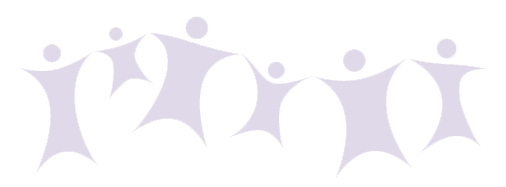


Family Plan

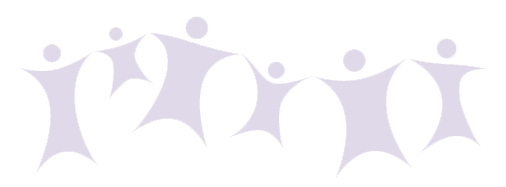
Top of Form

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Macintosh HD:Users:mark: DCC work:35863 CAS practice toolkit:small graphic.pngTeam around the family:  To add in another family member or named professional please insert row below | | | | |
| Name of family member | Position in family  (e.g. mother, son, grandmother) | Contact details | Attended? | Contributed if not attended? |
|  |  |  | **Yes  No ☐** | **Yes  No ☐** |
|  |  |  | **Yes  No** | **Yes  No** |
|  |  |  | **Yes  No** | **Yes  No** |
|  |  |  | **Yes  No** | **Yes  No** |
|  |  |  | **Yes  No** | **Yes  No** |
|  |  |  | **Yes  No** | **Yes  No** |
|  | | | | |
| Named Professional | Team/Agency | Contact details | Attended? | Contributed if not attended? |
|  |  |  | **Yes  No ☐** | **Yes  No ☐** |
|  |  |  | **Yes  No** | **Yes  No** |
|  |  |  | **Yes  No** | **Yes  No** |
|  |  |  | **Yes  No** | **Yes  No** |
|  |  |  | **Yes ☐ No ☐** | **Yes ☐ No ☐** |
|  |  |  | **Yes ☐ No ☐** | **Yes ☐ No ☐** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Macintosh HD:Users:mark: DCC work:35863 CAS practice toolkit:small graphic.png | | | | | | |
| Summary of family outcomes (Things we want to achieve) *To add another outcome below please insert row* | | | | | | |
| 1. |  | | | | | |
| 2. |  | | | | | |
| 3. |  | | | | | |
| 4. |  | | | | | |
|  | | | | | | |
| Goal number: | |  | Family member: | |  | |
| What goal (small change) do we want to achieve? | | How will we do this? | Who | When | What’s been achieved so far? | What will happen next? |
|  | |  |  |  |  |  |
|  |
| Outcomes achieved |
| Goal number: | |  | Family member: | |  | |
| What goal (small change) do we want to achieve? | | How will we do this? | Who | When | What’s been achieved so far? | What will happen next? |
|  | |  |  |  |  |  |
| Outcomes achieved |



Bottom of Form



|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Goal number: |  | Family member: | |  | |
| What goal (small change) do we want to achieve? | How will we do this? | Who | When | What’s been achieved so far? | What will happen next? |
|  |  |  |  |  |  |
| Outcomes achieved |
| Goal number: |  | Family member: | |  | |
| What goal (small change) do we want to achieve? | How will we do this? | Who | When | What’s been achieved so far? | What will happen next? |
|  |  |  |  |  |  |
| Outcomes achieved |
| Goal number: |  | Family member: | |  | |
| What goal (small change) do we want to achieve? | How will we do this? | Who | When | What’s been achieved so far? | What will happen next? |
|  |  |  |  |  |  |
| Outcomes achieved |

*To add additional goals please copy and paste above section*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Family Progress Summary Macintosh HD:Users:mark: DCC work:35863 CAS practice toolkit:small graphic.png | | | | | | | |
| To be agreed by members of the Team around the Family and updated at each meeting.  (Please review in conjunction with the County Durham Family Outcomes Framework) | | | | | | | |
| Criteria met | | Good positive change | Some limited change | No positive change | Not needed for this family | Outcomes achieved | Source of Evidence  (how do we know) |
| Education | |  |  |  |  |  |  |
| Crime/ Anti-Social Behaviour | |  |  |  |  |  |  |
| Employment/NEET | |  |  |  |  |  |  |
| Domestic Abuse | |  |  |  |  |  |  |
| Child who needs help | |  |  |  |  |  |  |
| Health Needs | |  |  |  |  |  |  |
| Other | |  |  |  |  |  |  |
| Other | |  |  |  |  |  |  |
| Other | |  |  |  |  |  |  |
|  | | | | | | | |
| Macintosh HD:Users:mark:Desktop:Screen Shot 2016-09-20 at 11.26.06.png  Views of the  child/ren |  | | | | | | |
| Macintosh HD:Users:mark:Desktop:Screen Shot 2016-09-20 at 11.26.06.png  Views of the  mother, father, carers |  | | | | | | |
| Macintosh HD:Users:mark:Desktop:Screen Shot 2016-09-20 at 11.26.06.png  Views of the  professionals |  | | | | | | |

New Plan

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Goal number: |  | Family member: | |  | |
| What goal (small change) do we want to achieve? | How will we do this? | Who | When | What’s been achieved so far? | What will happen next? |
|  |  |  |  |  |  |
| **Outcomes Achieved** |
| Goal number: |  | Family member: | |  | |
| What goal (small change) do we want to achieve? | How will we do this? | Who | When | What’s been achieved so far? | What will happen next? |
|  |  |  |  |  |  |
| **Outcomes Achieved** |
| Goal number: |  | Family member: | |  | |
| What goal (small change) do we want to achieve? | How will we do this? | Who | When | What’s been achieved so far? | What will happen next? |
|  |  |  |  |  |  |
| **Outcomes Achieved** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Goal number: |  | Family member: | |  | |
| What goal (small change) do we want to achieve? | How will we do this? | Who | When | What’s been achieved so far? | What will happen next? |
|  |  |  |  |  |  |
| **Outcomes Achieved** |
| Goal number: |  | Family member: | |  | |
| What goal (small change) do we want to achieve? | How will we do this? | Who | When | What’s been achieved so far? | What will happen next? |
|  |  |  |  |  |  |
| **Outcomes Achieved** |
| Goal number: |  | Family member: | |  | |
| What goal (small change) do we want to achieve? | How will we do this? | Who | When | What’s been achieved so far? | What will happen next? |
|  |  |  |  |  |  |
| **Outcomes Achieved** |

What needs to happen next?

|  |  |  |  |
| --- | --- | --- | --- |
| **The Family Plan will be revised and shared with family and TAF members** | | **By Who:** | **When:** |
| **Family Plan continues to be reviewed (please enter review/Team around the Family review date)** | | | **Date:** |
| **Undertake Engaging Families Toolkit** | | **Reason:** | |
| **Escalation** | **Date:** | **Reason:** | |
| **De-escalation** | **Date:** | **Reason:** | |
| **Change of lead professional:** | | **Reason:** | |
| **All goals and outcomes achieved, case closure** | | **Date:** | |
| **Declaration of outcomes to Think Family Team:** | | | **Date:** |
| **Signature of Lead Professional:** | | | **Date:** |
| **Signature Parent/Carer:** | | | **Date:** |
| **Signature Young Person (if appropriate):** | | | **Date:** |
| **Name and signature of Manager:** | | | **Date:** |