**Appendix 2.4 – Intensive Outreach Support Service Referral Form**

**Herts Young Homeless - Prevention of Homelessness/Rough Sleeping Support**

This project is funded by MHCLG. It provides an intensive outreach support programme for care leavers who are at risk of homelessness or rough sleeping. The programme provides a period of intensive floating support to enable young people to:

**1) Access a tenancy or**

**2) Sustain a tenancy**

Where it is assessed that young people require additional support alongside their leaving care PA, a referral should be made to Herts Young Homeless for care leaver floating support and/or to the Prevention of Homelessness/Rough Sleeping – Care Leavers project.

**The criteria for referrals is as follows:**

**Accessing a Tenancy**

* For complex needs care leavers who will struggle to access the regular routes of supported accommodation due to a high level of complex needs.
* A move on plan with intensive support from multiple agencies will be needed, alongside their PA and / or floating support to access any sort of move on accommodation post 18 (this could be supported or an independent tenancy)
* The young person must be willing to engage in services. We will work flexibly to support engagement.

**Sustaining a Tenancy**

* For complex needs care leavers who have a current tenancy but are at risk of losing this due to their level of need.
* Intensive support from multiple agencies, alongside their PA and floating support has been identified.
* The young person must be willing to engage in services. We will work flexibly to support engagement.

**Managing referrals into the Service**

Primarily this service will be offered as per date of referral. However, where needed referrals can be fast tracked based on need and urgency. The Floating Support Manager will assess each referral to determine if they meet the criteria. If a referral is declined, it will be recorded and the advisory board will monitor as needed.

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| **Intensive Outreach Worker Referral Form** | | | | | | | |
| **Name of Referrer:** |  | | | **Email address:** | | | |
| **Agency:** | **LHA** | **CLA** | | | **CLA Asylum Seeker Team** | | **TYS** |
| **Telephone No:** |  | | | | | | |
|  | | | | | | | |
| **Service User Information** |  | | | | | | |
| **Name:** |  | | | | | | |
| **Gender** | **Male** | | **Female** | | | **Transgender** | |
| **Age at Referral:** |  | | | **DOB:** | | | |
| **Telephone No:** |  | | | | | | |
| **Accommodation at time of Referral:** |  | | | | | | |
| **Reason for Referral** | **Complex Needs: Move on plan needed for 18+** | | | | **Threatened with homelessness due to being unable to maintain current accommodation** | | |
| **Is the SU aware of the referral?** | **YES** | | | **NO** | | | |
| **Has an up to date risk assessment / Pathway plan been provided alongside this referral form?** | **YES** | | | **NO** | | | |
| **Assessment of Need** | | | | | | | |
| **Please describe the young Person’s current level of engagement?** |  | | | | | | |
| **What does the young person need support with?** |  | | | | | | |
| **Please explain why the young person cannot access supported accommodation?** |  | | | | | | |
| **If at risk of eviction, please explain why?** |  | | | | | | |
| **Is the Young person working with any other agencies?** |  | | | | | | |
| **Please provide any other relevant information?** |  | | | | | | |