Our Child in Need Plan: This is what is important to us.

Guidance- the child/ren and family can put what they want in this section they might write about the things they want people to stick to, that they go to brownies on a Tuesday, their likes/dislikes

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| **Safety/Wellbeing Goal** | **Action** | **Who will do this?** | | **By When?** |
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|  |  |  | |  |
| **Frequency of statutory visits** | |  | | |
| **Date Plan shared with the family** | |  | | |
| **Family’s views on the plan** | | | | |
| **Date and name of Team Manager reviewing the plan** | | |  | |