|  |
| --- |
| **[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.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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 |

|  |
| --- |
| **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:**  |