BELIEVE IN FAMILIES



MY FAMILY PLAN

This is about your family. Our purpose is to work together with you so that you can make the most out of your family life, to be healthier, to achieve, be safe, strengthen and enjoy your lives together.

Your family will have a named worker who will link to other people who may be involved in supporting you.

Together we will create a plan to help your family move forward and reach your goals.



# Thank you

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ACKNOWLEDGEMENTS

We would like to acknowledge that the Family Plan was re-designed in partnership with representatives from Education, Health Visiting Services (0 – 19), HeadStart REACH, CAMHS (Children, Adolescent & Mental Health Services), MVDA (Middlesbrough Voluntary Development Agency), Kinship Care, CGL (Care, Grow & Live) Substance Misuse Treatment Service for Adults & Children/Young People, The Early Help HUB and Stronger Families – Family Case Work Team for Middlesbrough.

We would like to thank the children, young people from the Headstart group, including a Member from the Elected Youth Parliament and parents/carers who participated. This was to give their views on how they wanted the Family Plan to be redesigned to encourage them engage with early help and prevention in the future.

# Thank you

**CHILD**

My name is:

I like to be called:

|  |  |
| --- | --- |
| Me & my familyImage result for emoticons for family |  |
| My strengths  | I am…I can…I have… |
| My worriesImage result for emoticons for worries |  |
| What would I like to change?Image result for emoticons to make positive change |  |

**Parent/Carer:**

|  |
| --- |
| **Who are the most important people in your life?** |
| **What is going well in your life/at home?** |
| **Who are those in your life that support/help you?** |
| **What are your worries?** |
| **What have you tried before to make changes?** |
| **What do you want to do next?** |
| **How can we help you?** |
| **If something changed what would that look like for you/your family?** |

|  |  |
| --- | --- |
| **NAMED WORKER** | **CONTACT DETAILS** (telephone number, email, address) |
| **OTHERS INVOLVED** (GP, Health Visitor, Education, etc.) | **CONTACT DETAILS** (telephone number, email, address) |
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| **FAMILY DETAILS OF THOSE WHO ARE REGULARLY LIVING IN THE SAME HOUSE:** |
| **NAME** | **RELATIONSHIP** | **DOB** | **ETHNICITY** | **LANGUAGE** | **DISABILITY** | **ADDRESS/****PHONE NO.** |
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| **Health,** **Education,** **Special Educational Needs & Disabilities,** **Family History & Functioning,****Identity and Relationships** |
| **THE ANALYSIS:** |
| **What is going well? (What are the strengths and the protective factors?)** |
| **What are you worried about? (What are the risks factors?)** |
| **What changes would I like to see in this family? (What needs to happen to reduce the risks for the child?)** |
| **NEXT STEPS****What are we going to do now?**[ ] We need to sign the Consent Statement and share our Privacy Notice so we can inform you how we share information with other agencies.Those agencies may also contact us to share your information. This is to make sure we are working as a team with other services with your family for the best outcome. [ ] We will be the Lead Practitioner and will work with your family to help you change some things in order for you to do things for yourself.[ ] Contact Family Information Service to find out what other community services/resources can be offered [www.fis.middlesbrough.gov.uk](http://www.fis.middlesbrough.gov.uk)[ ] We need to send your My Family Plan to the Family Partnership Team to log so other services who want to help you will be able to find out who is already involved with your family. familypartnershipteam@middlesbrough.gcsx.gov.uk[ ] We will send your My Family Plan to the Early Help Forum for consideration to involve FCW Team, Stronger Families, as you need someone to work with your family intensively to help your resolve your problems. familypartnershipteam@middlesbrough.gcsx.gov.uk**Services we can refer your family to:**[ ] Referral to HeadStart Reach for counselling/ 1:2:1 or group sessions. [www.middlesbroughandstocktonmind.org.uk](http://www.middlesbroughandstocktonmind.org.uk)[ ] Referral to CAMHS (Children Adolescent Mental Health Services). (01642) 201858 or TEWV.MiddlesbroughReferrals@nhs.net[ ] Referral to the Moving On Project because separated from the other parent of our children and we have problems communicating about our children including contact arrangements. [www.changingfuturesne.co.uk/moving-on](http://www.changingfuturesne.co.uk/moving-on)[ ] Referral to Risk Reduction Team. Ralph\_Jordinson@middlesbrough.gov.uk [ ] Referral to Kinship Carers Support to access help if you are caring for other family member’s children. [ ] Referral to Care Grow & Live (Substance Misuse Recovery Service) [ ] Referral to Hart Gables (Transgender/sexuality Services) |

**OUR FAMILY ACTION PLAN**

Now it is our opportunity to put the plan together we all have agreed to help your family move forward and reach your goals.

|  |  |  |
| --- | --- | --- |
| Date of the plan: | Family members: | Named worker: |
|  |  |  |
| What needs to happen?Where are we now? | Who will do this and how? | When will this be done by? | What will change if this is done? |
| **Goal:****0.......................10**Pretty Bad Great |  |  |  |
| **Goal:****0.......................10**Pretty Bad Great |  |  |  |
| **Goal:****0.......................10**Pretty Bad Great |  |  |  |
| **Goal:****0.......................10**Pretty Bad Great |  |  |  |
| What is the date of the first Family Plan Review and where will it be held? |  |
| Who will be attending? |  |