Family Wellness Strategy Plan

TogetherWell Family Wellness Practical Resource | Version 1.1

Resource type: Guided family strategy and implementation worksheet
Primary use: Couples, parents/caregivers, families and individuals working on a defined family priority
Companion resources: Family Priority Worksheet; Family Pattern Map; Difficult Conversation Planner; Family Values, Vision & Direction Conversation Guide
Family Wellness connection: Application across the Family Wellness Architecture
Positioning: Educational and developmental; non-diagnostic, non-psychometric, non-scored and non-clinical

Turn one family priority into a clear, realistic and reviewable plan for change.

A family may know what needs attention without yet knowing what to do about it. This tool begins where the Family Priority Worksheet ends.

If you completed Tool 4, bring forward your Family Priority Brief rather than repeating the prioritisation process.

For this resource:

DEFINE → DESIGN → DO → REVIEW → ADJUST

This is a resource-level implementation prompt. It sits within TogetherWell's broader Relationship Strategy Process:

ASSESS → UNDERSTAND → IDENTIFY PATTERNS → DEFINE OUTCOME → DEVELOP STRATEGY → IMPLEMENT → REVIEW

A priority tells you where to focus. A change target describes what needs to be different. A strategy is the overall approach you believe may help produce that change. Actions are the specific things people will do to carry out the strategy.

PAGE 1 — DEFINE

What exactly are we trying to change?

1. Bring forward the Family Priority Brief

Priority area:

What is happening now?

Why does it matter now?

What we want to see instead:

Strength we want to preserve:

If important new information has emerged since Tool 4, note it here:

Do not restart prioritisation unless the new information materially changes your understanding of the issue.

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2. Confirm the change target

The specific pattern, condition or practice we want to strengthen or change is:

A useful change target is specific enough to recognise, connected to the priority, reasonably within the family's influence and focused on behaviour, process or conditions rather than changing somebody's personality.

Example:

Too broad:

"We need better communication."

Clearer:

"We want major financial decisions to be discussed before commitments are made."

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3. What strength should remain protected?

Family change can unintentionally weaken something valuable.

While working on this issue, we want to preserve:

For example, a family may want to reduce financial pressure from extended-family obligations without losing generosity and connection, or create firmer parenting structure without weakening warmth and belonging.

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4. Safety Gate

Do not treat this as an ordinary shared family strategy exercise if there is violence, coercive control, sexual abuse, child abuse, stalking, credible threats, serious intimidation, immediate danger or reasonable fear of punishment or retaliation for speaking honestly, disagreeing or declining.

Safety concerns cannot be averaged away by strengths elsewhere in the family.

Where safety is uncertain, safeguarding and appropriate specialist support may need to come before ordinary family planning.

PAGE 2 — DESIGN

What overall approach fits this problem?

5. Define the strategy before the actions

A strategy is the overall approach.

Actions are the steps that carry it out.

Example:

Change target:
Major financial commitments are being made without consultation.

Strategy:
Create a shared decision process for major household and extended-family financial commitments.

Possible actions:
Agree on a consultation threshold, hold a regular money review and pause before promising significant financial support externally.

OUR STRATEGY

6. Why do we think this strategy fits?

What makes us think this approach may help?

Possible reasons may include professional guidance, developmental knowledge, previous family experience, research-informed practice, cultural fit, practical feasibility or a clearer understanding of the pattern.

Does this strategy fit our family structure, developmental stage, culture, resources and responsibilities?

7. Strategy should fit the actual problem

Do not assume every family problem needs more talking.

If the main difficulty is unemployment, inadequate housing, unaffordable healthcare, disability-related support gaps or another structural pressure, the family's strategy may need to involve mobilising resources, accessing services or obtaining financial, legal, medical or community support, rather than primarily changing communication.

Communication will not create money that does not exist.

Likewise, stronger discipline may not resolve a developmental difficulty, and prayer may strengthen coping without replacing medical treatment.

Choose the smallest meaningful strategy proportionate to the problem.

A smaller but meaningful version of our strategy could be:

8. Check the strategy before using it

Does it address the actual change target?

Is it reasonably within our influence?

Does it protect dignity and safety?

Does the person expected to carry responsibility have enough authority, time, resources and support?

Could the strategy create an unfair burden for someone?

What possible downside or unintended effect should we watch for?

9. What external support may be part of the strategy?

We may need support from:

Examples may include relationship education/coaching, parenting education, financial support, medical care, developmental assessment, mental-health services, legal advice, safeguarding services, pastoral care, community support or extended-family participation.

External support can be part of a responsible family strategy.

It is not evidence of family failure.

PAGE 3 — DO

Turn the strategy into action

The strategy explains the approach.

The implementation plan explains who will do what, when and with what support.

10. Action Plan

ACTION 1

What will happen?

Who is responsible?

When / how often?

What authority, resource or support do they need?

ACTION 2

What will happen?

Who is responsible?

When / how often?

What support is needed?

ACTION 3 — only if necessary
What will happen?

Who is responsible?

When / how often?

More actions do not automatically create a better strategy.

11. Children and adolescents

Children may participate in age-appropriate family routines and practices.
They should not be made responsible for:
monitoring whether adults comply with the plan;
mediating couple conflict;
managing adult finances;
carrying safeguarding responsibilities;
ensuring that the family strategy succeeds.
Any adjustment needed to protect developmentally appropriate roles:

12. What may interfere with implementation?

Most likely barrier:

What we will do if it happens:

Before interpreting poor implementation as lack of commitment, ask whether the strategy was realistic, whether responsibilities were clear, whether resources were available and whether one person was expected to carry too much.
Before blaming commitment, check the design.

13. Start and review

Start date:

Review date:

Every strategy should have a review date before implementation begins.

14. What signs will we watch for?

Use descriptive signs, not scores.

PROCESS SIGNS

Did we actually do what we planned?

Examples: scheduled conversation occurred; agreed routine was attempted; both caregivers used the agreed process.

Our process signs:

OUTCOME SIGNS

What would suggest the strategy may be helping?

Examples: fewer conversations end in shouting; major financial commitments are discussed before decisions; bedtime begins more consistently; family members report greater clarity.

Our outcome signs:

These are planning indicators, not validated outcome measures and not proof that the strategy caused any change observed.

PAGE 4 — REVIEW & ADJUST

What did we learn?

15. First review implementation

Before deciding whether the strategy worked, ask:

Did we implement what we planned?

☐ Mostly
☐ Partly
☐ Hardly at all
☐ Not enough information yet

What actually happened?

What made implementation easier?

What made it harder?

A strategy should not be judged ineffective simply because it was never meaningfully implemented.

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16. Review the change target

Do we still believe this is the right change target?

☐ Yes
☐ Partly

☐ Unsure
☐ No

What has changed in our understanding?

If the target was poorly defined, return to understanding rather than forcing the strategy forward.

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17. What changed?

What seems better?

What has not changed?

Did anything become worse?

What unintended effect did we notice?

Was the strength we wanted to preserve protected?

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18. Did family members experience the strategy differently?

One perspective:

Another perspective:

Difference is data, but different perspectives do not mean every factual claim is equally accurate.

If someone significantly disagrees with the strategy or its impact, record the disagreement rather than pretending consensus.

Significant disagreement to keep in view:

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19. Choose the next decision

CONTINUE

The strategy appears appropriate and needs more time.

ADJUST

The change target still fits, but the strategy or implementation needs modification.

REASSESS

Our understanding of the issue, pattern or change target may need revision.

INTEGRATE

The useful practice has become sufficiently established to become part of ordinary family life.

SEEK SUPPORT

The issue requires additional knowledge, resources or specialist help.

STOP / RECONSIDER

The strategy is causing harm, increasing burden unfairly, creating safety concerns or clearly does not fit the problem.

Our decision:

Why?

FAMILY WELLNESS STRATEGY SUMMARY

Priority area:

Change target:

Desired outcome:

Strength to preserve:

Overall strategy:

Key actions:

People involved:

External support needed:

Possible downside to watch:

Process signs:

Outcome signs:

Start date:

Review date:

Decision at review:

This summary is the working version of the plan.

FAITH-SENSITIVE USE

For Christian families, faith may shape both the desired outcome and the way change is pursued. Prayer, Scripture, forgiveness, service and pastoral support may appropriately form part of a strategy.

Keep distinct:

Research Evidence → Professional Practice → Cultural Context → Biblical/Theological Perspective → Personal/Family Interpretation

Faith practices should strengthen responsible action rather than replace it.

Families may pray and plan, forgive and establish accountability, seek pastoral care and professional support, trust God and still take responsible action within their influence.

HOW THE FIVE-TOOL SYSTEM FITS TOGETHER

Tool 1 — Family Pattern Map: What keeps happening?
Tool 2 — Difficult Conversation Planner: How can I prepare for an important conversation?
Tool 3 — Family Values, Vision & Direction Conversation Guide: What matters to us and what kind of family are we trying to become?
Tool 4 — Family Priority Worksheet: What deserves our attention now?
Tool 5 — Family Wellness Strategy Plan: What exactly will we do about it, and how will we learn from what happens?

Together, the tools support movement from seeing and understanding towards focused, responsible action.

RESOURCE NOTE

The TogetherWell Family Wellness Strategy Plan is a structured educational and family-strategy resource.

It is non-diagnostic, non-psychometric, non-scored and non-norm-referenced.

Its change targets, process signs, outcome signs and review decisions are planning aids. They are not clinical outcome measures, risk classifications or validated Family Wellness scores.

A change observed after using this plan should not automatically be attributed to the plan itself. Other changes in circumstances, relationships, resources or time may also contribute.

One completed strategy plan reflects the information and perspectives available to the participants at that point. Families may revise their understanding as new information emerges.

The tool does not replace clinical, developmental, medical, legal, financial, safeguarding or other specialised professional assessment where such support is needed.

THE CENTRAL IDEA

A priority tells you where to focus.

A change target tells you what should be different.

A strategy tells you the overall approach you believe may help.

Actions turn the strategy into behaviour.

Review tells you what was implemented, what changed and what you need to learn next.

DEFINE → DESIGN → DO → REVIEW → ADJUST

A strong family strategy does not need to be complicated.

It needs to be clear enough to act on, proportionate to the problem, realistic enough to implement, responsible enough to protect people and flexible enough to learn from what happens.