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| **WORRIES****What the child / young person, parents and professional are worried about and how this affects the child.** |

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|  **RETURN HOME TRAJECTORY PLAN** **FAMILY NAME DATE AGREED**  |

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| **STRENGTHS, SAFETY AND NETWORKS** **What Strengths, safety and network of support are already in place?** |

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| **CHILD/ YOUNG PERSONS GOALS** **What does the child want to change and what are their ideas for achieving this?**  |

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| **PARENT CARER GOALS** **What does the parent carer want to achieve and what are their ideas for achieving this?**  |

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| **PROFESSIONAL GOALS** **What changes do the professionals need to see to be confident about the child/ young person’s well being**   |

PARENT

Signed ……………………………………………….

Name ………………………………………………..( please print)

PARENT

Signed ……………………………………………….

Name ………………………………………………..( please print)

CHILD

Signed ……………………………………………….

Name ………………………………………………..( please print)

SOCIAL WORKER

Signed ……………………………………………….

Name ………………………………………………..( please print)

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| **Preparation Stage** |
| **Date** | **Steps / Tasks** | **Meetings / calls** | **Changes to plan** |
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| **Safety Planning Stage** |
| **Date** | **Steps / Tasks** | **Meetings / calls** | **Changes to Family Time/ plan** |
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| **Monitoring Stage** |
| **Date** | **Steps / Tasks** | **Meetings / calls** | **Changes to plan** |
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