FAMILY LIFE STORIES WORKBOOK

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This workbook was developed as part of the N. Ireland Adverse Childhood Experiences Initiative. It is designed to be used flexibly and in conjunction with the Family Life Stories Workbook Practitioner Guidance (Mooney & Coulter, 2019).

You can use the workbook as a whole or as separate activities (relationships map, life map, preferred futures, feedback) as deemed appropriate. Activity sheets can be printed one page at a time on A3 or A4 – or simply use ordinary pen and paper or flipchart and markers.

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Relationships Map – Important people and experiences

- My family now → my family growing up
- Immediate family & extended family → friends & other significant people
- Who are you close to, who is important in your life → Who were you close to, who was important in your life?
- *What was it like growing up in your house?*
My Life Map: Good times, Hard times

- Places I lived /went to school
- Family life & relationships
- Key memories?
- Turning points?
- Health and emotional wellbeing?
- Education / Work?
- Involvement with agencies/services?
MAPPING THE FUTURE – WHERE DO YOU WANT TO BE IN 5 YEARS TIME?

If we were to future-gaze to 5 years time, and I were to meet you and *things were going really well...* what would life look like...?

(Name of each person and family as a whole)

- What might help you get there?
- What might get in the way?
- What needs to happen next?
# FAMILY LIFE STORIES SESSION FEEDBACK

1) Did you get to talk about the things you wanted to?

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<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>Sometimes</td>
<td>Disagree</td>
<td>Strongly Disagree</td>
<td>Agree</td>
</tr>
</tbody>
</table>

2) Did you feel listened to and understood?

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
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<tbody>
<tr>
<td>Never</td>
<td>Occasionally</td>
<td>Sometimes</td>
<td>Almost</td>
<td>Always</td>
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</table>

3) What was the most useful aspect of undertaking the Family Life Stories work for you?


4) Was there anything that we missed that you would have liked to talk about?


5) Any other feedback for your Social Worker or the Life Stories team?


Thank you very much for taking the time to complete this form!

| Signed: | Dated: |