

**FIRST STEPS**

My Family Portfolio





Thank you to the Department of Public Health, Bureau of Family Health and Nutrition and Bureau of Substance Addiction Services and to Jewish Family & Children’s Service.



**Massachusetts Department of Public Health**

**Substance Abuse and Mental Health**

**Services Administration**

**Jewish Family & Children's Service**



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Making Opportunity Count

Square One Community Services

This toolkit was conceptualized, designed, written and created by the FIRST Steps Together Training and Technical Assistance Team and Project Director.

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We would like to thank the following people for their significant contributions to the vision and content creation of this resource.

FIRST (Families in Recovery SupporT) Steps Together is a program focused on empowering parents and families affected by substance use. We have seven sites across Massachusetts and deliver services in homes, communities, or virtually.

We understand that recovery from substance use is often a process with many ups and downs. We know pregnancy and parenting can be hopeful and exciting, but also stressful and overwhelming. This can be especially true for parents working on their recovery. Our home visiting services are flexible and driven by what families find most helpful.

FIRST Steps Together is a peer-centered program led by Family Recovery Support Specialists (FRSS) who are parents in recovery themselves, with specialized training that allows them to use their experience to walk with participants as they navigate their journey. Our program offers the option of a Mental Health Counselor, a space to connect with other par- ents in support groups, care coordination, and help with concrete needs.

Since launching FIRST Steps Together, we have accompanied many families on this journey. We feel

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**Nicole Walden Katie Britton Maureen Whitman**

privileged to help plant these seeds of hope and honored to have the opportunity to watch families grow.

We would like to thank the following people for generously offering their experience and expertise in the creation of this resource.

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FP **2**

## Introduction for Parents

### This is your recovery portfolio. It was designed by parents in recovery to help guide you through your journey as you create the life you desire for you and your family.

The portfolio includes four sections for you to individualize:

**MY STEPS** focuses on identifying your support system, creating wellness plans and setting personal goals. It also includes information on safety and relapse prevention planning, birth planning and a Family Care Plan (Plan of Safe Care). This section is dedicated to your vision for your life as a parent in recovery. These tools will help you organize your thoughts and start taking action steps to achieve your goals.

**OUR STEPS** centers on strengthening your relationship with your child(ren) and supporting their developmental needs. There is space to think together with your child about your family’s hopes and dreams for the future.

**STEPS TOWARDS EACH OTHER** focuses on maintaining connection with your child(ren) during times of separation. This section gives you tools to use to support your relationship, including ideas and plans for Family Time. In our program, we use the language “Family Time” to refer to what other agencies may call “supervised visitation” or “supervised parenting time.” This is an intentional way to reframe and shift the focus from “super- vision” of the parent towards supporting the family connection and parent- child relationship(s).

**SUPPORTING STEPS** is a space to collect all the important information, applications and resources from your community to support your parenting and recovery journeys.

At the end of each section there is a space for your Thoughts and Feelings. Taking time to reflect on this work is a beneficial step in your recovery journey. We encourage you to use this space however you would like.

This process can be exciting as you start to think about all the possibilities for your future, but it can also bring up big thoughts and feelings as you do the work. We understand you may already have a lot on your plate. We encourage you to take your time and move through the tools at your own pace, take breaks as needed, and put thought into your plan for wellness and self-care.



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FP **3**

If you are currently or may become involved with Child Welfare Services, working with your provider to complete these materials may help you feel more prepared and less anxious. It is our hope that working through this portfolio will feel empowering and move you closer to the goals you have for yourself and your family.

Your provider can walk alongside you as a guide; but your portfolio will be whatever you choose to make it. This is a resource for you. It captures and communicates who you are and what is important to you. As a program, we believe that your recovery strengthens you as a person and as a parent. This is your opportunity to show that and to take those first steps.



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FP **4**

## How to Use this Portfolio

### This is an opportunity for families to begin envisioning the life you want for yourself and your children.

We can think of each piece of this parenting and recovery portfolio as a stepping stone leading us from where we are now towards where we want to be. We have structured this Portfolio to be taken one step at a time.

Most tools can be completed either with your provider or independently depending on what is more comfortable for you.

Here are some tips for completing this Portfolio:

* These materials can be completed in any order, at any pace.
* Break the Portfolio down into smaller, more manageable pieces. Prioritize the pieces that are most important or time sensitive for your family’s situation. For example, expectant parents may want to start with the Birth Planning section.
* Use the checklist included with each section to mark off each piece once it is completed, to have a sense of achievement and celebrate your work.
* The Wellness Vision is a good place to start. This is your first step in designing your life as a parent in recovery.
* Use the Parent Goals section to identify your family’s wants and needs. This can be a helpful exercise to figure out the smaller steps you can take to get you to your longer-term goals. This section also helps you recognize and appreciate your progress!
* Ask your providers for help with certain pieces of this Portfolio if anything feels overwhelming or confusing. Also, share the pieces that you feel proud of!
* Know that your providers also have guidance for how to support you in completing this Portfolio. Their guidance includes “language for advocacy” if you need help explaining your portfolio or progress to outside providers or Child Welfare Services.
* This is a “living document” and can be an ever-changing tool for your family to use over the course of your lifetime.

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FP **5**

# MY STEPS

This space is dedicated to your journey as a parent working towards recovery. In this section, you will have the opportunity to identify your support system, set goals, create wellness and safety plans, and organize all your important documents. These tools can be shared with your service providers to make sure your family is receiving the care they need.

##### This section includes:

 My Support List  My Wellness Vision  My Goals

 My Plans—Recovery Maintenance and Child Safety  My Service and Treatment Plans

 My Group and Meeting Attendance  My Letters of Support

 My Birth Planning Kit

 My Family Care Plan (Plan of Safe Care)  My Other Important Documents

 My Planner

My Thoughts and Feelings



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FP **6**

**My Support List**

The purpose of this tool is to have easy access to your support system’s contact information. Your support system is anyone you can reach out to in times of need, such as friends, family, recovery supports, medical professionals, mental health providers and spiritual supports. Your support team can communicate with each other and work together if you choose to include signed releases of information for your service providers.

Your Name: DOB: Primary Phone Number: Is this your cell phone?  Yes  No Email:

Current Address: City/Town: State: Zip: Can you receive mail here?  Yes  No Is this a shelter or treatment program?  Yes  No

If yes, Program Name: Preferred Contact Method  Email Phone Call Text

**Emergency Contacts**

Who should I contact in case of an emergency?

Name: Relationship: Phone: Email:

Name: Relationship: Phone: Email:

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FP **7**

**My Support List** *continued*

**Important Contacts**

This section is to identify and name the important people and providers who are in your corner. This may include:

* Close friends
* Substance use treatment providers
* Doctors such as primary care, OBGYN or pediatrician
* Sponsors or mentors
* Spiritual advisors or clergy
* Mental health providers or therapist
* Early Intervention providers
* Home visitors
* Recovery Coach/Peer Support
* Lawyer or probation officer
* Child Welfare Services

Name: This person is my: Phone: Email: Current Release of Information?  Yes  No  Not applicable I can call this person for: Notes:

Name: This person is my: Phone: Email: Current Release of Information?  Yes  No  Not applicable I can call this person for: Notes:

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FP **8**

**My Support List** *continued*

Name: This person is my: Phone: Email: Current Release of Information?  Yes  No  Not applicable I can call this person for: Notes:

Name: This person is my: Phone: Email: Current Release of Information?  Yes  No  Not applicable I can call this person for: Notes:

Name: This person is my: Phone: Email: Current Release of Information?  Yes  No  Not applicable I can call this person for: Notes:



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FP **9**

**My Wellness Vision**

This plan helps you think through the daily activities and practices that can help promote wellness in your life. This can include physical exercise, daily reading, making time for a hobby or craft, getting enough sleep, taking your medication as prescribed, or simply taking a shower, eating breakfast

or making your bed in the morning. Wellness plans can be whatever you want them to be. This is a space to prioritize what is important to you. Full sentences are not needed, just jot something down!

This is for you!

**Getting to Know Me**

For me, wellness looks and feels like:

These are the things I already do to care for myself:

These activities make me feel good:

When I am at my best, my life looks like:

*(It is OK if you haven’t felt your best yet! You are taking steps towards that now!)*

These are the things I can do for myself to stay healthy/well:

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FP **10**

**My Wellness Vision** *continued*

My positive daily habits are:

Things I am grateful for:

As part of my daily gratitude practice, I will:

**Identifying My Stressors**

These are the things that sometimes cause me stress:

These are the relationships that sometimes cause me stress:

These are the places that sometimes cause me stress:

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FP **11**

**My Wellness Vision** *continued*

I can tell I am starting to feel stressed or upset because I start thinking/ feeling:

My coping skills for managing my stress are:

When my stress is overwhelming me, I will:

**Taking Care of Me**

One thing I will do for myself today is:

One thing I will do for myself this week is:

One thing I will do for myself this month is:

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FP **12**

**My Wellness Vision** *continued*

The ways I am involved with my social supports/ community are:

The ways I am taking care of my education/ employment are:

The ways I am taking care of my physical wellness are:

The ways I am taking care of my mental/ emotional wellness are:

The ways I am taking care of my spiritual wellness are:

The ways I am taking care of my financial wellness are:

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FP **13**

**My Wellness Vision** *continued*

**Positive People I Have in My Life**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME** | **PHONE** | **I WILL CONNECT TO THESE PEOPLE** | **NOTES** |
|  |  | Once a day Once a week  As often as needed |  |
|  |  | Once a day Once a week  As often as needed |  |
|  |  | Once a day Once a week  As often as needed |  |
|  |  | Once a day Once a week  As often as needed |  |
|  |  | Once a day Once a week  As often as needed |  |
|  |  | Once a day Once a week  As often as needed |  |

“Remember, a fulfilling life is all about balance. Focus on bringing harmony to all aspects of your personal wellness and enjoy the journey!”

**– FAMILY RECOVERY SUPPORT SPECIALIST**



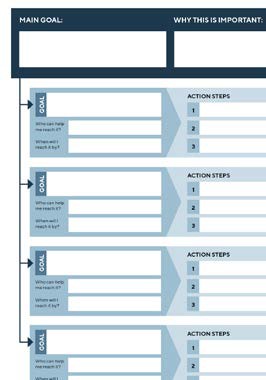
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FP **14**

**My Goals**

Setting goals is an exciting way to imagine what you want for yourself and your children in the future. Goals may be personal, related to your parenting or recovery, or about some other part of your life. For example, you may dream of having a comfortable home, a new job, finishing school, or being in a better place financially, with your health, or in your relationships.

A good jumping off point is to imagine you have a magic wand, *What would be the first thing you’d want to change? What realistic steps could you take to move towards that goal?*



There are many tools to support goal setting and visualizing action steps. One way we find useful is **goal mapping**.

This is a tool that can help us break bigger or longer-term goals into smaller and more manageable steps.

This tool also helps us think about the “why” behind our goals which helps to keep us motivated in working towards them.

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FP **15**

**MAIN GOAL: WHY THIS IS IMPORTANT:**

###### ACTION STEPS

**GOAL**

**1**

Who can help me reach it?

When will I reach it by?

**3**

**2**

###### ACTION STEPS

**GOAL**

**1**

Who can help me reach it?

When will I reach it by?

**3**

**2**

###### ACTION STEPS

**GOAL**

**1**

Who can help me reach it?

When will I reach it by?

**3**

**2**

###### ACTION STEPS

**GOAL**

**1**

Who can help me reach it?

When will I reach it by?

**3**

**2**

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#### My Plans—Recovery Maintenance and Child Safety

FP **16**

Creating a safety plan for yourself and your child helps to ensure that in the case of illness, relapse, or another unexpected crisis or emergency, both you and your child(ren) can get the support and care that you need. While it may be uncomfortable to think through what an emergency response plan would look like, it is a chance for you to share with your providers or other supports what you think would be best for you and your child(ren). Your trusted providers can do a better job of advocating on your behalf if they have this information. **My Recovery Maintenance Plan** is your plan to prevent relapse and keep yourself safe.

|  |
| --- |
| **MY RECOVERY MAINTENANCE PLAN** |
| Things that help me work towards recovery are:  *(examples: support groups or meetings, physical care/ exercise, seeing my therapist regularly, taking my medication, talking to a positive friend, doing something I enjoy, etc.)*  1.  2.  3.  4.  5. |
| Things I need to avoid to protect my recovery:  People:  Places:  Things: |
| I know relapse may be possible when:  I feel... I think... I start... I stop... |

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FP **17**

##### My Plans—Recovery Maintenance and Child Safety *continued*

|  |
| --- |
| When I am feeling this way, I can turn to: (examples: talking to certain people, attending support groups/ meetings, seeking spiritual support, my place of worship, service providers/ care team, etc.)  1.  2.  3. |
| Things that help me work towards recovery are: (examples: support groups or meetings, physical care/ exercise, seeing my therapist regularly, taking my medication, talking to a positive friend, doing something I enjoy, etc.)  1.  2.  3.  4.  5. |

My provider and I agree that if s/he is unable to contact me for (amount of time) they can call: Name:

Relationship:

Phone: Current Release of Information?  Yes No Not applicable

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FP **18**

##### My Plans—Recovery Maintenance and Child Safety *continued*

**My Child Safety Plan** is your plan for how you will keep your child(ren) safe in the event of a health emergency, relapse or other family crisis.

**My Child Safety Plan**

If relapse or other crisis happens, this is how I will keep my child safe:

I will immediately contact who has agreed to provide alternate childcare in their home or location. Their relationship to my child is their contact # is Their address is

We will work together to explain this plan to my child in a kid-friendly way and to maintain contact during the time of separation.

Things that are a comfort to my child include (comfort objects, special routines, favorite foods or activities—specify for each child):

My child’s school or daycare provider is (Name, Contact):

Their school or daycare schedule is:

Their pediatrician is (Name, Contact):

Other important providers or people include (Name, Contact):

Other important care information for my child includes (medications, allergies, etc.):

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FP **19**

##### My Plans—Recovery Maintenance and Child Safety *continued*

In the event that I am unable to care for myself or my child, my emergency contact is: Name: Relationship:

Phone: Current Release of Information?  Yes  No  Not applicable

People who can stay with me and my child:

Name: Relationship: Phone: Current Release of Information?  Yes  No  Not applicable

Name: Relationship: Phone: Current Release of Information?  Yes  No  Not applicable

My provider and I agree that if s/he is unable to contact me for (amount of time) they can call: Name:

Relationship:

Phone: Current Release of Information?  Yes No Not applicable



**Documents may include:**

* Service plans
* Treatment plans
* Goals
* Progress notes

Don't forget to store this section of the Portfolio in a

**secure location**, if possible!

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FP **20**

**My Service and Treatment Plans**

Here is a space to keep your service and treatment plans, make note of any goals, and progress notes. This will help you to keep track of what you’re working on and allow you to share this information with your providers if you want to. Please make sure you protect your own privacy and confidentiality by keeping these records in a safe place, so that this information is only shared with your knowledge and permission. For safe keeping of these documents we recommend using a pocket folder or envelope that closes.

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FP **21**

#### My Group and Meeting Attendance

Here is a space to keep track of your attendance and participation in groups or recovery meetings, what you get out of them and whether or not you want to revisit a particular meeting. This is also a great way to reflect on your progress and the time you have put in to work on your recovery. Addition- ally, many recovery programs, Child Welfare Services, and court-ordered substance use treatment or probation will ask for a record of meeting or group attendance.

We recognize that it can be challenging to have this form signed off on, particularly if it may breach Twelve Steps program anonymity. If you are meeting virtually, you may not be able to get a hand-writ- ten signature, so we recommend requesting an email confirming your group attendance. Regardless of the circumstances, we encourage you to do the best you can and please ask your provider to help and advocate with you as needed.

|  |  |  |  |
| --- | --- | --- | --- |
| **AGENCY AND GROUP NAME** | **MEETING LOCATION, DATE AND TIME** | **ATTENDANCE SIGN OFF** | **TAKE-AWAY NOTES IF APPLICABLE** |
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FP **22**



#### My Letters of Support

Parenting in recovery is hard work. Whether you have many years of recovery or you are just getting started on this journey, it can be great to have a reminder of your progress. This section is a place for you to keep any letters from providers or sources of support like friends and family, or certificates from completing a program or a group such as parenting class or Intensive Outpatient Treatment program. We recommend including a pocket folder or envelope to keep these letters safe.

If your family is involved with Child Welfare Services or the court system, it is helpful for you to be able to show your work, growth and recovery. You can ask your service providers for letters of participation and support that can be used to show your strengths and progress. When possible, these should be written on agency letterhead and contain the provider’s full name, position and agency, information about the service(s) they provide, dates of participation and observations about the progress you are making. In addition to providers, you can have friends and family write letters speaking to your character, your parenting, and your work in recovery.

Below is a **sample format for a letter of support** that a provider can complete on your behalf. Feel free to share this template with your providers. They are welcome to tailor the language to meet your specific needs.

*(Agency Letterhead)*

Provider Name, Credentials Role

Agency Address Email Phone

To Whom it May Concern,

I am writing this letter for (Participant name), who I have worked with since (date). We meet (weekly) and (Participant name) has been consistent with these meetings.

(Participant name) has shown growth and progress in the areas of: (list areas of growth, goals or skills). (Participant name) has also participated in (insert groups or other program activities).

We will continue to work together to meet (Participant name)’s goals to support their family. Please feel free to contact me with any questions about our program services.

Sincerely,

Name, Credentials (if applicable) Best mode of contact

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**RESOURCE FOR EXPECTANT PARENTS**

**My Birth Planning**



FP **23**

If you are expecting, we recommend exploring **The Journey Recovery Project Birth Planning Kit**, which is available to print and download from the **Massachusetts Department of Public Health Clearinghouse**.

This kit includes materials for your prenatal and hospital visits, space to list your birth and medication preferences, and information to help you learn about the early postpartum period. There is information about Neonatal Opioid Withdrawal Syndrome (NOWS), often referred to as Neonatal Abstinence Syndrome (NAS), soothing, breastfeeding and safe sleep practices.

We want you to feel informed and empowered. We believe that completing a birth plan will help you feel more comfortable and less anxious, so that you have a better birthing and postpartum experience.

*The Birth Planning Kit is a personal folder that can help you stay organized, prepare a packet of materials to share with the Department of Children and Families (DCF- the Child Welfare Agency in Massachusetts), and support you on your journey*

*of recovery and pregnancy. The Birth Planning Kit contains a Recovery and Wellness Plan, and a sample DCF portfolio, which can serve as your Family Care Plan (Plan of Safe Care). This folder is for you, but you may want to work through the materials with someone you trust.*

**The Journey Recovery Project Birth Planning Kit**

<https://journeyrecoveryproject.com/>

**Massachusetts Department of Public Health Clearinghouse**

<https://massclearinghouse.ehs.state.ma.us/>

**Resources include:**

* People to Meet with During Pregnancy



* Prenatal Appointment Tip Sheet
* Neonatal Abstinence Syndrome (NAS) and Neonatal Opioid Withdrawal Syndrome (NOWS) Guide
* Wellness and Recovery Goals Worksheets
* Prenatal Care Activities Log
* Recovery Activities Log
* Post-Birth Self-Care Plan

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**RESOURCE FOR EXPECTANT PARENTS**

**My Family Care Plan (Plan of Safe Care)**



FP **24**



The Family Care Plan (Plan of Safe Care) is a federal requirement intended to support the safety and well-being of children and families affected by substance use.

In Massachusetts, currently, when an infant is born affected by substances (legal or illegal), a report is typically made to Child Welfare Services. When the family is discharged from the hospital, Child Welfare Services will require a Family Care Plan (Plan of Safe Care) to be in place.

We encourage all expectant parents to complete this plan during their pregnancy, particularly anyone who has used substances before or during the prenatal period (including treatment with MOUD), and families who have had previous involvement with Child Welfare Services. Bring your plan to the hospital and let the hospital social worker know that you have it. You don’t have to share what you have written with anyone if you don’t want to.

Having the plan completed ahead of time can relieve some of the stress of this busy time so that you and your family can focus on your health and getting to know your new baby. This also shows that you have taken the time to think and plan how you will receive support during the days, weeks, and months ahead, after having your baby.

You can download the **Family Care Plan (Plan of Safe Care)** created by the Massachusetts Department of Public Health here:

[mass.gov/info-details/information-about-plan-of-safe-care-posc](http://www.mass.gov/info-details/information-about-plan-of-safe-care-posc#download-a-family-support-plan-%26-plan-of-safe-care-template)

A consent form is included, which gives permission for your providers to speak with each other and with Child Welfare Services about your care. Remember that it is your choice to sign this consent form, and it can help your providers work better together.

For more information we recommend also using **The Journey Recovery Project** My Family Care Plan (Plan of Safe Care).

[journeyrecoveryproject.com/resources/plan-of-safe-care-materials](http://journeyrecoveryproject.com/resources/plan-of-safe-care-materials/)

The Journey Recovery Project has created a DCF Portfolio. **The DCF Portfolio** is a personal folder that includes all the information that would be helpful to share with Child Welfare Services if a report or filing is made after you give birth.

[journeyrecoveryproject.com/wp-content/uploads/2020/10/DPH\_JourneyProject\_BPK\_POSC\_Pages\_](http://journeyrecoveryproject.com/wp-content/uploads/2020/10/DPH_JourneyProject_BPK_POSC_Pages_Web.pdf) [Web.pdf](http://journeyrecoveryproject.com/wp-content/uploads/2020/10/DPH_JourneyProject_BPK_POSC_Pages_Web.pdf)

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FP **25**



#### My Other Important Documents

You can use this section to **organize and store your important documents.** Often it is hard to keep track of all your family’s paperwork and information. Having it all in one space, such as an envelope or pocket folder, will make it easier to access in times of need, such as when registering for school or filling out paperwork for assistance.

Documents may include copies of birth certificates, social security cards, health insurance cards, housing or daycare voucher forms, family or juvenile court documents or any other items you may need for appointments. You may be asked to share some of these materials with your children’s school, Child Welfare Services, or other providers. We encourage you to plan ahead and have these documents available at all times. When you are not using these documents, we recommend storing this section of the portfolio in a secure location, if possible, to protect your family’s personal information.



**Documents may include:**

* Birth certificates
* Social security cards
* Health insurance cards
* Housing or daycare voucher forms
* Family or juvenile court documents
* Items you may need for appointments

Don't forget to store this section of the portfolio in a

**secure location**, if possible!



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#### My Planner

FP **26**

Being a parent working towards recovery often means keeping track of lots of moving parts such as appointments for yourself and your child. Writing down your schedule helps you stay on top of all that you are juggling. You can use this calendar as a planner to keep track of your recovery meetings, family time visits, Child Welfare Service meetings or reviews, court dates and other appointments for you or your child, such as medical, educational or therapy appointments. We have included a **one-month calendar template** here but please feel free to print additional copies so that you can plan ahead if that is helpful for you.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **MONTH:** |  | | | | | |
| **SUNDAY** | **MONDAY** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** | **FRIDAY** | **SATURDAY** |
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FP **27**

**My Thoughts and Feelings**

Taking time to write down your thoughts and feelings can be an important piece of the work that moves you towards growth and healing. **Use this space however you would like**—as a journal, to create a daily gratitude list, to draw or doodle, or to note takeaways from meetings and groups.



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FP **28**

# OUR STEPS

This space is dedicated to your child’s journey and can be used whether or not they are currently in your care. You can use this section to identify your child’s support system and hold information about their development, educational and medical or other needs. If your child is old enough, you can include them in this process and work together to set family goals.

##### This section includes:

 Family Information and Providers

 Supporting Child Development and Milestones  All About My Child

 Family Goal Setting and Vision Boards  Saving Special Moments

My Thoughts and Feelings



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FP **29**

**Family Information and Providers**

Here is a space to list the important information about your child/children and to keep track of every- one who works with them, including providers at their daycare or school, their doctor’s office, their therapist or early intervention provider, or any other supports. Keeping this information in one place will help you stay organized and save you time. Use the “notes” section to add any other information about your child’s providers or services that you feel is important.

Child's Name:

DOB:

Child's personal phone (if applicable): Adult contact if other than me:

**School/Daycare Information**

School: Phone: Address: City: Teacher :

Grade:

Schedule:

**Pediatrician**

Doctor: Phone: Office/agency:

**Other Providers' Information (such as Early Intervention, Therapist)**

Provider name and position: Agency: Phone: Email: Current Release of Information Signed?  Yes  No  Not applicable

Notes:

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FP **30**

**Family Information and Providers** *continued*

Any Diagnosis:

Any Medications:

Any Allergies:

**Emergency Contacts**

Name: Relationship: Phone: Email: Address:

Name: Relationship: Phone: Email: Address:

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FP **31**

#### Supporting Child Development and Milestones

If you are concerned that your child may need extra support to meet developmental or learning milestones, we encourage you to connect with your child’s pediatrician (any age), the local Early Intervention program (ages 0–3), or the school special education team (3+). This section can be used to store copies of developmental screeners, appointment outcomes, aftercare instructions and educational materials for your child.

If you’re unsure of who to ask for help, your provider can offer referrals or connect you to local resources to start this process.

##### We want parents to know that seeking out extra support for your child is always the right thing to do if you have any questions or concerns about your child’s development or needs. Many children, whether or not their parents are in recovery, benefit from developmental supports as babies, toddlers, preschoolers, and into school age.

Your family pediatrician should be able to assess your child’s needs or refer you to support services. If your child is between ages 0-3 they may qualify for Early Intervention, which is a free program that will send a developmental specialist, clinical social worker, or other service provider (Occupational, Speech, or Physical Therapist as needed) to provide home or virtual visits to support your child’s development.

If your child is older than 3, your pediatrician can make a referral for a developmental assessment. You can also connect with your child’s local school system to express any developmental questions or concerns you have, and you have a right to request an evaluation at any time. If your child is evaluated and it is decided that they would benefit from extra supports, they can be given an Individualized Education Plan (IEP) or 504 plan, which would outline the services they qualify for and have a right

to receive, with their parent’s permission. With these education plans, annual meetings and regular assessments and updates should be provided throughout the year. As the parent, you have the right to actively participate in meetings and advocate for your child’s needs. You also have the right to accept, decline, or partially accept or decline any services offered.

After any visit or meeting with your child’s service provider or special education team, you will receive paperwork that serves as a record of your child’s needs and rights to services as well as the services provided. Here is a space for you to keep track of that information. This is also a space you can store educational materials and information regarding child development, safe sleep practices, feeding routines and resources related to understanding your child’s feelings and behaviors.



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FP **32**

**All About My Child**

This section offers a space to describe your child and some of the things that make them special. Think of this as a way to speak for your child and tell the adults in their life what they may not be able to say for themselves. This form can be filled out on your own or together with your child. You can use this tool for yourself or to support smooth transitions between various care providers. Feel free to share this information with an alternate caregiver, such as a co-parent, daycare provider, foster parent or other temporary care provider. Complete what you feel you can or want to. Not everyone knows or wants to share these things about their child. It's okay to leave some sections blank.

Child's Name: Age: My favorite things about my child are:

My child’s favorite activities are:

Our favorite things to do together are:

Things my child doesn’t like are:

My child’s favorite foods are:

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FP **33**

**All About My Child** *continued*

My child's least favorite foods are:

My child’s favorite toys are:

My child loves to read/watch:

We share our love for each other by:

My child can be calmed down by:

My child’s comfort item(s) are:

My child is sensitive to:

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FP **34**

**All About My Child** *continued*

My child feels upset when:

Our daily routine is (weekday):

Our daily routine is (weekend day):

Our bedtime routine is:

My child is comfortable with these adults/caregivers:

Other things to know about my child are:



FIRST STEPS | My Family Portfolio

FP **35**

**Family Goal Setting and Vision Boards**

Setting goals allows families to share their hopes and dreams and think together about what is important. By creating a shared vision, your family can decide on action steps to take together towards your goals. We recommend using Goal Mapping from the MY STEPS section with older children, as this makes it easy to take a big idea and break it down into smaller pieces. With younger children, it can be fun and helpful to create vision boards.

Goals can be big or small, simple or complicated, and here are some prompts to get you started:

* What do you wish our family could do more of together? (for example: family dinners, time outside)
* What would you like us to learn or work on together? (for example: how to read or ride a bike, etc.)

**Vision Boards**

Children (and adults) may not always be able to put into words what they are thinking. Vision boards become a visual reminder of a family’s hopes and dreams. This can help parents and their children feel inspired and motivated to work towards your goals together.

**Materials:**

* Poster board, construction paper or old newspaper
* Magazines, newspapers, printed images or words
* Scissors
* Glue or tape
* Markers, crayons and/or paint

**Directions**

* Look at magazines or other images that your family finds inspirational
* Cut out words, shapes, images, or anything of interest
* Use tape or glue to connect these pieces to your board
* Display your finished vision board in a space where your family can regularly see and appreciate it!

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FP **36**



#### Saving Special Moments

This is a space for you to save special things from your child. This may be a photograph, drawing, note, or a class assignment. We recommend using a pocket folder to keep them safe.



**Special items may include:**

* Photographs
* Drawings
* Notes
* Class assignments



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FP **37**

**My Thoughts and Feelings**

Taking time to write down your thoughts and feelings can be an important piece of the work that moves you towards growth and healing. **Use this space however you would like**—as a journal, to create a daily gratitude list, to draw or doodle, or to note takeaways from meetings and groups.



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FP **38**

# STEPS TOWARDS EACH OTHER

This section focuses on maintaining your connection with your child during times of separation. For both parents and children, times apart can be challenging and emotional.

Completing this section with the help of your provider can help ease your stress, keep you organized, and best use the time you have together. Being thoughtful about how you take care of yourself, plan for Family Time, and keep records, can help you and your providers better advocate for your family.

##### This section includes:

 Maintaining Connection

 Ideas and Plans for Family Time  Family Time Notes

 My Family Action and Assessment Plan My Thoughts and Feelings

FIRST STEPS | My Family Portfolio

FP **39**



#### Maintaining Connection

This space is to help you maintain connection with your child and hold them in mind during times of separation, even if it is painful to do so. Sometimes when separated from our child(ren) it is hard to figure out what to do with ourselves and how to fill the void we may feel. Using the form below can help you actively take steps to maintain connection while working towards healing.

Some ways we can stay connected include giving your child a picture of the two of you, a stuffed animal or shirt that has your smell, or some other reminder of you that makes them feel comforted and loved. In that same way, you may want to keep a picture of your child, a favorite toy of theirs, or a picture or card they created for you. If possible, you could record yourself reading a bedtime story or saying a special message that can be shared with your child for when they are missing you. Writing letters to your child, even if they can’t be sent, can help process your feelings. There are many ways to hold your child in mind and also to comfort yourself. Find what works best for you and don’t forget to ask for support when you need it.

When I miss my child, I will:

When I have a thought or feeling about my child I want to share, I can:

*(for example, write a letter, make a recording, draw a picture)*

During time apart, I can take care of myself by:

When I have concerns about my child, I will reach out to:

When I am feeling sad or frustrated about being separated from my child, I will:

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FP **40**

**Maintaining Connection** *continued*

People I can turn to for support:

Things I am doing today to work toward my Child Welfare Services Family Action and Assessment Plan goals:

Things I am doing this week to work toward my Child Welfare Services Family Action and Assessment Plan goals are:

Things I am doing this month to work toward my Child Welfare Services Family Action and Assessment Plan goals are:

FIRST STEPS | My Family Portfolio

FP **41**



#### Ideas and Plans for Family Time

Having a plan for your Family Time will ease stress and help you get the most out of your time together. Some things to keep in mind are:

* Try to plan an activity that is age appropriate. For babies and toddlers, it could be exploring board books, building blocks or a soft blanket you can place on the floor. For preschoolers, it could be coloring, reading a book, or using play dough or a puzzle. For older children it could be reading aloud a chapter book or playing a board game.
* When planning for your time together, keep in mind your child’s interests. You don’t have to buy new things, there are free resources available to you, such as borrowing games, books or toys from your public library or from your provider. You can always use your imagination to play “make believe”, charades, Simon Says, or another game or song.
* Try not to get discouraged if your visit doesn’t go as planned; the most important thing is showing up for your child and spending time together.
* Remember to bring a snack or food item. For babies it could be baby food or a bottle of formula, and for older kids it could be a snack food like pretzels or sliced up fruit, juice boxes or a bottle of water.
* If the time allows, sharing a meal can be a great way to connect with your child by preparing and/or bringing foods that may be a comfort, reminder of home, or part of your family’s culture.

**Use this form to help keep track of Family Time**, plan your activities and prepare yourself for the visit. Taking care of your wellbeing should be a priority. Think about the materials you may need to bring and any follow-up that will take place during your visit. Depending on when and where you are meeting your child, you may want to bring a snack, diaper bag, toys, books or other activities, extra layers of clothing or sunscreen. You may also have paperwork to give to your case worker or information to share with your child’s alternate caregiver.

My visit is scheduled for this date, time and location: These people will be present at the visit: This is the activity I have planned:

These are the items we will need:

For snack, I will bring:

FIRST STEPS | My Family Portfolio

FP **42**

**Ideas and Plans for Family Time** *continued*

These are the items I need to bring for my child:

These are the things I need to bring for Child Welfare Services:

Before the visit, I will center myself by:

After the visit, I will calm myself by:

This is what I want to remember for my next visit:

Notes:



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FP **43**

**Family Time Notes**

This form is to keep track of your Family Time to ensure you are having regular visits with your child, that your child is well supported, and that Child Welfare Services is working with you and the alternate caregiver to address any concerns you may have. We encourage you to get in the habit of filling this out after each visit because it is an important tool to make sure that your child’s needs are being met and that your Family Time is taking place as planned.

In the case of a miscommunication between families and/or Child Welfare Services, about scheduling, concern for the child, or an action taken by you as the parent, it is useful for you to have your own records which detail exactly what happened and when.

Please include here:

* Any missed or rescheduled Family Time visits, communications that explain the cancellation, and whether the visit was rescheduled.
* Any concerns for your child—such as a sickness, allergy, or something your child said or did.
* Any appointments you attended, school or other activities for your child, and any other ways you are involved in your child’s care.

It is important to document your involvement as much as possible, making note of it in a personal calendar or journal.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DATE OF PLANNED VISIT** |  |  |  |  |
| Notes of progress or concern for child |  |  |  |  |
| Questions/Concerns for Case Worker |  |  |  |  |
| Planned Follow-up |  |  |  |  |
| If canceled/rescheduled, list the date you were notified of or requested the change, the reason for the schedule change, and the date the visit occurred. |  |  |  |  |



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FP **44**

**My Family Action and Assessment Plan**

Here is a space to keep your Child Welfare Services Family Action and Assessment Plan. This will help you keep track of your progress for yourself and to share with your providers. Please make sure you protect your privacy and confidentiality by keeping these records in a safe place, so that this information is only shared with your knowledge and permission. We recommend including a pocket folder or envelope to hold these documents.



* Family Action and Assessment Plan

Don't forget to store this section of the portfolio

in a **secure location**, if possible!

**Documents may include:**



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FP **45**

**My Thoughts and Feelings**

Taking time to write down your thoughts and feelings can be an important piece of the work that moves you towards growth and healing. **Use this space however you would like**—as a journal, to create a daily gratitude list, to draw or doodle, or to note takeaways from meetings and groups.



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FP **46**

# SUPPORTING STEPS

We all benefit from having support and this is particularly true for parents working towards recovery. Here is a space to store all the resources shared with your family.

##### This section includes:

 Community Resources and Applications  Employment and Education Resources  Recovery Resources

 Parenting Resources

My Thoughts and Feelings



**Resources may include:**

* TANF, SNAP, and WIC information and applications
* Affordable housing information and applications
* Access to food and diaper banks
* Access to children's clothes, goods, and home furnishings
* Transportation supports
* Other local supports

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FP **47**

**Community Resources and Applications**

It can be hard to focus on your parenting and recovery when you are worried about having the resources to support your family. This is a section to keep lists of your local community resources and any applications for benefits. This may include information about benefits such as TANF, SNAP, WIC, affordable housing, food, diaper banks and access to children’s clothes and goods, home furnishings, transportation or other local supports. Please ask for what you think would be useful and your provider will work with your family to offer individualized support as needed.



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FP **48**

**Employment and Education Resources**

This section can be used to keep resources for your employment or education needs. Even if you may not need much help in this area, parents sometimes benefit from being connected to local continuing education or employment support resources. Please ask for what you think would be useful and your provider will work with your family to offer individualized support as needed.



* Continuing education information
* Employment support information

**Resources may include:**



**Resources may include:**

* Harm Reduction Practices
* Medication Support (MOUD/MAT/ others)
* SMART Recovery
* Twelve Steps Resources (Examples: Narcotics Anonymous (NA), Alcoholics Anonymous (AA, Al-Anon)
* SAMHSA Resources
* Spiritual Supports/ Practices (Examples: Celebrate Recovery, Prayer, Meditation)
* Physical Exercises/ Practices

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FP **49**

**Recovery Resources**

There are many recovery supports available to you on your journey. There are multiple paths of recovery to explore. Each person has their own needs, beliefs, and recovery style. What works for one person may not be a good fit for someone else. Often people find that they do best when using multiple forms of support.

This is the place where you can keep worksheets, guides, articles, daily practices, flyers and lists for local recovery groups, meetings, and community events. We have included some ideas below. We encourage you to find the supports that work best for you.



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FP **50**

**Parenting Resources**

There are many parenting resources available to you. Each child has unique needs and each parent has their own parenting preferences, beliefs, and style. For most parents, new developmental phases for your child will bring new joys and new challenges to your parenting. Commonly searched topics are safe sleep practices, feeding and soothing techniques, behavioral challenges, and developmental milestones.

You can find online printable versions of worksheets, guides, articles and suggested parenting practices online or from your provider. Resources may also include parenting meetings or support groups or play groups that you can attend with your child.

We recognize that this information can come from many places including your local WIC office, your child’s pediatrician’s office, a therapist or counselor, or Early Intervention provider. Below we list some parenting resources and hotlines that we often recommend. We encourage you to ask for support, hold on to useful resources, and to explore tools that you find interesting or helpful.

*Please note that while many of the resources listed below were originally created to serve “mothers,” these tools can benefit all parents and caregivers affected by substance use.*

* Journey Recovery Project Child New Baby Resources

[journeyrecoveryproject.com/resources/new-baby-resources](http://journeyrecoveryproject.com/resources/new-baby-resources)

* Journey Recovery Project Child Development Tip Sheets

[journeyrecoveryproject.com/resources/child-development-tip-sheets](http://journeyrecoveryproject.com/resources/child-development-tip-sheets)

* Massachusetts Department of Public Health Policy Recommendation: Safe Infant Sleep Practices

<https://www.mass.gov/info-details/safe-sleep-information-for-parents-and-caregivers>

* WIC Infant Feeding Guide

[mass.gov/lists/wic-nutrition-and-breastfeeding-materials#infants-(up-to-12-months)](http://mass.gov/lists/wic-nutrition-and-breastfeeding-materials#infants-(up-to-12-months))

* How to Get Help for Your Child (Developmental Concern CDC PDF)

[cdc.gov/ncbddd/actearly/pdf/help\_pdfs/How-to-Get-Help-for-Your-Child-Tip-Sheet\_](http://cdc.gov/ncbddd/actearly/pdf/help_pdfs/How-to-Get-Help-for-Your-Child-Tip-Sheet_FINAL_2-2020-English_508.pdf) [FINAL\_2-2020-English\_508.pdf](http://cdc.gov/ncbddd/actearly/pdf/help_pdfs/How-to-Get-Help-for-Your-Child-Tip-Sheet_FINAL_2-2020-English_508.pdf)

* Center for Disease Control and Prevention Milestones

[cdc.gov/ncbddd/actearly/milestones](http://cdc.gov/ncbddd/actearly/milestones/index.html)

* Center for Disease Control and Prevention Growth Charts (Includes Vaccine Information)

[cdc.gov/growthcharts/clinical\_charts.htm](http://cdc.gov/growthcharts/clinical_charts.htm)

* Brazelton Touchpoints Center: Development is a Journey

[brazeltontouchpoints.org/provider-resources/provider-library/development-is-a-journey](http://brazeltontouchpoints.org/provider-resources/provider-library/development-is-a-journey)

**Parenting Hotlines**

[National Parent Helpline:](https://www.nationalparenthelpline.org/) **1-855-427-2736**

[Parents Helping Parents 24/7 Stress Line:](https://www.parentshelpingparents.org/stressline) **1-800-632-8188**

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FP **51**

**Parenting Resources** *continued*

*This is also a space where you can keep track of flyers and lists for local parenting groups, meetings, and community events.*



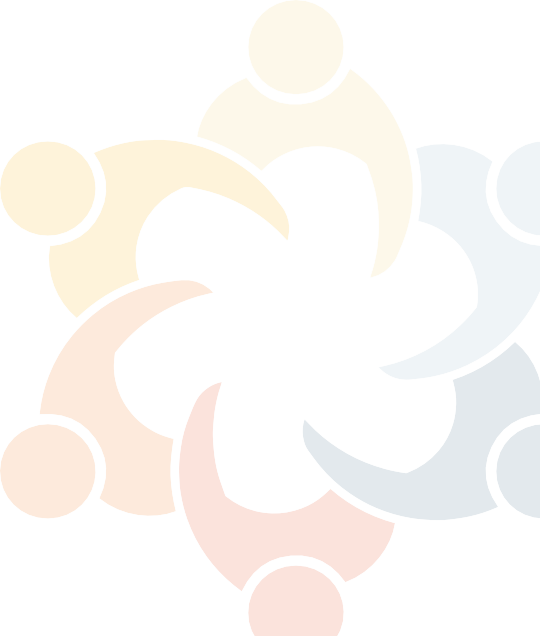
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FP **52**

**My Thoughts and Feelings**

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