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| **FAMILY PLAN REVIEW**  **Timeline, Trajectory AND NEXT STEPS** | | | | | | |
| **Date, Time and Venue of Review Meeting:** | | | | | | |
| **Current Worries:** (From the initial Early Help assessment or since the last review with the family, what are people currently worried about?) | | | | | | |
| **Currently Working Well:** (From the initial Early Help assessment or since the last review with the family, what do people feel is currently working well for the family?) | | | | | | |
| **Analysis and Judgement** | | | | | | |
| **Overall Progress Scale** (On a scale of 0-10 where 10 means that things are going well and there is no need for Early Help Services and 0 means a child’s or young person’s wellbeing/safety is significantly affected and may need a child social worker, how would you rate the current situation for this child/young person/family?) | | | | | | |
| **Individual’s Case Scale Rating** (*look back at the initial worry and scale from the original Early Help Assessment or the last review and update any progress, rescale the worry and state the reason for any change on the worry scale, or if the worry has remained the same why and what they need to see happen for the scale to positively change).* | | | | | | |
| **Name & Role** | **Rating (Scaling and Reason why)** | | | | | **What could improve the score by 1?** |
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| **Direct work with child/young people.** Has the child/young person participated in any direct work since the initial assessment/last review, when was this, who undertook this, what do they say is better, what are they still worried about, what do they feel needs to happen? | | | | | | |
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| **Overall Progress Scale**  Worried Not worried  **0 1 2 3 4 5 6 7 8 9 10** | | | | | | |
| **Timeline** The timeline is a trajectory. A shared plan that describes and measures a pathway to success – linked to the family plan, professional support plan and the above scaling. | | | | | | |
| ***What needs to happen?***  *What do the child and family think should happen?* | | ***Action***  *Explore what and/or who can*  *support the family and what they will do i.e. what interventions may they undertake?* | ***Who will do this?***  *Who will undertake the Actions?* | ***By when?***  *When with the Action be completed by?* | ***How will we know it has made a difference?*** | |
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| **Bottom Lines –** What is the minimum that must happen for professionals not to be worried and that they cannot compromise on? | | | | | | |
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| **Next review date:**  **Who needs to attend the next review?**  **Time, date and venue of next review** | | | | | | |