**Form 2A: Wellbeing Observations and Assessment**

|  |  |
| --- | --- |
| **Child/Young Person’s Name** |  |
| **Date of Birth** |  |
| **CHI Number** |  |
| **Date of Assessment** |  |

|  |  |  |
| --- | --- | --- |
| **Named Person** | **Contact Details** | **Agency** |
|  |  |  |

**Reason for completion:**

**Name and Contact Details of person(s) completing form:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Designation** | **Contact Details** | **Date** |
|  |  |  |  |

**1. Description of Child/Young Person’s Wellbeing**

|  |
| --- |
| ***Is there anything getting in the way of this child/young person’s wellbeing?:******(Include evidence of strengths and concerns within each relevant domain)*** |

| ***[Safe](#Safe" \o "Protected from abuse, neglect or harm at home, at school and in the community.)*** |
| --- |
|  |

| ***[Healthy](#Healthy" \o "Experiencing the highest possible standards of physical and mental health, and supported to make healthy and safe choices.)*** |
| --- |
|  |

| ***[Achieving](#Achieving" \o "Being supported and guided in learning and in the development of skills, confidence and self-esteem at home, at school and in the community.)*** |
| --- |
|  |

| ***[Nurtured](#Nurtured" \o "Having an encouraging, supporting and stimulating place to live and grow)*** |
| --- |
|  |

| ***[Active](#Active" \o "Having opportunities to take part in activities such as play, recreation and sport, which contribute to healthy growth and development, both at home and in the community.)*** |
| --- |
|  |

| ***[Respected](#Respected" \o "Having the opportunity, along with carers, to be heard and involved in decisions which affect them.)*** |
| --- |
|  |

| ***[Responsible](#Responsible" \o "Having opportunities and encouragement to play active and responsible roles in their school and communities and where necessary, having appropriate guidance and supervision and being involved in decisions that affect them.)*** |
| --- |
|  |

| ***[Included](#Included" \o "Having help to overcome social, educational, physical and economic inequalities and being accepted as part of the community in which they live and learn.)*** |
| --- |
|  |

**2.** **[Risk and Protective Factors](#RiskProtectiveFactors" \o "Include risk and protective factors - adversity, vulnerability, resilience, protective environment) and Analysis (use resilience matrix and ![MC900303657[1]]()toolkit)**

* **What are the risks to the child/young person?**
* **Identify any risks from the child/young person?**
* **Analysis**
* **Date child last seen and by whom**

**3. The following discussions/actions have taken place to date:-**

**4. The child/young person has the following views about this assessment:**

**5. The parents/carers have the following views about this assessment:**

**![MC900303657[1]]()6.** **[Desired outcomes identified with the family](#Desiredoutcomes" \o "Outcomes are measurable, things that we can influence and are intrinsic to the child.  The desired outcomes should be based on the wellbeing indicators.)**

**7. Next Steps/Recommendations**

**8. Contributors to Assessment**

|  |  |  |
| --- | --- | --- |
| **Name** | **Designation** | **Contact Details** |
|  |  |  |

**9. Forwarded to:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Designation** | **Contact Details** | **Date** |
|  |  |  |  |

**10. Signature:**  **Date:**

please email a copy of this form to NPService@clacks.gov.uk and childcare@clacks.gov.uk