Name

Date





| Situation   |   | Understanding  | Actions  |
|---|---|--|--|
| What happened in the past?  What triggers this now? | What is happening now?                  | What keeps the issue going?  | What changes need to happen?  How will we do it? |
| Who is affected and how?                            | What positives and strengths are there? | What could happen if things don't change?  | What will it look like when it has changed?      |
|   |   | How likely is this? 0-10<br>How serious is this? 0-10<br>(0 not likely/serious at all - 10 extremely likely/serious) |  |