**FAMILY WELLBEING ASSESSMENT & OUTCOMES BASED PLAN**

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| **CHILD’S NAME** | **DOB** | **GENDER** | **ETHNICITY** | **RELIGION/FAITH** | **IDENTITY / REFERENCE NUMBER** |
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*(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.)***

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| **NAME(S) OF SIBLING(S)** | **DOB** | **GENDER** | **ETHNICITY** | **RELIGION/FAITH** | **IDENTITY / REFERENCE NUMBER** |
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| **NAME OF PARENTS & SIGNIFICANT ADULTS** | **RELATIONSHIP TO CHILD** | **PARENTAL RESPONSIBILITY** | **FAMILY ADDRESS** | **CONTACT DETAILS** |
|  |  | **Y / N** |  |  |
|  |  | **Y / N** |  |  |
|  |  | **Y / N** |  |  |
|  |  | **Y / N** |  |  |

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

**ASSESSMENT**

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|  **Family assessment started**  | **Date:**  | **Family assessment completed**  | **Date:**  |

1. **A) What is happening in this child/young person’s life that has led to this assessment?**
* Summary of child/young person and family history, including any previous or current help offered to the family and what outcomes were achieved or made no difference and why not. *For the child consider need and plan in relation to*  ***Education****(Attendance, Support, Attainment)****Health****Emotional and Physical)and* ***Social Development****(Developing positive and healthy relationships)*
* Include relevant information about the family circumstances in respect of financial situation/welfare benefits, employment, housing, education, family circumstances and any other significant issues such as mental ill health, domestic abuse etc.

 **B) Is the child a young carer? ( YES / NO )** *Has a young carers assessment been completed, if so when? – If don’t know, indicate so.*

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1. **What is the child and their 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?
* Include information from other professionals and/or family members who know the family and/or child well.

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1. **What is going well?**
* Who are the people in this child/young person’s life that contributes to their wellbeing? And how do they contribute to the child/young persons and what difference does this make?
* Who else needs to help the family now?
* Who and what else has helped in the past? And what difference did that make for the child and their family’s lives?
* Include information from other professionals and/or family members who know the family and/or child well.

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1. **What would the child and their family like to change or strengthen? What would life be like for the child/family if the plan is successful? *(In the family’s words)***

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1. **Child’s 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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| **0** |  | **1** |  | **2** |  | **3** |  | **4** |  | **5** |  | **6** |  | **7** |  | **8** |  | **9** |  |  | **10** |
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 **What is the agreed wellbeing scored between the adults (family members and professionals) that have been part of this assessment?**

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**OUTCOMES BASED PLAN**

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| **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?** |
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| **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.***

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

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| **0** |  | **1** |  | **2** |  | **3** |  | **4** |  | **5** |  | **6** |  | **7** |  | **8** |  | **9** |  |  | **10** |
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| **Parent / carer signature** |  | **Parent / carer signature** |  |
| **Child / young person signature** |  |

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| **Family keyworker signature** |  |