





About this Document



It may not feel like it when the breakdown of a relationship is still raw, but for separating parents, it is important to consider how you will communicate about arrangements for your child(ren). It is also crucial to consider how you will manage to have a meaningful involvement in all aspects of your child(ren)'s lives, as they are your child(ren) forever.

NACCC, in collaboration with OurFamilyWizard, have developed this Parenting Plan that aims to cover most of the issues that might arise after you have separated so that you can co-parent effectively.

For this plan to be effective, it is important to think about each step and how it will impact on your child(ren). It is also important to respect each other as parents and your significance in the lives of your children as you enact the agreements outlined in your Parenting Plan.

Moving forward as co-parents, it is important to accept responsibility for the care, stability and changing needs of your child(ren). You should strive to cooperate and protect them from harmful conflict, and to respect the relationship(s) that your child(ren) have with both of you.

This Parenting Plan is written to put a focus on the wellbeing and future of your child(ren). You can draw up a parenting plan anytime, but the sooner you can lay out these plans, the better set you will be to manage co-parenting.

When you create your plan, it's important to ask: can we listen to each other? Can we focus on our child(ren)'s needs while acknowledging what they desire and reach an agreement that favours them most of all?

This Parenting Plan has been designed to fit seamlessly with the sections of OurFamilyWizard. It will compliment other information you may have in the platform and can be uploaded to the MyFiles section for future reference.

Please Note: this document is not intended to be legal advice and must not be taken as such. However, if applicable, it can be filled out with the assistance of a professional that you are working with, such as your Family Court Advisor, Solicitor, Mediator, or Social Worker.

About Our Child(ren)



You are completing this plan because you love your child(ren) and want to care for them in a way that meets their needs. It is important to consider their voice(s) and contribute as best you can to their desired outcomes.

Reflect on how the voice of your child has been incorporated as you complete this plan:

- Have you considered your child(ren)'s individual needs?
- Have you listened to your child(ren)'s thoughts and feelings on what the future is going to look like?
- How can you manage their expectations and support them in adjusting to the new arrangements?
- Are you prepared to maintain open communication with your child(ren) about how your decisions have impacted them?
- If your child(ren)'s wishes may not be feasible, do you agree to help them understand why?

Also, it is crucial to recognise that this plan will need to be reviewed and updated in the future as your child(ren) grow and their needs evolve. Keeping an open dialogue with your child(ren) and with each other will help you to include their preferences and keep them central to the plan. We encourage you to include a picture of your children below, to help you to remember why the plan is important and to help you remain focused on what your children need.

Insert photo here.





Family Members



| Parents | |
|---------------|-----------|
| Name: | |
| | |
| Name: | |
| | |
| | |
| | |
| Children | |
| Name: | Birthday: |
| | |
| | |
| | |
| Professionals | |
| Name: | Role: |
| | |
| Name: | Role: |
| | |
| Name: | Role: |
| Name | Dala |
| Name: | Role: |
| | |

Calendar

Time Spent with Children



| · | |
|--|--|
| Name(s) of child(ren) whom these calendaring decisions pertain to: | |
| | |

If these calendaring decisions do not pertain to all of your children, please duplicate this section and complete for each child.

How will time with the child(ren) be shared between parents? (e.g., a pattern of overnights with each parent on a weekly or biweekly basis)

Calendar (cont.)



| Time Spent with Children How often will this pattern repeat? |
|--|
| Start date for this arrangement: |
| When will this pattern be reviewed and updated? |
| How and where will handovers take place? Who will bring the child(ren) to handovers? |
| Other drop off / pick up arrangements: |
| |
| |
| |
| |
| Will the other parent attend specific school/extra-curricular events even if they do not ordinarily spend time with the child(ren) on that day/time? |

Calendar (cont.)



Will there be changes to the parenting plan on school, religious or bank holidays as well as any other significant days such as birthdays? (if so please specify) School holidays: Religious holidays: Bank holidays: Other holidays or special occasions: Trips Away Which parent will be responsible for the child(ren)'s passports? Is there a maximum length of time one parent can take the child(ren) abroad or away from home on one single occasion? During holidays what form of contact will the child(ren) have with the other parent? (e.g. video calls, text messaging, etc.) **Pets** Will the pet(s) remain with one parent, remain in the family home, or have another arrangement? What are your child(ren)'s wishes and feelings on pet arrangements?

Information & Decisions



Education

| Which school(s) do the child(ren) currently attend? |
|---|
| |
| How (if at all) will their schooling change as they get older? If known, list the name of the school they will attend next (if applicable): |
| |
| How will parents discuss additional circumstances where the child(ren) might need to change school? (e.g., learning support needs, emotional welfare, showing promise in a certain field) |
| |
| Will both parents be attending parents' evenings? Yes No |
| If each parent would need to attend separately, how will this be arranged and communicated with the school? |
| |
| How do you intend to deal with any specialist learning requirements of the child(ren)? |
| |
| How will you keep schools informed of changes to the child(ren)'s living situation? |
| |
| |
| |

Information & Decisions (cont.)



| Does your child(ren) belong to a religious group? Yes No If yes: Specify the religious group: Primary place of worship: Secondary/other places of worship: Are there any additional measures you want to consider to respect your child(ren)'s choice to practice religion? Health Child(ren)'s name(s): If these calendaring decisions do not pertain to all of your children, please duplicate this section and complete for each child. Allergies: Dietary Requirements: | Religion |
|--|---|
| Specify the religious group: Primary place of worship: Secondary/other places of worship: Are there any additional measures you want to consider to respect your child(ren)'s choice to practice religion? Health Child(ren)'s name(s): If these calendaring decisions do not pertain to all of your children, please duplicate this section and complete for each child. Allergies: | |
| Primary place of worship: Secondary/other places of worship: Are there any additional measures you want to consider to respect your child(ren)'s choice to practice religion? Health Child(ren)'s name(s): If these calendaring decisions do not pertain to all of your children, please duplicate this section and complete for each child. Allergies: | If yes: |
| Secondary/other places of worship: Are there any additional measures you want to consider to respect your child(ren)'s choice to practice religion? Health Child(ren)'s name(s): If these calendaring decisions do not pertain to all of your children, please duplicate this section and complete for each child. Allergies: | Specify the religious group: |
| Secondary/other places of worship: Are there any additional measures you want to consider to respect your child(ren)'s choice to practice religion? Health Child(ren)'s name(s): If these calendaring decisions do not pertain to all of your children, please duplicate this section and complete for each child. Allergies: | |
| Are there any additional measures you want to consider to respect your child(ren)'s choice to practice religion? Health Child(ren)'s name(s): If these calendaring decisions do not pertain to all of your children, please duplicate this section and complete for each child. Allergies: | Primary place of worship: |
| Are there any additional measures you want to consider to respect your child(ren)'s choice to practice religion? Health Child(ren)'s name(s): If these calendaring decisions do not pertain to all of your children, please duplicate this section and complete for each child. Allergies: | |
| Health Child(ren)'s name(s): If these calendaring decisions do not pertain to all of your children, please duplicate this section and complete for each child. Allergies: | Secondary/other places of worship: |
| Health Child(ren)'s name(s): If these calendaring decisions do not pertain to all of your children, please duplicate this section and complete for each child. Allergies: | |
| Child(ren)'s name(s): If these calendaring decisions do not pertain to all of your children, please duplicate this section and complete for each child. Allergies: | Are there any additional measures you want to consider to respect your child(ren)'s choice to practice religion? |
| Child(ren)'s name(s): If these calendaring decisions do not pertain to all of your children, please duplicate this section and complete for each child. Allergies: | |
| Child(ren)'s name(s): If these calendaring decisions do not pertain to all of your children, please duplicate this section and complete for each child. Allergies: | |
| Child(ren)'s name(s): If these calendaring decisions do not pertain to all of your children, please duplicate this section and complete for each child. Allergies: | |
| If these calendaring decisions do not pertain to all of your children, please duplicate this section and complete for each child. Allergies: | Health |
| Allergies: | Child(ren)'s name(s): |
| Allergies: | |
| | If these calendaring decisions do not pertain to all of your children, please duplicate this section and complete for each child. |
| Dietary Requirements: | Allergies: |
| Dietary Requirements: | |
| | Dietary Requirements: |

Information & Decisions (cont.)



| Health Cont. |
|---|
| Medications: |
| |
| Registered Dentist: |
| |
| Registered GP: |
| |
| Other health professionals |
| |
| How do you intend to deal with medical emergencies: |
| |
| Which parent will be responsible for booking dentist appointments: |
| |
| Which parent will be responsible for booking doctors' appointments |
| How will you communicate which parent will attend the appointments with the child?: |
| |
| |
| |

Communication



Parent-to-Parent

| How do you plan to communicate with each other on day-to-day matters?: |
|--|
| |
| How will it be decided which events and activities the child(ren) will attend or partake in? Eg, organised school trips, afterschool clubs & any activities which may incur an additional cost) |
| |
| How will you communicate in an emergency?: |
| |
| Additional notes on communication with each other: |
| |
| How do you intend to communicate requests to swap days or time spent with the child(ren)?: |
| |
| How do you intend to deal with disruptions to the parenting plan due to parent illness?: |
| |
| How do you intend to deal with disruptions to the parenting plan due to child illness?: |
| |
| |
| |

Communication (cont.)



Parent-to-Child

| How will you each communicate with the child(ren) when you are apart?: |
|--|
| |
| Will communication happen on a specific schedule when the parent/child are apart? Yes No |
| If yes, specify when and how communication between parent and child(ren) will take place (e.g., Weekly video or voic calls to at 5:30pm on Thursdays): |
| |
| Additional Notes |
| |
| |
| |
| |
| |
| |
| |



Expenses



| How do you intend to divide the cost of extra-curricular activities? |
|---|
| |
| How do you intend to divide the cost of school trips? |
| |
| How will you divide any costs towards pet care (if applicable)? |
| |
| Are there any other known costs you intend to divide that have not been referenced above? Yes No |
| If yes, what are they and how do you intend to divide them? |
| |
| What is the agreed method of payment for expense reimbursements between parents? |
| |
| Additional Notes |
| |

Others involved with the child(ren)



Family and Friends

| Are there family members or friends both parents are happy with taking care of the child(ren)? If so, please specify their names and relations to the child(ren): |
|---|
| |
| Are there family members or friends who should not be given sole responsibility at any time? If so, please specify their names and relations to the child(ren): |
| |
| Do you have a trusted babysitter you are both happy to use? If so, please specify their name: |
| |
| Will there be specific times to see certain family members (grandparents, aunts, etc.)? Yes No |
| If yes, please specify who those family members are and the times at which the child(ren) can see them: |
| |
| Will the child(ren) have regular communication with specific friends of family members? Yes No |
| If yes, how will this communication take place? Specify any guidelines for contact: |
| |

Others involved with the child(ren)



(cont.)

| New Partners |
|---|
| If either parent gets a new partner, when and how will the new partner be introduced to the child(ren)? |
| |
| Will there need to be a conversation between parents before introduction? Yes No |
| Are you both open to new partners looking after the child(ren)? Yes No |
| If yes, specify any guidelines for how and when that new partner may look after the child(ren): |
| |
| What are your child(ren)'s wishes and feelign about arrangements relating to new partners either of you may have (if applicable)? |
| |
| Additional Notes |
| |

Moving Forward



Guidance, boundaries, and flexibility

| Have you agreed on routines that you want to maintain between households? Yes No |
|--|
| If yes, please specify: |
| |
| Are there occasions you are happy to be more flexible with regular routine? If so, specify which: |
| |
| What boundaries do you agree to maintain with the child(ren)'s use of technology? (eg. screentime, ages they are allowed different devices, social media usage) |
| |
| How or when might it be inappropriate to talk to your child(ren) about their other parent? (e.g. using negative language, inflicting personal grudges on the child, etc.) |
| |
| How or when might it be appropriate to talk with your child(ren) about their other parent? (e.g., encouraging them to have positive communication and contact with their other parent) |
| |
| How do you intend to manage outstanding matters that have not been agreed upon outside of court or have not yet arisen? (e.g., with help from a professional such as a mediator) |
| |

Moving Forward (cont.)



| Review of plan |
|--|
| How often do you intend to make reviews to this parenting plan? |
| How do you intend to do this? |
| |
| How will the voice of the child(ren) influence reviews to the parenting plan going forward? |
| |
| |
| Managing the plan |
| This Parenting Plan corresponds to the sections within the Co-Parenting Communication Platform, OurFamilyWizard. If you already have an OurFamilyWizard subscription, you can transfer the information from this plan to the platform and manage these plans into the future. Alternatively, if you intend to use the platform alongside this Parenting Plan, see below for a summary of the features, visit OurFamilyWizard.co.uk and click Sign Up to create your account. |
| Do you and your co-parent already have an OurFamilyWizard account? Yes No |
| If you answered no to the above, do you both wish to set up and utilise an OurFamilyWizard account for communication and the managing this parenting plan? Yes No |
| Have you discussed with the professionals named in this document about having Professional Access to your |
| account via a Professional Account? |
| Yes No |
| Which professionals (if any) will you be connecting with: |
| |



OurFamilyWizard Tools & Features



Calendar

Manage a shared schedule for your parenting time that includes the option for events, holidays, and one-off schedule changes to be requested.



Info Bank

Share information about your children quickly with organised sections for medical information, school files, clothing sizes and more.



Messaging

Documented communication that cannot be edited or deleted, providing an accurate record of communication for both parents.



Expense Log

Request reimbursements with categorised requests and receipt files. Then, document payments made or received for items such as child maintenance.



Journal

Record when you arrive to parenting time pick-ups or drop-offs with Check-ins. Capture and share precious memories or save co-parenting notes with Moments.



ToneMeter™

Keep communication productive and respectful in messages by giving parent users an opportunity to think about their word choice before pressing send.



Third Party & Professional Accounts

Different levels of access to information are available to ensure that extended members of a family, friends and family law professionals stay informed.

Financial Assistance for OurFamilyWizard Subscriptions

OurFamilyWizard is a subscription-based service but offers a financial hardship assistance programme that gives parents with limited means access to the platform at no cost or a reduced fee. To learn more and download the application form, scan the QR code or visit: OurFamilyWizard.co.uk/financial-hardship-assistance





Additional Notes

