Safe Families Individual Wellbeing Plan

**Please note that each question is optional to answer. If you would like to skip to the next question, please do say.**

1. How are you feeling currently?

**Establishing current and past scores**

1. How would you score your mental health and wellbeing from the scale below?

|  |  |
| --- | --- |
| 10/10 – All time lifetime peak form | 5/10 – Low mood  |
| 9/10 – Exceptional form | 4/10 - Very low mood  |
| 8/10 – Very good form  | 3/10 – Extremely low mood  |
| 7/10 – Decent form  | 2/10 – I am struggling and I need help |
| 6/10 – Average form  | 1/10 – Crisis, please reach out to me  |

|  |  |  |
| --- | --- | --- |
| At this moment: | The last week: | The last month: |
|  |  |  |

1. In terms of pressure or stress, how would you score those levels for yourself on the scale below?

|  |  |
| --- | --- |
| 10/10 – Extreme levels of pressure or stress  | 5/10 – Low levels of pressure/stress  |
| 9/10 – Extreme levels of pressure/stress most of the time | 4/10 - Very low levels of pressure/stress |
| 8/10 – Moderate levels of pressure/stress, all of the time | 3/10 – Extremely low levels of pressure/ stress |
| 7/10 – Moderate levels of pressure/stress, most of the time | 2/10 – Hardly any pressure/stress |
| 6/10 – Average levels pressure/ stress, sometimes stressed sometimes less stressed.  | 1/10 – No stress or pressure  |

|  |  |  |
| --- | --- | --- |
| At this moment: | The last week: | The last month: |
|  |  |  |

**Mental Health At Work**

1. Are there any situations at work that can trigger poor mental health and wellbeing for you?
2. Has there been any warning signs that you have noticed prior to how you are feeling now?.
3. If we notice early signs – how can we best help you?

**Establishing protective factors**

1. Who are the people in your world who you would be comfortable to share how you are feeling with?
2. Are you currently accessing any help or support for your mental health and wellbeing?
3. Is there anything in your routine that has previously made you feel better when you are going through difficult circumstances?
4. Are there any areas of your home life or work life that you would like to talk about?

**Action Plan**

1. Is there anything in terms of your work life that we can support you in?
2. Is there anything else you think would be beneficial for you at this time?
3. What can I do to help you to put this action plan in place?

**Closing**

1. What could you do tonight/this week/weekend to create some space to look after yourself or have some time to process how you are feeling?
2. Is there something is the last few weeks or days that has gone well because you were there/ had a part to play in the situation?

**At the closing point:**

|  |  |
| --- | --- |
| **Date:** |  |
| **Employee signature:** |  |
| **Line Manager Signature:** |  |
| **Date to be revisited:** |  |