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