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**Working together to help children, young people and families to thrive**

# Picture of seven different and diverse children, happy and laughing, wearing bright colourful clothes, holding hands and waving.

# Thrive: Child Needs and Parental Responses

**Being clear** about **signs and indicators of neglect** supports safety for the child. It also helps the family make practical **plans to improve**. Workers and families tell us that **really clear statements** about the **exact concern** help the most with support and safety planning.

Concerns recorded in this form should always be **clearly shared with the parent/carer/family**.

|  |  |  |  |
| --- | --- | --- | --- |
| Practitioner’s name |  | Agency/Service/Organisation |  |
| Practitioner’s Role |  | Referral discussed with (family member) |  |
| Date for review |  | Date completed |  |
| Name of child/ren\* |  | Date of birth/due date |  |
| Parent(s) name(s) |  | Address |  |
| Ethnicity/Nationality |  | Disability (say none if none) |  |
| Spoken Language: |  | Previous involvement with service (Y/N) |  |

\* The form can be used for multiple children. But concerns often vary between different children in the family. You may need to use more than one form.

Safeguarding Practice reviews tell us concerns around neglect can be hard to risk assess. This form helps clarify and prioritise concerns and get the right support in place. Start this tool with the children you know and share with other professionals who know the children to get a holistic picture.

Observation provides the clearest evidence. But you can also include records and reported concerns, as well as patterns of behaviour of child/ren, and engagement of parent/carer.

Consider the following peri-natal (before and after birth) needs:

Pre-Birth/ Ante Natal Care

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| --- | --- | --- | --- |
| **Which dates does this section of the form cover?** | **START** | **END** |  |
| ONLY FILL THIS SECTION FOR UNBORN CHILDREN | **Persistently Met** | **Erratically Met** | **Not Met** |
| Parent(s) attend antenatal appointments, are engaged with midwife/health services and are contactable | ☐ |  | ☐ |
| Father/co-parent/family support is present, safe, and positively engaged | ☐ |  | ☐ |
| Concerns such as Domestic Abuse, Substance Misuse, Mental Health, Learning Disability etc. are managed well enough | ☐ |  | ☐ |
| Parent(s) are happy to receive support/help and open about concerns with supporting professionals | ☐ |  | ☐ |
| Parents have made sufficient preparation for birth – practical and emotional | ☐ |  | ☐ |
| Parent/s show an interest and understanding of the needs of the unborn baby | ☐ |  | ☐ |
| Parent(s) own needs are supported/previous safeguarding concerns have been successfully supported | ☐ |  | ☐ |

Delivery and Post-Natal

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| --- | --- | --- | --- |
| **Which dates does this section of the form cover?** | **START** | **END** |  |
| ONLY FILL THIS SECTION FOR BABIES | **Persistently Met** | **Erratically Met** | **Not Met** |
| Parent/s experience of birth is as expected with emotional impact/trauma managed well enough |  |  | ☐ |
| Parent/s are able to demonstrate basic care for the baby – such as suitable feeding, sufficient hygiene, safe sleeping |  |  | ☐ |
| Parent/s bonding and attachment behaviour observed and reported by parent/s |  |  | ☐ |
| Adult unmet needs are adequately addressed – post natal depression, finance, housing, heating |  |  | ☐ |
| Parent/s engaging positively and openly with health visitor/GP/nurse with advice taken and acted on |  |  | ☐ |
| Co-parent/family/community support in place and supportive to safety and needs of the child |  |  | ☐ |

Evidence/Observation – what information have you obtained and what does this tell you?

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| --- |
| e.g., The parent has not got any clothes for the baby. This tell us the baby does not have enough clothing to be safe. |

Consider the following needs for children 0-11

Appearance

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| --- | --- | --- | --- |
| **Which dates does this section of the form cover?** | **START** | **END** |  |
| ONLY FILL THIS SECTION FOR CHILDREN 0-11 | **Persistently Met** | **Erratically Met** | **Not Met** |
| Child has good enough clothes and shoes for weather and needs of the child, that fit well enough |  |  | ☐ |
| Child is physically cared for, kept clean, and with any injuries or health needs (e.g., head lice) attended and treated |  |  | ☐ |

Health needs

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| --- | --- | --- | --- |
| **Which dates does this section of the form cover?** | **START** | **END** |  |
| ONLY FILL THIS SECTION FOR CHILDREN 0-12 | **Persistently Met** | **Erratically Met** | **Not Met** |
| Child is registered with GP and dentist and parent always seeks dental/medical attention when needed |  |  |  |
| Child is brought by parent to all medical appointments and follow-up recommendations followed |  |  |  |
| Child’s health needs are identified and met promptly e.g., asthma, diabetes, constipation, wetting, eczema, headlice |  |  |  |
| Child is taken to the emergency or minor injuries department when needed |  |  |  |
| Child is brought to all routine dental appointments (these should start from age 1) |  |  |  |
| Child has good dental hygiene and is free from signs of oral decay/damage and tooth ache |  |  |  |
| Child has all recommended immunisations |  |  |  |
| Child’s mental and emotional health needs are recognised and met |  |  |  |
| Child has expected growth and development for age and/or parent is seeking suitable support for growth and development |  |  |  |
| Child is well nourished and not overweight or underweight |  |  |  |
| Child is given a healthy diet and parents respond to dietary needs and any allergies |  |  |  |
| Child is provided with sufficient suitable food, freely given (i.e., not given as sanction or reward) |  |  |  |

Evidence/Observation – what information have you obtained and what does this tell you?

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| e.g., The parent has not taken the child to any medical appointments. This tell us the child’s health needs are not being met. |

Emotional and behavioural needs

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| --- | --- | --- | --- |
| **Which dates does this section of the form cover?** | **START** | **END** |  |
| ONLY FILL THIS SECTION FOR CHILDREN 0-11 | **Persistently Met** | **Erratically Met** | **Not Met** |
| Child is responded to and emotional warmth is observed between child and primary carer |  |  |  |
| Child is responded to and emotional warmth is observed between child and father/other carers in household |  |  |  |
| Child’s needs are anticipated and met sensitively and responsively |  |  |  |
| Child-centred care (emotional and physical) is provided, parent(s) respond to child’s needs and prioritise children |  |  |  |
| Child is provided with suitable, safe physical contact and comfort to demonstrate warm regard, praise and encouragement |  |  |  |
| Child has a sense of being valued and is positive about their individual (ethnic, religious, cultural etc.) identity |  |  |  |
| Child has secure, stable, and affectionate relationships with significant others, positive role models, wider family |  |  |  |
| Child willingly and happily returns home/parents |  |  |  |
| Child is only left with other carers who are safe and/or known to child, and is protected from risky adults |  |  |  |
| Child is suitably supported by caring adults around behaviour, boundaries, right from wrong |  |  |  |
| Child seeks comfort from parent/carer when distressed/hurt, parent responds safely to child’s behaviours/feelings/crying |  |  |  |
| Child is stimulated, plays, has toys and space to play |  |  |  |
| Child can talk about feelings and parent/s respond to child’s distress and help child regulate emotions |  |  |  |
| Child’s emotional/behavioural needs are met by school/care setting, with parent/s involved and receptive to advice |  |  |  |
| Child has positive relationships with friends, taking any learning disability or difficulty into consideration |  |  |  |
| Child has never gone missing or run away without circumstance or situation being fully understood |  |  |  |
| Child is not using any substances or alcohol either in the household or in community situations |  |  |  |
| Child is not at risk of sexual/commercial exploitation - see Screening Tool on <https://www.oscb.org.uk/safeguarding-themes/child-exploitation-modern-slavery/> |  |  |  |

Evidence/Observation – what information have you obtained and what does this tell you?

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| e.g., The child is afraid to talk about anxieties with parents. This tell us the child’s emotional needs are not being met. |

Consider the following additional needs for under 5s

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| --- | --- | --- | --- |
| **Which dates does this section of the form cover?** | **START** | **END** |  |
| ONLY FILL THIS SECTION FOR CHILDREN 0-5 | **Persistently Met** | **Erratically Met** | **Not Met** |
| Child reaches milestones, shows appropriate development for age/stage, medical support is in place if there are concerns |  |  |  |
| Child is provided with enough food and parents and carers understand the nutritional needs of the infant and toddler |  |  |  |
| Child responds to presence of carer and other caring adults in a way that does not raise concerns |  |  |  |
| Child has regular routines, regular meals, and enough undisturbed time to get enough sleep |  |  |  |
| Child brought for all medical appointments and developmental checks |  |  |  |
| Child receives sufficient, good enough childcare – consider frequency, number of different carers |  |  |  |
| Child is free from unexplained/ repeated injuries, as non-mobile infant free from bruising |  |  |  |
| Child’s nappies are changed regularly, any nappy rash treated, toilet training undertaken at appropriate age and stage |  |  |  |
| Child has opportunities for play and stimulation in all settings/spaces (not just at childcare/school/nursery) |  |  |  |
| Child is spoken to regularly and encouraged to talk and develop speech/language by parents/carers |  |  |  |
| Child is supported to sleep, settle, and calm distress kindly and without anger or dangerous frustration |  |  |  |
| Child has opportunities for developing social skills and interactions with other children |  |  |  |
| Child is brought to pre-school/nursery and parents are engaged, attend meetings, supports attendance |  |  |  |
| Child is not hungry and/or anxious about food/mealtimes or snacks at nursery |  |  |  |
| Child is engaging in learning activities and making progress towards goals, home environment supports learning |  |  |  |
| Child is school ready with communication skills, toilet training (taking into account age, stage and any disability) |  |  |  |
| Child is encouraged by parents to develop movement, speech, cognitive, social, emotional skills |  |  |  |
| Child has access to toys, social contact with others and age-appropriate activities |  |  |  |
| Child’s parent is able to recognise and adapt feeding to address any feeding issues the child may have |  |  |  |
| Child is safely supervised, and home environment is safe, child is not left unsupervised where there may be an accident |  |  |  |
| Child’s emerging physical, emotional, behavioural problems such as tics, self-abuse are identified and addressed |  |  |  |

Evidence/Observation – what information have you obtained and what does this tell you?

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| --- |
| e.g., The child is not brought to medical checks. This tells us that the child’s health needs are not being met. |

Education, cognitive and social needs for 5-11yr olds

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| --- | --- | --- | --- |
| **Which dates does this section of the form cover?** | **START** | **END** |  |
| ONLY FILL THIS SECTION FOR CHILDREN 5-12 | **Persistently Met** | **Erratically Met** | **Not Met** |
| Child is enrolled at pre-school/ school / Elective Home Education |  |  |  |
| If Elective Home Education – is this sufficient and suitable? |  |  |  |
| Child is achieving educational progress taking into account neurodiversity, age and stage of development |  |  |  |
| Child’s school attendance is 95% or above and child arrives on time with suitable clothes and any equipment |  |  |  |
| Child has positive relationships with friends, is not isolated and has regular safe contact with peers |  |  |  |
| Child’s parent attends/is aware of/responds to meetings, reports, events etc. at school or setting |  |  |  |
| Child is ready for learning and exploring the world: that is, they are not tired, hungry or pre-occupied |  |  |  |
| Child concentrates, engages in learning and is making progress |  |  |  |
| Child’s home environment supports learning (has space and equipment needed for homework, etc.) |  |  |  |
| Child is supported by parent to develop self-care, self-regulation and independence, increasing as child grows older |  |  |  |
| Child does not have caring or other responsibilities that impact negatively on her learning or development |  |  |  |
| Child has social skills, friends, and positive peer relationships, considering any learning difficulty or disability |  |  |  |
| Child can stay task-focused, follows instructions and is attentive, considering any learning difficulty or disability |  |  |  |
| Child-centred relationships that support child’s learning needs exist between school staff, children, and parents |  |  |  |

Evidence/Observation – what information have you obtained and what does this tell you?

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| e.g., The child’s school attendance is below 85% and the child arrives at school confused and tired. This tell us the child’s educational needs are not being met. |

**Consider the following additional needs of adolescents**

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| --- | --- | --- | --- |
| **Which dates does this section of the form cover?** | **START** | **END** |  |
| ONLY FILL THIS SECTION FOR ADOLESCENT CHILDREN | **Persistently Met** | **Erratically Met** | **Not Met** |
| Child is allowed private space, independent activities, and freedom to form own ideas and opinions safely |  |  |  |
| Child is supported suitably and according to their needs during puberty, with sexual health needs met |  |  |  |
| Child has any changes to health, sight, dental or hearing needs supported and treated |  |  |  |
| Child’s changing self-care needs are acknowledged, and child is supported to develop self-care skills |  |  |  |
| Child is supported to look after their mental health and mental health support needs are identified and addressed |  |  |  |
| Child’s movements and location are considered and supervised by parent/s, e.g., if suspended from school |  |  |  |
| Child’s location and supervision are overseen by parent if e.g., child is visiting friends, staying out at night |  |  |  |
| Child has suitable, age-appropriate opportunities to explore their identity, sexuality, gender, race, religion |  |  |  |
| Child is supported to improve self-regulation skills such as attention, controlling emotions and impulses |  |  |  |
| Child’s distress or trauma informed behaviours (e.g., aggression, self-harm, offending) are identified and addressed |  |  |  |
| Child is supported to engage in learning and remain in learning, including post-16 plans (college, apprenticeship) |  |  |  |
| Child has positive relationships within and outside the home to reduce vulnerability to exploitation |  |  |  |
| Child is supported/encouraged to concentrate on learning and learn/work independently |  |  |  |
| Child is encouraged to have a positive sense of self-esteem and self-worth |  |  |  |
| Child is supported to have good enough mental health and emotional wellbeing |  |  |  |
| Child is encouraged/supported to avoid anti-social behaviour, alcohol or drug misuse |  |  |  |
| Child has relationships with pro-social adults such as adult relatives, mentors, teachers, youth support workers |  |  |  |
| Child is aware of potential risk factors they may encounter in their environment and has strategies to address these |  |  |  |

Evidence/Observation – what information have you obtained and what does this tell you?

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| e.g., The child is exposed to risky adults and missing school to travel to other locations. This tells us that the child may be at risk of exploitation. |

Consider the care-giving context

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| --- | --- | --- | --- |
| **Which dates does this section of the form cover?** | **START** | **END** |  |
| ONLY FILL THIS SECTION IF YOU ARE VISITING THE FAMILY AT HOME | **Persistently Met** | **Erratically Met** | **Not Met** |
| Child has clear, clean, and tidy area to play |  |  |  |
| Child’s house is clean and free from urine, faeces, mould, and unpleasant odours |  |  |  |
| Child’s eating and food preparation areas are clean and hygienic enough |  |  |  |
| Child’s family have sufficient resources/equipment to keep warm, clean and cook food |  |  |  |
| Child’s home contains enough nutritious food for all, child and parents, and any other occupants. |  |  |  |
| Child’s home has safety strategies in place for hazards e.g., fire risks, sharp objects, needles, dangerous animals. |  |  |  |
| Child’s home is in good state of repair, secure and kept in a good enough condition |  |  |  |
| Child has a bed with useable bedding, and only appropriate child/family members share bedroom space |  |  |  |
| Child’s household has sufficient income/resources to provide good enough care in a safe, comfortable home environment |  |  |  |
| Child has space to do homework/learn/have quiet time |  |  |  |
| Child is kept away from exposure to adult films, websites, or materials |  |  |  |
| Child is free from excessive or undue caring responsibilities |  |  |  |
| Child does not feel isolated from friends and peers because of lack of housing/economic resources |  |  |  |
| Child is living in a smoke-free environment, any smokers in household take care not to expose child to smoke |  |  |  |
| Child is living in a household/family where there is no substance misuse/there are protective factors in place to reduce risk/impact of any substance or medication (e.g., lock boxes and sharps bins) |  |  |  |
| Child is not impacted by parental unmet need, e.g., no parental violence, substance use or mental health impacts on child |  |  |  |
| Child’s rural/isolated location is not impacting negatively, e.g., there is sufficient transport, access to resources |  |  |  |
| Child’s community provides a positive caring environment |  |  |  |

Evidence/Observation – what information have you obtained and what does this tell you?

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| --- |
| e.g., The child is living in a dirty, damp, and mouldy house. This tells us that the child is at risk of poor health. |

Specific Checklist for Disabled Children and Children with Complex Needs

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| --- | --- | --- | --- |
| **Which dates does this section of the form cover?** | **START** | **END** |  |
| ONLY FILL IN THIS SECTION FOR CHILD/REN WITH A DISABILITY | **Persistently Met** | **Erratically Met** | **Not Met** |
| Child’s fundamental rights (education, family life, suitable care, involvement in decision making) are met |  |  |  |
| Child’s additional needs are met in a manner that reduces disruption/enhances daily lived experience |  |  |  |
| Child’s particular needs (impact and meaning) are identified and addressed in child-centred manner |  |  |  |
| Child’s wishes, values and needs are given consideration by the carers |  |  |  |
| Child’s particular needs are suitably understood by parents, who respond safely and appropriately |  |  |  |
| Child is taken to all specialist physical and mental health appointments |  |  |  |
| Child’s parents act on advice given by health, care, and other specialists |  |  |  |
| Child is supported by parents to use suitable/necessary equipment and services |  |  |  |
| Child’s needs including behaviour are understood by parent/s who adjusts parenting accordingly |  |  |  |
| Child’s parents have ability, understanding and motivation to use effectively and monitor essential technology/ equipment required for the child’s needs |  |  |  |
| Child’s parents ensure child’s continence needs are met e.g., pads are changed regularly, personal hygiene attended to |  |  |  |
| Child’s disability benefits are used to meet the child’s needs |  |  |  |
| Child is appropriately supported to be included in family activities, is not left out or excluded |  |  |  |
| Child’s medication is given regularly as directed |  |  |  |
| Child’s parents understand the value of timely care, keep appointments, and respond quickly to medical emergencies |  |  |  |
| Child is supported by parents to communicate and engage with the world to their fullest capability |  |  |  |
| Children who need help with mobility are supported to change position often to maintain flexibility and healthy skin |  |  |  |
|  |  |  |  |

Evidence/Observation – what information have you obtained and what does this tell you?

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| e.g., The child has mobility needs that are only sometimes being met. This tells us that the child is at risk of deterioration of condition/health. |

# Analysis

Threshold Level

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| Threshold  Analysis should be based on [Strengths and Needs Form](https://www.oscb.org.uk/early-help-forms-tools/), evidence and support given |
|  |

# What is immediately needed to support the child and their family?

Suggested actions could include:

* Conversation with health visitor or school
* Discussion with MASH
* Discussion with LCSS
* Completing a further assessment such as Strengths and Needs
* Reconvene TAF/Core group for strategy meeting
* Conversation with health visitor or school
* Supervision
* Joint home visit – discuss with parent/care, use home conditions tool if home a concern

Next Steps

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Action Required | Person(s) Responsible | Timeframe |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
|  |  |  |  |

Review

|  |  |
| --- | --- |
| Date for Next Review |  |