**Trajectory**

**Agree a timeline of activity that will be reviewed at each review point (if needed this can be put in a calendar/alternative format for the family)**

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| **Date** | **Tasks, What needs to be done to keep the plan on track** | **Meeting/monitoring Arrangements** | **Contact Arrangements (if applicable** |
| **Example** **Week 1** | *Identify safety network**Share bottom lines, danger statement and safety goals to agree actions to get us to safety* | *Initial network meeting*  | *Contact to be 3 times a week with mum and between siblings.**Fortnightly with dad* |
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**RefSDAA28012021**