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| **DATE STARTED: Family Details:**  |
| Child(ren)’s Name: Ethnicity**:**  | Date of Birth: | Address: |

My Family Plan

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| **Who is important in your family** (ie: parent, extended family and close friends) |
| Name: Contact Details: Relationship**:** DOB:  | Name: Contact Details:Relationship: DOB:  |
| Name: Contact Details:Relationship: DOB: | Name:Contact Details:Relationship:DOB: |
| **Any other services I am working with.**Details: |
| **What’s working well/things that are good***
 | **What are each of us worried about and why** | **What are each of us unsure about/complicating factors** |
| Bottom line: What is the key thing that needs to improve?What are my hopes and dreams for the future/what does different look like? |
| On a scale of 0-10 where 0 means that I am very unhappy, I feel scared and worried all the time, I do not feel safe and have no one to talk to, 10 means that I am always feeling happy, safe and I don’t worry too much and when I do I know exactly who to talk things through with- where do you rate yourself? |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| On a scale of 0-10 where 0 is a parent or carer I am very worried about my child, I am worried they will be hurt, get into risky situations and know that they are unhappy with no one to talk to, 10 is that I have no worries at all about my child they are happy and achieving to their full potential and will continue to thrive – where would you be? |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| On a scale of 0-10 where 0 is that I as a worker working with the family feel very worried about the risk and safety within the family and 10 is that I don’t feel that there are any worries with the family and that they are able to mitigate any risks effectively – where would they be? |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Notes: |

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| **My Family’s Plan** |
| My Goals(Outcome) | What will I do?(Actions and Measures) | What will other people do?(Actions and measures) | By When? | How will we know if/when it has made a difference? | Outcomes/what has happened, what worked, what needs focus? |
|  |  |  |  |  |  |

All actions must be specific, include things that you can measure, keep them realistic, agree when you’ll do them by (ie: SMART)

Who will monitor the plan and take overall ownership for ensuring actions are completed? (lead professional):

Parent/carer Name: Signed: Date:

Parent/carer Name: Signed: Date:

Lead Professional: Signed: Date:

Next review date: