

Guidance for Family Resilience Assessment Instrument and Tool (FRAIT)

This is what the Family Resilience Assessment **Tool** looks like. It is 3 sides of A4.

Family Resilience Assessment Instrument and Tool (v.3/17) ©USW/ABMU/Hywel Dda 2017

Section A:
Date of Assessment: _____ Assessor code: _____
Main Parent/Carer: Name _____ M/P* Parental Responsibility Y/N*
Relationship to child: Please circle relevant box

Birth Mother	Adoptive Mother	Step Mother	Other family member (please state eg. Grand-mother)
Birth Father	Adoptive Father	Step Father	Other family member (please state eg. Grand-father)

Main Parent/Carer's Age: _____
Educational Qualification: _____
Please tick relevant qualification: Level 1 Level 2 Level 3 Level 4 & above Other qualifications

Section B:
Date of Assessment: _____ Assessor code: _____
Supporting Parent/Carer: Name _____ M/P* Parental Responsibility Y/N*
Relationship to child: Please circle relevant box

Birth Mother	Adoptive Mother	Step Mother	Other family member (please state eg. Grand-mother)
Birth Father	Adoptive Father	Step Father	Other family member (please state eg. Grand-father)

Note: If there is more than one child in the family with involvement from different Supporting Parents/Careers you will need to complete additional copies of Section B

Section C:
Date of Assessment: _____ Assessor code: _____
Main Parent/Carer: Name _____

Section D: Date of Assessment: _____ Assessor code: _____
Main Parent/Carer: Name _____ M/P* Child's date of birth: _____
Child's Name: _____
Main Parent/Carer's relationship to child:

Birth Mother	Adoptive Mother	Step Mother	Other family member (please state eg. Grand-mother)
Birth Father	Adoptive Father	Step Father	Other family member (please state eg. Grand-father)

Note: A different Section D will need to be completed for each child in the family receiving health visiting input

Family Resilience Assessment Instrument and Tool (v.3/17) ©USW/ABMU/Hywel Dda 2017

Section A: Main Parent/Carer:
My concerns are about _____

	Low	Low/med	Med	Med/High	High
1 Main Parent/Carer's physical health					
2 Main Parent/Carer is depressed/has mental health issues					
3 Main Parent/Carer's lifestyle factors					
4 Main Parent/Carer's experience of being parenting a child					
5 Main Parent/Carer's experience of being a parent					
6 History of domestic abuse					

Section B: Supporting Parent/Carer:
My concerns are about _____

	Low	Low/med	Med	Med/High	High
7 Supporting Parent/Carer's physical health					
8 Supporting Parent/Carer is depressed/has mental health issues					
9 Supporting Parent/Carer's lifestyle factors					
10 Supporting Parent/Carer's experience of good parenting a child					
11 Supporting Parent/Carer's experience of being a parent					
12 History of domestic abuse					

Section C: Main Parent/Carer: Name _____
My concerns are about _____

	Low	Low/med	Med	Med/High	High
13 Parental age younger than 15 years					
14 Number of children/young people in the household					
15 Educational housing					
16 Parent's ability to manage their finances					
17 Parent's access to childcare provision					
18 Parent's access to educational family support					
19 Parent's access to local facilities					
20 Parent's ability to approach their GP					
21 Parent's ability to recognise problem/circumstances that need to change					
22 Parent's responsiveness to change when these are necessary					
23 Parent's ability to make decisions to change					
24 Parent's problem solving skills					
25 Parent's ability to identify family health					
26 Parent's access to health services					
27 Parent's level of education					
28 Parent's engagement with services					

Section D: Main Parent/Carer: Name _____ Child's Name _____
My concerns are about _____

	Low	Low/med	Med	Med/High	High
29 Child's physical health					
30 Child's emotional health					
31 Child's educational attainment					
32 Child's educational attainment					
33 Family structure meeting child's needs					
34 Family structure meeting child's needs					
35 Parent's awareness of the need to protect the child from harm in the home/online					
36 Parent's attendance at Emergency Care					

Note: A different Section D will need to be completed for each child in the family receiving health visiting input

Family Resilience Assessment Instrument and Tool (v.3/17) ©USW/ABMU/Hywel Dda 2017

Section D: Main Parent/Carer: Name _____ Child's Name _____
My concerns are about _____

	Low	Low/med	Med	Med/High	High
29 Child's physical health					
30 Child's emotional health					
31 Child's educational attainment					
32 Child's educational attainment					
33 Family structure meeting child's needs					
34 Family structure meeting child's needs					
35 Parent's awareness of the need to protect the child from harm in the home/online					
36 Parent's attendance at Emergency Care					

Note: A different Section D will need to be completed for each child in the family receiving health visiting input

Page 1
Please note: this is not the finalised version of the tool. It is not for wider circulation until the Phase 2 validation exercise is complete.

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Page 3
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This is what the Family Resilience Assessment **Instrument** looks like. It is 1 side of A4.

Family Resilience Assessment Instrument v.3/17
Date of Assessment: _____ Name of Family Assessed _____ Assessor Code: _____

Circle the box relevant to the family's situation. Add the scores from each section to arrive at a final score. Record the final score below.

	Responsive Parenting	Family Health	Engagement	Family Support	Socio/Economic Factors
Score	Parents' childhood experience	Parental chronic health problems	Parents recognise negative habits in others	History of withstanding adversity	Financial control
5	Parental childhood experience has an entirely positive impact on the child's needs	Parental chronic health problems have no impact on the child's needs or parents have no chronic health problems	Parents always recognise the negative impact of dysfunctional behaviour in others on their family	History of being entirely able to withstand adversity	Always able to meet regular & unexpected financial demands
4	Parental childhood experience has a mainly positive impact on the child's needs	Parental chronic health problems seldom have impact on the child's needs	Parents usually recognise the negative impact of dysfunctional behaviour in others on their family	History of being mainly able to withstand adversity	Always able to meet regular financial demands but not always able to meet large unexpected financial demands
3	Parental childhood experience has led to a conflicting impact on the child's needs	Parental chronic health problems sometimes have impact on the child's needs	Parents sometimes recognise the negative impact of others' dysfunctional behaviour on their family	No history of adversity upon which a judgement can be made	Ability to meet prioritised financial demands but forced to neglect prioritised financial demands
2	Parental childhood experience has a mainly negative impact on the child's needs	Parental chronic health problems often impact on the child's needs	Parents usually do not recognise the negative impact of others' dysfunctional behaviour on their family	History of being mainly unable to withstand adversity	Occasionally able to meet prioritised financial demands but sometimes forced to neglect them
1	Parental childhood experience has an entirely negative impact on the child's needs	Parental chronic health problems have a constant impact on the child's needs	Parents never recognise the negative impact of others' dysfunctional behaviour on their family	History of being entirely unable to withstand adversity	Not able to meet prioritised financial demands

Final Score: _____
Please note: this is not the finalised version of the tool. It is not for wider circulation until the Phase 2 validation exercise is complete.

What is the FRAIT for?

To help Health Visitors (HVs) make robust, consistent and reliable assessments of family resilience. HVs from across Wales have helped develop and test the FRAIT.

Family Resilience Assessment Tool (FRAT) is for HVs to use in their everyday practice to assess the resilience of families on their caseloads, and to help identify the support and interventions needed to help families deal with adversity. HVs will use FRAT as part of their scheduled work with families outlined in the Healthy Child Wales (HCW) programme, and when they meet families for the first time who have moved into the area and joined their caseload.

Family Resilience Assessment Instrument (FRAI) is designed for assessing/scoring family resilience as perceived by the HV. It is made up of 'red flags' – issues identified by HVs in Wales as important for assessing resilience. It may be used for different purposes - part of workload acuity calculation, and for briefing colleagues from other services about a family's situation.

What is Family Resilience?

Family Resilience refers to the qualities families need to successfully cope with stressful periods and crisis situations (McCubbin and McCubbin 1988). The concept of family resilience helps us to understand why some families survive stress and adversity, and why some families then go on to thrive and become stronger as a result (Black and Lobo 2008).

How does using Family Resilience fit with HV practice?

HVs support families and make interventions influenced by the strength of family resilience. A central part of the HV role is the early identification of problems, and providing preventative support to promote family well-being (WAG 2011). Using evidence-informed materials to measure family resilience (Lee et al 2003) will help HVs provide support for families and promote protective factors so families can deal with adversity. This maximises the likelihood of robust, replicable identification of need. NHS Wales aims to have an all-Wales approach to identifying family need based on consistent and reliable assessments, prudent use of health resources, and measurable health outcomes. This will help to improve the state of the nation's health in the short and long term (WAG 2011).

Using the Family Resilience Assessment Tool (FRAT)

HVs will use the FRAT in their everyday practice to assess a family’s resilience, and to identify the support and interventions needed to help them deal with adversity. HVs will use FRAT as part of their scheduled work with families (Healthy Child Wales Programme), or when they meet a family for the first time e.g. if they move into the area and join their caseload.

FRAT has 36 items expressed as statements. HVs record their level of concern about each statement - low, low/medium, medium, medium/high, high.

The items are grouped into 4 sections:

Section A-	Main Parent/Carer’s health and well-being
Section B-	Supporting Parent/Carer’s Health and well-being
<i>NB: If there is more than one child in the family with involvement from different Supporting Parents/Carers you will need to complete additional copies of Section B</i>	
Section C-	External influences/environmental factors
Section D-	Child’s health and well-being
<i>NB: A different Section D will need to be completed for each child in the family receiving HV input</i>	

Please use all 4 sections when you use the FRAT to make an assessment. It is important that you use all your observation skills and knowledge of the family when making the assessment of family resilience. **We don’t recommend that you complete it in the home.**

When you are making your assessment of the family’s situation please take into account any protective factors, negative factors, and vulnerability. Identify any concerns you may have by shading in the relevant area of the grid(see illustration below).

Section A: Main Parent/Carer:

My concerns are about:		Low	Low/med	Med	Med/high	High
1	Main Parent/Carer’s physical health					
2	Main Parent/Carer is depressed/has mental health issues					
3	Main Parent/Carer’s lifestyle factors					
4	Main Parent/Carer’s experience of good parenting as a child					
5	Main Parent/Carer’s experience of being a parent					
6	History of domestic abuse					

If you do not have the relevant information to make a judgement about the item then leave it blank. You can come back to the FRAT when you have the information and will be able to review

your assessment. When you have shaded the items in all sections you can then see the areas where the family may require support and/or interventions to help them build their resilience.

Completing the FRAT forms

The front page of the FRAT records details of family members who are the focus of assessment.

Include the date of assessment for each section.

Date of Assessment: 17/3/17 Name of Family Assessed Evans Assessor Code: dp/hirwaun

Section A: Date of Assessment: 17 March 2017 Assessor code: dp/hirwaun
 Main Parent/Carer: Name Sian Evans **M/F*** Parental Responsibility Y/N*
 * = delete as appropriate

Relationship to child: Please circle relevant box

<input checked="" type="radio"/> Birth Mother	<input type="radio"/> Adoptive Mother	<input type="radio"/> Step Mother	<input type="radio"/> Other family member [please state e.g. Grand-mother]
<input type="radio"/> Birth Father	<input type="radio"/> Adoptive Father	<input type="radio"/> Step Father	
Main Parent/Carer's Age: 25			
Educational qualification level: Please <u>circle</u> relevant qualification level		No qualifications Level 1 Level 2 <input checked="" type="radio"/> Level 3 Level 4 & above Other qualifications	

In sections A & B - record the name of the adult being assessed and their relation to the child or children. If there is more than one child in the family with involvement from different Supporting Parents/Carers you will need to complete additional copies of Section B. Recording educational level allows us to link family resilience to family demographics. We're using the UK Census 2011 categories (see details below).

Educational qualification levels: UK Census 2011

No qualifications

Level 1:
1-4 O Levels/CSE/GCSEs (any grades), Entry Level, Foundation Diploma, NVQ Level 1, Foundation GNVQ, Basic/Essential Skills

Level 2:
5+ O Level (Passes)/CSEs (Grade 1)/GCSEs (Grades A*-C), School Certificate, 1 A Level/ 2-3 AS Levels/VCEs, Intermediate/Higher Diploma, Welsh BaccaLaureate Intermediate Diploma, NVQ level 2, Intermediate GNVQ, City and Guilds Craft, BTEC First/General Diploma, RSA Diploma; Apprenticeship

Level 3:
2+ A Levels/VCEs, 4+ AS Levels, Higher School Certificate, Progression/Advanced Diploma, Welsh BaccaLaureate Advanced Diploma, NVQ Level 3; Advanced GNVQ, City and Guilds Advanced Craft, ONC, OND, BTEC National, RSA Advanced Diploma

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Level 4 and above:

Degree (for example BA, BSc), Higher Degree (for example MA, PhD, PGCE), NVQ Level 4-5, HNC, HND, RSA Higher Diploma, BTEC Higher level, Foundation degree (NI), Professional qualifications (for example teaching, nursing, accountancy)

Other qualifications: Vocational/Work-related Qualifications, Foreign Qualifications (not stated/level unknown).

In section D – record the name of the child being assessed. A different Section D will need to be completed for each child in the family receiving HV input.

Where possible the details and information must be taken from the person directly. If not, record the name of the person on the form who provided the information for the assessment e.g. if the main parent/carer provides details about the supporting parent/carer.

All the items from each section are part of the assessment. Please make sure that all items and sections of the assessment are covered. If you do not have the relevant information to make your judgement about the item then leave it blank. You can come back to the FRAT when you have the information and will be able to review your assessment.

At the end of this document we've included some 'considerations for assessors' when using FRAT to support consistency. We've also produced a 'Keep in Mind' leaflet which you can keep to hand to help you with your information gathering.

Some Notes about Significant Adults and Family Structure
Family Structure

All adults in the family must be assessed as part of the Family Resilience Assessment. Although there may be one main parent/caregiver in the home, all significant adults who are integral to the family need to be included. We have provided some information below about what the terms mean when assessing 'significant adults' in the family.

Main Parent/Carer – *this is the person with parental responsibility for the child and is responsible for the day-to-day care of the child and ensuring the child's welfare.*

In most cases this will be the birth mother. However, it also applies to mothers who have legally adopted the child, to lone fathers who have parental responsibility, and other extended family members who have parental responsibility e.g. where a grand-parent has acquired parental responsibility through the courts.

Where the parents are two gay men who are co-parenting, then it refers to the father who has parental responsibility and who is responsible for the day-to-day care of the child and ensuring the child's welfare.

Where the parents are two lesbian women who are co-parenting, then it refers to the mother who has parental responsibility and who is responsible for the day-to-day care of the child and ensuring the child's welfare

Supporting Parent/Carer – *this person may or may not have parental responsibility for the child depending on the family circumstances. This person may not live or be present in the household on a regular and on-going basis but plays a significant role in the child's life.*

The term refers to the following situations:

Birth Father with or without parental responsibility who may or may not be present in the household on a regular and on-going basis but plays a significant role in the child's life

Adoptive Father with parental responsibility who may or may not be present in the household on a regular and on-going basis but plays a significant role in the child's life

Adoptive Mother with parental responsibility who may or may not be present in the household on a regular and on-going basis but plays a significant role in the child's life

Step-father with or without parental responsibility who may or may not be present in the household on a regular and on-going basis but plays a significant role in the child's life

Step-mother with or without parental responsibility who may or may not be in the household on a regular and on-going basis but plays a significant role in the child's life

Other family member e.g. grand-parent with or without parental responsibility who may or may not be in the household on a regular and on-going basis but plays a significant role in the child's life

Where the parents are two gay men who are co-parenting, then it refers to the father who supports the Main Parent/Carer. The co-parent father may or may not have parental responsibility and may or may not be present in the household on a regular and on-going basis but plays a significant role in the child's life

Where the parents are two lesbian women who are co-parenting, then it refers to the mother who supports the Main Parent/Carer. The co-parent mother may or may not have parental responsibility and may or may not be present in the household on a regular and on-going basis but plays a significant role in the child's life

The Family Resilience Assessment Instrument (FRAI)

The Family Resilience Assessment Instrument is designed for assessing and scoring the family resilience as perceived by the HV. It is made up of ‘red flags’ – issues identified by HVs in Wales as important for assessing resilience. It will be used for a number of different purposes - as part of workload acuity calculation, and for briefing colleagues from other services about a family’s situation. There are 5 sections to the FRAI – **Family Health, Engagement, Family Support, Socio-Economic Factors, & Responsive Parenting**. There are five possible responses that a HV can make to each section.

The responses are numbered **1-5**. A score of **1** indicates **low** resilience, and a score of **5** indicates **high** resilience. The final score is made up by adding the score from each section to provide a total score indicating the strength of family resilience as perceived by the HV. A high score indicates high family resilience. A low score indicates low family resilience. It is important that you use all your observation skills and knowledge when making the assessment.

Circle the box relevant to the family's situation. Add the scores from each section to arrive at a final score. Record the final score below.

	<i>Responsive Parenting</i>	<i>Family Health</i>	<i>Engagement</i>	<i>Family Support</i>	<i>Socio/Economic Factors</i>
Score	<i>Parents' childhood experience</i>	<i>Parental chronic health problems</i>	<i>Parents recognise negative habits in others</i>	<i>History of withstanding adversity</i>	<i>Financial control</i>
5	Parental childhood experience has an entirely positive impact on the child's needs	Parental chronic health problems have no impact on the child's needs or parents have no chronic health problems	Parents <u>always</u> recognise the negative impact of dysfunctional behaviour in others on their family	History of being entirely able to withstand adversity	Always able to meet regular & unexpected financial demands
4	Parental childhood experience has a mainly positive impact on the child's needs	Parental chronic health problems seldom have impact on the child's needs	Parents usually recognise the negative impact of dysfunctional behaviour in others on their family	History of being <u>mainly</u> able to withstand adversity	Always able to meet regular financial demands but not always able to meet large unexpected financial demands
3	Parental childhood experience has led to a conflicting impact on the child's needs.	Parental chronic health problems sometimes have impact on the child's needs	Parents sometimes recognise the negative impact of others' dysfunctional behaviour on their family	No history of adversity upon which a judgement can be made	Able to meet prioritised financial demands but forced to neglect prioritised financial demands
2	Parental childhood experience has a mainly negative impact on the child's needs	Parental chronic health problems often impact on the child's needs	Parents usually do not recognise the negative impact of others' dysfunctional behaviour on their family	History of being mainly unable to withstand adversity	Occasionally able to meet prioritised financial demands but sometimes forced to neglect them
1	Parental childhood experience has an entirely negative impact on the child's needs	Parental chronic health problems have a constant impact on the child's needs	Parents never recognise the negative impact of others' dysfunctional behaviour on their family	History of being entirely unable to withstand adversity	Not able to meet prioritised financial demands

Final Score: 16

References

BlackK & Lobo M(2008) A Conceptual Review of Family Resilience Factors. *Journal of FamilyNursing* 14, 1, 33-55

Lee I, Lee EO, Kim HS, Park YS, Song Y & Park YH (2003) Concept Development of Family Resilience: a study of Korean Families with a Chronically Ill Child. *Journal of Clinical Nursing*13, 636-645

McCubbin HI & McCubbin MA (1988) Typologies of resilient families: Emerging Roles of social class and ethnicity. *Family Relations* 37, 3, 247-254

Welsh Assembly Government (2011) A Vision For Health Visiting. Available at : <http://wales.gov.uk/topics/health/publications/health/reports/healthvisiting/?lang=en> (last accessed March 31st 2017)

Considerations for each sub heading of assessment

1. Main Parent/Carer's physical health

Post natal recovery	Chronic illness	Physical disability	Allergies	Learning disability
Medication				

2. Main Parent/Carer is depressed/has mental health issues

History of mental health issues (including self-harm)	
Post natal mental health	Input from adult mental health services

3. Main Parent/Carer's lifestyle factors

Smoking	Diet/Nutrition	Exercise
Sleep	Alcohol intake	Substance misuse (current or historic)

4. Main Parent/Carer's experience of good parenting as a child

Any issues in her/his own childhood causing concern
Personal history of abuse/neglect/being in care

5. Main Parent/Carer's experience of being a parent

Previous experience of being a main parent/supporting parent/carers	
Previous involvement of social services	Attachment with her/his children

6. History of domestic abuse

Routine enquiry, Ask/Act

7. Supporting Parent/Carer's physical health

Post natal recovery	Chronic illness	Physical disability	Allergies	Learning disability
Medication				

8. Supporting Parent/Carer is depressed/has mental health issues

History of mental health issues (including self-harm)	
Post natal mental health	Input from adult mental health services

9. Supporting Parent/Carer's lifestyle factors

Smoking	Diet/Nutrition	Exercise
Sleep	Alcohol intake	Substance misuse (current or historic)

10. Supporting Parent/Carer's experience of good parenting as a child

Any issues in her/his own childhood causing concern
Personal history of abuse/neglect/being in care

11. Supporting Parent/Carer's experience of being a parent

Previous experience of being a main parent/supporting parent/carers	
Attachment with her/his children	Previous involvement of social services

12. Domestic Abuse

Routine enquiry, Ask/Act

13. Parental age younger than 18 years

14. Number of children/young people in the household

pre-school children	school-age children	young people (16-18)
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15. Adequate housing

Condition of property	Hygiene	Living/sleeping space	Safety of home & garden
Living in homeless unit	Living in women's refuge		
Frequent address change		Anti-social neighbours	

16. Family struggling to manage their finances

Employment/Unemployment	Claiming appropriate benefits
Financial difficulties e.g. debt	Budgeting skills

17. Family isolated due to cultural differences

Social isolation	Ability to access child care e.g. child minder, nursery, playgroup
Opportunities for cultural integration e.g. travellers, culture different to local population	

18. Family access to extended family support

Supportive family & friends locally	Recent close bereavement affecting support network
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19. Family access to local charities

Availability of community resources	Access difficulties e.g. transport, communication
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20. Family's ability to cope with stress

Manage child behaviour	Deal with social issues	Address unexpected ill health
Balance family/work		Draw on support if needed

21. Family's ability to recognise problems/ circumstances that need to change

Smoking	Exercise habits	Sleep patterns	Eating habits	Spending patterns
Child care arrangements		Television viewing		Screen time
Interpersonal behaviour in the home				

22. Family not wanting to change when there are concerns

Degree of family cohesion		Shared responsibility	
Not acknowledging the impact of:			
Behaviour	Concerns of others	Lifestyle factors	Substance/ Alcohol misuse
Multiple carers		Lack of routines	

23. Family's ability to make decisions to change

Knowledge of support systems available		Understanding of the benefit of proposed change	
Joint beliefs		Shared decision making	Identified goal

24. Family's control over life events

Flexibility & mobilisation of social/economic resources	Ability to maintain stability & continuity
Level of expectation associated with life events	Degree of confidence

25. Family values & beliefs affecting family health

Joint beliefs, approaches and ideas	Shared beliefs could include religion, culture, politics
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26. Family level of education to support making changes

Literacy	Numeracy	Language proficiency	Able to seek out information
Parent/Carer with learning disabilities		Knowledge about UK e.g. refugee/new arrival	

27. Family engagement with services

Attend scheduled meetings/appointments	Seek out services to support family
Maintain contact/relationship with services	Understand what services may offer them

28. Child's physical health

Any illness	Diagnosed conditions	Medication	Trauma	Disability
Allergies		Birth marks		

29. Family not attending appointments

Registration with GP	Registration with Dentist	Immunisation status
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30 .Child's education/learning needs being met

Child behaviour	Age appropriate toys	Age appropriate stimulation
Achievements praised & encouraged		Parent understanding of benefits of play
Attendance at nursery/crèche		Attendance at parent/toddler groups
Cognitive development		Speech & language ability for age

31. Child's emotional development

Whether child makes age appropriate responses	Quality of attachment with parents
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32. Family tension causing stress within family

Parent/child bonding & affection	Parent responsiveness to child
Appropriate sensitivity to child's needs	Sibling relationships
Demonstration of warmth/ praise by parent/carers	
Opportunities for socialisation with peers	Relationships with grandparents

33. Parents' ability to provide for all physical needs

General hygiene	Appropriate clothing	Handling	Engaging with services
Bathing	Temperature control		
Opportunities to become independent e.g. starting to feed self (7-9 months) considering toilet training (18-24 months)			

34 .Child's feeding/eating well

Breastfeeding	Age appropriate meals (7-9 months)	Opportunities for weaning/finger foods
Formula feeding	Balanced/varied diet	Swallowing & chewing
Feeding self confidently (3 yrs)		

35. Parents'/carers' awareness of the need to protect the child from danger/significant harm in the home/elsewhere

Safety equipment	Age-appropriate supervision
Dealing with challenging situations e.g. crying baby, toddler tantrums	

36. Frequent attendance at Emergency Depts.