OUR FAMILY PLAN

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| About this Family Plan | | | | | |
| **Date of Family Meeting** |  | **Assessment Number** |  | **Plan Number** |  |
| **Family Name** | **Family Address** | **Professional / Key Worker Name**  (Who is helping with this plan) | **Where do they work**  (Include agency name/address) | **Worker Contact Details** (Telephone and Email address) | |
|  |  |  |  |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **How are we going to do it** | | | | | | | | | | | | |
| Area of Family Need | What are we going to change, improve or strengthen | | Who will do this, by when and with what support | | How will we know when things have improved | | Evidence for how we are doing | How are we doing | | | Goal Achieved | Outcome Achieved |
| **0-3** | **4-6** | **7-10** |
| Choose an item. |  | |  | |  | |  |  |  |  |  |  |
| Choose an item. |  | |  | |  | |  |  |  |  |  |  |
| Choose an item. |  | |  | |  | |  |  |  |  |  |  |
| Choose an item. |  | |  | |  | |  |  |  |  |  |  |
| Choose an item. |  | |  | |  | |  |  |  |  |  |  |
| Choose an item. |  | |  | |  | |  |  |  |  |  |  |
| **What progress are we making, is there anything we should be working on, has anything changed?** | | | | | | | | | | | | |
| Child’s View | |  | | | | | | | | | | |
| Parent’s View | |  | | | | | | | | | | |
| Professional’s View | |  | | | | | | | | | | |
| **Date of Review** | | | |  | | **Date Family Plan Amended and Shared** | | | |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **We have read and agree with this plan. Signed By** | | | | |
| Persons Name | Role | In Attendance? | Signature | Date |
|  |  | Choose an item. | Choose an item. |  |
|  |  | Choose an item. | Choose an item. |  |
|  |  | Choose an item. | Choose an item. |  |
|  |  | Choose an item. | Choose an item. |  |
|  |  | Choose an item. | Choose an item. |  |
|  |  | Choose an item. | Choose an item. |  |
|  |  | Choose an item. | Choose an item. |  |

When complete please send this to Early Help Support Team - [ehst@birmingham.gov.uk](mailto:ehst@birmingham.gov.uk)

If you have access to a secure email account, please use - [secure.ehst@birmingham.gcsx.gov.uk](mailto:secure.ehst@birmingham.gcsx.gov.uk)

|  |  |
| --- | --- |
| Domestic Violence and Abuse | |
| How are we doing 0-10 | |
| Child / Children |  |
| Parent / Carer |  |
| Professional |  |

|  |  |
| --- | --- |
| Health and Emotional Wellbeing | |
| How are we doing 0-10 | |
| Child / Children |  |
| Parent / Carer |  |
| Professional |  |

0 1 2 3 4 5 6 7 8 9 10

0 1 2 3 4 5 6 7 8 9 10

0 1 2 3 4 5 6 7 8 9 10

10 9 8 7 6 5 4 3 2 1 0

10 9 8 7 6 5 4 3 2 1 0

10 9 8 7 6 5 4 3 2 1 0

|  |  |
| --- | --- |
| Home and Life Relationships | |
| How are we doing 0-10 | |
| Child / Children |  |
| Parent / Carer |  |
| Professional |  |

|  |  |
| --- | --- |
| Work life, Financial and Housing | |
| How are we doing 0-10 | |
| Child / Children |  |
| Parent / Carer |  |
| Professional |  |

|  |  |
| --- | --- |
| Affected by Crime or ASB | |
| How are we doing 0-10 | |
| Child / Children |  |
| Parent / Carer |  |
| Professional |  |

|  |  |
| --- | --- |
| School Life, Education, Training | |
| How are we doing 0-10 | |
| Child / Children |  |
| Parent / Carer |  |
| Professional |  |

How are

we doing?