



North Yorkshire
Children and Young People's
Strategic Partnership

North Yorkshire
Safeguarding
Children
Board 
working together to safeguard children

Vulnerability Checklist



North
Yorkshire County Council

Vulnerability Checklist

INTRODUCTION

This vulnerability checklist is intended to help identify how children's needs might be met across universal, early intervention, complex and intensive services.

All agencies working within North Yorkshire Children and Young People's Strategic Partnership and North Yorkshire Safeguarding Children Board have a responsibility to address the needs of children and young people in their area. Effective joint working provides the framework in which children's needs can be met across the needs spectrum.

Many agencies, organisations, parents and carers are involved with a child during his or her childhood. Their collective knowledge and understanding provides a holistic view of a child's developmental needs within the context of the family and wider community.

Early intervention and prevention, child centred services, support for families, the engagement of families, including children and young people, information sharing and improved coordination of services are at the heart of Integrated Services.

Integrated Services aim to have a shared set of definitions and a common language underpinned by the Common Assessment Framework (CAF). The CAF follows the principles of the Framework for

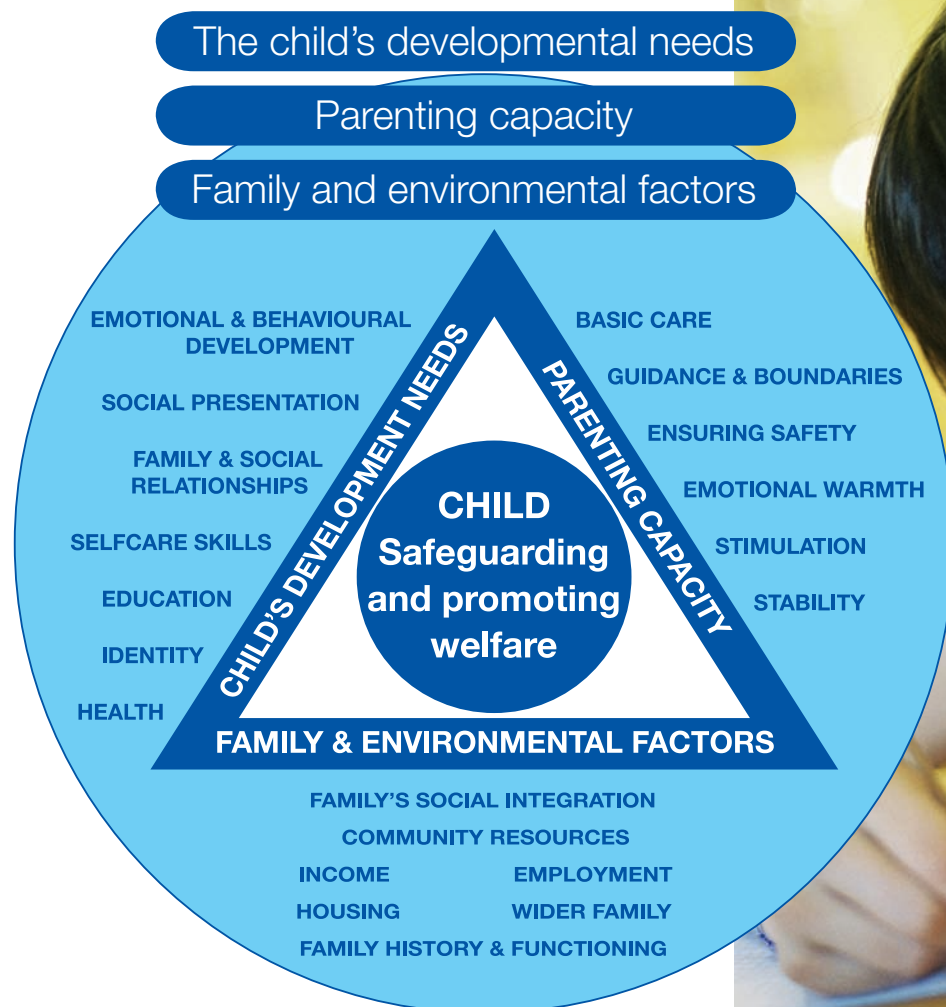
Assessing Children in Need and their Families (DOH 2000). The framework is based on three domains:

- The child's development needs
- Parenting capacity
- Family and environmental factors

This document describes what to consider under each of the headings on the sides of the above triangle when determining a child's developmental needs, whether an assessment is required, or when completing a Common Assessment.

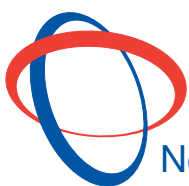
It is important to take a holistic view of the child's needs, based on the three domains. A child or young person may have high levels of need, but these needs may well be met by the parents, wider family or community and the provision of services.

If the child or young person has additional needs which require better coordination, an assessment will assist in producing evidence-based information to enable effective planning for the child and family.



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PRINCIPLES OF INTEGRATED WORKING

“The list of things which can take the shine off children and young people is very long, and the extent to which they seriously compromise their well-being varies enormously. In the context of a very large and predominately rural county, this places heavy reliance on mainstream services and local networks to be vigilant about all children, young people and their families and to be as responsive to them as possible.”

“Whole county and whole service engagement is essential if we are to fulfil the potential of every child in changing times and from unequal starting points. The Children Act 2004 has provided the opportunity for us to take a fresh look and to tackle some things in a different way”

(From Children and Young People’s Plan: Overview)

We are here to make things better for children, young people and families.

PRINCIPLES

- Services for children and young people will be provided or commissioned according to the needs of the child, young person and their family, not the needs of organisations or professional groups.
- Organisational change should not adversely affect service provision to children, young people and their families.
- Services for children, young people and families will seek to involve them in all aspects of design, delivery, monitoring and evaluation.
- Managers and practitioners have a duty to know what other services provide as well as their own.
- Services will only be fit for purpose if they collect, manage and share data very well indeed.
- An understanding of the principles and practice for sharing information about children, young people and families is fundamental to every member of every organisation.
- Families thrive through excellent communication between members; services excel through high quality inter-agency communication and joint working.
- In those instances where services are co-located this should presuppose workers sharing a common purpose, and common practice standards.
- As a priority, services should be available where children, young people and their families can access them easily.
- Service design should be modelled on best possible practice, not local expedience.
- All communities are different. Service design must take into account the communities it needs to serve.
- Children, young people and families are entitled to clarity. Managers have a responsibility not to try to hide challenges to their services.
- Agencies working together must train together.

“Not all change will come quickly, but we are committed to real change for children and will see things through”

(Children and Young People’s Plan: Statement of Purpose)

DIMENSIONS OF CHILD'S DEVELOPMENTAL NEEDS

Health

Includes growth and development as well as physical and mental wellbeing. The impact of genetic factors and of any impairment should be considered. Involves receiving appropriate health care when ill, an adequate and nutritious diet, exercise, immunisations where appropriate and developmental checks, dental and optical care and, for older children, appropriate advice and information on issues that have an impact on health, including sex education and substance misuse.

Education

Covers all areas of a child's cognitive development which begins from birth. Includes opportunities: for play and interaction with other children; to have access to books; to acquire a range of skills and interests; to experience success and achievement. Involves an adult interested in educational activities, progress and achievements, who takes account of the child's starting point and any special educational needs.

Emotional and Behavioural Development

Concerns the appropriateness of response demonstrated in feelings and actions by a child, initially to parents and caregivers and, as the child grows older, to others beyond the family.

Includes nature and quality of early attachments, characteristics of temperament, adaptation to change, response to stress and degree of appropriate self control.



Self Care Skills

Concerns the acquisition by a child of practical, emotional and communication competencies required for increasing independence.

Includes early practical skills of dressing and feeding, opportunities to gain confidence and practical skills to undertake activities away from the family and independent living skills as older children.

Includes encouragement to acquire social problem solving approaches. Special attention should be given to the impact of a child's impairment and other vulnerabilities, and on social circumstances affecting these in the development of self care skills.

Identity

Concerns the child's growing sense of self as a separate and valued person.

Includes the child's view of self and abilities, self image and self esteem, and having a positive sense of individuality. Race, religion, age, gender, sexuality and disability may all contribute to this. Feelings of belonging and acceptance by family, peer group and wider society, including other cultural groups.

Family and Social Relationships

Development of empathy and the capacity to place self in someone else's shoes.

Includes a stable and affectionate relationship with parents or caregivers, good relationships with siblings, increasing importance of age appropriate friendships with peers and other significant persons in the child's life and response of family to these relationships.

Social Presentation

Concerns the child's growing understanding of the way in which appearance, behaviour, and any impairment are perceived by the outside world and the impression being created.

Includes appropriateness of dress for age, gender, culture and religion; cleanliness and personal hygiene, and availability of advice from parents or caregivers about presentation in different settings.

CHILD'S DEVELOPMENTAL NEEDS 0-2 years

	LEVEL 1 UNIVERSAL	LEVEL 2 CO-ORDINATED EARLY INTERVENTION	LEVEL 3 COMPLEX	LEVEL 4 INTENSIVE
HEALTH	<ul style="list-style-type: none"> • appropriate growth pattern • reaching developmental milestones • physically healthy • adequate and nutritious diet • immunisations up to date, unless parent decides otherwise 	<ul style="list-style-type: none"> • growth pattern not at expected rate • slow in reaching developmental milestones • persistent minor health problems • child has chronic health problems • immunisations not up to date, where parent is not objecting 	<ul style="list-style-type: none"> • growth pattern becoming a cause for concern • chronic health problems • missing appointments • developmental milestones unlikely to be met • poor nutrition linked to neglect • severe disability 	<ul style="list-style-type: none"> • life limiting health problem
EDUCATION AND LEARNING	<ul style="list-style-type: none"> • no concerns about cognitive and language development • adequate opportunities for play and stimulation • physically healthy • good home/child care provider contact • enjoys and participates in learning activities 	<ul style="list-style-type: none"> • emerging concerns about cognitive and language development • inadequate opportunities for play and stimulation 	<ul style="list-style-type: none"> • serious concerns about cognitive and language development • child left for long periods without adult contact or stimulation • has obvious learning disability 	
EMOTIONAL AND BEHAVIOURAL DEVELOPMENT	<ul style="list-style-type: none"> • good quality early attachments • demonstrates appropriate responses in feelings and actions 	<ul style="list-style-type: none"> • poor early attachment • some evidence of inappropriate actions or responses 	<ul style="list-style-type: none"> • rejection, no attachment to parents • withdrawn or unwilling to engage 	
FAMILY AND SOCIAL RELATIONSHIPS	<ul style="list-style-type: none"> • stable and affectionate relationship with parents/carers • good relationship with siblings • beginning to develop relationship with peers 	<ul style="list-style-type: none"> • some inconsistencies in relationships with family • unresolved issues arising from complex situations i.e. parents divorce, step parenting, or death of carer • difficulties sustaining relationships 	<ul style="list-style-type: none"> • relationships with parents/carers characterised by inconsistencies • involved in conflicts with peers/siblings • may have previously had periods of LA accommodation • rejection by parent/carer • a family breakdown • family no longer want to care for child • child abandoned • child suffering physical, sexual, emotional abuse or neglect 	<ul style="list-style-type: none"> • child is a victim of trafficking
SOCIAL PRESENTATION	<ul style="list-style-type: none"> • appropriately dressed for circumstances 	<ul style="list-style-type: none"> • clothing inappropriate for season, too tight or ill fitting • child not kept clean 	<ul style="list-style-type: none"> • clothing always inadequate and child dirty and unkempt through neglect 	
IDENTITY	<ul style="list-style-type: none"> • child has a sense of belonging and growing self assurance 	<ul style="list-style-type: none"> • child is showing early signs of non attachment to parent and or vice/versa 	<ul style="list-style-type: none"> • child/parent relationship is harmful to the child 	
SELF-CARE	<ul style="list-style-type: none"> • child has the opportunity to assist with their personal hygiene needs according to their age and stage of development 	<ul style="list-style-type: none"> • inconsistent approach to encouraging child to assist with their personal hygiene needs 	<ul style="list-style-type: none"> • child/parent relationship is harmful to the child 	

CHILD'S DEVELOPMENTAL NEEDS 2-4 years

	LEVEL 1 UNIVERSAL	LEVEL 2 CO-ORDINATED EARLY INTERVENTION	LEVEL 3 COMPLEX	LEVEL 4 INTENSIVE
HEALTH	<ul style="list-style-type: none"> • appropriate growth pattern • developmental checks up to date • physically healthy • adequate and nutritious diet • good emotional health 	<ul style="list-style-type: none"> • growth pattern not increasing at expected rate • slow in reaching developmental milestones • persistent minor health problems • limited diet • poor dental care • vulnerability to emotional health needs – unduly anxious, angry or defiant 	<ul style="list-style-type: none"> • growth pattern becoming a cause for concern • child has chronic health needs or severe disability • concerns about developmental progress and milestones unlikely to be met • lack of food may be linked with neglect • dental decay and no attendance for treatment • severe disability 	<ul style="list-style-type: none"> • life limiting health problem
EDUCATION AND LEARNING	<ul style="list-style-type: none"> • no concerns about cognitive development • adequate opportunities for play and stimulation • acquiring skills • experiences of success /achievement • good home/childcare provider, school links 	<ul style="list-style-type: none"> • concerns about cognitive development • inadequate opportunities for play and stimulation • poor concentration • occasional unexplained absences from nursery childcare provider/school • poor home/nursery/ childcare provider, school links 	<ul style="list-style-type: none"> • serious concerns about cognitive development • child left for long periods without adult contact or stimulation • frequent unexplained absences from nursery/childcare provider/school • no, or acrimonious home/childcare provider/nursery, school links 	
EMOTIONAL AND BEHAVIOURAL DEVELOPMENT	<ul style="list-style-type: none"> • good quality early attachments • demonstrates appropriate responses in feelings and actions • emerging ability to adapt to change • beginning to demonstrate empathy 	<ul style="list-style-type: none"> • poor early attachment some evidence of inappropriate age related responses and actions • finds managing change difficult and easily distracted • unable to show empathy for siblings and peers in distress • child can be either over-friendly, withdrawn or isolated • disruptive/challenging behaviour at school, home or in neighbourhood • child being bullied or instigating bullying • may have inconsolable tantrums with no apparent cause 	<ul style="list-style-type: none"> • attachment difficulties, rejection • child finds it difficult to cope with anger and frustration and cannot be distracted • child withdrawn, unwilling to engage • unable to display emotion 	

CHILD'S DEVELOPMENTAL NEEDS 2-4 years

	LEVEL 1 UNIVERSAL	LEVEL 2 CO-ORDINATED EARLY INTERVENTION	LEVEL 3 COMPLEX	LEVEL 4 INTENSIVE
FAMILY AND SOCIAL RELATIONSHIPS	<ul style="list-style-type: none"> • stable and affectionate relationship with parent/carers • good relationship with siblings • beginning to develop relationships with peers 	<ul style="list-style-type: none"> • inconsistencies in family relationships • difficulties in sustaining relationships • lack of positive role models • low warmth, high criticism 	<ul style="list-style-type: none"> • rejection by parent/carer • a family breakdown • family no longer want to care for child • child abandoned • child suffering physical, sexual, emotional abuse or neglect 	<ul style="list-style-type: none"> • child is a victim of trafficking
SOCIAL PRESENTATION	<ul style="list-style-type: none"> • appropriately dressed for circumstances • good level of hygiene maintained 	<ul style="list-style-type: none"> • inappropriately dressed for circumstances • child not always clean and may be teased • over friendly or withdrawn, may not discriminate effectively with strangers 	<ul style="list-style-type: none"> • clothing inappropriate, dirty due to neglect • dirty and unkempt due to neglect and no attention paid to hygiene • child watchful, wary of parents/carers • demonstrating sexualised behaviour • child unable to discriminate with strangers, potentially putting self at risk 	
IDENTITY	<ul style="list-style-type: none"> • beginning to develop a positive sense of self • child has a sense of belonging and growing self assurance 	<ul style="list-style-type: none"> • some insecurity around identity and sense of self • limited self confidence • child is showing early signs of non-attachment to parent and/or vice-versa 	<ul style="list-style-type: none"> • significant insecurities • poor self confidence • child/parent relationship is harmful to the child 	
SELF-CARE	<ul style="list-style-type: none"> • beginning to develop competencies in practical skills – feeding, dressing • child is actively encouraged to address their personal hygiene needs according to their age and stage of development 	<ul style="list-style-type: none"> • child slow to develop age appropriate practical skills • child's disability limits development of practical skills • inconsistent approach to encouraging child to address their own personal hygiene needs 	<ul style="list-style-type: none"> • child takes little or no responsibility for practical skills in relation to peer group • disability means child relies totally on others to meet care needs • child is not encouraged to become competent in addressing personal hygiene issues 	

CHILD'S DEVELOPMENTAL NEEDS 5-9 years

	LEVEL 1 UNIVERSAL	LEVEL 2 CO-ORDINATED EARLY INTERVENTION	LEVEL 3 COMPLEX	LEVEL 4 INTENSIVE
HEALTH	<ul style="list-style-type: none"> • appropriate growth pattern • physically healthy • developmental checks up to date • adequate and nutritious diet • good state of emotional and mental health 	<ul style="list-style-type: none"> • growth pattern not at expected rate • slow in reaching developmental milestones • not attending routine appointments • persistent minor health problems resulting in poor school attendance • dental care not sufficient • emotional or mental health needs e.g. resulting from acrimonious divorce, poor attachment • limited or restricted diet • child smokes • continence problems • frequent accidents or A&E attendance • health problems exacerbated by failure to access treatment/ appointment 	<ul style="list-style-type: none"> • growth pattern becoming a cause for concern • chronic health problems or severe disability • concerns about developmental milestones • dental decay, due to neglect or lack of treatment • learning significantly affected by health problems • emotional, mental health needs emerging – conduct disorder, ADHD, anxiety, parental rejection, • scapegoating • inappropriate sexualised behaviour • complex mental health issues • child engaged in activities which impact on self-care e.g. substance misuse and impact on vulnerability to exploitation 	<ul style="list-style-type: none"> • life limiting health problem
EDUCATION AND LEARNING	<ul style="list-style-type: none"> • acquiring a range of skills, interests experiences of success, achievement • cognitive and language development appropriate for age • access to books, toys, play, sport and leisure activities • enjoys and participates in educational activities and school life • good home, school link 	<ul style="list-style-type: none"> • not achieving as anticipated • poor school attendance and/or punctuality • developing a pattern of occasional unauthorised absences • multiple fixed-term exclusions • often not engaged in learning • levels of attainment varied • unable to access curriculum without support • poor home, school link • intervention strategy School Action Plus not achieving as anticipated 	<ul style="list-style-type: none"> • has statement of Special Educational Needs requiring complex coordinated services • not educated at school, or at home by parents • few, if any, achievements • unable to access curriculum without considerable support • permanent exclusion from school • no, or acrimonious home, school link 	
EMOTIONAL AND BEHAVIOURAL DEVELOPMENT	<ul style="list-style-type: none"> • demonstrates appropriate responses in feelings and actions • good quality early attachments • ability to adapt to change • able to demonstrate empathy • confident in social situations, but sufficiently discriminating between 'safe' and 'unsafe' contacts 	<ul style="list-style-type: none"> • some difficulties with family relationships • some difficulties with peer relationships • evidence of inappropriate responses and actions – over friendly or withdrawn, unnecessarily fearful • watchful or wary of parent/carer • difficulty in adapting to change 	<ul style="list-style-type: none"> • difficult family relationships • child withdrawn, unwilling to engage • unable to display empathy • limited ability to understand how actions impact on others • regularly involved in anti-social, criminal behaviour • puts others at risk through behaviour 	

CHILD'S DEVELOPMENTAL NEEDS 5-9 years

	LEVEL 1 UNIVERSAL	LEVEL 2 CO-ORDINATED EARLY INTERVENTION	LEVEL 3 COMPLEX	LEVEL 4 INTENSIVE
EMOTIONAL AND BEHAVIOURAL DEVELOPMENT (continued)		<ul style="list-style-type: none"> child finds it difficult to cope with anger and frustration not always able to understand how behaviour impacts on others not compliant to adult requests, provocative in behaviour behaviour which disrupts or challenges, in school or community starting to commit offences some evidence of inappropriate age-related responses and actions unable to maintain peer relationships – is bullied, or a bully 		
FAMILY AND SOCIAL RELATIONSHIPS	<ul style="list-style-type: none"> stable and affectionate relationship with parents/carers good sibling relationship positive relationship with peers 	<ul style="list-style-type: none"> relationships with parents/carers characterised by inconsistencies involved in conflict with siblings, peers may be undertaking role of young carer may have had period of L.A. care child subject to discrimination e.g. racial, sexual or due to disabilities or appearance may be a victim of crime 	<ul style="list-style-type: none"> family relationships critical and/or negative – low warmth, high criticism rejection family breakdown threatened child abandoned by family suffering physical, sexual, emotional abuse or neglect child may have previously been removed from parents care 	<ul style="list-style-type: none"> child is a victim of trafficking
SOCIAL PRESENTATION	<ul style="list-style-type: none"> appropriate dress for setting, season good level of personal hygiene 	<ul style="list-style-type: none"> clothing inappropriate for setting, season child may not always be clean, may suffer teasing as a consequence 	<ul style="list-style-type: none"> child's appearance reflects poor care, poor hygiene from neglect rejection or taunting by peers 	
IDENTITY	<ul style="list-style-type: none"> positive sense of self demonstrates feeling of belonging and acceptance by family, peers, wider community 	<ul style="list-style-type: none"> some insecurities around identity – low self esteem poor self confidence child subject to discrimination – race, disability, religion 	<ul style="list-style-type: none"> demonstrates significantly low self esteem across a range of situations no self confidence persistent discrimination on basis of ethnicity, disability socially isolated with no appropriate role models child's self image is distorted 	
SELF-CARE	<ul style="list-style-type: none"> growing level of competencies in practical skills such as feeding and dressing 	<ul style="list-style-type: none"> slow in developing age appropriate self care skills disability prevents self care across a significant range of tasks 	<ul style="list-style-type: none"> child takes no responsibility for self care in comparison with peer group disabled child relies totally on others to meet care needs 	

CHILD'S DEVELOPMENTAL NEEDS 10-14 years

	LEVEL 1 UNIVERSAL	LEVEL 2 CO-ORDINATED EARLY INTERVENTION	LEVEL 3 COMPLEX	LEVEL 4 INTENSIVE
HEALTH	<ul style="list-style-type: none"> • appropriate growth pattern • physically healthy • developmental checks up to date • adequate and nutritious diet • good state emotional and mental health • sexual activity appropriate for age • no smoking or misuse of substances 	<ul style="list-style-type: none"> • growth pattern not at expected rate • slow in reaching developmental milestones • not attending routine appointments • persistent minor health problems resulting in poor school attendance • dental care not sufficient • vulnerability to emotional or mental health needs – acrimonious divorce, poor attachment • limited or restricted diet • child smokes • early sexual activity • smoking or experimenting with drugs and/or alcohol 	<ul style="list-style-type: none"> • growth pattern becoming a cause for concern • chronic health problems or severe disability • concerns about developmental milestones • dental decay, due to neglect or lack of treatment • learning significantly affected by health problems • emotional, mental health needs emerging – conduct disorder, ADHD, anxiety, parental rejection, scapegoating • inappropriate sexualised behaviour • dangerous, risk taking sexual behaviour • early teenage pregnancy • sexual exploitation • persistent substance misuse • mental health problems – self-harm, depression • threat of suicide • refusing medical treatment endangering life • severe disability – child / young person relies totally on other people to meet care needs 	<ul style="list-style-type: none"> • psychotic episode requiring residential care • life limiting medical condition
EDUCATION AND LEARNING	<ul style="list-style-type: none"> • acquiring a range of skills, interests experiences of success, achievement • cognitive and language development appropriate for age • access to books, toys, play, sport and leisure activities • enjoys and participates in educational activities and school life • good home, school link 	<ul style="list-style-type: none"> • not achieving as anticipated • poor school attendance and/or punctuality • developing a pattern of occasional unauthorised absences • multiple fixed-term exclusions • often not engaged in learning • levels of attainment varied • unable to access curriculum without support • poor home, school link • weak language and communication skills • not always engaged in learning, e.g. poor concentration, low motivation, over tiredness 	<ul style="list-style-type: none"> • has statement of Special Educational Needs requiring complex coordinated services • not educated at school, or at home by parents • few, if any, achievements unable to access curriculum without considerable support • permanent exclusion from school • no, or acrimonious home-school link highly individualised learning packages required 	<ul style="list-style-type: none"> • young people who are placed in specialist residential accommodation
EMOTIONAL AND BEHAVIOURAL DEVELOPMENT	<ul style="list-style-type: none"> • demonstrates appropriate responses in feelings and actions • good quality early attachments • ability to adapt to change • able to demonstrate empathy • confident in social situations, but sufficiently discriminating between 'safe' and 'unsafe' contacts • demonstrates respect for others 	<ul style="list-style-type: none"> • some difficulties with family relationships • some difficulties with peer relationships • evidence of inappropriate responses and actions over friendly or withdrawn, unnecessarily fearful • watchful or wary of parent/carer • difficulty in adapting to change • child finds it difficult to cope with anger and frustration • not always able to understand how behaviour impacts on others 	<ul style="list-style-type: none"> • difficult family relationships • child withdrawn, unwilling to engage • unable to display empathy • limited ability to understand how actions impact on others • regularly involved in anti-social, criminal behaviour • offending and re-offending resulting in court orders, custodial sentences, ASBO's • puts self or others in danger 	<ul style="list-style-type: none"> • sentenced to custodial or remand disposal and placed in secure accommodation (criminal grounds) • placed in secure accommodation on welfare grounds under S25, CA 1989

CHILD'S DEVELOPMENTAL NEEDS 10-14 years

	LEVEL 1 UNIVERSAL	LEVEL 2 CO-ORDINATED EARLY INTERVENTION	LEVEL 3 COMPLEX	LEVEL 4 INTENSIVE
EMOTIONAL AND BEHAVIOURAL DEVELOPMENT (continued)		<ul style="list-style-type: none"> not compliant to adult requests, provocative in behaviour behaviour which disrupts or challenges, in school or community starting to commit offences offending and/or anti social behaviour unable to maintain peer relationships – is bullied, or a bully 		
FAMILY AND SOCIAL RELATIONSHIPS	<ul style="list-style-type: none"> stable and affectionate relationship with parents/carers good sibling relationship positive relationship with peers 	<ul style="list-style-type: none"> relationships with parents/carers characterised by inconsistencies involved in conflict with siblings, peers may be undertaking role of young carer may have had period of L.A. care 	<ul style="list-style-type: none"> family relationships critical and/or negative – low warmth, high criticism rejection family breakdown threatened child abandoned by family suffering physical, sexual, emotional abuse or neglect 	<ul style="list-style-type: none"> child is a victim of trafficking
SOCIAL PRESENTATION	<ul style="list-style-type: none"> appropriate dress for setting, season good level of personal hygiene 	<ul style="list-style-type: none"> clothing inappropriate for setting, season child may not always be clean, may suffer teasing as a consequence appearance and/or behaviour which impacts on self care, e.g. substance misuse 	<ul style="list-style-type: none"> child's appearance reflects poor care, poor hygiene from neglect rejection or taunting by peers 	
IDENTITY	<ul style="list-style-type: none"> positive sense of self demonstrates feeling of belonging and acceptance by family, peers, wider community 	<ul style="list-style-type: none"> some insecurities around identity – low self esteem poor self confidence child subject to discrimination – race, disability, religion sexual orientation 	<ul style="list-style-type: none"> demonstrates significantly low self esteem across a range of situations no self confidence persistent discrimination on basis of ethnicity, disability, race, religion, sexual orientation socially isolated with no appropriate role models child's self image is distorted victim of repeat crime of a serious nature e.g. sexual / physical assault 	
SELF-CARE	<ul style="list-style-type: none"> growing level of competencies in practical skills such as feeding and dressing developing social problem solving skills 	<ul style="list-style-type: none"> slow in developing age appropriate self care skills disability prevents self care across a significant range of tasks engaging in behaviour which impacts on self care, e.g. substance abuse 	<ul style="list-style-type: none"> child takes no responsibility for self care in comparison with peer group disabled child relies totally on others to meet care needs self care neglected because of other priorities, e.g. persistent substance misuse sexual activity, substance misuse leading to exploitation self care neglected because of other priorities, e.g. persistent substance misuse sexual activity, substance misuse leading to exploitation 	

CHILD'S DEVELOPMENTAL NEEDS 15-18 years

	LEVEL 1 UNIVERSAL	LEVEL 2 CO-ORDINATED EARLY INTERVENTION	LEVEL 3 COMPLEX	LEVEL 4 INTENSIVE
HEALTH	<ul style="list-style-type: none"> • appropriate growth pattern • physically healthy • developmental checks up to date • adequate and nutritious diet • good state emotional and mental health • sexual activity appropriate for age • no smoking or misuse of substances 	<ul style="list-style-type: none"> • growth pattern not at expected rate • slow in reaching developmental milestones • not attending routine appointments • persistent minor health problems resulting in poor school attendance • dental care not sufficient • vulnerability to emotional or mental health needs – acrimonious divorce, poor attachment • limited or restricted diet • young person smokes • unsafe or inappropriate sexual activity • smoking or experimenting with drugs and/or alcohol 	<ul style="list-style-type: none"> • growth pattern becoming a cause for concern • chronic health problems or severe disability • concerns about developmental milestones • dental decay, due to neglect or lack of treatment • learning significantly affected by health problems • emotional, mental health needs emerging – conduct disorder, ADHD, anxiety, parental rejection, scapegoating • Inappropriate sexualised behaviour • dangerous, risk taking sexual behaviour • teenage pregnancy • sexual exploitation • persistent substance misuse • mental health problems – self-harm, depression • threat of suicide • refusing medical treatment endangering life • severe disability – child/young person relies totally on other people to meet care needs 	<ul style="list-style-type: none"> • psychotic episode requiring residential care • life limiting medical condition
EDUCATION AND LEARNING	<ul style="list-style-type: none"> • acquiring a range of skills, interests • experiences of success, achievement • cognitive and language development appropriate for age • access to books, toys, play, sport and leisure activities • enjoys and participates in educational activities and school life • good home, school link • planned progression and aspirations, beyond statutory education 	<ul style="list-style-type: none"> • not achieving as anticipated • poor school attendance and/or punctuality • occasional unauthorised absences • multiple fixed-term and/or permanent exclusions • not always engaged in learning • levels of attainment varied • unable to access curriculum without support • poor home, school link • weak language and communication skills • not always engaged in learning, e.g. poor concentration, low motivation, over tiredness • limited evidence of progression planning • at risk of making ill-informed, inappropriate decisions about progression • limited participation in education, employment or training post 16 	<ul style="list-style-type: none"> • has statement of Special Educational Needs requiring complex co-ordinated services • not educated at school, or at home by parents • few, if any, achievements unable to access curriculum without considerable support • permanent exclusion from school • no school placement • no, or acrimonious home, school link • highly individualised learning packages required • not in education, employment or training 	<ul style="list-style-type: none"> • young people who are placed in specialist residential accommodation
EMOTIONAL AND BEHAVIOURAL DEVELOPMENT	<ul style="list-style-type: none"> • demonstrates appropriate responses in feelings and actions • good quality early attachments • ability to adapt to change 	<ul style="list-style-type: none"> • some difficulties with family relationships • some difficulties with peer relationships • evidence of inappropriate responses and actions over friendly or withdrawn, unnecessarily fearful 	<ul style="list-style-type: none"> • difficult family relationships • young person withdrawn, unwilling to engage • unable to display empathy • limited ability to understand how actions impact on others 	<ul style="list-style-type: none"> • sentenced to custodial or remand disposal and placed in secure accommodation (criminal grounds) or in young offenders institution

CHILD'S DEVELOPMENTAL NEEDS 15-18 years

	LEVEL 1 UNIVERSAL	LEVEL 2 CO-ORDINATED EARLY INTERVENTION	LEVEL 3 COMPLEX	LEVEL 4 INTENSIVE
EMOTIONAL AND BEHAVIOURAL DEVELOPMENT (continued)	<ul style="list-style-type: none"> • able to demonstrate empathy • confident in social situations, but sufficiently discriminating between 'safe' and 'unsafe' contacts • demonstrates respect for others 	<ul style="list-style-type: none"> • watchful or wary of parent/carer • difficulty in adapting to change • child finds it difficult to cope with anger and frustration • not always able to understand how behaviour impacts on others • not compliant to adult requests, provocative in behaviour • behaviour which disrupts or challenges, in school or community • starting to commit offences • offending and/or anti social behaviour • unable to maintain peer relationships – is bullied, or a bully 	<ul style="list-style-type: none"> • regularly involved in anti-social, criminal behaviour • offending and re-offending resulting in court orders, custodial sentences, ASBO's • puts self or others in danger 	<ul style="list-style-type: none"> • placed in secure accommodation on welfare grounds under S25,CA 1989
FAMILY AND SOCIAL RELATIONSHIPS	<ul style="list-style-type: none"> • stable and affectionate relationship with parents/carers • good sibling relationship • positive relationship with peers 	<ul style="list-style-type: none"> • relationships with parents/carers characterised by inconsistencies • involved in conflict with siblings, peers • may be undertaking role of young carer • may have had period of L.A. care 	<ul style="list-style-type: none"> • family relationships critical and/or negative – low warmth, high criticism • rejection • family breakdown threatened • young person abandoned by family • suffering physical, sexual, emotional abuse or neglect 	<ul style="list-style-type: none"> • child is a victim of trafficking
SOCIAL PRESENTATION	<ul style="list-style-type: none"> • appropriate dress for setting, season • good level of personal hygiene 	<ul style="list-style-type: none"> • clothing inappropriate for setting, season • child may not always be clean, may suffer teasing as a consequence 	<ul style="list-style-type: none"> • young person's appearance reflects poor care, poor hygiene from neglect • rejection or taunting by peers 	
IDENTITY	<ul style="list-style-type: none"> • positive sense of self • demonstrates feeling of belonging and acceptance by family, peers, wider community 	<ul style="list-style-type: none"> • some insecurities around identity – low self esteem • poor self confidence • young person subject to discrimination – ethnicity, disability, religion, sexual orientation 	<ul style="list-style-type: none"> • demonstrates significantly low self esteem across a range of situations • no self confidence • persistent discrimination on basis of ethnicity, disability, religion, sexual orientation • socially isolated with no appropriate role models • young person's self image is distorted • victim of repeat crime of a serious nature e.g. sexual / physical assault 	
SELF-CARE	<ul style="list-style-type: none"> • competent in all aspects of self care 	<ul style="list-style-type: none"> • slow in developing age appropriate self care skills • disability prevents self care across a significant range of tasks 	<ul style="list-style-type: none"> • young person takes no responsibility for self care in comparison with peer group • disabled young person relies totally on others to meet care needs 	

Framework for the Assessment of Children in Need and their Families

DIMENSIONS OF PARENTING CAPACITY

Basic Care

Providing for the child's physical needs, and appropriate medical and dental care.

Includes provision of food, drink warmth, shelter, clean and appropriate clothing and adequate personal hygiene.

Ensuring Safety

Ensuring the child is adequately protected from harm or danger.

Includes protection from significant harm or danger, and from contact with unsafe adults/other children and from self-harm. Recognition of hazards and danger both in the home and elsewhere.

Emotional Warmth

Ensuring the child's emotional needs are met and giving the child a sense of being specially valued and a positive sense of own racial and cultural identity.

Includes ensuring the child's requirements for secure, stable and affectionate relationships with significant adults, with appropriate sensitivity and responsiveness to the child's needs. Appropriate physical contact, comfort and cuddling sufficient to demonstrate warm regard, praise, and encouragement.

Stimulation

Promoting child's learning and intellectual development through encouragement and cognitive stimulation and promoting social opportunities.

Includes facilitating the child's cognitive development and potential through interaction, communication, talking and responding to the child's language and questions, encouraging and joining the child's play and promoting educational opportunities. Enabling the child to experience success and ensuring school attendance or equivalent opportunity. Facilitating child to meet challenges of life.

Guidance and Boundaries

Enabling the child to regulate their own emotions and behaviour.

The key parental tasks are demonstrating and modelling appropriate behaviour and control of emotions and interactions with others, and guidance which involves setting boundaries, so that the child is able to develop an internal model of moral values and conscience, and social behaviour appropriate for the society within which they will grow up. The aim is to enable the child to grow into an autonomous adult, holding their own values, and able to demonstrate appropriate behaviour with others rather than having to be dependent on rules outside themselves. This includes not over protecting children from exploratory and learning experiences.

Includes social problem solving, anger management, consideration for others, and effective discipline and shaping of behaviour.

Stability

Providing a sufficiently stable family environment to enable a child to develop and maintain a secure attachment to the primary caregiver(s) in order to ensure optimal development.

Includes: ensuring secure attachments are not disrupted, providing consistency of emotional warmth over time and responding in a similar manner to the same behaviour. Parental responses change and develop according to child's developmental progress. In addition, ensuring, children keep in contact with important family members and significant others.



PARENTING CAPACITY

	LEVEL 1 UNIVERSAL	LEVEL 2 CO-ORDINATED EARLY INTERVENTION	LEVEL 3 COMPLEX	LEVEL 4 INTENSIVE
BASIC CARE	<ul style="list-style-type: none"> provides for child/young person's physical needs – food, drink, appropriate clothing, medical and dental care 	<ul style="list-style-type: none"> basic care not provided consistently food, warmth and other basics not always available. parents struggling without support or adequate resources parents have struggled to care for previous children supervision haphazard potential substance misuse or mental health needs 	<ul style="list-style-type: none"> food, warmth and other basics rarely or inconsistently available parents have abused/neglected child/young person previous child/young person has been removed from parents care 	<ul style="list-style-type: none"> serious and persistent abuse or neglect parents own needs when they are unable to keep child/young person safe
ENSURING SAFETY	<ul style="list-style-type: none"> protecting child/young person from danger, either at home or elsewhere protecting child/young person from significant harm parent sets appropriate boundaries in relation to the age/stage of the child or young person 	<ul style="list-style-type: none"> Insufficient awareness of dangers poor supervision of child/young person unaware of child/young person's whereabouts safety equipment not available or used inappropriate child care arrangements inappropriate, frequent visits to GP/A&E 	<ul style="list-style-type: none"> level of care and supervision inadequate given child's age parents unable to restrict access to home by dangerous adults child/young person left in care of offenders known to be a risk to children. persistent and serious domestic abuse involving child/young person 	
EMOTIONAL WARMTH	<ul style="list-style-type: none"> parents demonstrate warmth, praise and encouragement on a consistent basis 	<ul style="list-style-type: none"> inconsistent responses to child/young person parents struggling to have own emotional needs met erratic or inconsistent care 	<ul style="list-style-type: none"> parental instability affecting ability to nurture low warmth, high criticism rejection parents own emotional needs impacting on ability to meet child, young person's needs 	
STIMULATION	<ul style="list-style-type: none"> facilitates development through play and interaction enable child/young person to have positive experiences and achievements access to sport and leisure appropriate to age and interests 	<ul style="list-style-type: none"> child/young person spends considerable time alone child/young person not given opportunities for new experiences child/young person not receiving positive stimulation child/young person under pressure to achieve, unrealistic expectations 	<ul style="list-style-type: none"> no stimulation appropriate to age and needs of child/young person exposure to inappropriate or harmful material e.g. sexually explicit images 	
STABILITY	<ul style="list-style-type: none"> child/young person has secure attachment to parents parent provides consistency of emotional warmth 	<ul style="list-style-type: none"> important relationships to child not always maintained multiple carers, with no significant relationships poor home routines 	<ul style="list-style-type: none"> chaotic family life no-one to care for child parents unable to exercise control of child/young person 	
GUIDANCE AND BOUNDARIES	<ul style="list-style-type: none"> parents provide guidance enabling child to develop positive behaviour and values consistent and appropriate boundaries are established and maintained 	<ul style="list-style-type: none"> erratic or inadequate guidance is provided parents struggle to establish and maintain consistent boundaries parents do not provide good role model – e.g. by behaving in an inappropriate or anti social way 	<ul style="list-style-type: none"> no effective boundaries are set, resulting in child/young person behaving in an antisocial way or engaging in criminal activity 	
SELF CARE SKILLS				

FAMILY AND ENVIRONMENTAL FACTORS

Family History and Functioning

Family history includes both genetic and psychosocial factors. Family functioning is influenced by who is living in the household and how they are related to the child; significant changes in family/household composition; history of childhood experiences of parents; chronology of significant life events and their meaning to family members; nature of family functioning, including sibling relationships and its impact on the child; parental strengths and difficulties, including those of an absent parent; the relationship between separated parents.

Wider Family

Who are considered to be members of the wider family by the child and the parents? Includes related and non-related persons and absent wider family. What is their role and importance to the child and parents and in precisely what way?

Housing

Does the accommodation have basic amenities and facilities appropriate to the age and development of the child and other resident members? Is the housing accessible and suitable to the needs of disabled family members?

Includes the interior and exterior of the accommodation and immediate surroundings. Basic amenities include water, heating, sanitation, cooking facilities, sleeping arrangements and cleanliness, hygiene and safety and their impact on the child's upbringing.

Employment

Who is working in the household, their pattern of work and any changes? What impact does this have on the child? How is work or absence of work viewed by family members? How does it affect their relationship with the child?

Includes children's experience of work and its impact on them.

Income

Income available over a sustained period of time. Is the family in receipt of all its benefit entitlements? Sufficiency of income to meet the family's needs. The way resources available to the family are used. Are there financial difficulties which affect the child?

Family's Social Integration

Exploration of the wider context of the local neighbourhood and community and its impact on the child and parents.

Includes the degree of the family's integration or isolation, their peer groups, friendship and social networks and the importance attached to them.

Community Resources

Describes all facilities and services in a neighbourhood, including universal services of primary health care, day care and schools, places of worship, transport, shops and leisure activities.

Includes availability, accessibility and standard of resources and impact on the family, including disabled members.



FAMILY AND ENVIRONMENTAL FACTORS

	LEVEL 1 UNIVERSAL	LEVEL 2 CO-ORDINATED EARLY INTERVENTION	LEVEL 3 COMPLEX	LEVEL 4 INTENSIVE
FAMILY HISTORY AND FUNCTIONING	<ul style="list-style-type: none"> • good family relationships (including where parents separated) • few significant changes in family composition • good sibling relationships • family able to self refer to support services 	<ul style="list-style-type: none"> • parents have conflict or difficulties that can involve children/young people • incidents of domestic abuse • child/young person has suffered loss of significant adult through bereavement or separation • child/young person may need to care for younger sibling or parent • parent has physical, mental health needs • limited extended family support 	<ul style="list-style-type: none"> • significant parental discord • persistent domestic abuse • family characterised by conflict and serious, chronic relationship difficulties • history of rejection • poor/abusive sibling relationships • parent or sibling in custody • adults reliant on children being carers • family members involved in criminal activity which is affecting children/young people 	<ul style="list-style-type: none"> • history of inter generational, inter familial sexual abuse • home used as a brothel
WIDER FAMILY AND KINSHIP NETWORK	<ul style="list-style-type: none"> • good familial network • friendships outside of the family 	<ul style="list-style-type: none"> • some support from family and friends • family has poor relationships with extended family • little communication with extended family • family is socially isolated 	<ul style="list-style-type: none"> • family has poor relationship with extended family • no effective support from extended family or friends • destructive, unhelpful involvement of wider family 	<ul style="list-style-type: none"> • threatening or abusive responses from extended family or community
HOUSING	<ul style="list-style-type: none"> • accommodation adequate, with basic amenities and appropriate facilities 	<ul style="list-style-type: none"> • poor housing • basic amenities inadequate and poor state of repair • overcrowding • rent arrears 	<ul style="list-style-type: none"> • prosecution, eviction proceedings • homeless • accommodation seriously threatening to health or safety • family seeking asylum, or refugees 	<ul style="list-style-type: none"> • adult who poses a significant risk is living in the home or visiting the home
EMPLOYMENT	<ul style="list-style-type: none"> • parent/s working and arrangements for child/young person in place • parent/s unemployed but managing arrangements 	<ul style="list-style-type: none"> • unemployment of wage earning parent • work/stress impacting on family life • poor employment prospects 	<ul style="list-style-type: none"> • family unable to gain employment due to long-term difficulties e.g. substance misuse, or mental health issues • no expectation or aspiration that young person will work 	<ul style="list-style-type: none"> • child is a victim of trafficking
INCOME	<ul style="list-style-type: none"> • income used to meet family needs 	<ul style="list-style-type: none"> • low income • debt 	<ul style="list-style-type: none"> • extreme financial difficulties resulting in family's basic needs not being met e.g. housing, food, warmth • financial issues • family income not used to meet needs • not entitled to benefits 	
FAMILY'S SOCIAL INTEGRATION	<ul style="list-style-type: none"> • family integrated into community • good social and friendship networks 	<ul style="list-style-type: none"> • some conflict within the community • isolated from community • family willing to engage with early targeted services 	<ul style="list-style-type: none"> • serious, acrimonious relationships within community • community hostile to family, high levels of conflict and volatility which is affecting children • family not willing to engage with support services 	
COMMUNITY RESOURCES	<ul style="list-style-type: none"> • supportive community • available universal services 	<ul style="list-style-type: none"> • community negative towards children/young people • family may be unable to access universal services • no community support • extreme rurality • poor access to targeted services 		

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North Yorkshire
Children and Young People's
Strategic Partnership

North Yorkshire
Safeguarding
Children
Board
working together to safeguard children

The logo features three stylized human figures in blue and orange, arranged in a row. The text 'North Yorkshire Safeguarding Children Board' is written in blue and orange above the figures. Below the figures, the tagline 'working together to safeguard children' is written in blue.

