**Parent/Carers View: Name**

*Please use the prompt sheet at the end of the form to help fill in this section (standalone prompt sheet can be found on OSCB website).* <https://www.oscb.org.uk/themes-tools/>

|  |  |  |
| --- | --- | --- |
| **Areas of your life** | **What could be better and why?**  Think about what’s important to you and your family. What could be better for you and your children? | **What’s working well?**  This is where you record the good stuff! Think about what you’re good at; your successes. Who makes up your support networks? What has worked in the past? |
| **Home and Family relationships** |  |  |
| **Work** |  |  |
| **School/College** |  |  |
| **Social/Community** |  |  |
| **Health and Wellbeing** |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Are there members of your household who are unemployed or who are facing financial difficulty?** | **Is domestic abuse impacting your family?** | **Is school attendance below 90% for any of the children in your family?** | **Is there crime/anti social behaviour impacting your family?** | **Are there family health issues for either parent/ child/ren? (e.g. mental health, teenage pregnancy, drug/alcohol misuse)** | **Is the child/ren a Young Carer?** | **Is the family at risk of homelessness (duty to report)?** |
| Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |

**NB If Yes to any of the above, please ensure this is discussed and plans made to address these in the Whole Family Action Plan within the EHA**