

Salford Thriving Families and Neglect Assessment Tool



Developed by Salford Youth Council
October 2019



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What is the Thriving Families and Neglect Assessment Tool?

We want every child and young person to thrive during their childhood and into adulthood. We know that if the level of care provided is not good enough, children can suffer abuse or neglect which has a long-lasting impact into adulthood.

This document will help to identify the level of care provided to children, including identification of neglect where the level of care poses a risk to them, in addition to how care could be improved. It is likely to be triggered by concerns about the level of care that the child is receiving and should be used as part of other assessment or planning processes. Whilst it is likely to assess difficulties, it also identifies strengths and the potential that exists within the family for change and improvement. The assessment must be completed in partnership with families and with their consent. Separate guidance is also available for professionals to refer to.

A range of sources and research evidence has been used to create this Thriving Families and Neglect Assessment Tool, which also has its basis in the original Graded Care Profile and strengths-based approaches to working with families. We also listened to what young people thought, and the front cover shows the ten elements that Salford’s Youth Council told us they believe are important to children in meeting their needs.

The Assessment tool is divided into five areas of children’s needs and parenting:

1.Relationships and Emotional Well-being: 1.1 Quality of relationships and communication 1.2 Meeting emotional needs 1.3 Boundaries 1.4 Belonging and identity 1.5 Optimism and hope	2.Physical Care: 2.1 Food and Nutrition 2.2 Clothing 2.3 Hygiene 2.4 Health 2.5 Housing-home and space	3.Safety: 3.1 Awareness 3.2 In the home 3.3 In the community 3.4 In the care of others 3.5 Developing Safe Independence	4.Stimulation, Education and leisure 4.1 Family activities and expression 4.2 Education and expression time (play)	5 Enabling Capacity to Change
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How to use the tool

Each section includes a description of how well needs are met in aspects of the areas above, from ‘all needs met’ to ‘all needs unmet’ as illustrated in the diagram. Work through sections by discussing the description that best fits the care the child receives. Further guidance and description are provided in the separate guidance document. Following discussion and observation, circle the description that fits best for the child.

Quantity	1.All Needs Met	Child is consistently met (br fully met).
	2.Many Needs Met	Child is provided to ensure their
	3.Some Needs Unmet	Child is provided to meet nutritional
	4.Many Needs Unmet	Child is rarely nutritional needs
	5.All Needs Unmet	Inappropriate Child appears to steal food. Child

There may be differences of opinion which can be explored through the discussion. It is important that parent/caregivers, family members and professionals are honest in discussions. This may mean thinking about what happens on a good day, a bad day, a school day, at the weekend and what helps or hinders the parenting so that the family and the worker can identify what is working well in addition to what changes can be made.

Further detailed guidance, a leaflet for parent/caregivers and supporting tools are available.

If at any time there is concern that a child or young person has suffered significant harm or is at risk of suffering significant harm, contact The Bridge Partnership for advice and request for support (0161 603 4500)

Family Information

Household Address	
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Significant people in the family living or visiting in the home				
Full Name	Child/Adult	Gender	Date of Birth	Family Role (please note who are the parents/caregivers)

Worker(s) name, agency and role	
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Date of initial Discussion		Date of review	
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Why is a Thriving Families and Neglect Assessment Tool being completed now and what has led us here?

Have parents/caregivers consented to complete an assessment? <i>(see also last section)</i>	

1. RELATIONSHIPS AND EMOTIONAL WELLBEING

Why relationships and emotional well-being are important

Babies and children need to be close to and guided by their parent/caregivers, which helps them to feel secure, loved and able to thrive. This includes having parents/caregivers who are interested in them, who spend time with them, respond to their needs and who maintain appropriate boundaries. Good emotional and mental health is important in helping to strengthen the child’s confidence in themselves and others. This helps them have happy healthy relationships now and in the future Children who have a positive view of themselves can thrive in school, friendships and within the wider community.

Emotional and mental ill health is a serious problem among children if neglected and left untreated. There is evidence that it can lead to disruptive behaviour, isolation, difficulty forming relationships and become an enduring life-long condition with associated life limiting effects.

Lived Experiences

How the child and the parent/care giver describe their relationship.

Assessment of Need		
a) Relationships and communicati on	1.All Needs Met	Parent/caregiver and child enjoy regular two-way communication and parent/caregiver listens to the child’s views through shared language and understanding. They take an interest in the child’s likes, friends, and progress and enjoy interactions with each other. There is a positive two way relationship.
	2.Many Needs Met	Communication is positive and parent/caregiver responds appropriately even if the child’s communication is challenging, the child is experiencing negative emotions or needs help to regulate their feelings. Both parent & child enjoy interactions with each other and agree it is mostly a positive relationship.
	3.Some Needs met	Communication is mainly started by the child and sometimes by the parent/caregiver. Parent/caregiver’s response is sometimes negative if the child’s behaviour is challenging or distressed. The quality of the relationship and communication could be improved.
	4. Many Needs Unmet	Communication is more often by the child and the parent/caregiver doesn’t always respond to the child or is indifferent when they attempt to engage. Engagement is mainly practical and the child/carer relationship does often not meet child’s needs.
	5.All Needs Unmet	There is limited/no attempt to start interactions and the parent/caregiver is not emotionally available or responsive to approaches by the child. The child appears resigned, is alone or apprehensive. The relationship does not meet child’s needs.
b) Meeting Emotional Needs	1.All Needs Met	Parent/caregiver is emotionally available. Responds to child’s emotional needs on a day to day basis as well as during difficult times for the child and/or family. Anticipates or picks up subtle verbal and nonverbal signals including emotions or mood. Provides warm emotional and practical responses, unconditional acceptance and is supportive even when the child faces challenges. Any conflict is resolved amicably.
	2.Many Needs Met	Parent/caregiver is consistently aware of, and generally able to prioritise child’s emotional needs. Understands and mostly responds to clear verbal & nonverbal

		signals and expressions including emotions and mood. Emotional responses are warm and reassuring.
	3.Some Needs Unmet	Parent/caregiver emotional capacity is reduced at times and emotional and practical responses vary. Responds when child's signals are intense e.g. child crying, annoyed, distressed but not always timely or appropriate. Parent/caregiver displays annoyance and conflict is sometimes unresolved.
	4.Many Needs Unmet	Parent/caregiver has limited emotional availability, is less responsive day to day for the child and may struggle to understand the child's perspective or needs. Child's repeated, prolonged and intense signals are noticed e.g. screaming, shouting, angry but responses are delayed even when child is distressed Unsupportive or rejecting if the child is seeking support.
	5.All Needs Unmet	Child displays extreme emotional ill-being as a result of unresolved trauma or unmet emotional needs. Parent/caregiver insensitive to even repeated and prolonged intense signals or is even averse to signals. Responses may be unpleasant/punitive even if child in distress. Exaggerates young person's mistakes.
c) Boundaries	1.All Needs Met	Parent/caregiver consistently sets and implements appropriate boundaries, Parent/caregiver always demonstrates unconditional acceptance of child by being warm and supportive with lots of praise and rewards.
	2.Many Needs Met	Parent/caregiver often sets and implements appropriate boundaries. They demonstrate acceptance of the child by being warm and supportive and providing praise & rewards.
	3.Some Needs Unmet	Parent/caregiver sometimes sets and implements appropriate boundaries, with inconsistent action when crossed. Sometimes demonstrates acceptance of child by being warm and supportive.
	4.Many Needs Unmet	Parent/caregiver inconsistently sets and implements appropriate boundaries or actions when crossed. Parent/caregiver occasionally demonstrates acceptance of child and is rarely warm and supportive..
	5.All Needs Unmet	Parent/caregiver doesn't set or implement appropriate boundaries and takes inappropriate action such as physical chastisement. They aren't visibly supportive or accepting of the child and undermines or is indifferent if the child is achieving or praised by others.
d) Belonging and Identity	1.All Needs Met	Parents/caregiver ensure child has a positive role within the family and a good understanding of their history, networks and culture. Parent helps the child to feel they belong, are valued and to understand their place in the world.
	2.Many Needs Met	Parent/caregiver supports child to have a mainly positive role in the family and some understanding of their history, networks and culture. Parent provides the child with some sense of belonging, value and understanding of their place in the world.
	3.Some Needs Unmet	Parent/caregiver instigate in the child some sense of belonging and a basic understanding of their history, networks and culture.
	4.Many Needs Unmet	There is a fluctuating sense of belonging (e.g. only on specific terms) and has some questions about with their history, network or culture.
	5.All Needs Unmet	The child is not included in the family or included on negative terms. The child has many questions regarding their identity.
e) Optimism & Hope	1.All Needs Met	Parent/caregiver ensure the child has a positive outlook and looks forward to the future.
	2.Many Needs Met	Parent/caregiver ensure child has a positive outlook on the whole and has things to look forward to in the short and longer term.
	3.Some Needs Unmet	Parent/caregiver ensure child has some optimism but also inflict some pessimism and lack of hope in some areas.
	4.Many Needs Unmet	Parent/caregiver fail to nurture a sense of optimism - Child has some pessimism/ anxiety and little hope of improvement.
	5.All Needs Unmet	Parent/caregiver actively encourage a pessimistic outlook -Child is pessimistic/ anxious/ about life and doesn't feel things can improve.

SUMMARY AND SIGNPOSTING

Summary of discussion, including what may need to change and what is working well (underlying drivers to the strengths and needs should be considered here)

What would help achieve this. Please utilise the Family Partnership Tool: Goal Setting: Agreeing change for the future and Goal Setting: Naming change for the future

2. PHYSICAL CARE**2.1 PHYSICAL CARE: FOOD and NUTRITION****Why good nutrition is important:**

By giving your child a healthy balanced diet, you are ensuring that they are getting all the essential vitamins, minerals and other nutrients that children need for healthy growth and development. Certain nutrients are required for a variety of reasons. A healthy diet includes 5 a day portions of vegetables and or fruit (fresh/frozen/tinned), is low in salt, sugar and fat.

Under-nourishment leads to restricted growth and brain development. Not eating the correct and consistent calories per day, including unregulated amounts of fat and sugar, can also lead to heart problems, obesity and tooth decay.

There is also a link between neglect and obesity, e.g. the use of sweets as ‘pacifiers’ in babies and young children, or unregulated, unhealthy meals. Poor nutrition not only affects physical health, but also educational outcomes and general well-being.

Poverty impacts on ability to afford a healthy balanced diet. The Food Foundation highlights that 3.7 million children in the UK are likely to be unable to afford a healthy and balanced diet, as defined by the government’s Eatwell Guide. It also notes that the poorest households in the UK — those earning less than £15,860 — would have to spend 42% of their disposable income to meet the dietary recommendations outlined in the guide.

<https://foodfoundation.org.uk/millions-of-uk-children-are-impacted-by-food-poverty/>

Lived Experiences

How the child and the parent/care giver describe the child daily diet and lifestyle.

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Assessment of Need		
a) Nutrition	1.All Needs Met	Parent/caregiver consistently gives healthy food and drink at mealtimes at home and elsewhere (including packed lunch). 5 fruit/ vegetable helpings per day, low in sugar, salt and fat. Avoids high sugar and fizzy drinks.
	2.Many Needs Met	Parent/caregiver gives healthy food and drink most of the time. Diet includes 5 fruit/ vegetables per day and is low in sugar, salt and fat most of the time. High sugar and fizzy drinks mostly avoided.
	3.Some Needs Unmet	Parent/caregiver gives food and drink that is healthy some of the time. Diet includes some fruit/ vegetable helpings per day and is low in sugar, salt and fat. High sugar and fizzy drinks avoided some of the time.
	4.Many Needs Unmet	Parent/caregiver doesn't often give healthy food and drink. Diet rarely includes 5 fruit/ vegetables per day and sugar, salt and fat content tend to be high. High sugar and fizzy drinks included much of the time. Child is at risk of becoming malnourished or obese.
	5.All Needs Unmet	Parent/caregiver doesn't give healthy food and drink. Diet never includes 5 fruit/ vegetables per day and sugar, salt and fat content is high. High sugar and fizzy drinks included majority of the time. Child is at severe risk of becoming malnourished or obese.
b) Quantity of food	1.All Needs Met	Child is consistently provided with adequate amount of food and drink at mealtimes to ensure their nutritional needs are fully met.
	2.Many Needs Met	Child is provided with adequate amount of food and drink the majority of the time to ensure their nutritional needs are fully met.
	3.Some Needs Unmet	Child is provided with adequate amount of food and drink some of the time to meet nutritional needs.
	4.Many Needs Unmet	Child is rarely provided with adequate amount of food and drink to meet nutritional needs. Child is at risk of becoming malnourished or obese.
	5.All Needs Unmet	Too much or too little food provided most of the time. Child appears overweight/ underweight and is at severe risk of becoming malnourished or obese.
c) Preparation and Organisation	1.All Needs Met	Food always prepared safely, cooked appropriately, presented in age appropriate way and to a good standard of hygiene. Meal times are organised and consistently timed, with an opportunity to interact with other family members and friends.
	2.Many Needs Met	Food prepared safely, cooked appropriately, presented in age appropriate way and to a good standard of hygiene, the majority of the time. Meal times are mostly organised and consistently timed, with an opportunity for interaction.
	3.Some Needs Unmet	Food prepared to meet the needs of the parent and the child's needs are sometimes accommodated. Child sometimes prepares own food and/or food for other family members (consider age and development), supervision is sporadic. Mealtimes often unorganised. Some improvements made when prompted.
	4.Many Needs Unmet	Food provided is generally not to the child's needs and tastes or presented in age appropriate way. Child sometimes prepares own food/food for other family members with no supervision. Meal times are not organised, often chaotic and little opportunity for interaction. Limited improvements made when prompted.
	All Needs Unmet	Food provided is poorly prepared, not presented in an age appropriate way, or food is not available. Child regularly prepares own food/food for other family members with no supervision. Mealtimes always unprepared, chaotic with no opportunities for interaction. No improvements when prompted.

SUMMARY AND SIGNPOSTING

Summary of discussion, including what may need to change and what is working well (underlying drivers to the strengths and needs should be considered here)

What would help achieve this?

Some of the potential options for support or ideas to make improvements. This includes actions that the parent/parent/caregiver can do themselves.

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| <ul style="list-style-type: none"> • https://www.nhs.uk/change4life/food-facts • In Salford all children under 5 also get free vitamins – ask your worker about Healthy Start • Support from family members/ friends • Cookery Lessons • Healthy Start Vitamins • Salford Assist | <ul style="list-style-type: none"> • Weaning classes • Red Pepper Programme • Health professionals to follow obesity pathway if required. • Early Help referral • Bridge referral • Welfare Rights and Debt Advice Referral <p>www.salford.gov.uk/advice-and-support/welfare-rights-and-debt-advice-service/contact-us-for-advice</p> |
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2.2 PHYSICAL CARE: CLOTHING

Why appropriate clothing is important

All children and young people need to have their basic needs met by the people who care for them. This includes having clothing which is appropriate to the environment for example lighter clothing in summer and warm well-fitting clothes in winter. It includes having the appropriate clothing for the time of day (for example night-wear); at school, at the weekend. Children and young people who are not provided with adequate wear may suffer discomfort and develop some additional health needs. As children grow and make friends some children may experience forms of isolation if they present in clothing that is in poor repair or not washed. This may have an impact on their overall emotional wellbeing. Some parents may report struggling to afford appropriate clothing and items of school uniform due to low income.

Lived Experiences

How the child and the parent/care giver describe the child’s clothing and needs:.

Lived Experiences

How the child and the parent/care giver describe this.

Assessment of Need

1.All Needs Met	Parent/caregiver ensures the child’s environment is consistently clean. Child is clean, washed/bathed, oral health and hair cared for daily. For babies, nappy is changed immediately when full and attention paid to preventing/treating nappy rash. Child is taught, supervised and helped as needed.
2.Many Needs Met	Parent/caregiver mostly ensures the child’s environment is consistently clean. Child is clean, washed/bathed, oral health and hair cared for daily. For babies, nappy is changed when full and attention paid to preventing/treating nappy rash. Child is mostly taught, supervised and helped as needed.
3.Some Needs Unmet	Parent/caregiver inconsistently ensures the child’s environment is clean. Child is occasionally clean, washed/bathed, oral health and hair cared for daily, not always carried out to an adequate standard. For babies, nappy is not always changed when full or attention paid to preventing/treating nappy rash. Child is not always taught, supervised or helped as needed.
4.Many Needs Unmet	The child’s environment is not always clean. Child is occasionally clean, washed/bathed, but often can be dirty and may have headlice/ skin complaints that are not always treated. Child may have poor oral health and not be registered with a dentist. For babies, nappy is not always changed immediately when full or attention paid to preventing/treating nappy rash. Parent/caregiver does not teach about personal hygiene and there is minimum supervision.
5.All Needs Unmet	The child’s environment is rarely/never clean. Child is nearly always dirty, unwashed and not provided with toiletries. The child is not registered with a dentist and has poor oral and/or physical health. For babies, this could be untreated nappy rash. Parent/caregiver shows no concern about young person’s personal hygiene and does not teach hygiene habits.

SUMMARY AND SIGNPOSTING

Summary of discussion, including what may need to change and what is working well (underlying drivers to the strengths and needs should be considered here)

What would help achieve this?

Some of the potential options for support or ideas to make improvements. This includes actions that the parent/parent/caregiver can do themselves.

<ul style="list-style-type: none"> • https://www.schoolhealth.cnwl.nhs.uk/primary-school-children/health-and-wellbeing-zone/personal-hygiene/ • http://www.socialworkerstoolbox.com/daily-hygiene-checklist-children/ • Universal Services - Support from family members/friends • Free sanitary scheme 	<ul style="list-style-type: none"> • Minor ailment scheme (Headlice/ Nappy rash) • Consider Talking Therapies for low level parental mental health issues • Additional support from 0-19 service • Health Improvement Team • Consider input for Mental Health Services for parental mental health issues • Early Help referral
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2.4 PHYSICAL CARE: HEALTH

Why good health is important

Staying healthy physically can help you stay healthy emotionally too. In order to identify and address health needs early it is important for children to be registered with a GP and Dentist and attend for regular eye check-ups. Routine child health surveillance provides professionals with the opportunity to see your child on a regular basis to identify any health concerns and ensure your child is provided with the right support. Where children have complex health needs professionals can assist you in accessing additional support to ensure their needs are met.

Lived Experiences

How the child and the parent/care giver describe the physical care given:

Assessment of Need		
a) Health needs met	1.All Needs Met	Family work with health services and parent/caregiver has a good understanding of child’s needs. Child attends health checks and appointments as required unless valid reason provided. Excellent awareness of healthy lifestyle and preventative measures. Home environment is smoke free.
	2.Many Needs Met	Family generally work with health services and parent/caregiver has a good understanding of child’s needs. Child attends health checks and appointments including dental and optical care the majority of the time unless valid reason provided. Good awareness of healthy lifestyle and preventative measures. Smoke free home environment.
	3.Some Needs Unmet	Family sometimes work with health services after prompting. Parent/caregiver has some understanding of the child’s needs. Child may not be registered with GP or Dentist and does not attend required health checks and appointments. Some awareness of healthy lifestyle and preventative measures but not consistently applied.
	4.Many Needs Unmet	Parent/caregiver has limited understand of child’s health needs. Family don’t often work with health services. Child may not be registered with GP or Dentist and is not brought to most required health checks and appointments. Lacking awareness of healthy lifestyle and preventative measures. Home environment rarely smoke free.
	5.All Needs Unmet	Parent/caregiver has a limited to no understanding of child’s needs and they don’t work with health services to meet their child’s needs. No awareness of healthy

		lifestyle and preventative measures. Child not registered or brought to any health appointments and child is at risk with unmet health needs.
b) Getting additional health needs met	1.All Needs Met	Parent/caregiver understands the child’s health needs and when a child is unwell, child is treated appropriately. Medical, dental and optical care are accessed. Child brought to all appointments. and appointment re-arranged if there is a problem. Professional advice followed.
	2.Many Needs Met	Parent/caregiver understands the child’s health needs and when a child is unwell meets their health needs. Appropriate opinion sought on health matters and child brought to majority of appointments and appointment generally re-arranged if there is a problem. Professional advice often followed.
	3.Some Needs Unmet	Parent/caregiver has some capacity to understand child’s health needs and when a child is unwell, sometimes treating ailments. Appropriate opinion not always sought on health matters and child not brought to some appointments. Professional advice not always followed consistently.
	4.Many Needs Unmet	Parent/caregiver has limited capacity to understand child’s health needs and when a child is unwell, generally not treating ailments. Advice is not sought or delayed even when illness becomes quite serious, but may be taken up after several prompts. Professional advice rarely followed. Child not brought to most appointments, however will engage if provided at home.
	5.All Needs Unmet	Parent/caregiver has no capacity to understand child’s health needs and when a child is unwell, ailments left untreated. Does not seek opinion on health matters even when illness becomes chronic. Child not brought to appointments even when prompted, no access on home visits. Child is at risk as a result of unmet health needs.
c) Disability, complex health needs or chronic illness	1.All Needs Met	Parent/caregiver fully understands the child’s specific needs and engages with professional support, advice and treatment plan to ensure child’s complex health needs are met. Medical equipment provided is used consistently.
	2.Many Needs Met	Parent/caregiver has a full understanding of the child’s specific needs and engages with professional support, advice and treatment plan the majority of the time to ensure child’s complex health needs are met. Medical equipment provided is used the majority of the time.
	3.Some Needs Unmet	Parent/caregiver has some understanding of the child’s specific needs and engages with professional support, advice and treatment plan some of the time and child’s complex health needs are partially met. Medical equipment provided is used some of the time.
	4.Many Needs Unmet	Parent/caregiver have limited understanding of the child’s specific needs and rarely engage with professional support, advice and treatment plan therefore child’s complex health needs are not always met. Medical equipment provided is rarely used.
	5.All Needs Unmet	Parents have limited to no understanding of the child’s specific needs or engage with professional support, advice and treatment plan therefore there is serious failure to meet the child’s complex health needs. Medical equipment provided is not used correctly. There is deterioration in the child’s well-being and child is at risk as a result.

SUMMARY AND SIGNPOSTING

Summary of discussion, including what may need to change and what is working well (underlying drivers to the strengths and needs should be considered here)

What would help achieve this. Please utilise the Family Partnership Tool: Goal Setting: Agreeing change for the future and Goal Setting: Naming change for the future

Some of the potential options for support or ideas to make improvements. This includes actions that the parent/parent/caregiver can do themselves.

<ul style="list-style-type: none"> • Support from family members/ friends • Contact Lead Health Professional for child with complex health needs • Consider reason for child not brought to appointments and signpost for support • Portage • Transport for Sick Children • Contact Disability Social Worker if open case • Check entitlement to disability and/or carer’s benefits 	<ul style="list-style-type: none"> • Early Help referral • https://www.nhs.uk/oneyou/ • https://www.nhs.uk/live-well/ • https://www.nhs.uk/live-well/eat-well/ • https://www.nhs.uk/start4life/baby/ • Child health apps - https://www.nhs.uk/apps-library/category/child-health/ • Local offer My City Directory inc SEND • Welfare Rights and Debt Advice Referral • www.salford.gov.uk/advice-and-support/welfare-rights-and-debt-advice-service/contact-us-for-advice
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2.5 PHYSICAL CARE: Home and Space

Why adequate housing is important

We know that sometimes families may not have permanent suitable housing or be temporarily homeless for any number of reasons which can affect their ability to meet their children’s needs. Housing conditions (maintenance, facilities and living spaces) affect all children, regardless of whether the home is rented or owned. Housing should be structurally sound, accommodation in a good condition of repair and fit for occupancy, and sufficient in size to accommodate the number of people living there. The property should also be clean with suitable heating, washing and sleeping arrangements suitable to individual needs/ Adults and children should be able to thrive together and feel safe in the place they live and feel this is a place which makes them happy to live in.

As a result of low income, insecure work and cuts to social security eg bedroom tax, benefit cap rents may be unaffordable leading to rent arrears and placing the household at risk of homelessness. Evidence shows the adverse effects of a cold home on the health and well-being of children and households may be in fuel debt leading to “self-disconnection” by not heating the property adequately.

Lived Experiences

How the child and the parent/care giver to describe their housing provision.

Lived Experiences

How the child and the parent/care giver describe how they keep and are kept safe:

Assessment of Need		
a) Awareness of Safety and Prevention	1.All Needs Met	Very aware of age-appropriate safety measures required and potential risks in including technology and outside influences such as strangers, and harm from exploitation. Always aware of where child(ren) are, appropriate supervision indoors and outdoors and safety measures implemented effectively.
	2.Many Needs Met	Aware of age appropriate safety measures and most types of potential risk, including technology and outside influences such as strangers, and harm from exploitation. Nearly always aware of where child(ren) are, appropriate supervision indoors and outdoors and safety measures implemented.
	3.Some Needs Unmet	Some awareness of age-appropriate safety measures required or most types of risk, including technology and outside influences such as strangers, and harm from exploitation. Sometimes aware of where child(ren) are, supervision indoors and outdoors and safety measures sometimes implemented.
	4.Many Needs Unmet	Rarely aware of required safety measures, hazards or risks, including technology and outside influences such as strangers, and harm from exploitation, resulting in the child being unsafe. Generally, not aware of where child(ren) are and inappropriate supervision indoors and outdoors.
	5.All Needs Unmet	Not aware of and not concerned about safety or potential risk, hazards or risks, including technology and outside influences such as strangers, and harm from exploitation, resulting in the child being unsafe. Very limited awareness of where child (ren) are. Supervision levels indoors and outdoors puts child at risk.
b) Safety in the Home	1.All Needs Met	Age-appropriate safety measures are always in place and constant alertness and action taken against any dangers especially as the child gains independence. Babies are held appropriately. As children access technology, it is monitored age appropriate and parent talks openly about digital safety.
	2.Many Needs Met	Age-appropriate safety measures are in place and alertness/action against any dangers the majority of the time, especially as the child gains independence. Babies are held appropriately. As children access technology, it is monitored, age appropriate and parent talks about digital safety.
	3.Some Needs Unmet	Age-appropriate safety measures are not always in place, and dangers not always recognised or addressed, especially as the child gains independence. Intervenes only if in considerable danger. Technology is rarely monitored or secure.
	4.Many Needs Unmet	Age-appropriate safety measures are rarely in place and dangers rarely recognised or addressed especially as the child gains independence. Babies are not handled safely and young children are often left unsupervised. Parent/caregiver intervenes only if child is in considerable danger. Technology is rarely monitored or secure.
	5.All Needs Unmet	There are no/few safety measures resulting in unsafe conditions and dangers putting the child at risk, especially as the child gains independence. Babies are not handled safely. Young child often left unattended for long periods of time. Access and exposure to technology which are not age appropriate and are not monitored. Child is at risk of physical harm.
c)	1.All Needs Met	Younger child always supervised. Child allowed out in known safe surroundings with agreed time limits and check if goes beyond set boundaries. Parent/caregiver is fully

Safety Out in the Community		aware of friendship groups and takes appropriate steps to ensure child's safety in the community and at groups/events.
	2.Many Needs Met	Younger child mostly supervised Child allowed out in known safe surroundings with agreed time limits and checks if worried. Parent/caregiver is generally aware of friendship groups and takes appropriate steps to ensure child's safety in the community and at groups/events.
	3.Some Needs Unmet	Younger child sometimes supervised. Parent/caregiver not always aware of child's whereabouts but check if goes beyond set boundaries. Parent/caregiver may not be aware of friendship groups or their child's activities.
	4.Many Needs Unmet	Younger child rarely supervised. Parent/caregiver may not always aware of child's whereabouts but check if goes beyond set boundaries. Parent/caregiver may not be aware of friendship groups or their child's activities and is unconcerned about outings. Allows child to play with much older children who may encourage their child to participate in unlawful or dangerous acts.
	5.All Needs Unmet	Younger child is seldom supervised and never secured in the pushchair or pram and walks at adults' pace, not holding hands. Parent/caregiver is not always aware of child's whereabouts or friendship groups, who they are with or their child's activities. There are no boundaries or checks if child does not return home on time.
d) Safety in the Care of Others	1.All Needs Met	A child is left in care of a competent and safe adult who is known to the child/family and checks have been undertaken to ensure that they are safe. The child is never left alone for inappropriate lengths of time and contact numbers are left with the competent adult with an expected time of return.
	2.Many Needs Met	A child is usually left in care of a competent and safe adult who is known to the child/family and checks have been undertaken. The child is rarely left for inappropriate lengths of time and contact numbers are left with the competent adult with an expected time of return.
	3.Some Needs Unmet	A child is not always left in care of a competent and safe adult who is known to the child/family and checks not always undertaken. The child may be left for inappropriate lengths of time, the parent/caregiver may not be clear about their return or leave and contact numbers are left with the competent adult with an expected time of return.
	4.Many Needs Unmet	A child is regularly left in care of an adult or young person who is not appropriate, without checks, and there are concerns about their safety. The child may be left for inappropriate lengths of time, the parent/caregiver may not be clear about their return or leave and contact numbers.
	5.All Needs Unmet	A child is consistently left in care of an adult or young person who is not appropriate, without checks, in an unsuitable setting and there are concerns about their safety and level of care provided. The child may be left for inappropriate lengths of time, the parent/caregiver may not be clear about their return or leave and contact numbers. Parent's needs are put first and child is not considered.
e) Developing Safe Independence (Age 12-18 only)	1.All Needs Met	The young person has a positive relationship with parents(s)/carer(s) and can talk to them openly about any concerns about feeling safe, have conversations with them about online safety and risks outside the home and enables the young person to have the freedom to explore their own identity and independence, whilst understanding the risk and knowing they have parental support
	2.Many Needs Met	The young person has a mainly positive relationship with parents(s)/carer(s) and can talk to them openly about some concerns about feeling safe, have <i>some</i> conversations with them about online safety and risks outside the home and enables the young person to have <i>some</i> freedom to explore their own identity and independence, whilst understanding the risks and knowing they have support.
	3.Some Needs Unmet	The young person's relationship with parents(s)/carer(s) is sometimes difficult and parents struggle to talk to their child openly about any concerns about feeling safe, and have conversations with them about online safety and risks outside the home. The young person has <i>limited</i> freedom to explore their own identity and

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		independence and has <i>limited</i> understanding the risks. The young person's view of parental support is inconsistent.
	4.Many Needs Unmet	The young person's relationship with parents(s)/carer(s) has many challenges and parents struggle to talk to their child openly about any concerns about feeling safe, about online safety and risks outside the home. The young person either has a lot of freedom to explore their own identity and independence or is very restricted in this, which could mean they have limited understanding the risks. The young person does not feel the parent(s) always support them to be safe
	5.All Needs Unmet	The young person's relationship with parents(s)/carer(s) has broken down and parents do not talk to their child openly about any concerns about feeling safe, about online safety and risks outside the home. Parents actions and behaviours may contribute to the risks in and out of the home. The young person is left to explore their own identity and independence, with no parental guidance or is very restricted in this, which could mean they have no understanding of the risks. The young person does not feel the parent(s) support them to be safe.

SUMMARY AND SIGNPOSTING

Summary of discussion, including what may need to change and what is working well (underlying drivers to the strengths and needs should be considered here)

What would help achieve this?

4 STIMULATION, EDUCATION AND LEISURE

Why stimulation and education are important

Some parts of the brain, e.g. the cortex, depend on experience and stimulation to develop. When children experience good early education and care, their short-term cognitive, social and emotional development take a boost. At different stages of development and key transition points throughout childhood, parents/caregivers have a crucial part to play to ensure their child's development and readiness for adulthood. Involved parents can make a positive and lasting impact on their children's learning ability and outcomes for them in terms of education, play and achievements.

Not meeting these needs can be a significant factor in delaying a child's development, including their speech and language, which in turn, affects their education. Low confidence and academic failure can reinforce negative self-image, lack of aspiration and poorer live chances into adulthood

Lived Experiences

How the child and the parent/care giver describe this.

4.1 FAMILY ACTIVITIES AND EXPRESSION

Assessment of Need		
	1.All Needs Met	Child is consistently exposed to stimulating environments with family/friends which help to develop relationships and a sense of belonging and identity. Events and occasions are always celebrated as significant days in family life. Celebrations are consistently notable, happy, fun and appropriate.
	2.Many Needs Met	Child is often exposed to stimulating environments with family/friends which help to develop relationships and a sense of belonging and identity. Events and occasions are nearly always celebrated as significant days in family life and celebrations are generally positive and fun.
	3.Some Needs Unmet	Child is sometimes exposed to stimulating environments with family/friends to develop relationships and a sense of belonging and identity. Events and celebrations are mainly seasonal and low-key events or may not be a positive experience for the child/parent/caregiver.
	4.Many Needs Unmet	Child is rarely exposed to stimulating environments with family/friends to develop relationships and a sense of belonging and identity. Events and celebrations are infrequent, low key events, or may not be a positive experience for the child/parent/caregiver.
	5.All Needs Unmet	Child is rarely exposed to stimulating environments with family/friends and events and celebrations either do not take place or are not a positive experience for the child/parent/caregiver.

4.2 FAMILY ACTIVITIES AND EXPRESSION TIME

Assessment of Need		
a) Infancy and Pre-school (age 0-4 years)	1.All Needs Met	From birth, parent/caregiver consistently seeks out resources and opportunities, initiates age appropriate interaction and stimulation and there is reciprocal enjoyment.
	2.Many Needs Met	From birth, parent/caregiver generally seeks out resources and opportunities, adequately initiates age appropriate interaction and stimulation and there is usually reciprocal enjoyment.
	3.Some Needs Unmet	From birth, parent/caregiver sporadically utilises resources or initiates opportunities for age appropriate interaction and stimulation. There is some enjoyment by the parent and child.
	4.Many Needs Unmet	Parent/caregiver rarely utilises appropriate resources or initiates opportunities for age appropriate interaction and stimulation despite prompts. There is limited enjoyment, emotional warmth or eye contact between the parent and child.
	5.All Needs Unmet	Parent/caregiver always distracted or unavailable and never utilises appropriate resources or initiates opportunities for age appropriate interaction and stimulation, despite frequent prompts. Child's mobility is frequently restricted e.g. confined in chair/pram for the parent/caregiver's convenience. There is no reciprocal enjoyment, child appears resigned, apprehensive or wary.
b) Primary	1.All Needs Met	Parent/caregiver consistently seeks out resources and opportunities, initiates age appropriate interaction and stimulation and there is reciprocal enjoyment. They demonstrate an active interest in schooling which is supported at home and child consistently attends school. Child has consistent opportunity to engage in exercise e.g. sports and leisure, after school clubs.

(age 5-11 years)	2.Many Needs Met	Parent/caregiver adequately seeks out resources and opportunities, initiates age appropriate interaction and stimulation and there is reciprocal enjoyment. They demonstrate an active interest in schooling which is supported at home and child frequently attends school. Child has opportunities to engage in exercise e.g. sports and leisure, after school clubs.
	3.Some Needs Unmet	Parent/caregiver sometimes seeks out resources and opportunities, or initiates age appropriate interaction and stimulation. There is some enjoyment. They sometimes demonstrate an active interest in schooling and do not always support this at home. Child does not attend school as frequently as required. Child has little opportunities to engage in exercise e.g. sports and leisure, after school clubs.
	4.Many Needs Unmet	Parent/caregiver rarely seeks out resources and opportunities, or initiates age appropriate interaction and stimulation and there is little reciprocal enjoyment. They rarely demonstrate an interest in schooling and do not always support this at home. Child rarely attends school or have opportunities to engage in exercise e.g. sports and leisure, after school clubs.
	5.All Needs Unmet	Parent/caregiver never seeks out resources and opportunities, or initiates age appropriate interaction and stimulation. They do not demonstrate an interest in schooling or support this at home. Child does not attend school or have opportunities to engage in exercise e.g. sports and leisure, after school clubs.
c) Adolescent (age 12+ years)	1.All Needs Met	Parent/caregiver consistently seeks out resources and opportunities, initiates age appropriate interaction and stimulation and there is reciprocal enjoyment. They demonstrate an active interest in schooling and in supporting the young person in selecting subjects and career choices. Education is supported at home and child consistently attends school. Child has consistent opportunity to engage in exercise e.g. sports and leisure, after school clubs if they wish.
	2.Many Needs Met	Parent/caregiver adequately seeks out resources and opportunities, initiates age appropriate interaction and stimulation and there is often reciprocal enjoyment. They generally demonstrate an active interest in schooling and in supporting the young person in selecting subjects and career choices. Education is generally supported at home and child attends school. Child often has an opportunity to engage in exercise e.g. sports and leisure, after school clubs if they wish.
	3.Some Needs Unmet	Parent/caregiver sometimes seeks out resources and opportunities, initiates age appropriate interaction and stimulation and there is sometimes reciprocal enjoyment. They sometimes demonstrate an interest in schooling and in supporting the young person in selecting subjects and career choices. Young Person generally attends school. Child has occasional opportunities to engage in exercise e.g. sports and leisure, after school clubs if they wish.
	4.Many Needs Unmet	Parent/caregiver rarely seeks out resources and opportunities, initiates age appropriate interaction and stimulation and there is rarely reciprocal enjoyment. They rarely demonstrate an interest in schooling and in supporting the young person in selecting subjects and career choices. Young Person rarely attends school. They rarely have opportunities to engage in exercise e.g. sports and leisure, after school clubs if they wish.
	5.All Needs Unmet	Parent/caregiver never seeks out resources and opportunities, initiates age appropriate interaction and stimulation. They do not demonstrate an interest in schooling or in supporting the young person in selecting subjects and career choices. Young Person does not attend school or have opportunities to engage in exercise e.g. sports and leisure, after school clubs if they wish.

SUMMARY AND SIGNPOSTING

Summary of discussion, including what may need to change and what is working well (underlying drivers to the strengths and needs should be considered here)

What would help achieve this. Please utilise the Family Partnership Tool: Goal Setting: Agreeing change for the future and Goal Setting: Naming change for the future

5 ENABLING CAPACITY TO CHANGE

Why capacity to change is important

Professionals work with parents and parent/caregivers to improve their circumstances, but there can be a gap between how things currently are and how things need to be. This inevitably involves change, and the amount of change needed can be overwhelming. It is important that everyone works together to understand and create capacity to make the changes in the child’s timeframe. Delay can lead to longer term harm, and this is particularly true for younger children.

Please follow Salford’s capacity to change guidance to support this section being completed.

1.Highly motivated and high commitment to change	Parent/caregivers recognise the need to change and understand the changes required, initiating ideas and actions themselves. They demonstrate a willingness to engage with professionals to work towards clearly specified goals in the child’s timeframe, and that genuine effort will be provided to facilitate change. They are motivated to make positive changes and have the ability to sustain changes over time.
2.Motivated and committed to change	Parent/ caregivers mostly recognise the need to change and understand the changes required. They demonstrate a willingness to engage with professionals to work towards clearly specified goals and facilitate change. They are motivated to make positive changes and have the ability to sustain changes over time.
3.Some motivation and commitment but unsure	Parent/ caregivers may not fully recognise the need to change or understand the changes required but there is some commitment. They state that they will engage with professionals but are not wholly confident in undertaking the changes required and accept that they may require further support to keep on track. Their ability to make and sustain necessary changes needs to be supported and monitored over time.
4.Further support to increase capacity to change	Parent/ caregivers do not recognise much of the need to change or understand many of the changes required. They state they are willing to engage with some professionals and their ability to make changes is limited. They will require intense support to manage their ability to make and sustain necessary changes over time
5.Resistant to make desired changes	Parent/caregivers are resistant to change and do not recognise the consequences for the well-being of their children if change is not achieved, despite understanding the risks and possible outcomes in terms of neglect as a form of abuse. The parent/carer is not willing to work with professionals at a pre-statutory level. They will require intense support/intervention to manage their ability to make and sustain necessary changes over time

SUMMARY AND SIGNPOSTING

Summary of discussion, including what may need to change and what is working well (underlying drivers to the strengths and needs should be considered here)

What would help achieve this?

ASSESSMENT OF NEEDS SUMMARY

Please summarise from each section the relevant description number in the box for each row.

Area assessed		1.All Needs Met	2.Many Needs Met	3.Some Needs Unmet	4.Many Needs Unmet	5.All Needs Unmet
1.Relationships	a) Quality of relationships and communication					
	b) Meeting emotional needs					
	c) Boundaries and Rewards					
	d) Belonging and Identity					
	e) Optimism and hope					
2.1 Physical Care: Nutrition	a) Quality					
	b) Quantity					
	c) Preparation and organisation					
2.2 Physical Care: Clothing						
2.3 Physical Care: Hygiene						
2.4 Physical Care: Health	a) Being Healthy					
	b) Getting additional health needs met					
	c) Disability, complex health needs or chronic illness					
2.5 Physical Care: Housing						
3 Safety:	a) Awareness and Prevention					
	b) In the Home					
	c) Out in the community					
	d) Safety: In the care of others					
	e) Developing Independence					
4.Stimulation, Education and Leisure	a) Family activities and celebrations					
	b) Infant & Pre-School					
	c) Primary					
	d) Secondary					
5.Capacity to Change						

What are the family’s strengths and how can these be built upon, please consider the families family, friends and community resources.?

What are the family’s needs and worries?

Desired Changes:

Action Plan
*To be incorporated into the family's current assessment or *plan*

This is a summary of actions from the discussion to assist in prioritising work required by the parents/carers so that they are able to commence immediately. Where the family have other relevant plans, these actions below should be included in that rather than having this as a standalone plan. These should be created and agreed by the child (if appropriate), parent/caregivers and professionals together.

Desired Outcome	Actions	Who and when by
e.g. Child to be safe when in the kitchen	e.g. all cleaning products to be put in raised cupboard	e.g. Dad 30/7/2020

Review	Set a date for a review	

Consent and information sharing

Consent

Basic personal information will also be shared for local and national research purposes in accordance with the safeguards listed in the Privacy Notice. This information will not be used to make personal decisions about a family and where any research results are published, this will be in anonymised form.

I am happy with the content in this document.

To be signed by each adult or young person (dependent on competence, see Fraser Guidelines) included in this assessment. I give permission for the sharing of my personal information as described above, including the personal information of the children for whom I am the parent/caregiver.

Name	Signature	Date
Worker name	Signature	Date

Information Sharing

It may be helpful to share a copy of the completed assessment tool with other people in, or who work with the family. Please list below the names and role of those people whom it has been agreed will receive a copy of this from the worker.

Name	Signature

Record keeping

Upload the Assessment to the Child's electronic record within your own service area e.g. Health (EPR), Social care (Care First), Early help (DCTM).

Signposting

Salford Emotional Health Directory <https://www.partnersinsalford.org/salford-0-25-advisory-board/emotional-health/emotional-health-service-directory/>

Welfare Rights and Debt Advice Referral

www.salford.gov.uk/advice-and-support/welfare-rights-and-debt-advice-service/contact-us-for-advice

Food and nutrition advice:

<https://www.nhs.uk/change4life/food-facts>