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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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