

CHILD AND FAMILY WELLBEING ASSESSMENT & OUTCOMES BASED PLAN

*(Early help work with a child and family requires their consent which must be obtained before the assessment commences. Child(ren) and family should be actively involved in the assessment and development of their outcome based plan. **A copy of this assessment and plan must be given to the child(ren) and parents once it is completed.**)*

CHILD'S NAME	DOB	GENDER	ETHNICITY	RELIGION/FAITH	IDENTITY / REFERENCE NUMBER

NAME(S) OF SIBLING(S)	DOB	GENDER	ETHNICITY	RELIGION/FAITH	IDENTITY / REFERENCE NUMBER

NAME OF PARENTS & SIGNIFICANT ADULTS	RELATIONSHIP TO CHILD	PARENTAL RESPONSIBILITY	FAMILY ADDRESS	CONTACT DETAILS
		Y / N		
		Y / N		
		Y / N		
		Y / N		

NAME OF PROFESSIONALS/SERVICES THAT ARE HELPING THE FAMILY WITH THE ASSESSMENT & PLAN*	RELATIONSHIP TO CHILD	AGENCY / SERVICE / ORGANISATION	CONTACT DETAILS

*Education/nursery/school/college MUST be included and names and contact details for both the Head Teacher, Head of Year and tutor/class teacher given.

OUTCOMES BASED PLAN

Date the plan was last updated		Date the plan will be reviewed	
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What are we worried about?	What needs to change? What do we need to strengthen?	How will we know when this has happened? What will be different for the child?	What are we going to do and who will do it?	When will we do this by?

Parent / carer signature		Parent / carer signature	
Child / young person signature		Family keyworker signature	

REVIEW OF OUTCOMES BASED PLAN

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

*Show any changes to outcomes based plan including actions and timescales following review including who does what and when and evidencing changes to the outcomes based plan and **UPDATE** the outcome based plan as needed indicating date of change and what has changed.*

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

Parent / carer signature		Parent / carer signature	
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Child / young person signature	
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Family keyworker signature	
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