OUR FAMILY PLAN

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| 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) |
|   |   |   |   |   |

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| **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** |   |

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| **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

If you have access to a secure email account, please use - secure.ehst@birmingham.gcsx.gov.uk

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

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

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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

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

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

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

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

How are

we doing?