**Joint Homeless Assessment for Children aged 16 and 17**

**Operating Guidance and Assessment Template**

The Joint Homelessness Assessment must be completed on all young people who present as Homeless. The young person may present at a variety of locations for example; at School/College, Housing, One Stop Shops or Callister Building (previously Response).

In all circumstances a referral must be made to the **Integrated Front Door** using the MARF (Multi Agency Referral Form) which can be found on the Intranet and the WSCB website. <https://wirral-self.achieveservice.com/service/Children_and_families_request_for_support_form>

Following receipt of the MARF the IFD will undertake initial checks and screening to determine homelessness. Where a return home cannot be facilitated then a referral will be sent to the relevant duty team who will liaise with Housing Options Services to arrange a joint assessment. At this point, the receiving duty team **MUST** inform the Adolescent Edge of Care Team to activate their engagement in supporting the young person to return home or assist with a plan of rehabilitation.

The joint assessment **MUST** be completed within 24 hours. However, should emergency accommodation be required pending a joint assessment then the Housing Options Service will arrange temporary accommodation under S188 Housing Act.

Should the outcome of the joint assessment determine that the young person is in need by virtue of being homeless then accommodation will be offered by Children’s Social Care or the housing department. The provision of the accommodation will usually be under S20 of Children Act 1989 unless the outcome of the assessment is that the young person has sufficient understanding, knowledge and skills to live more independently and is explicit in their views and request accommodation support under S17 Children Act 1989.

Young people should be given information about the full implications of both these options.

Completion of this initial joint assessment does not preclude the need to then complete a Single Assessment once the initial issue of legal status has been determined.

The rationale for the provision of accommodation under S20 or S17 should be clearly evidenced on the young person’s case file.

Any additional needs alongside accommodation that has been identified in the Joint Assessment and subsequent Single Assessment should be clearly outlined in the young person’s plan.

Following placement of the young person in accommodation the case must be presented to the newly established S20 Panel at the earliest opportunity.

Should the young person refuse accommodation under S20 or S17 then advice and support must still be offered to the young person. The advice and support provided by Housing Options Service and Children’s Services will ensure the young person has necessary information that informs them of access to support and services in the future should this be required.

**Please ensure that all completed joint assessments are scanned onto the young persons case records.**

**Relevant Contact details**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME** | **DEPARTMENT** | **TELEPHONE NUMBER** | **EMAIL** |
| Integrated Front Door | Children’s Services | 0151606 2008 | CADT Childrens Social Care GCSX <IFD@wirral.gcsx.gov.uk> |
| Graham Harvey Team Leader David Hendry Team Leader – Duty number-staffed 8am – 10pm Monday to Friday and 9-4pm weekends | Adolescent Response Team | 077956410560782353615407920727525 | grahamharvey@wirral.gov.ukdavidhendry@wirral.gov.uk |
| Neil Woodhouse-Team Leader | Housing Options | 0151 691 8474 | neilwoodhouse@wirral.gov.uk  |
| Wayne Tsoi-Manager  | Housing Options | 0151 691 8614 | waynetsoi@wirral.gov.uk |
| Sheila Jacobs-Supported Housing & Homelessness Senior Manager | Housing Options | 0151 691 8345 | sheilajacobs@wirral.gov.uk |

**Joint Homeless Assessment for Children aged 16 and 17**

There are only two circumstances in which a local authority might find that a homeless young person should not be accommodated under Section 20, and may instead be owed duties under Housing Act 1996.  These are where the young person is:

* not a child in need;
* a 16 or 17 year old child in need who, having been properly and fully advised of the implications and having the capacity to reach a decision, has decided that they do not want to be accommodated under section 20.

**Young Person Details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  | DOB &Age |  | Ethnicity |  |
| Present/Previous Address |  |

|  |  |  |
| --- | --- | --- |
| Is an Interpreter required |  Yes |  No |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Gender: | Male |  | Female |  | Trans |  |
| Sexuality |  | Prefer not to say |  |

|  |  |
| --- | --- |
| Contact Telephone Number |  |

**Parent / Family Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Relationship to You | Name | DOB & Age | Contact Details: Address and Phone |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Medical Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Details | Name / Address | Tel No. | Medical Conditions / Medications |
| GP |  |  |  |
| Dentist |  |  |  |
| Opticians |  |  |  |

**Do you consider yourself to have a disability (Learning / Behavioural / Cognitive)**  YES NO

|  |
| --- |
| Do you have a diagnosis? |

**Are there any professionals currently involved with the family?**  YES NO

|  |  |  |  |
| --- | --- | --- | --- |
| Agency | Contact Person | Address | Telephone Number |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Police Involvement / History / Pending? YOS – any offences on record / pending?**

|  |
| --- |
|  |
| Are there any issues with Anti-social behaviour? | YES / NO | Details |

**Background/Current Situation**

|  |
| --- |
|  |

**Please comment on each of the following:**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Your Health – e.g. are you eating properly? Do you have any health issues, and allergies?Your Education – Please state NEET if not in education, training or employmentYour Emotional Well Being (current Mood)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Your Relationships / Extended FamilyYour Self Care Skills – e.g. cooking, cleaning, paying bills etc.Who do you go to for support?Have you ever self-harmed?Have you been diagnosed with a mental health condition?Do you take any substances, including alcohol? YES / NOWhat do you take / drink? |

**YOUR VIEWS: What do you want to happen after today?**

|  |
| --- |
|  |

**Views of Parent / Carer**

|  |
| --- |
|  |

**Views of Others (Including Professionals)**

|  |
| --- |
|  |

**Conclusion of Joint Assessment**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |
| --- | --- | --- |
| Is the Young Person Homeless |  Yes |  No |
| Is accommodation required |  Yes  |  No |
| Is a duty owed under S20 |  Yes |  No |
| Is the young person in agreement with being accommodated |  Yes |  No |
| Can the young person return home |  Yes |  No |
| Is Wirral the normal place of residence |  Yes  |  No |
| Have all options with extended family and friends been explored |  Yes |  No |

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**Outcome / Initial Action Plan**

|  |  |  |
| --- | --- | --- |
| Action | By Who | Completion Time |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signed Young Person |  | Date |  |
| Signed Social Worker |  | Date |  |
| Signed Housing Options |  | Date |  |

**Risk Screening**

|  |  |  |  |
| --- | --- | --- | --- |
| Potential Risk | Yes | No | Agreed Control Measures |
| Any Offending Behaviour |  |  |  |
| Arson |  |  |  |
| Schedule 1 Offender |  |  |  |
| Harm to Others |  |  |  |
| Self-Harm / Suicide |  |  |  |
| Self-Neglect |  |  |  |
| Substance Misuse |  |  |  |
| Mental Health |  |  |  |
| Physical Health |  |  |  |
| Prescribed Medication |  |  |  |