to the child/young person, but personal circumstances can get in the way.

## COMPLEX NEEDS

person's wellbeing.

## ACUTE NEEDS

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

Parents/carers do not ensure 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 the likely impact on the 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 the child/young person's disability.

Parents/carers are proactive in seeking appointments and advice and advocating for the child/young person's wellbeing.

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 the 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 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 the 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 of the child/young person.

Parents/carers are unable to, or do not recognise the 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 wellbeing.

Parents/carers are unable to understand, or are resistant to advice regarding seeking help for the child/young person and decline support around their disability.

## SAFETY &amp; SUPERVISION

3

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

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 do not recognise the importance of safe conditions to the child/young person, and can hold the 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 wellbeing.

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 the child is and has inconsistent awareness of safety issues.

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

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

There is limited concern about where the 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 the importance of supervision and to advice regarding this from others.

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 the child/young person, and often do not know where the 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 nights.

## UNIVERSAL NEEDS

## ADDITIONAL NEEDS

## COMPLEX NEEDS

## ACUTE NEEDS

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

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 the 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 the 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 can 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 the baby, cooing or smiling, and only intermittently recognise the importance of wellbeing 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.

## UNIVERSAL NEEDS

## ADDITIONAL NEEDS

## COMPLEX NEEDS

## ACUTE NEEDS

### 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 the 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 an 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 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 of a 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.

Parents/carers are aware that the young person needs appropriate care but can be inconsistent in providing it.

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,

## UNIVERSAL NEEDS

## ADDITIONAL NEEDS

## COMPLEX NEEDS

## ACUTE NEEDS

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.

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.

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 and 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 is taught traffic skills appropriate to their developmental needs.

[ROSPA Road Safety - a guide for parents.](#)

Baby/infant is not always secured in a pushchair and 3-5 year olds 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.

Baby/infant is not secured in the 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.

Baby/infant is unsecured in the pram/pushchair and the 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 wellbeing.

Child travels in the car without proper restraint, and is at risk of injury.



## UNIVERSAL NEEDS

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

Child/young person is largely supported when cycling/using scooters.

[ROSPA car safety guidance](#)

## COMPLEX NEEDS

Child/young person is inconsistently supervised/supported when cycling/using scooters, leading to occasional accidents/falls.

[ROSPA car safety guidance](#)

## ACUTE NEEDS

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

[ROSPA car safety guidance](#)

# LOVE & CARE

4

## 4.1 Parent/carers attitude to child, warmth and care

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

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.

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 ensuring child/young person develops a positive sense of self, but sometimes they allow personal circumstances to impact on this.

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 speak with high criticism and low warmth about the child/young person and do not provide any reward or praise and may minimise 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.



## UNIVERSAL NEEDS

Child/young person is listened to and parents/carers respond appropriately.

Child/young person is happy to seek physical contact and care.

Parents/carers 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.

## ADDITIONAL NEEDS

Child/young person is the initiator of physical interaction with parents/carers who can respond inconsistently or passively to these overtures.

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

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

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

## COMPLEX NEEDS

Parents/carers seldom initiate interactions with the child/young person and parents/carers are indifferent or unable to if child/young person attempts to engage for pleasure, or seek physical closeness.

Emotional response often lacks warmth.

Parents/carers can respond aggressively or dismissively if the child is distressed or hurt.

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

## ACUTE NEEDS

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.

Parents/carers respond aggressively or dismissively if the 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 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 that the child/young person understands the importance of set limits.

Parents/carers provide boundaries which are sometimes inconsistent and use mild physical and moderate other sanctions.

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 provide no boundaries for the child/young person and treats the child/young person harshly when responding to their behaviour.

## UNIVERSAL NEEDS

Child/young person is disciplined effectively, with the intention of teaching proactively.

## ADDITIONAL NEEDS

Parents/carers recognise the importance of setting boundaries for the child/young person, but is inconsistent because of their own personal circumstances or difficulties.

## COMPLEX NEEDS

Parents/carers may hold the child/young person responsible for their behaviour.  
  
Parents/carers are indifferent to, or unable to understand the impact of the need for more appropriate methods of disciplining.

## ACUTE NEEDS

Parents/carers use physical chastisement and harsh other methods of discipline.  
  
Parents/carers are resistant to advice about appropriate methods for disciplining.

### 4.3 Adult arguments and violence

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

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

Parents/carers sometimes argue in front of the child/young person, but there is no physical abuse of either party.

Parents/carers recognise 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 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 violence or coercive behaviour on the child/young person and the 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.

Child/young person has some additional responsibilities within the household, but these are manageable for age and stage of development.

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

Child/young person has caring responsibilities which are excessive or inappropriate for their age or ability.



## UNIVERSAL NEEDS

Child/young person does not take on additional caring responsibilities which might impact wellbeing.

Parent/carer recognises the importance of appropriateness regarding caring responsibilities.

## ADDITIONAL NEEDS

These activities do not interfere with the child/young person's education and interfere minimally with leisure/sporting activities.

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

## COMPLEX NEEDS

Parents/carers are indifferent to, or lacks understanding of the impact of caring responsibilities on the child/young person.

## ACUTE NEEDS

Inappropriate tasks may include personal/intimate care, unsafe tasks for their age, or tasks which put the cared for person at risk.

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

Caring responsibilities may impact on the child/young person's wellbeing is not understood or acknowledged.

Parents/carers are resistant to advice or refusing consent for appropriate service intervention.

### 4.5 Positive values

Parents/carers encourage 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.

Parents/carers give clear advice and support.

Parents/carers have 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.

Parents/carers have 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.

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.

Parents/carers give minimal advice about the impact of smoking, underage drinking and drug misuse as well as early sexual relationships.

Parents/carers do not monitor the watching of inappropriate materials or playing inappropriate games and

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

## UNIVERSAL NEEDS

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

## ADDITIONAL NEEDS

Parents/carers is aware of the need to monitor the child/young person watching inappropriate material and playing inappropriate computer games, but is inconsistent in monitoring because of own personal difficulties and circumstances.

## COMPLEX NEEDS

is indifferent to or cannot understand the impact on the child/young person.

## ACUTE NEEDS

age-appropriate computer games, and are resistant to advice relating to this; not recognising the potential impact on the child/young person's wellbeing.

### 4.6 Adult behaviour

Parents/carers discuss feelings of depression/low mood according to age of the child/young person, and is aware of the potential impact of parental mood on the child/young person.

Parents/carers have a healthy relationship with alcohol and do not use drugs.

Parents/carers discuss feelings of depression and low mood, and is aware of the impact of parental mood on the child/young person but their mood or circumstances mean there is inconsistency in the approach to topics discussed.

Parents/carers use drugs and alcohol, but this has a limited impact on the child/young person e.g. does not adversely affect supervision of the child/young person.

Parents/carers talk about depression and suicide in front of the child/young person and is unaware of the potential impact on them.

Parents/carers are indifferent to advice about the importance of not talking about this issue.

Parents/carers use drugs and/or alcohol, and is not consistently aware of the impact on the child/young person.

Parent/carer has attempted suicide in front of the 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 family home.

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

The parent/carers use does not impact on the child/young person in terms of parent/carers 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 person's wellbeing.

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/carers 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 own 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

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 of others involved.

## ADDITIONAL NEEDS

## COMPLEX NEEDS

## ACUTE NEEDS

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

The child/young person is exposed to abusive or frightening behaviour of either the parent/carer or other adults (i.e. 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/carers circumstances.

# STIMULATION AND LEARNING

5

## 5.1 Unborn

Parents/carers welcome the pregnancy and seek care as soon as the pregnancy is confirmed.

Parents/carers attend all antenatal appointments and seek medical advice if there is a perceived problem.

Parents/carers prepare for the birth of the baby and have the appropriate clothing, equipment and cot in time.

Parents/carers attend antenatal clinic and prepare for the birth of the baby, the parents/carers are acutely aware of and seek support for their mental health or substance misuse problems which could negatively impact on the unborn baby.

Parents/carers are unaware or indifferent to the impact of mental health and/or substance misuse problems on the unborn child.

Parents/carers do not attend any antenatal clinic appointments; they are resistant to medical advice during pregnancy.

Parents/carers have nothing prepared for the birth of the baby e.g. clothing, equipment and cot.

Parents/carers 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/carers are aware of the importance of this.

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

Parents/carers needs take precedence at times over the baby's needs.

Some stimulation is provided by the parents/carers.

The parents/carers do not provide stimulation and the baby's mobility is restricted (e.g. confined in a high-chair/pram) which is impeding on the baby's physical and emotional development e.g. ability to walk or speak.

Parents/carers get angry at the demands made by the baby.

Parents/carers 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/carers talking to the child in an interactive way, as well as reading stories and the parent/carer playing with the child.

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

The parent/carer provides adequate stimulation.

Parents/carers 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 child's wellbeing.

The parent/carer provides 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.

Child may go on adult oriented trips, but these are not child centred or the child is left to make their own

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 unsupervised for extended periods of time while



## UNIVERSAL NEEDS

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

## ADDITIONAL NEEDS

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

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

## COMPLEX NEEDS

arrangements e.g. to play outside.  
Child is given responsibilities in the house that prevent opportunities for outings.

## ACUTE NEEDS

parents/carers go out locally e.g. to socialise with friends.  
Child is prevented from going on outings with friends or going to 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.

If the child/young person is enrolled with an education provider, parent/carer engages well and does not sanction missed days unless necessary.

Parent/carer encourages child/young person to see learning as important, is interested in learning and supports this at home.

Parents/carers largely support learning opportunities, but support at home can be sporadic.

Parents/carers have an inconsistent approach to promoting learning opportunities, and may have had an ambivalent relationship with own learning.

Parents/carers can occasionally sanction days off where not necessary.

Parents/carers understand the importance of learning, but is inconsistent with support for this.

Parents/carers do 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 avoidance of any opportunities on the child/young person's part.

Parent/carer is resistant to the child/young person accessing learning opportunities, 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 future.

Overall lack of engagement with learning opportunities.

On occasion, parent/carer may actively encourage the child/young person to reject learning opportunities and does not or

## UNIVERSAL NEEDS

## ADDITIONAL NEEDS

## COMPLEX NEEDS

## ACUTE NEEDS

cannot make the connection between learning and greater life opportunities.

### 5.5 Physical activity and leisure

Parents/carers encourage 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.

Parent/carer 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.

Parent/carer 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 is not motivated.

Parent/carer does not or cannot understand the importance of physical activity/leisure opportunities for 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.

Parent/carer can actively support the child/young person in engaging with unsafe/unhealthy pursuits which might impact their physical or mental health.

Parent/carer is 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

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

Parent/carer is aware of the need for friends/age appropriate interaction, does not promote this, but ensures friends are maintained and supported through opportunities for play etc.

Child/young person finds own friendships, without assistance from the parent/carer unless reported to be bullied.

Limited understanding of the importance of friendships/socialisation to social and emotional

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

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

## UNIVERSAL NEEDS

## ADDITIONAL NEEDS

## COMPLEX NEEDS

## ACUTE NEEDS

Aware of safety issues and concerns.

development.

### 5.7 Addressing bullying

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

## CAPACITY AND COMMITMENT TO CHANGE

6

### 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 the 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 when needed.

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

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 misuse.

May be disorganised, does not take enough time, or pays insufficient attention; may misread 'signals' from

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 needs of the child/young person 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 such as poor housing or unemployment.

Discussions with or witnessed by the child/young person around mental

Parent/carer is unable, unwilling or fail to recognise their parental roles and responsibilities, and present a resistant attitude towards 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 up the responsibility for their child/young person.

## UNIVERSAL NEEDS

## ADDITIONAL NEEDS

## COMPLEX NEEDS

## ACUTE NEEDS

the child/young person; may occasionally exercise poor judgement.

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.

The family is unable to access key services which causes significant impairment to the child/young person's diet, education, social development, or emotional wellbeing.

### 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 their child/young person.

Parents/carers seek emotional support from other adults.

Parent/carer collaborates with the relevant health and wellbeing services.

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/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 support from other adults.

Parent/carer generally collaborates with relevant health and wellbeing services.

Parent/carer often unable to meet practical needs of the child/young person due to their own mental distress.

The parent/carer overly relies upon child/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 mental distress and mental health that are inappropriate to the child/young person's age and understanding or cause the child/young person to be afraid.

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 health that are inappropriate to the child/young person's age and understanding or cause them to be afraid.

## UNIVERSAL NEEDS

## ADDITIONAL NEEDS

## COMPLEX NEEDS

## ACUTE NEEDS

Parent/carer sometimes seeks emotional support from the child/young person.

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.



## ASSESSMENT SUMMARY SHEET:

These resources should be used to engage with families and hold discussions to assess what support, if any, they require.

The **Family Strengths and Needs Toolkit** can be used in conjunction with more targeted resources ([see p1](#)) to gain a holistic understanding of a families circumstances, with the Summary Sheet (completed via either online interactive tool, or editable MS Word version) assisting in providing a snapshot overview to inform any formal assessments you may be undertaking, such as an Early Help Assessment or a Child & Families Assessment (for Social Workers).

[INTERACTIVE SUMMARY SHEET](#) - [follow this link](#)

[MS Word SUMMARY SHEET](#) - [follow this link](#)

## TOP TIPS:

- Consider ALL descriptors to gain a holistic view of both families strengths and needs.
- The Family Strengths and Needs Toolkit is NOT a scoring exercise, but is intended to shape an understanding of current needs and strengths.
- Ensure you keep a focus on the child(ren) and/or young person(s) at all times. How much does this impact them? Not just the **what**, but also the **so what**.
- In using the resource, ensure you capture the involvement of other agencies, and the voice of the child/young person and parents/carers.
- Use the indicators of need to identify escalation or de-escalation of strengths and needs of the child/young person's/family, and review changes in circumstances.

“No single practitioner can have a full picture of a child’s needs and circumstances so effective sharing of information between practitioners, local organisations and agencies is essential for early identification of need, assessment, and service provision to keep children safe.”

Working Together to Safeguard Children, 2023





## UNDERSTANDING THE INDICATORS OF NEED:

### UNIVERSAL NEEDS

#### DESCRIPTION:

Children with no additional needs.

Children and young people who are achieving expected outcomes and have their needs met through universal service provision. Typically, these children/young people are likely to live in a resilient and protective environment. Families will make use of community resources. Universal services remain in place regardless of which level of need a child is experiencing.

In general, children and young people with disabilities will have their needs met through early help and targeted services. However, some children with a high level of need related to severe disabilities may require specialist services - please also refer to: [Effective Support for Children and Young People with Special Educational Need and Disabilities \(SEND\) and their families in Somerset.](#)

#### What you need to do:

All children and families should receive universal services, such as health care and education, as well as early years and youth services.

Professionals working with families should check if children are in receipt of universal services and take appropriate action where this is not the case or consider whether to step up to increase support to meet greater emerging needs.

No formal assessment needed.

### ADDITIONAL NEEDS

#### DESCRIPTION:

Targeted provision which can be met by a single practitioner / single agency or where a coordinated multiagency response is needed.

These are children and young people identified as having an additional need which may affect their health, educational or social development and they would be at risk of not reaching their full potential.

A co-ordinated response, such as Team Around the School, may support children, young people and their families. The Early Help Assessment (EHA) is the tool to use to identify need and plan help for the family.

You will need parental consent to share relevant information with other involved practitioners.

#### What you need to do:

Practitioners should talk to the family and consider carrying out an Early Help Assessment (EHA) to ensure the child receives the right support, in the right place, at the right time.

If a joint agency response is needed, a Team Around the Family (TAF) meeting must take place to agree a co-ordinated response which will be detailed in an action plan with parents as full partners.

Early Support Record will be carried out by one of the Children with Disabilities Early Support Teams.





## COMPLEX NEEDS

### DESCRIPTION:

Targeted provision for children with multiple issues or complex needs where a co-ordinated multi-agency response is required.

Despite Early Help interventions via a single agency or partnership working these are children and families whose needs are not being met due to their range, depth and significance. This makes them very vulnerable and at risk of poor outcomes.

A multi-agency response is required using the EHA framework as in most instances there will be issues for parents which are impacting on the children achieving positive outcomes. These families need a holistic and co-ordinated approach and more intensive intervention and help.

The lead practitioner could come from a range of agencies as the key issue will be the quality of the relationship that exists between practitioner and family to assist them to make change.

### What you need to do:

Practitioners should talk to the family and carry out an Early Help Assessment (EHA) to ensure the child receives the right support, in the right place, at the right time.

A Team Around the Family (TAF) meeting must take place to agree a co-ordinated response which will be detailed in an action plan.

If there are concerns about mental health please contact our CAMHS Single Point of Access advice line:

**0300 124 5012**

## ACUTE NEEDS

### DESCRIPTION:

The child has a high level of unmet and complex needs, or is in need of protection and requires support from statutory services.

Support provided by Children's Services:

- Child is/ or may be at risk of significant harm if they remain in their parent's or carers care and requires a Child in Need assessment and support.
- Child is assessed as having suffered significant harm requiring a multi-agency Child Protection plan to safeguard them.
- Child may need to be cared for outside their immediate family full time.

A social worker will co-ordinate an assessment of the child's need and a multi-agency response, where it is assessed that on-going support is required. Where it is assessed that the needs are not best met through Children's Social Care involvement, the social worker will ensure that identified needs are shared to enable support to be offered at the right level as part of a [Step-Down process](#).

Children with complex or severe needs may also require acute health services e.g. CAMHS

### What you need to do:

All practitioners wishing to request involvement of Children's Social Care in relation to Child in Need or Child Protection must complete an Early Help Assessment (EHA) and submit this to:

[SDinputters@somerset.gov.uk](mailto:SDinputters@somerset.gov.uk)



# USEFUL INFORMATION:

**Family Front Door Consultation Line** 0300 123 3078

**Somerset Direct** (children's and adult's) 0300 123 2224

**Emergency Duty Team** 0300 123 2327

**Prevent** - Regional Police Prevent Team 01179 455 536

**Somerset Drug and Alcohol Service** 0300 303 8788  
(SDAS) (24/7 for enquiries)

**Somerset Integrated Domestic Abuse Service** (SIDAS) 0800 694 9999

**CAMHS Single Point of Access** 0300 124 5012



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