# Family Help Tool

Please ensure that all sections are completed

**Statement of engagement**

We need to collect the information so that we can understand what help you and your family may need. In doing so we may gather and share information with services or organisations already involved with your family e.g. education / health.

If we cannot cover all of your needs, we may need to share some of this information with other organisations so that they can help us to provide the services you need.

We will treat your information as confidential and will only share it with those who can provide a service to you or your family, and will only provide the minimum of information on a need to know basis.

There may also be times when the people working with you may need to share information without your permission, e.g. if it is felt that a child or adult is at risk of harm or to prevent crime.

The [Privacy Notice](https://www.oldham.gov.uk/downloads/file/4980/privacy_notice_-_early_help_service) about how we use your personal information is on the Data Protection and Freedom of Information section of the Council website ([www.oldham.gov.uk](http://www.oldham.gov.uk)).

I understand that the information that is recorded on this form will be stored and used for the purpose of providing services to me and child(ren) / young people for whom I am a parent / carer.

I understand that information from the Family Help Tool will be kept on file for statistical monitoring and evaluation. On occasions a sample of the Family Help Tool are requested for audit purposes to assess the quality of service delivery.

|  |  |  |
| --- | --- | --- |
| **Name** | **Signed** | **Date** |
| I am the named child / young person: |  |  |
| I am the parent/carer of the named child(ren) / young people |  |  |
| Worker: |  |  |

|  |  |
| --- | --- |
| **Family Name** |  |
| **Start Date** |  |
| **Household Address** |  |
| **Tenancy type / housing provider** |  |
| **Telephone** (family members and number) |  |
| **Email** |  |

**Family members requiring support**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Full Name** | **Child/Adult?** | **Gender** | **DOB** | **Relationship** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Other significant family members we should know about**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Full Name** | **Child/Adult?** | **Gender** | **DOB** | **Relationship** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **Please give details of any communication and / or language needs for anyone in the family** |
|  |

|  |
| --- |
| **Please give details of any diagnosed disability or additional needs of anyone in the family** |
|  |

**Professionals – Lead**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Full Name** | **Role** | **Organisation** | **Telephone/email** | **Working with?** |
|  |  |  |  |  |

**Other professionals/agencies** (please include e.g. school / college / early years provider / health visitor / GP / dentist)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Full name** | **Role** | **Organisation** | **Telephone /** **e-mail** | **Family member working with?** | **Contributed to support tool?** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**What I would like support with …**

|  |
| --- |
|  |

|  |  |
| --- | --- |
| 1. **PHYSICAL HEALTH AND DEVELOPMENT**
 | GP, opticians, dentist/oral health, immunisations, developmental checks, toileting, medical conditions/medication, disabilities, diet & eating habits, physical activity, motor skills, communication and language.  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Family Member** | **Going well?** | **Worried about?** | **How I feel rating:****1 - I have no control** **2 - I have some control** **3 - I am in control** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **What I would like to happen** |
|  |

|  |  |
| --- | --- |
| 1. **MENTAL HEALTH AND WELLBEING**
 | Mental health – stress, anxiety, depression or any medical diagnosis. Issues relating to self-esteem, feelings and moods, coping mechanisms, disrupted sleep. Please include the impact of adult mental health on children’s wellbeing |

|  |  |  |  |
| --- | --- | --- | --- |
| **Family Member** | **Going well?** | **Worried about?** | **How I feel rating:****1 - I have no control** **2 - I have some control** **3 - I am in control** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **What I would like to happen** |
|  |

|  |  |
| --- | --- |
| 1. **SUBSTANCE MISUSE**
 | Drug and alcohol use and/or any other dependencies. Please include the impact of adult substance misuse on children’s wellbeing. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Family Member** | **Going well?** | **Worried about?** | **How I feel rating:****1 - I have no control** **2 - I have some control** **3 - I am in control** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **What I would like to happen** |
|  |

|  |  |
| --- | --- |
| 1. **EDUCATION**
 | Play and peer interaction,school or early years setting moves, transitions, attendance / punctuality, behaviour / exclusions, parent / carers engagement, achievements and progress, child’s confidence, SEN, aspirations / future goals, adult qualifications / education / current study, adult future goals / aspirations. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Family Member** | **Going well?** | **Worried about?** | **How I feel rating:****1 - I have no control** **2 - I have some control** **3 - I am in control** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **What I would like to happen** |
|  |

|  |  |
| --- | --- |
| 1. **FAMILY and COMMUNITY**
 | Family structure, parental separation, child access, extended family/friends, social/support networks, isolation, family / individual culture – nationality, ethnicity, first language, religion, caring responsibilities, gender / sexuality / self-identity (LGBTQ) bereavements / loss / absent parents, love / affection, disagreements, experience of discrimination, community resources – facilities/transport/shops, community groups. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Family Member** | **Going well?** | **Worried about?** | **How I feel rating:****1 - I have no control** **2 - I have some control** **3 - I am in control** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **What I would like to happen** |
|  |

|  |  |
| --- | --- |
| 1. **BEHAVIOUR and ROUTINES**
 | Basic care, appropriate routines and supervision, parenting capacity - praise, rewards, consequences, stimulation, play, self-control, emotions/behaviour, behavioural triggers, positive role models, risk taking/impulsiveness, appropriate behaviour, confidence & independence. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Family Member** | **Going well?** | **Worried about?** | **How I feel rating:****1 - I have no control** **2 - I have some control** **3 - I am in control** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **What I would like to happen** |
|  |

|  |  |
| --- | --- |
| 1. **HOUSING**
 | Tenancy type/housing provider, perception of home, rental/mortgage arrears, risk of homelessness/eviction, sleeping arrangements, hoarding, furniture, appliances, beds/bedding, home conditions e.g. sanitation, hygiene, utilities, warmth, comfort, house moves, repairs/maintenance. Home safety – fire alarms/carbon monoxide testing, gas checks, internet, stair/fire gates, pets. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Family Member** | **Going well?** | **Worried about?** | **How I feel rating:****1 - I have no control** **2 - I have some control** **3 - I am in control** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **What I would like to happen** |
|  |

|  |  |
| --- | --- |
| 1. **EMPLOYMENT and FINANCES**
 | Current employment status, barriers/risks to employment, skills, future goals, current income, income changes, money worries, rent/council tax arrears, court actions, other debts, budgeting, financial abuse, access to bank account / savings / pocket money, gambling concerns, no recourse to public funds, child employment. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Family Member** | **Going well?** | **Worried about?** | **How I feel rating:****1 - I have no control** **2 - I have some control** **3 - I am in control** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **What I would like to happen** |
|  |

|  |  |
| --- | --- |
| 1. **KEEPING / FEELING SAFE**
 | Involvement in crime / antisocial behaviour, or victim of these. Safety in the community, missing from home, child criminal / sexual exploitation, involvement in organised crime, appropriate friendships, online safety/supervision. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Family Member** | **Going well?** | **Worried about?** | **How I feel rating:****1 - I have no control** **2 - I have some control** **3 - I am in control** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **What I would like to happen** |
|  |

|  |  |
| --- | --- |
| 1. **DOMESTIC ABUSE**
 | Experience of, or living with, physical, sexual, financial, emotional abuse, coercive control. Please including the impact of domestic abuse on the wellbeing of children.  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Family Member** | **Going well?** | **Worried about?** | **How I feel rating:****1 - I have no control** **2 - I have some control** **3 - I am in control** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **What I would like to happen** |
|  |

**Analysis and Conclusions**

|  |  |  |
| --- | --- | --- |
| **Views of …** | **What is working well …** | **What needs to change …** |
| **Parent** |  |  |
| **Child / Young Person** |  |  |
| **Professional** |  |  |

**FAMILY ACTION PLAN**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Desired Change** | **Action** | **By who** | **By when** | **Progress update / completed** |
| **Desired changes listed here** should be those agreed at the review (as recorded in the section above)e.g. young person’s school attendance to be above 90%. | **Individual actions agreed with the family** in response to the desired change. A single desired change may be broken down into a number of smaller, specific action points. | **Who is responsible for this action?** (this can include actions family members and significant others have agreed to take responsibility for) | **Please provide a specific date.**Avoid using ASAP.If an action is ‘ongoing’ please state when the action will be reviewed. | **Update on progress / confirmation of completion**Provide information on progress of action, and confirm date of completion. |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Should you have any questions or concerns please contact our targeted Early Help Partnership Officers:**

**Central district:**

Andrea Johnson

07866 989396

andrea.johnson@oldham.gov.uk

Shabina Khatun

07791 611907

shabina.khatun@oldham.gov.uk

Aziza Khatun

07791 611781

aziza.Khatun2@oldham.gov.uk

**East district:**

Casey Stewart

07811 720949

casey.stewart@oldham.gov.uk

Kimberli Spratt

07974 898062

Kimberli.spratt@oldham.gov.uk

**North district:**

Claire Parkinson

07894 787790

claire.parkinson@oldham.gov.uk

Mike Walker

07872 157901

mike.walker@oldham.gov.uk

**South district:**

Rebecca Dikuyi

07980 755735

rebecca.dikuyi@oldham.gov.uk

Donna Ash

07306 028115

donna.ash@oldham.gov.uk

**Wes**t **district**:

Farhat Nazir

07980 755733

farhat.nazir@oldham.gov.uk

Emily Johnson

07974 898054

emily.johnson@oldham.gov.uk