The Small Steps “Getting to Know me form” is a tool to identify a child/young person’s needs, make a plan of support and review the outcomes.

The form should be completed by the Keyworker and include information from home and other settings where applicable. An EHAF can be used but the additional information form should also be completed prior to referral.

# What personal information do we record?

The type of information (including personal information) that we collect and use and what we do with it will depend upon your relationship with us. We collect only the personal data that we require to provide you with services, fulfil contracts or keep in touch with you. The information we collect is:

|  |
| --- |
| **Child/Young Adult details** |
| Full Name  | Date of Birth |
| Address(incl. Postcode) |  |
| Contact Information (email) | Contact Information (telephone) |
| Preferred contact method | Best time to contact |
| \*Ethnicity | \* Gender |
| **\***Health Information - Medical Conditions (medication requirements) | \*Employment status (e.g. full time, part time, unable to work, volunteer, retired, unemployed) |
| \*National Health No. | **\***Disability Information (Special access) |
| Who child lives with? | Is the Child/ YP Looked After? |
| GP details:Name of Surgery:Address:Tel: |  |
| Current School/Educational Setting | Current Social Worker |

**\* Special Categories of Data**

Due to the nature of the services we provide, some of the data we collect is sensitive. Information relating to Gender, Health, Ethnicity or any requirements your child may have. These are Special Categories of Data and we are required to take extra care when handling this information.

|  |
| --- |
| ConsentI consent on behalf of myself and/or my child(ren) to Small Steps (Family Action):* Processing and storing my/my Child (ren) information in accordance with The Data Protection Act 2018 and General Data Protection Regulation 2016/679 (GDPR).
* Processing and storing the personal data I have provided and any supporting information that is required.
* Seek information from other relevant professionals such as health, social care, professionals.
* Share information with other relevant professionals such as health, social care, local authority (CAMHS, Comm Paeds, SLT, EHU) in order to support my/Child(ren) needs.

\*Please note that if you do not consent, we will continue to offer you our support, but the services provided to you may be affected. You can discuss this with a member of the Small Steps team, and if you have any further queries, with a member of the Small Steps Management Team on the details below. |
| Name (Adult): |  | Signed (Adult): |  | Date: |  |
| Name (Young Adult): |  | Signed(Young Adult)**If over 13** |  | Date: |  |

|  |
| --- |
| **My Parents/Family** |
| Name | Name |
| Address | Address |
| Contact Information (email/Mobile) |  |
| **Siblings (please note additional siblings on the back)** |
| Name | Date of Birth |
| Name | Date of Birth |
| **My Key Worker** **(see Keyworker Guidance on Concerning Behaviour Pathway Website)** |
| Name | Role/ Setting |
| Address | Email |
| Phone Number |  |

|  |
| --- |
| **Initial Meeting between Keyworker and Family** **Use Bullet points to summarise** |
| **Summary of strengths** |
| Home | School |
|  |  |
| **What I need help with/find difficult** |
|  | **Info from Home** (To be completed by parent/carer) | **Info from School/Nursery** (To be completed by education setting) |
| Learning(please include detailed learning report, any dyslexia assessments, CAT score etc) |  |  |
| Speech, Language and Communication |  |  |
| Self-help and independence |  |  |
| Physical Skills |  |  |
| Behaviour |  |  |
| Social Skills |  |  |
| Attention/Concentration |  |  |
| Medical Needs including sleep |  |  |
| Mental/Emotional Health Needs |  |  |
| **Action Plan following Initial Meeting with Keyworker****(Stage 1 Supporting Activities –** **referrals will not be accepted unless there is evidence that these have been implemented, monitored and reviewed)** |
| Area of Concern | Action Plan | Date to be reviewed |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Ideas for Stage 1 supporting activities – this list is not exhaustive (see website for other suggestions)** |
| **Education**(e.g. evidence of graduated response, discussion at springboard, learning assessment, SFSS or EP involvement) | **Hearing/Vision**(ensure recent check) |
| **Behaviour**(e.g. referral to Early Help Unit, parenting intervention, children’s centre, school nurse/health visitor, discussion at Springboard, educational behaviour support) | **Emotional/mental health**(e.g. children’s centre, SN/HV, discussion with Primary Mental Health Worker, CAMHS professional consultation, CAMHS referral) |
| **Social/Family Concerns –** ( egreferral to Early Help Unit, MASH, children’s centre family support worker) | **Communication** ( e.g. referral to Hometalk, SLT, nurture groups, use of visual aids home/school) |
| **Sleep**(e.g. sleep tight workshop, SN/HV support) | **TAC/EHAF meeting** |

|  |
| --- |
| **Review Meeting with Key Worker****Date of Discussion** |
| Outcome/Progress from Action Plan(reports must be included if referrals were made to another service e.g. CAMHS, SLT, Educational Psychology) |
| **Stage 2: Consideration of Referral to Appropriate Service** |
| Reason for referral at this point: (Consider whether the service selected is the appropriate service for the question being asked.) **Parent workshop:** Behaviours indicative of ADHD/ASD **– (It is advised parents attend workshop prior to assessment for onward referral to tier 3 service)****Specialist Practitioner** – for assessment of developmental/neurodevelopmental needs. If you identify clinical red flags - **significant developmental delay, neuro-regression, or medical condition**please refer directly to the GP for onward referral to community paediatrics ‘**Cygnet programme –** Diagnoses of ASD (5 – 18yrs)**New Forest programme –** Behaviours indicative or diagnosis of ADHD (3yrs – 11 yrs.)**Sleep Tight programme –** Behaviours indicative and diagnosis of ADHD/ASD**Transition support –** Support with transition between Education settings |
| **List Current Professionals Involved** | **Report attached (**🗸**)** |
|  |  |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| Keyworker checklist **before** referral is made/sent to the GP |
|  | **(**🗸**)** |
| Family information/contact details correct |  |
| Stage 1 activities offered, monitored and reviewed |  |
| Evidence of School Graduated Response  |  |
| Reports attached to the form |  |
| Reason (s) for referral clear |  |
| Signed Consent completed |  |
| Form signed by Keyworker /Parent/ Young Adult if appropriate |  |

**Referrals will be returned to the Keyworker if there is insufficient information, if there is no evidence of Stage 1 activities being implemented, monitored and reviewed or if there is no evidence of graduated response.**

Keyworker Signature …………………………………………. Date……………………….…………

Please note the Keyworker role continues during and after assessment. Contact should be maintained with the family to ensure any new needs are addressed.

Parent/Carer Signature ………………………………………. Date…………………….………….

Young Adult Signature

(If appropriate or >13 years) …………….……………………. Date…………………….…………….

Please send the completed form to Nottinghamshiresmallsteps@family-action.org.uk