**Summary of Family Time**

**Victoria Children and Family Centre Bury Council Logo Child’s name: ….**

**Period From …. To….**

**Sessions Attended:**

**Summary of family visits: what are we worried about, what’s working well and what needs to happen in order to develop and strengthen parenting capacity**

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| --- | --- | --- |
| **What are we worried about**  What areas of parenting make us worried? | **What’s working well**  What are the identified strengths with parenting? | **What needs to change**  What do we need to see that will make us less worried and strengthen parenting capacity? |
|  |  |  |
| **Comments by Parents/Child** | | |

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| --- |
| **Next steps and parenting goals** |

**Signature**

Parents Date:

Family Support Worker Date: