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|  | **Who is in the Family?**Write the details here of everyone who is part of your family/household **Date:** Click or tap to enter a date. |
| **Name** | **Relationship** | **Date of Birth** | **Gender** | **Address** |
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| Connections | **Who are your wider family, friends and other people who could support you?**Write a list of all the people that are supporting you or who could support you. This could include workers too.It may be helpful to complete a genogram. |
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| **Name** | **Their role or** **relationship** | **Already Supporting (Y/N)** | **How can they be contacted?** |
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| Icon  Description automatically generated | **How is everyone feeling?**No matter how you feel, good or bad, it’s helpful to put your feelings into words.Talking about feelings helps us care about each other and understand each other’s views. |
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| **Child / Young Persons views?**What does the child / young persons feel is good about their life? What are they concerned about & what do they want to happen? |  |
| **Parent / Carers views?**What does the parent carer feel is good about their child’s life? What are they concerned about and what do they want to happen? |  |
| **Family’s Network views?**What does the network feel is good about the family’s life? What are they concerned about and what do they want to happen? |  |

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| **Thought bubbleQuestions What’s going on?** |
| **What are our worries?** | **What is working well?** |
| *What are we most worried about – the things that might hurt, cause upset, or affect the well-being of your child/young person and family?* | *What are the strengths and things in life that you and the family are really good at and that help your child(ren).* |
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| **What makes things more complicated?** | **What’s already working & What supports you?** |
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| What things are getting in the way and making it more difficult to deal with the situation? What keeps things stuck! | *When faced with worries, what has been done that worked to reduce these? What helped before when things were tough?* |
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| **Signpost** | **Where are we now and Where do we want to be…….** |  |

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| **Our Worries***Name each of the worries below. Say who is worried, what has happened for you/them to have a worry and what could happen if nothing changes.* | **Our Goals***Write here what it would look like if things were better. What would you need to see that would make you no longer worried?* | **How far have we got to go?**On a scale of 0-10 where 10 is you have achieved your goals and you are where you want to be, and 0 is the worries have not changed or got worse, where would you scale this today?0 1 2 3 4 5 6 7 8 9 10☹ 😐 ☺ |
| **Who’s scaling & Why?***What is happening for you to scale higher than a 0? What would be happening for you to scale even higher?* |
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| Meeting | **Our Plan** Who is going to do what to help move things forward? | Checklist RTL |
| **What we do now to achieve our goals?** | **Who will help with this?** | **By when?** |
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|  | **Date when we will review the plan:** | Click or tap to enter a date. |