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**WELLBEING ASSESSMENT FOR TEAM AROUND THE CHILD MEETING**

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| **Child/Young Person’s Name** |  |
| **Date of Birth** |  |
| **Parent/Primary Carer’s Name(s)** |  |
| **Agency Details** |  |
| **Date of Meeting**  |  |

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| **ASSESSMENT:**  |
| *What are the family’s strengths and how can we build on them?* |
| *What is working well?* |
| *What is getting in the way of this child or young person’s wellbeing?*  |
| *Do I have all the information I need to help this child or young person?*  |
| *What can I do now to help this child or young person?*  |
| *What can my agency do to help this child or you person?* |
| *What additional help, if any, may be needed from others?*  |

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| **Child/Young Person’s Views of current situation** |
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| **Parent/Carer’s Views of current situation**  |
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| **Signed:****Date:** |

**Notes:**

1. **Your wellbeing assessment should be shared with the family 3 working days prior to the Meeting**
2. **Wellbeing assessment should be submitted to the chair of meeting 3 working days prior to the date of the Meeting along with your Single Agency Chronology**