**Stability Network Meeting Minutes**

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| Name of Child |  |
| Date of Birth |  |
| CareFirst ID |  |
| Social Worker |  |
| IRO |  |
| Placement Address |  |
| Name of Carer / Key Worker |  |
| Date of Placement |  |

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| Date of Meeting |  |
| Venue of Meeting |  |
| **Present:** (Name and Role) | **Apologies:** (Name and Role) |

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| **Brief Background Information:** |

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| **What are we worried about** | **What is working well** |
| **Current Worries****Complicating Factors** | **Existing Safety****Existing Strengths** |

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| **Child’s Views** |
| **Views of those with PR** |

**Based on the worries identified above, please draft a worry statement and stability goal for each (add more rows as required)**

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| **Worry Statement** | **Stability Goal**  |
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| **Scaling Question**On a scale of 0 to 10, where 10 means that the placement is stable and there are no current worries, and 0 is that the placement needs to end now, where do you scale the situation for this young person today, and why?How would things look different if you were to score one higher? |
| **(Please record for each person present at the meeting, including the child, if present)** |

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| **Triggers and Red Flags**What are the triggers and red flags (warning signs) that may identify a deterioration or change in the situation for the young person? |

**Next Steps**

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| **Bottom Lines**What are the bottom lines (non-negotiables) that need to be in place to bring about stability?  |

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| **Actions** | **Who will do this?** | **When will they do it?** | **Completed Date** |
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(If the plan is that the placement cannot continue and a move is required, please consider actions relating to a move i.e. who needs to be told about a move i.e. professionals, transport arrangements etc.)

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| Is a review meeting required? If yes: |
| **Date of Review Meeting**(within 4 weeks) |  |
| **Time** |  |
| **Venue** |  |