

# How will the Police, Crime, Sentencing and Courts Act affect you?

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## WELFARE ENQUIRY: PART B



## Welfare Enquiry: Part B

**Only complete this form if Part A has been completed first.**

**Please remember** - This record of the conversation belongs to the individual or family named above. Clear evidence of an inclusive and full discussion detailing their opinions, concerns and wishes is essential. Focus on the areas below drawing out needs and strengths and identifying goals.

The following template has been designed using government guidance. We ask you to complete as much information as possible so that it is possible to understand the situation and provide the right support.

### **Detail of laws, policy and frameworks used to inform this template**

- Children Act 1989.
- Care Act 2014.
- Equality Act 2010.
- Mental Capacity Act 2005.
- Mental Health Act 1983.
- Social Services and Well-being (Wales) Act 2014.
- Human Rights Act 1998.
- Data Protection Act 2018.
- 2018 Working Together to Safeguard Children Statutory Guidance.
- Andrew Turnell and Steve Edwards' Signs of Safety model of assessment.
- 2002 Department of Health Common Assessment Framework for Children and Families in Need.
- United Nations Convention on the Rights of Children and Young Persons 1989
- Children and Young Persons (Wales) measure 2011.
- Homelessness law and policy.

## Current support networks

Agency/Service	Name	Contact Details	Consent to share information
GP			
Dentist			
School			
Midwife			
Health Visitor			
Occupational Therapist			
Mental Health Nurse			
Social Work			
Care of Address			
Advocacy			
Hospital/consultants			
Nursery			
Probation			
Drug and Alcohol services			
Housing			
Women's services			
Youth services			
Older people's services			
Memory services			
Community health services			
Autism/ADHD services			
Charity			
Faith group			
Religious group			
Animal welfare			
Other			

Are **all** members the family registered with a GP surgery?

Yes	No
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## About you and your family

How do you support other family members living on this encampment and how do they support you? (Consider developing an ecomap to illustrate family connections)

Does the individual, family or community meet the definition of 'statutory homeless' under relevant housing law (nowhere to lawfully park their caravan or boat)?

Has the individual, family or community had their needs assessed under relevant housing law?

Is the individual, family or community awaiting housing or a pitch on an authorised encampment?

Is anybody in the family in receipt of welfare benefits (Add details, Universal Credit, Carers Allowance, Attendance Allowance and so on)?

How will action taken under the Police Act affect you, your family life, your opportunity to work, and your culture and identity as a Gypsy or Traveller?

## Children

What are the current health needs of your child(ren)?

What provision in place to support the education of your child(ren)?

What will action taken under the Police Act have on education, health, emotional and social development of your child(ren)?

**The views and wishes of the children are very important. Make sure that you make every effort to seek and record the voice of the child as recommended in the accompanying Good Practice Guide.**

Did you speak to the child alone?

Yes  No

If you did not speak to the child, summarise the reasons why below.

Record any behaviour or observed (dis)stress displayed by children present on the encampment.

What are the views and opinions of your child(ren) on their current situation?

## Being a Parent

How do you ensure the day-to-day care of your child(ren)?

How do you provide safety and security for your child(ren)?

How will action taken under the Police Act affect your ability to provide safety, security, and care of your child(ren)?

## Care Needs of Adults in your family

Does anyone in the family have support needs because of a physical or mental health condition/memory challenges?

Yes  No

Name	Current services

Does anyone in the family take prescribed or regular medication? If yes, how is this medication accessed?

Please complete a short summary for each person listed above.

Name: Are you able to...	None of the time	A little of the time	Some of the time	Most of the time	All of the time
Buy food and cook for yourself					
Look after your business and other personal affairs					
Look after your personal hygiene					
Go to the toilet without help					
Dress yourself unaided					
Be safe at home on your own					
Keep your home clean and safe					
See family and friends on your own					
Go to work unaided					
Drive and tow your own trailer					
Walk unaided					
See and hear without any aids					
Use local services yourself					

How will any action taken under the Police Act affect your independence, health and wellbeing?

## Mental Health

Is anyone in the family receiving support for their mental health (anxiety, depression, isolation) now or in the past?

Yes  No

Name	Current services

Please complete this short questionnaire for each member of the family

In the past 4 weeks...	None of the time	A little of the time	Some of the time	Most of the time	All of the time
About how often did you feel tired out for no good reason?					
About how often did you feel nervous?					
About how often did you feel so nervous that nothing could calm you down?					
About how often did you feel hopeless?					
About how often did you feel restless or fidgety?					
About how often did you feel so restless you could not sit still?					
About how often did you feel depressed?					
About how often did you feel that everything was an effort?					
About how often did you feel so sad that nothing could cheer you up?					
About how often did you feel worthless?					

What things, activities, people, or services help you, or have helped you in the past?

What is worrying you now?



What in the past has helped you to feel hopeful, safe and happier?

What does home look like for you and who does it involve?

How will action taken under the Police Act affect your mental health?

## Looking after another adult or child

Does anyone in the family have caring responsibilities to support an adult and/or children because of a physical or mental health condition?

Name	Current services

Describe the things that the Carer does (consider the emotional and practical support that they provide such as personal care, preparing meals, supporting the person you care for to stay safe, motivating and re-assuring them, dealing with their medication and/or their finances).

What helps the Carer to look after their family member? (This should include access to accommodation, networks of support, community services and the persons own strengths).

Has the Carer had a Carers assessment?

What support do you currently receive?

Does the Carer receive related benefits (please provide details)?

Is your child being supported by an Education and Health Care Plan (please provide details)?

Does the person cared for receive any benefits or allowances (please provide details)?

How will action taken under the Police Act affect the responsibilities of the Carer?

How will action taken under the Police Act affect the person who is cared for?

## Summary of discussion

On reflection of the whole, and in partnership with the family, consider a response to each box listed below.

What are we worried about	What is working well?	What needs to happen?
<p data-bbox="215 997 2024 1102">On a scale of 0 to 10, (where zero means that that action taken under the Police Act has no impact on the welfare of the individual/family/community, and ten means that action taken under the Police Act represents significant harm) where would you rate your current concern?</p> <p data-bbox="188 1145 2047 1182">0 ←————→ 10</p>		



## Consent

I understand that information will be recorded and that I will receive a copy of this assessment any that I will contribute to Action Plans we agree.

I agree to the sharing of information between the services currently involved and others who may be able to support me.

I understand that where there are significant concerns about a child's or adult's welfare and safety, other agencies may be contacted without consent.

The purpose of this conversation has been explained to me and I understand the process.

I have read this form, or I have had it read out to me. I understand the purpose of it, and I agree to the next steps that have been listed.

## Lead Family Member

Name:

Signed (or state if verbal consent in place /signature is stored on original copy):

Date:

### Person completing this form

Name:

Agency:

Job Title:

Signed (or state if signature is stored on original copy):

Date:



## Using this template

This form is designed as a pilot to support families living on an unauthorised encampment. Please provide the GRTSWA with any feedback about this template, and the challenges faced by the family, explaining what has been useful or how it could be improved via this QR code.