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| **[SALFORD THRIVING FAMILIES](https://safeguardingchildren.salford.gov.uk/media/1651/thriving-families-and-neglect-tool-final-v14-dec-2021.pdf) ASSESSMENT OF NEEDS SUMMARY** |

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

|  |  |  |  |  |  |  |  |
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| **Area assessed** | | **1.All Needs Met** | **2.Many Needs Met** | **3.Some Needs Unmet** | **4.Many Needs Unmet** | **5.All Needs Unmet** | **Not Known yet** |
| 1.Relationships | 1. Quality of relationships and communication |  |  |  |  |  |  |
| 1. Meeting emotional needs |  |  |  |  |  |  |
| 1. Boundaries and Rewards |  |  |  |  |  |  |
| 1. Belonging and Identity |  |  |  |  |  |  |
| 1. Optimism and hope |  |  |  |  |  |  |
| 2.1 Physical Care: Nutrition | 1. Quality |  |  |  |  |  |  |
| 1. Quantity |  |  |  |  |  |  |
| 1. Preparation and organisation |  |  |  |  |  |  |
| 2.2 Physical Care: Clothing | |  |  |  |  |  |  |
| 2.3 Physical Care: Hygiene | |  |  |  |  |  |  |
| 2.4 Physical Care: Health | 1. Being Healthy |  |  |  |  |  |  |
| 1. Getting additional health needs met |  |  |  |  |  |  |
| 1. Disability, complex health needs or chronic illness |  |  |  |  |  |  |
| 2.5 Physical Care: Housing | |  |  |  |  |  |  |
| 3 Safety: | 1. Awareness and Prevention |  |  |  |  |  |  |
| 1. In the Home |  |  |  |  |  |  |
| 1. Out in the community |  |  |  |  |  |  |
| 1. Safety: In the care of others |  |  |  |  |  |  |
| 1. Developing Independence |  |  |  |  |  |  |
| 4.Stimulation, Education and Leisure | 1. Family activities and celebrations |  |  |  |  |  |  |
| 1. Infant & Pre-School |  |  |  |  |  |  |
| 1. Primary |  |  |  |  |  |  |
| 1. Secondary |  |  |  |  |  |  |
| 5.Capacity to Change | |  |  |  |  |  |  |
| Domestic Violence, Mental Health, Poverty, Substance misuse, Learning difficulties/communication, Motivation, Aces/trauma, Physical, Emotional Health and Wellbeing | | | | | | | |

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| **What are the three key impacts for the child? When will you review the tool?**  **1.**  **2.**  **3.** |
| **Name and Agency of Person Completing the form: Date: Review Date:** |