**21yrs + Needs Assessment**

Key Information Sheet:

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| --- | --- | --- |
| Care Leavers Name and Address  |  | Name of Personal Advisor (PA) |
| Name |  |  | Name of PA |  |
| Address |  |  | Office Address |  |
| Tel No |  | Post Code |  |  | Tel No |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CareFirst ID: |  |  | Date of this Assessment |  |
| Gender: |  |  |
| D.O.B |  |  | Care Leavers Age at the time of this Assessment |  |
| Legal / Immigration Status: |  |  | Is this a request to '**remain open'** post 21st birthday or to **re-open** after case had already been closed?  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please tell us your reasons for wanting to return to remain open / re-opened to receive advice and or support from the Leaving Care Service:

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| --- |
| Care Leavers Views (To be written by the Care Leaver but if they require support with filling in this section, please make sure that as the assisting professional, you uses “direct quotes” of comments provided so as to accurately record the Care Leavers voice, views and feelings): |
|  |

|  |  |
| --- | --- |
|  | Have originals been seen by Leaving Care Worker undertaking this Needs Assessment? |
| Checklist | YES | NO | Tick if copy of these have been scanned / recorded on case file. |
| Government Issues Picture ID |  |  |  |
| National Insurance Number |  |  |  |
| Bank Statements (x3 months) - Only applicable if requiring financial support and advice: |  |  |  |
| Proof of current source of income, i.e. (wage slips / benefit letter).  |  |  |  |
| Letter of confirmation from place of education, i.e. (College / University).  |  |  |  |

Important details as part of the Needs Assessment |
| **Questions below are designed to obtain necessary information** | **Details / Information provided by the Care Leaver in response to the questions asked:** |
| What are the key areas in the Care Leavers life that they would benefit from receiving support with? |  |
| Looking at the Outcome Start / Pathway Plan; what are the headings that they identify are going well?  |  |
| How often would the Care Leaver like to keep In-Touch with a Personal Advisor? |  |

1. Financial Information:

Income/Money coming in:

|  |  |  |  |
| --- | --- | --- | --- |
| Description | Amount  | Monthly | Weekly |
| Wages/Earnings/YPA |  |  |  |
| Benefits  |  |  |  |
| Student Finance, i.e. grants/loans/bursaries, etc. |  |  |  |
| Other - i.e. (Savings)  |  |  |  |
| TOTAL |  |  |  |

Expenditure/Money going out:

Discussed as what Mohammad spent in the past as currently he has no income.

|  |  |  |  |
| --- | --- | --- | --- |
| Description  | Amount | Monthly | Weekly |
| Food |  |  |  |
| Electric  |  |  |  |
| Gas |  |  |  |
| Water |  |  |  |
| Rent  |  |  |  |
| Council Tax |  |  |  |
| TV Licence  |  |  |  |
| Contributions to housekeep (if applicable) |  |  |  |
| Leisure, i.e. (going out, gym membership, etc.): |  |  |  |
| Other, i.e. (Transport, Smoking, phone/internet, etc.).  |  |  |  |
| Debts, i.e. (loans/overdraft, etc.). |  |  |  |
| TOTAL  |  |  |  |

|  |
| --- |
| **Backup Plan:**What will need to happen if you do not have enough money? |
|  |

1. Education & Learning: (If you are not intending to return to Further or Higher Education, please skip this section & go onto the Work & Career section):

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| --- | --- |
| **Questions below are designed to obtain necessary information** | **Details / Information provided by the Care Leaver in response to the questions asked:** |
| What is the name of the programme you are hoping to study? |  |
| What is the name / address of the College / University? |  |
| What level of qualification is this programme / course? |  |
| Is this programme full-time or part-time (please tell us how many days or hours per week it is)? |  |
| How long will the programme last?  |  |
| How old will you be when this course is completed? |  |
| Is this course available in the area local to where you live?  |  |
| What is the area in which you will study this course? |  |
| If the course requires commuting, how do you intend to travel to and from your place of education? |  |
| How much will the course cost? (*Please list all costs including any fees, enrolment, kit, equipment or travel costs*) etc.  |  |
| How are you planning to meet any of these costs?  |  |
| Do you agree to give the Leaving Care Service your consent to verify with your tutor / place of education; your enrolment, attendance & any academic grades achieved from your chosen course? |  |

1. Work & Career: (If you have already completed the section above, please skip this section & go onto Final Overview section of the Care Leavers Level of needs).

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| --- | --- |
| **Questions below are designed to obtain necessary information** | **Details / Information provided by the Care Leaver in response to the questions asked:** |
| If you are already in Employment, please tell us about this? |  |
| If you are not currently in any Employment, Education or Training, please help us to identify any barriers that may be preventing success in this area:  |  |
| What is the type of employment you are hoping to achieve? |  |
| Is this full-time or part-time work (*please tell us how many days or hours per week it is*)? |  |
| Do you need any financial contribution to support you to find / maintain a job? (*Please list all costs including any fees, enrolment, kit, equipment or travel costs*) etc. |  |

1. Final overview

Overall summary of Young Persons Needs:



1. Overall Summary of the Care Leavers level of need: (PA to record the stage wherein you have assessed the Care Leaver to be at, during each of the key areas below):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Stage 1 (Stuck) | Stage 2 (Accepting Help) | Stage 3 (Trying to sort things out) | Stage 4 (Getting there with support) | Stage 5 (Independent) |
| **Accommodation** |  |  |  |  |  |
| **Work & Learning:** |  |  |  |  |  |
| **People & Support:**  |  |  |  |  |  |
| **Health:**  |  |  |  |  |  |
| **How You Feel:**  |  |  |  |  |  |
| **Choices & Behaviour:** |  |  |  |  |  |
| **Money & Rent:** |  |  |  |  |  |
| **Practical Life Skills:** |  |  |  |  |  |

1. **PA's overall Analysis of Care Leavers Level of Need:**

|  |  |
| --- | --- |
| **Level of Need for Advice / Support:** | **Based on the above information, please identify the level of need that this Care Leaver is likely to require:** |
| **High:** *(Please specify main areas of need and anticipated frequency of In-Touch)***:** |  |
| **Medium** *(Please specify main areas of need and anticipated frequency of In-Touch)***:** |  |
| **Low** *(Please specify main areas of need and anticipated frequency of In-Touch)***:** |  |
| **N/A;** *(Please specify if Care Leavers does not meet criteria for case to remain open 21yrs +)*: |  |

1. Authorisation of Needs Assessment:

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| --- |
| Personal Advisors Comments: |
| Name of Personal Advisor undertaking this Needs Assessment | Signature | Date |
|  |  |  |

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| --- |
| Managers Authorisation Comments: |
| Name of Practice / Team Manager who has quality assured this Needs Assessment  | Your Signature | Date |
|  |  |  |