

Family Wellbeing Assessment and Plan

In order for us to offer help to a family through the wellbeing service, their consent must have been obtained. This will need to have been given at the point of referral. A copy of this assessment and plan must also be given to the parents and child once it is completed.

Child's name: _____

Date of Birth: _____ Gender: Male Female

Ethnicity: _____ Religion: _____

EHM Reference number: _____

Name of sibling: (please add each sibling below as applicable)

Date of Birth: _____ Gender: Male Female

Ethnicity: _____ Religion: _____

EHM Reference number: _____

Name of sibling: (please add each sibling below as applicable)

Date of Birth: _____ Gender: Male Female

Ethnicity: _____ Religion: _____

EHM Reference number: _____

Name of sibling: (please add each sibling below as applicable)

Date of Birth: _____ Gender: Male Female

Ethnicity: _____ Religion: _____

EHM Reference number: _____

Name of sibling: (please add each sibling below as applicable)

Date of Birth: _____ Gender: Male Female

Ethnicity: _____ Religion: _____

EHM Reference number: _____

Name of Parents/significant adult (please add each below as applicable):

Relationship to child: _____

Family address: _____

Contact details: _____

Name of Parents/significant adult (please add each below as applicable):

Relationship to child: _____

Family address: _____

Contact details: _____

Name of Parents/significant adult (please add each below as applicable):

Relationship to child: _____

Family address: _____

Contact details: _____

Name of Parents/significant adult (please add each below as applicable):

Relationship to child: _____

Family address: _____

Contact details: _____

People that are helping the family with the assessment and plan* (please add each below as applicable). * **School must be included and names and contact details for both the Head Teacher and class/form teacher given.**

Name: _____

Relationship to child: _____

Agency: _____

Contact details: _____

Name: _____

Relationship to child: _____

Agency: _____

Contact details: _____

Name: _____

Relationship to child: _____

Agency: _____

Contact details: _____

Name: _____

Relationship to child: _____

Agency: _____

Contact details: _____

Assessment

Date assessment was completed with the family: _____

1. What is happening in this child/young person's life that has led to this family assessment?
 - Summary of child/young person and family history, including any previous or current help offered to the family.
 - Include relevant information about the family circumstances in respect of money, employment, housing and education.

2. Is the child a young carer? Yes No
3. What are we and the family worried about?
 - What has happened in the past, or is happening now that makes people worried?
 - What might happen in the future if nothing changes, how serious would this be and how would it affect the child/young person's wellbeing?
 - Are there any complicating factors that make it more difficult to sort out the worries?
 - Include information from other professionals who know the family and/or child well.

4. What is going well?
- Who are the people in this child/young person's life that contribute to their wellbeing?
 - Who else helps the family now?
 - Who and what else has helped in the past?
 - Include information from other professionals who know the family and/or child well.

5. What would the child and their family like to change or strengthen? (Using the family's words)

6. Wellbeing Scale

On a scale of 0 to 10 where 10 means the children are doing well and the family does not need any help at this present time and 0 means we are worried that the child’s wellbeing is at risk, how do we assess this situation?

How does the child/young person score their wellbeing?

0 1 2 3 4 5 6 7 8 9 10

What is the agreed wellbeing scored between the adults that have been part of this assessment?

0 1 2 3 4 5 6 7 8 9 10

Family Wellbeing Plan

Date the plan was last updated: _____

Date the plan will be reviewed: _____

What are we going to change/strengthen?

How and when will we do it and what support do we need to do these things?

How will we know when things have improved? What will be different for our child?

Parents/s signature: _____
Parents/s signature: _____
Child/Young Persons Signature: _____
Family Keyworker signature: _____

Review

How is the plan going? What difference is it making? Do we need to do anything else?

Wellbeing Scale

On a scale of 0 to 10 where 10 means the children are doing well and the family does not need any help at this present time and 0 means we are worried that the child's wellbeing is at risk, how do we assess this situation?

How does the child/young person score their wellbeing?

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