*Appendix 1.1*

**Initial and Final Joint Housing Support Meeting Hyh/Housing/SASH**

This document contains the meeting templates for both the Initial JHSM and the Final JHSM. They are laid out in order of how they should be completed.

Prior to this meeting the young person should have been given the joint housing support pack by the agency where they first presented as homeless and signed consent should be gained and shared with all parties

**Details of the Young Person**

|  |  |
| --- | --- |
| **Name** |  |
| **Date of Birth** |  |
| **Previous home address** |  |
| **Parent/Guardian details** |  |
| **Date they went into Crashpad/TA** |  |

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| **Initial Joint Housing Support Meeting** |
| **Meeting Date** |  |
| **Professionals Meeting** |
| Check consent form has been completed: Yes/NoHave the Joint Housing Support Pack been given to the family: Yes/No |
| **Attendees:** |
| **Current Situation for the young person and family***Briefly outline the history/reason for JHSM including if Crashpad/TA has been offered with move in and move out dates* |
| **Share Agency Involvement/ Past and Present or Awareness of the family:**Hyh:SASH:Council:Any other agency involvement: |
| **Support Needs Identified (please complete sections below where relevant)**HealthMental Health / WellbeingLearning DisabilitiesSubstance misuseOffendingEducation / Employment SituationLevel of Need Low Medium High |
| **Information shared by professionals regarding any risks of young person being involved in County Lines, Gangs, Drug Dealing, CSE, CCE (both risk to young person and risk to others): Please identify all risks below,** |
| Discuss which agencies this information needs to be shared with, and who will have the responsibility to do this.Name of agencies to be shared with: Name of responsible agency/authority:Is a safeguarding referral going to be made / will an update be sent: Yes / NoIf yes, name of worker/agency/authority referral made to:  |
| **Minutes from 7 day JHSM Professionals** **Housing plan/provisions/feedback from Crashpad or TA** |
|  |
| **Young Person & parental meeting (invite separately if necessary)** |
| **Attendees** |
| **Agenda for Young Person / Parental 7 day JHSM Meeting (invite separately as needed)** |
| * Decide Roles; Minute taker and Chair
* Explain the purpose of the meeting
* Introduce each worker
* Clarify the situation and gain any feedback
* Explain parental responsibility
* Each service to explain their roles:
* SASH e.g. C&F assessment, support, section 17, section 20
* Housing e.g. homeless application
* Hyh e.g. hostels, mediation, support
* Identify needs, risks and actions, create action plan
 |
| **Minutes from 7 day JHSM YP & parents invited**  |
|  |
| Explored returning home | Yes/No  |
| Mediation and/or targeted outreach offered/ discussed  | Yes/No  |
| S20 & C&F assessment discussed  | Yes/No  |
| 30% referrals discussed  | Yes/No  |

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| **Action Plan from Initial JHSM** |
| **Action** | **Who By** | **By What Date** |
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Signature of all parties

Hyh: Name………………………………………….Signature……………………………...

SASH: Name……………………………………….Signature………………………………

Council: Name…………………………………….. Signature………………….…………..

Parent: Name……………………………………… Signature……………………………...

Young Person: Name……………………………..Signature………………………………

Hostel: Name ………………………………………Signature…………………………

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| **Final Joint Housing Support Meeting** |
| **Date of Meeting** |  |
| **Updates from last JHSM Actions: (Please insert action plan from 5 day JHSM and update)** |
| **Action Plan from Initial JHSM with update** |
| **Action** | **Who By** | **By What Date** | **Update** |
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| **Any other Updates / Discussions** |
| **Outcomes of Pathway** |
| **ALL THE FOLLOWING MUST BE EVIDENCED** |
| **Has C&F been completed in 21 days?** | Yes/No |
| If no, please list why / plan |
| What is the identified move on plan:  |
| Is this going to be achieved within 56 days?  |
| If no, is this a suitable outcome / what are the control measures in place to support sustainability? |
| **Assessed as CIN?** | Yes/No  |
| If no, reasons: |
| If yes: What is the agreed support plan: |
| **Has S20 been offered?** | Yes/No  |
| **Has S20 been accepted by YP?** | Yes/No  |
| **Has S20 been awarded?** | Yes/No  |
| If no, please list reasons: |
| If yes: Please agree the date / any arrangements for the young person moving out of TA/ Crashpad (max 5 working days) |
| **Referral to Mediation?** | Yes/No  |
| **Homeless application to be made?** | Yes/No  |
| If yes and young person in TA until 30% / supported accommodation secured, please outline support arrangements / CIN support etc. in actions below |
| **Supported Accommodation Referrals / 30%**  | Yes/No |
| If yes please list which SA’s referred to and timescales: |
| **30% hostel referrals completed?** | Yes/No  |

***Achievable Outcomes***

The result of the Joint Housing Support Meeting process should be agreed achievable accommodation outcomes. These need to be achievable within 56 days of the young person approaching services for support (Day 0).

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| **Achievable Accommodation Outcomes Action Plan**  |
| **Accommodation Outcome** | **Action**  | **Who By** | **Date to be achieved** |
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Signature of all parties

Hyh: Name………………………………………….Signature……………………………...

SASH: Name……………………………………….Signature………………………………

Council: Name…………………………………….. Signature………………….…………..

Parent: Name……………………………………… Signature……………………………...

Young Person: Name……………………………..Signature………………………………

Hostel: Name ………………………………………Signature……………………………