



The Wellbeing Wheel and Wellbeing Indicators

How to use this Toolkit

This toolkit is designed to offer support to you, as you assess and plan supports for vulnerable children.

You must make sure that you always consider the strengths and positives in a child's life and that the child or young person and their family are at the centre of your thinking ensuring that any and all interventions are timely, appropriate and proportionate.

The agreed local model of intervention which is detailed here is based on the national model, it includes two designated roles for practitioners along with a number of core components that when combined deliver an integrated, multi agency support process for children and their family or carers.

You should read selected section(s) for the additional information that you would like.

The document is not designed to be read from start to finish.

The Wellbeing Wheel and Wellbeing Indicators

Children and young people progress differently depending on their circumstances but every child and young person has the right to expect appropriate support from adults to allow them to develop as fully as possible.

The wellbeing wheel and indicators illustrate the basic requirements for all children and young people to grow and develop so that they can reach their full potential. The wellbeing indicators are: **Safe; Healthy; Achieving; Nurtured; Active; Respected and Responsible; and Included**. Collectively they are often referred to as SHANARRI.

All children have the right to be supported so that they become successful learners, responsible citizens, effective communicators and confident individuals.

The wellbeing indicators:

- Provide a context for identifying and recording concerns about a child or young person
- Provide clear objectives against which the child's plan can be reviewed and outcomes measured
- Act as a framework for:
 - > the collection and analysis of information gathered around the My World Triangle;
 - > setting goals; and
 - > identifying the actions that need to be taken so that the desired outcomes for the child can be achieved.



The Wellbeing Indicators and the Wellbeing Wheel



When considering the development of an assessment and plan you should think about how well the child or young person's needs are currently being met.

You should use the wellbeing indicators to help structure your thinking. Where it appears that the child or young person's wellbeing is being affected by something happening, or not happening, in their life, you should use the 5 questions below to think about how best to respond to the child or young person's needs.

- (i) What is getting in the way of this child's wellbeing?
- (ii) Do I have all the information I need to help this child?
- (iii) What can I do now to help this child?
- (iv) What can my agency do to help this child?
- (v) What additional help, if any, may be needed from other agencies?

The following pages give examples of indicators of well being that health practitioner's may find helpful for children and young people. They have been colour coded according to the age of the child:

Unborn	Red,
Birth to 12 months	Blue,
12 to 36 months	Violet,
3 – 4 years plus	Green.

Wellbeing Indicators

WELLBEING INDICATORS – ASSESSMENT GUIDANCE FOR HEALTH PRACTITIONERS FOR UNBORN CHILDREN

HEALTHY

Capacity to make sure that the child achieves the highest attainable standards of physical and mental health, access to suitable health care and support with any medical issues

- Understanding and acknowledgement of (unborn) baby's rights to positive health
- Parental health awareness and health choices
- Current parental physical and mental health
- Actions taken to maximise health of foetus/baby such as attendance at antenatal appointments
- Engagement with specialist/support services
- Lifestyle issues, i.e. smoking, alcohol
- Evidence of current parenting skills

ACHIEVING

Capacity to encourage learning and development with support and guidance in the development of skills, confidence and self esteem, both positive and negative

- Understanding and acknowledgement of (unborn) baby's rights to achieve
- Engaging with own learning in preparation for parenthood
- Receptive to parenthood education
- Parental capacity - learning difficulties, mental health issues etc which impact on learning
- Evidence of parental learning and development throughout pregnancy to early years
- Learning environment/types of stimulation offered to baby
- Regular routines to establish learning patterns such as bath time etc
- Attachment/bonding and communication with baby
- Evidence of stress which could impact on unborn baby's brain development

NURTURED

Capacity to provide a nurturing place to live in a family setting with additional help if needed, both positive and negative

- Understanding and acknowledgement of (unborn) baby's rights to be nurtured
- Living conditions to provide a nurturing environment
- Preparation for parenthood
- Emotional attachment / bonding / affection with the baby
- Parental experience of nurture

ACTIVE

Capacity to ensure that the child is stimulated and has opportunities to engage in activities such as play that will contribute to healthy growth and development

- Understanding and acknowledgement of (unborn) baby's rights to be active
- Parental upbringing/role model
- Current lifestyle choices in terms of interests, activities, exercise, weight management etc
- Preparation for parenthood such as attendance at classes
- Evidence of current parenting skills or experience

RESPECTED

Capacity to understand the unique characteristics and personality of the baby. Ability to tune in, to listen and hear the baby's attempts to gain attention

- Understanding and acknowledgement of (unborn) baby's rights to be respected
- Parental upbringing/role model
- Engagement with specialist/support services
- Expectation of involvement in decisions that affect them or (unborn) baby
- Social/emotional communication skills/abilities verbal and non-verbal
- Evidence of current parenting skills which respect baby's right as an individual
- Recognition of individual characteristics and personality of the baby

RESPONSIBLE

Capacity to provide structure and boundaries with regular routines for eating, bathing and sleeping

- Understanding and acknowledgement of (unborn) baby's rights to be cared for responsibly
- Appropriate level of preparation for parenthood
- Reliability e.g. attendance at antenatal appointments
- Ability to understand and maintain routines, boundaries and structures for the care of the baby
- Evidence of healthy choices, personal boundaries and self respect
- Ability to seek support and advice if required e.g. benefits/home care support

INCLUDED

Capacity to offer extended support with connections to other children and adults within the community

- Understanding and acknowledgement of (unborn) baby's rights to inclusion
- Consider links to extended family and community
- Language, communication or cultural issues which may impact on inclusion
- Capacity issues such as mental health or shy personality which impact on inclusion
- Geographical location
- Access to amenities, facilities, resources which provide opportunities to integrate

SAFE

Capacity to protect from abuse, neglect or harm, at home and in the community

- Understanding and acknowledgement of (unborn) baby's rights to be protected from harm
- Living conditions which provide a safe environment
- Family support to ensure safety
- Lifestyle issues - i.e. parental drug & alcohol use/ risk taking behaviour
- Previous child protection activity or social work involvement
- Evidence of current parenting skills to protect
- Preparation for parenthood, awareness and understanding of protection from harm such as alcohol / smoking
- Parenting capacity - skills, abilities, experience

WELLBEING INDICATORS – ASSESSMENT GUIDANCE FOR HEALTH PROFESSIONALS: BIRTH TO 12 MONTHS

HEALTHY

Strengths / Protective Factors

- Sleeping pattern (moving from long periods of sleep interspersed with short periods of wakefulness to longer periods of wakefulness – including fretful / crying / calmness)
- Feeding – appropriate for age
- Baby full term at birth
- Weight and length at expected centile
- Head circumference / fontanel / umbilicus
- Baby normally well
- Hearing satisfactory (neo-natal hearing screening)
- Immunisations up to date – parents / carers have an explanation as to why if not up to date
- Gross motor skills age appropriate (at birth - pulled to sitting marked head lag is present / moro reflex present. At 2-3 months when pulled to sit little or no head lag. By 6 months moro reflex normally not present)
- Vision and fine motor skills age appropriate (at 1 month – pupils react to light / turns head and eyes towards light / gazes at parent / carer's face when being fed or talked to with facial expression. At 3 months visually alert – interested in nearby human faces, hand regard when lying supine)
- Skin care – bathed regularly nappy changed regularly
- Baby's medical and clinic appointments generally kept

Developmental Needs / Adversities

- Premature infant
- Infant withdrawal symptoms
- Milestones not reached
- Disability / chronic illness
- Acute period of illness
- Poor physical and / or mental health of parent / carer
- Interrupted sleep patterns

ACHIEVING

Strengths / Protective Factors

Reaching developmental milestones (speech language and communication / social behaviour and play / hearing / gross motor skills / vision and fine movements)

Appropriate play routine – parent / carer reads / talks / sings / floor play

Parent / carer gives appropriate stimulation (praise, encouragement)

Developmental Needs / Adversities

Parent / carer unable to give appropriate responses (over or under stimulation)

Infant has disability that could inhibit parent / carer

Poor physical / mental health of parent / carer

NURTURED**Strengths / Protective Factors**

- Carer / parent expresses and illustrates love and emotional warmth towards baby (is loved unconditionally)
- Parent / carer readily responds to infant's emotional needs ('in tune' with baby's needs for comfort)
- Parent / carer seek appropriate help and advice if experiencing difficulties managing baby
- Parent / carer calm and consistent with dealing with baby's distress
- Baby responds with obvious pleasure to loving attention and cuddles
- Baby is calm and comfortable with parent / carer
- Siblings show obvious love and affection towards baby
- Physical needs of baby attended to by parent / carer
- Parent / carer spends sufficient time with baby to sustain a strong relationship
- A limited number of safe adults deliver intimate care
- Parent / carer has sufficient empathy with baby to be able to respond appropriately

Developmental Needs / Adversities

- Baby is exposed to frequent criticism / hostility
- Conflict and hostility within family environment (continued abusive and stressful situations)
- Mental / physical health of main carer
- No continuity or stability in care of infant (many and varied carers for baby)
- No social support for parent / carer
- Traumatized infant becomes hyper vigilant / hyper aroused

ACTIVE**Strengths / Protective Factors**

- Play time appropriate (bath / floor / cuddles)
- Parent / carer may attend local groups (eg. PEEP parents as early education providers)
- Walking out doors in pram
- Taken out to visit family / friends / shops / local community
- Despite a physical disability, the parent / carer does not isolate child

Developmental Needs / Adversities

- Parent / carer socially isolated and therefore unable to participate with child in any activity
- Parent / carer physical / mental health concerns (depression can affect capacity to care about the baby)
- Baby socially isolated
- Developmental delay

RESPECTED**Strengths / Protective Factors**

- Good family routine – creating structure, continuity and stability
- Parent / carer appropriately responds to needs of baby
- Any physical abnormality accepted
- Respecting and providing boundaries and a controlled environment
- Language and tone of that language used appropriately
- Involved in decisions that affect them

Developmental Needs / Adversities

- Developmental delay
- Insecure attachment to parent / carer

RESPONSIBLE

Strengths / Protective Factors

- Appropriate modelling of behaviour
- Taking cues and responding appropriately
- Sense of identity
- Level of resilience apparent
- Allowing baby to make choices where appropriate
- Baby's needs are regularly satisfied by familiar carer

Developmental Needs / Adversities

- No sense of control
- Baby emotions and behaviours ignored

INCLUDED

Strengths / Protective Factors

- Support from family / friends (siblings / grandparents)
- Development of secure attachment
- Access to family support
- Expectation of infant to be liked by carers – sees adults as dependable and trustworthy

Developmental Needs / Adversities

- If parent shows apathy towards child, this can result in identity problems
- Anxious attachment

SAFE

Strengths / Protective Factors

Evidence of understanding and appropriate action in relation to:

- SIDS (Sudden infant death syndrome)
- Car safety
- Home safety
- Animal safety
- Pram and cot safety
- Sleeping pattern bed sharing / position / temperature (see prevention of cot death)
- Carers routine / lifestyle
- Medicine storage safety
- Accommodation and surroundings are safe
- Artificial feeding preparation safety

Developmental Needs / Adversities

- Impact of poverty and poor social circumstances
- Impact of disability – carer / child
- Impact of a stressful childhood on a household member) abuse, period in care, poor physical health
- Temporary accommodation

WELLBEING INDICATORS ASSESSMENT GUIDANCE FOR HEALTH PROFESSIONALS: 12 MONTHS TO 36 MONTHS

HEALTHY

Strengths / Protective Factors

- Infant is normally well
- Developmental milestones achieved
- Infant has age appropriate diet-nutritious and adequate, always supervised
- Parent/carer responds appropriately to any symptoms of illness
- Immunisations up to date

Developmental Needs / Adversities

- Illness of child not seen as priority to
- parent/carer- develops into more serious condition
- Child unable to communicate their distress
- Physical neglect (unwashed and unfed)

ACHIEVING**Strengths / Protective Factors**

- Reaching developmental milestones
- Appropriate play routine - parent/carer reads/talks/sings /floor play
- Parent/carer gives appropriate stimulation (praise, encouragement)
- Infant likes parent/carer to be within sight and hearing
- Affection demonstrated to familiars

Developmental Needs / Adversities

- Parent/carer unable to give appropriate responses (over or under stimulation)
- Infant has disability that could inhibit parent/carer
- Poor physical/mental health of parent/carer

NURTURED**Strengths / Protective Factors**

- Parent/carers expresses and illustrates love and emotional warmth towards child (is loved unconditionally)
- Parent/carers readily responds to infant's emotional needs 'in tune' with child's need for comfort)
- Parent/carer seeks appropriate help and advice if experiencing difficulties managing child
- Parent/carer calm and consistent when dealing with child's distress
- Child outgoing and smiles and 'talks' – needs parent/carer close by
- Parent/carer takes pleasure in observing interaction between child and others
- Child's sense of self being to develop
- Parent/carer spends sufficient time with baby to sustain a strong relationship and child begins to separate emotionally from parent/carer
- Parent/carer has sufficient empathy with child to be able to respond appropriately - and becomes the safe haven for child from which to explore
- Learns that their name is important part of their identity

Developmental Needs / Adversities

- Child is exposed to frequent criticism/hostility
- Conflict and hostility within family environment (continued abusive and stressful situations)
- Mental/physical health of main carer
- No continuity or stability in care of child (many and varied carers)
- No social support for parent/carer
- Traumatized child becomes hypervigilant/hyper aroused
- Child becomes listless and uninterested
- Parent/carer can inhibit child's sense of identity (too controlling, too protective)

ACTIVE**Strengths / Protective Factors**

- Parent/carer ensures child has plenty of opportunity and encouragement to develop motor skills
- Play time appropriate- (bath/floor/cuddles)
- Parent/carer may attend local groups- (PEEP, toddlers, playgroups)
- Walking out doors
- Taken out to visit family/friends/shops/local community
- Despite a physical disability, the parent/carer does not isolate child

Developmental Needs / Adversities

- Parent/carer socially isolated and therefore unable to participate with child in any activity
- Parent/carer physical/mental health concerns (depression can affect capacity to care about the baby)
- Weight gain under/over expected centile
- Baby socially isolated
- Developmental delay

RESPECTED

Strengths / Protective Factors

- Good family routine – creating structure
- Parent/carer appropriately responds to needs of baby
- Any physical abnormality accepted
- Respecting and providing boundaries and a controlled environment
- Language and tone of that language used appropriately
- Involved in decisions that affect them

Developmental Needs / Adversities

- Developmental delay
- Insecure attachment to parent/carer

RESPONSIBLE

Strengths / Protective Factors

- Appropriate modeling of behaviour
- Taking cues and responding appropriately
- Sense of identity
- Level of resilience apparent
- Allowing child to make choices where appropriate
- Bay's needs are regularly satisfied by familiar carer

Developmental Needs / Adversities

- No sense of control
- Baby's emotions and behaviours are ignored

INCLUDED

Strengths / Protective Factors

- Support from family/friends (siblings / grandparents)
- Development of secure attachment
- Access to family support
- Access to community support
- Expectation of infant to be liked by carers – sees adults as dependable and trustworthy

Developmental Needs / Adversities

- If parent shows apathy towards child, this can result in identity problems
- Anxious attachment

SAFE

Strengths / Protective Factors

- Appropriate home safety precautions (safety gates, cupboard locks, medicine storage)
- Understands simple commands (responds to no, give it to me)
- Achieving developmental milestones (crawling rapidly, stands alone, may be walking without assistance before 1 year, but by 15 months, picks up small objects, crumbs)
- Immunisations up to date
- Infant has a range of safe toys to play with
- Accidental injuries appropriately dealt with by parent/carer

Developmental Needs / Adversities

- Infant physically at risk (left alone with no regard for safety)
- Parent/carer unable to anticipate danger and unable to provide infant with feelings of safety
- Unsuitable housing and surrounding environment
- Insecure attachment - poor interaction between parent/carer and child
- Inappropriate discipline of child (smacking, shaking)

WELLBEING INDICATORS ASSESSMENT GUIDANCE FOR 3 YEARS – 4 YEARS PLUS

HEALTHY

Strengths / Protective Factors

- Child is normally well
- Developmental milestones achieved - if has physical or learning difficulties should be receiving continued professional input
- Infant has age appropriate diet - nutritious and adequate, always supervised
- Parent/carer responds appropriately to any symptoms of illness
- Immunisations up to date

Developmental Needs / Adversities

- Illness of child not seen as priority to parent/carer- develops into more serious condition
- Child unable to communicate their distress
- Physical neglect (unwashed and unfed)

ACHIEVING

Strengths / Protective Factors

- Reaching developmental milestones
- Appropriate play routine-parent/carer reads/talks/sings /floor play
- Parent/carer gives appropriate stimulation (praise, encouragement)
- Infant likes parent/carer to be within sight and hearing
- Affection demonstrated to familiars

Developmental Needs / Adversities

- Parent/carer unable to give appropriate responses (over or under stimulation)
- Infant has disability that could inhibit parent/carer
- Poor physical/mental health of parent/carer

NURTURED

Strengths / Protective Factors

- Parent/carer expresses and illustrates love and emotional warmth towards child (is loved unconditionally)
- Parent/carer readily respond to child's emotional needs ('in tune' with child's needs or comfort)
- Parent/carer seeks appropriate help and advice if experiencing difficulties managing child
- Parent/carer calm and consistent when dealing with child's distress
- Child outgoing and smiles and carries on simple conversations
- Parent/carer takes pleasure in observing interaction between child and others

Developmental Needs / Adversities

- Child is exposed to frequent criticism/hostility
- Conflict and hostility within family environment (continued abusive and stressful situations)
- Mental/physical health of main carer
- No continuity or stability in care of child (many and varied carers)
- No social support for parent/carer
- Impact of poor parenting can be more damaging in some areas than in others - child can blame themselves for parent's problems, taking too much responsibility and being physically and emotionally neglected

ACTIVE

Strengths / Protective Factors

- Parent/carer ensures child has plenty of opportunity and encouragement to develop motor skills
- Play time appropriate (drawing - copies circle, builds tower with cubes, builds bridge with cubes)
- Parent/carer may attend local playgroups or receive place at pre school nursery
- Walking out doors, climbing outside
- Has a level of self-control
- Taken out to visit family/friends/shops/local community
- Despite a physical disability, the parent/carer does not isolate child
- Play really important at this age

Developmental Needs / Adversities

- Parent/carer socially isolated and therefore unable to participate with child in any activity
- Parent/carer physical/mental health concerns (depression can affect capacity to care about the child)
- Weight gain under/over expected centiles

RESPECTED

Strengths / Protective Factors

- Good family routine - creating structure, continuity and stability
- Parent/carer appropriately responds to needs of child
- Any physical abnormality accepted
- Respecting and providing boundaries and a controlled environment
- Language and tone of that language used appropriately
- Involved in decisions that affect them

Developmental Needs / Adversities

- Developmental delay
- Insecure attachment to parent/carer
- If behaviour seen as frustrating to parent/carer
- No positive identity if rejected and uncertain who they are

RESPONSIBLE

Strengths / Protective Factors

- Appropriate modeling of behaviour
- Taking cues and responding appropriately
- Sense of identity
- Level of resilience apparent
- Allowing child to make choices where appropriate

Developmental Needs / Adversities

- No sense of control
- If child witnessing domestic violence they may try protect the victim (patting, touching)

INCLUDED

Strengths / Protective Factors

- Support from family/friends (siblings/grandparents)
- Development of secure attachment
- Access to family support
- Access to community support
- Expectation of child to be liked by carers - sees adults as dependable and trustworthy
- Happy to follow instructions – ‘You do this and I’ll do that’
- Increased vocabulary means child can ask and say what they want - less frustration
- Has joined local pre-school nursery, playgroup

Developmental Needs / Adversities

- If parent shows apathy towards child, this can result in identity problems
- If not attending nursery, playgroup can be socially isolated from peers

SAFE

Strengths / Protective Factors

- Appropriate home safety precautions (safety gates, cupboard locks, medicine storage)
- Achieving developmental milestones (walks alone upstairs, usually jump from bottom stair!)
- Immunisations up to date
- Child has a range of safe toys to play with
- Accidental injuries appropriately dealt with by parent/carer

Developmental Needs / Adversities

- Child physically at risk (left alone with no regard for safety)
- Parent/carer unable to anticipate danger and unable to provide child with feelings of safety
- Unsuitable housing and surrounding environment
- Insecure attachment - poor interaction between parent/carer and child
- Inappropriate discipline of child (smacking, shaking)