# Harmony at Home Tool

## Section 1 Details of the Request

|  |  |
| --- | --- |
| **Name of children/young person** |  |
| **Full name of parents/ carers**  |  |
| **Contact details (include email)** |  |
| **Start of intervention date**  |  |
| **Name of lead professional**  |  |
| **Special Education Needs and/or Disability** |  |
| **First Language or communication needs** |  |
| **Names of important people involved with the family** |  |
| **What help is being asked for by the parent / carer / young person** |  |

**If you are using the tool and the child does not have a plan (eg Early Help, Child in Need, Child Protection), please complete the below to ensure consent is gained:**

## Section 2 Other agencies involved with your child/sharing information and consent

To help and support your child, it may benefit us to talk to other professinals who are involved with your child.

The below agencies are involved with your child now

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Agency** | **Role with child/family** | **Contact details** | Can we talk to this agency about support they/we are offering (tick where consent is sought)? |
|  |  |  |  |  |
|  |  |  |  |  |

Please score where you think the family are on the below issues at the beginning of the intervention. This is a scaling question (0-10) where 10 is the very best it can be and 0 is the worst situation.

|  |  |
| --- | --- |
| **Area of need** | **Scoring** |
| Staying safe in the community: Parents or children involved in crime or anti-social behaviour |  |
| Getting a good education and skills for life: Children who have not been attending school regularly |  |
| Improving children’s life chances: children who need additional support, from the earliest years to adulthood |  |
| Improving living standards: families experiencing or at risk of worklessness, homelessness or financial difficulties |  |
| Staying safe in relationships: families affected by domestic abuse |  |
| Living well, improving physical and mental health and wellbeing: Parents and children with a range of health needs |  |

## Section 3 Use this tool to to think about Harmony at Home, what do the family and you think the worries and strengths are?

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| --- | --- | --- |
| **What are you worried about?** | **What is working well?**  | **What needs to happen?** |
| Questions to Consider* When thinking about the conflict, what are you most worried about?
* What are the things you argue most about?
* What annoys you the most in their responses?
* What do your child see and hear? Do they get upset or caught up in argument and/or fight?
* How does the disagreement turn into a big argument?
 | Questions to Consider:* Is there anything you are able to agree on?
* When is the last time you were kind or civil to each other? What was different to now?
* What are their qualities in their parenting?
* How do you show your child you love them?
* Do you ever resolve the issues in a positive way or worked together?
* What difference could you make to help?
 | Questions to Consider:* What would you like to happen?
* What would be the best outcome for your child?
* Going forward what are some of your hopes about how you work together as parents?
 |
| Blaming, name calling, being mean or negative, trying to win, not listening, sarcasm, shouting, get the wrong end the stick  | Pause, think, resolve it, | Here2Help <https://www.worcestershire.gov.uk/here2help> Worcestershire’s Harmony at Home information & resources<https://www.worcestershire.gov.uk/info/20676/reducing_parental_conflict>  |

## Section 4 Together identify your own worries and wellbeing goals

|  |  |
| --- | --- |
| **Worry Statement**  | **Wellbeing Goal**  |
| (Is there a second worry statement? If so copy and paste another blank box)**This needs to include:****Who is worried****The behaviour, impact on the children and any future worry if nothing changed**  | **This needs to the picture you can see so you are no longer so worried using positive language. Include what the children will be seeing and hearing.**  |

## Section 5 The Intervention and Support Plan (if required or add the child’s plan if one already exists)

|  |  |  |
| --- | --- | --- |
| **What action has been identified as needing to happen by the family?** | **Who will do this?** | **At the end of support what impact has the support made?** |
| Please list the individual actions here | This MUST include what parent(s)/network or young person will do, as well as professionals. Be CLEAR who is responsible for the action. Be clear if anyone must do something by the next session (eg homework or referrals) |  |
| 1. |  |  |
| 2. |  |  |
| Set a date for Review of Plan maximum of 6 weeks |  |  |

Please score where you think the family are on the below issues at the end of the intervention. This is a scaling question (0-10) where 10 is the very best it can be and 0 is the worst situation.

|  |  |
| --- | --- |
| **Area of need** | **Scoring** |
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## Section 6 Completion and sharing of the plan

|  |  |
| --- | --- |
| Date shared with the parent/carer: |  |
| Date shared with the child or young person (where appropriate): |  |
| Date circulated and to who: |  |

## Next Steps:

* Please email the completed plan to familyassessment@worcschildrenfirst.org.uk