

**Child and Family Progress Review**

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| **Date** | **Lead Professional** | **Name of Child/ Young Person** | **Contributed to plan** |
|  |  | ***Please include date of birth*** |  |
| **Attendees** | | ***(Record all those that are in attendance including the name of the organisation they are representing. In addition, please include names of family members/ carers and family support networks such as friends)*** | |
| **Apologies** | | ***(Record all those that were invited to the review but are unable to attend)*** | |
| **Actions / plan identified from Previous Early Help Assessment or Review** | | | **Completed or Ongoing** |
| ***(Copy and paste actions from the previous plan, this will enable you to review at the meeting to get updates and record the impact interventions are having. Please include the date that this was completed).*** | | |  |

***Please copy and paste original worry Statements, wellbeing goals and scaling from previous Early Help Assessment/plan in the boxes below and discuss/record new scaling.***

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| **Previous Worry Statements** | **Previous Wellbeing goal** | **Previous Scaling** | **New Scaling** |
| **Worry Statement**  If things don’t improve, what are we worried will happen to the child or young person? | **Goal**  What do we need to see to know that the child is safe and well enough for us to not be worried anymore? | On a scale of 0-10, what number is everyone and why? 0 is worry statement:10 is the goal | Please ask those in attendance to scale again and record reasons why they would scale at this. This will identify any improvements/ positive changes? |
| **Worry Statement 1:** | **Goal 1:** | *Name and Original Scaling* |  |
| **Worry Statement 2:** | **Goal 2:** |  |  |

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| **Are there any new worries/ concerns?** | | **How will they be addressed/ actioned and who is responsible?** |
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| **What is going well?** *(Celebrate successes/achievements)* |  | |
| **Voice of the Child/ Young person**  *Always use the exact words of the child, young person if they aren't attending in person – this doesn't have to be the Lead Professional who provides this, it can be anyone attending the meeting.*  *If any direct work has been completed which shows the child voice, please attach/bring to be discussed* | | |
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| **What needs to happen?** |  | |
| **Any other points that have been discussed/raised.** |  | |
| **Date/time and venue for next review:** |  | |