OUR FAMILY PLAN

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| **Summary** | | | | |
| **Family surname(s)** | **Address** | **Date of assessment** | **Type of assessment used to inform this plan** | **Date of previous plan** |
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| About this **PLAN** | | | | | | |
| **Date this**  **plan was created** | **Plan number** | **Name of the key worker** | **Key worker’s organisation** | **Key worker phone number** | **Key worker email address** | **Planned review date** |
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| **Our Family Plan** | | | | | |
| **What are we worried about**  **(As identified in EHA)** | **What needs to happen**  **(Actions, Things to do)** | **By Who** | **By When** | **Review progress** | **Goal achieved** |
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| **Voice of the child, adults and professionals** | | | | | | | | | | | |
| Child / Children’s Views | |  | | | | | | | | | |
| Adult / Parent Views | |  | | | | | | | | | |
| Key Worker / Professional | |  | | | | | | | | | |
| **How well do we feel we are doing** | | | | | | | | | | | |
| Enter their initials | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
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| **We have read and agree with this plan. Signed By** | | | | |
| Persons Name | Role | In Attendance? | Signature | Date of signature |
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When complete please send this to Early Help Support Team - [ehst@birminghamchildrenstrust.co.uk](mailto:ehst@birminghamchildrenstrust.co.uk)