A Handbook · Written for Families

The Family Handbook.

Navigating a family crisis — in plain language, in your own hands.

The Advance 45:2 · Jacqueline Roberts · theadvance452.com

The principle

A family in crisis does not need another meeting. They need one person who can see the whole picture, name the real worry, and brief the room before it walks in.

This handbook is short on purpose, in your language on purpose. Read it in twenty minutes. Keep it. Hand pages of it to anyone who needs to understand what you need.

Contents

Ten short chapters.

Chapter 01

Before you make the call

Before you dial anyone — GP, social worker, school SENCO, a private therapist — take fifteen minutes and write three lines:

· What has actually changed in the last week?

· What is the one thing you are most afraid of?

· What have you already tried?

That page is worth more than any referral form. It is the beginning of the diagnosis. Bring it to every conversation.

Chapter 02

Name the worry, out loud

A worry statement is a sentence, not a shrug. It has a subject, a behaviour, and a consequence.

It is the difference between “she’s not coping” and “she has not left her bedroom in eleven days, and I am afraid of what happens on day fourteen.”

The second sentence gets a response. The first one gets a leaflet.

Chapter 03

Map who is already around you

On a blank page, draw a small circle in the middle with the person in crisis. Around it, write the name of every human who already knows something: family, a friend, the GP, the form tutor, the neighbour who watches the dog, the therapist you saw twice in 2022.

This is your network. Most of it exists before any professional walks in. The Handbook’s job — my job — is to make it visible so no one is asked to start from zero.

Chapter 04

Set one honest goal

Not five. One. It should be something a stranger reading it would recognise as “better” — not a task, not a referral, not a tick-box.

“Within six weeks, she is eating one meal a day at the table, and the household knows what to do on a bad night.”

Goals like this are the bookends. Everything the team does either moves toward them or is a distraction.

Chapter 05

Scale where you are — 0 to 10

10 is the goal in Chapter 04, fully met. 0 is the worst version of the worry in Chapter 02. Where are you today? Where were you a month ago?

Do the scale weekly. Do it as a family. It is the single most useful instrument I know for cutting through the fog of “I don’t know how we are.” It also gives every professional in the room a shared language.

Chapter 06

Ask for the right kind of help

There are only four things anyone can actually offer you: a diagnosis, a treatment, practical relief, or company. When you ask for help, name which one.

A GP is not a therapist. A therapist is not a case coordinator. A social worker is not a friend. A friend is not a specialist. Match the ask to the role. That is the whole game.

Chapter 07

Run the room (not the other way round)

Every meeting about your family should open with three things: the worry statement (Chapter 02), the goal (Chapter 04), the scale, this week (Chapter 05).

If nobody in the room does this, do it yourself. Then ask each professional: “What are you responsible for between now and the next review, and how will we know it worked?” Write it down. Send it to them afterwards.

This is not being difficult. This is the minimum a competent team should offer you unprompted. Most do not. You can.

Chapter 08

Review every 2–3 weeks, not 6–8

Statutory teams review every six to eight weeks. That cadence is built around the professional’s diary, not the pace of a family in crisis.

In the first phase, hold a fifteen-minute review every two to three weeks — even if nothing has changed. Especially if nothing has changed. A stalled scale is information. It tells you the plan is wrong, not that the family is failing.

Chapter 09

Know when to escalate

Escalate immediately — same day, not next appointment — if:

· There is a stated intent to harm self or others.

· A child is unsafe in the home tonight.

· A professional has minimised something you know is serious.

· You cannot say out loud what you are afraid of.

Escalation is not failure. It is the correct move. In the UK: 999 for immediate danger; 111 option 2 for urgent mental health; your local authority’s front door for safeguarding.

Chapter 10

Close well, carry it forward

A good ending is as important as a good beginning. Before the team disperses, write a one-page sustainability plan: what the family will keep doing, what the early warning signs are, and who they call first if things shift again.

Keep it on the fridge. That page is the difference between a crisis that ends and a crisis that returns.

The one-page brief

Hand this page to any professional.

Family: _____

Date: _____ Prepared by: _____

1. The worry (one sentence, behaviour + consequence)

_____
_____

2. The goal (what “better” looks like, in six weeks)

_____
_____

3. Where we are today, 0–10 Today: ____ A month ago: ____

4. Who is already around us (name & role)

. _____

. _____

. _____

. _____

5. What we are asking of you specifically (diagnosis / treatment / practical relief / company)

_____
_____

6. Next review date _____