 ****

**Our Family Plan**

**Thriving children, fulfilling their dreams, supporting families**

|  |  |  |  |
| --- | --- | --- | --- |
| **Family Name** |  | **Date** |  |
| **Name Parent/Carer with PR** |  | **Signature or verbal consent** |  |

**By signing or giving verbal consent on this form, I am agreeing to receiving the service and that my personal information, and that of the children I have parental responsibility for, can be shared with other agencies, to ensure I receive the best service and support.**

**I agree to Redcar and Cleveland Council holding and sharing my household data with other Government bodies when appropriate.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Practitioner details completing this form** | | | | | **Other practitioners involved eg. Meeting Attendance, GP, Nursery, school, health visitor, CAMHS, Housing** | | | | | | | | |
| **Name:** |  | | | | **Name** | | | **Role** | | **Contact details** | | **Involvement** | |
| **Contact details:** | | |  | |  | | |  | |  | |  | |
|  | | | | |  | | |  | |  | |  | |
|  | | | | |  | | |  | |  | |  | |
|  | | | | |  | | |  | |  | |  | |
|  | | | | |  | | |  | |  | |  | |
| **Children and Family Details – who lives in the family home** | | | | | | | | | | | | | |
| **Name** | | **DOB** | | **Relationship** | | **Ethnicity** | **Language** | | **SEN/Disability (Describe)** | | **School Attending** | | **Address/Phone No:** |
|  | |  | |  | |  |  | |  | |  | |  |
|  | |  | |  | |  |  | |  | |  | |  |
|  | |  | |  | |  |  | |  | |  | |  |
|  | |  | |  | |  |  | |  | |  | |  |
|  | |  | |  | |  |  | |  | |  | |  |

**In completing the two columns below please consider the FAMILY AND HOME (relationships, housing, finance, employment); CHILD DEVELOPMENT (health, physical, social, emotional, education); PARENTING (guidance, boundaries) and PARENT’S HEALTH (illness, mental /physical wellbeing, drugs/substance misuse)**

|  |  |  |  |
| --- | --- | --- | --- |
| **What are you worried about?** - On-going issues which are causing the different members of the family to not meet their potential.  How does the family manage worries and concerns? What helps the child or family manage, overcome, or avoid the worry?  What is making this problem harder to deal with? What are the behaviours which increase the worry? What don’t we know? | | **What is working well?** -What are the best things about the parents and the care of the children? Who supports/help the parents and children?  Explore the support network.  What local facilities do you use? i.e., schools, day nurseries, sports, play and Leisure centres, libraries etc. | |
| **Who the response is from** | **Response / Views** | **Who the response is from** | **Response / Views** |
| **Child/Young Person** |  | **Child/Young Person** |  |
| **Parent/Carer** |  | **Parent/Carer** |  |
| **Practitioner completing assessment** |  | **Practitioner completing assessment** |  |

|  |  |
| --- | --- |
| **WORRY STATEMENT** - Outline who is worried, what has happened to make them worried and what could happen if things don’t change |  |
| **SCALING** -Where would you scale how worried you are and why? (0 very worried 10 no worries) |  |
| **WELLBEING GOAL** - Outline what you would like the day in the life of the young person and family to look like for us not to be worried |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Our Plan - Team Around the Family (TAF)**  **What needs to happen next?** - Focus on the worries and what support is needed to make the change i.e. domestic abuse, neglect, health issues, school attendance and build on the strengths. Please include details of actions relating to individual children/family members and who will carry them out. The person with overall responsibility (Lead Practitioner) is also responsible for letting any other organisations involved know about the plan and progress. | | | | |
| **What needs to happen, what needs to change in the family’s view and those around them** | **How will we help to make the change, what can we do to reduce the worries** | **Who will do this, consider the support network and professionals** | **By when?** | **How will we know when things are better, what do we need to see to know things are getting better** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Please attach any supporting documents Pastoral Plans, Support Plans and tools which you may have used to complete the voice of the child with the completed Our Plan and email to:** [**EarlyHelp@redcar-cleveland.gov.uk**](mailto:EarlyHelp@redcar-cleveland.gov.uk)

**It will be stored on the RCBC Early Help Module database and a case note recorded, stating which agency has completed the Our Plan.**

**This is not a referral form but a plan to help you coordinate services for a child/family.**