|  |  |  |  |
| --- | --- | --- | --- |
| **Homeless 16/17 year old Joint Assessment** | | | |
| Name of young person: | Click or tap here to enter text. | DOB: | Click or tap here to enter text. |
| HOO: | Click or tap here to enter text. | Social Worker: | Click or tap here to enter text. |
| Early Help Worker: | Click or tap here to enter text. | Advocate: | Click or tap here to enter text. |
| Case ref: | Click or tap here to enter text. | Date of Joint Assessment: | Click or tap to enter a date. |
| Present at Joint Assessment: | Click or tap here to enter text. | | |

|  |  |
| --- | --- |
| **Current Accommodation Situation** | |
| Summary of your current accommodation situation? Including the reason, you are homeless or threatened with homelessness? | Click or tap here to enter text. |
| Last Settled Address: | Click or tap here to enter text. |
| Type of Accommodation: | Click or tap to enter a date. |
| Date required to leave: | Click or tap here to enter text. |
| Is it safe and suitable to return home, on a temporary or longer-term basis?  *If no, please ensure reasons are documented*. | Click or tap here to enter text. |
| Local Connection confirmed?  *If homeless, a young person will still be accommodated in the interim whilst arrangements are agreed with the responsible Local Authority Social Care team.* | Click or tap here to enter text. |

|  |  |  |
| --- | --- | --- |
| **Homelessness Prevention** | | |
| *Actions agreed to enable the young person to return home where safe and suitable to do so, or to reside within the extended family network:*  *Example: Referral to Targeted Support, Meeting with extended family network* | | |
| **Action:** | **Lead:** | **Target Completion Date:** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Young Person’s Wishes and Aspirations** | |
| *This should be a conversation, not a box-ticking exercise. Where does the young person see themselves in 2 years’ time? Would they like to be in further/higher education? Training? Employment? How will their housing affect this?* | |
| What are your wishes and aspirations? |  |
| What kind of housing do you need to make this happen? | Click or tap here to enter text. |

|  |
| --- |
| **Young Person’s Strengths** |
| *Again, a conversation rather than a box-ticking exercise. Do they have a supportive network of friends? Are they self-motivated? Are they achieving academically?* |
| Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Young Person’s Support Needs** | |
| *Are there areas the young person struggles with. Consider daily living activities and independent skills including any financial support needs. Consider at this point what sources of support are available and any referrals required.* | |
| **Support Need:** | **Action to meet the need:** |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |

|  |
| --- |
| **Professional View** |
| *Record any views of the Professionals involved with the Young Person’s. Social Worker, Early Help Worker, Advocate etc.* |
| Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Decision Record** | |
| Has the threat of homelessness been prevented with the actions outlined above? | Click or tap here to enter text. |
| If homelessness is not prevented, has the young person consented to being accommodated under S20?  *Ensure advocacy support has been offered prior to the young person reaching a decision. If the young person has not consented to S20, ensure the reasons for this decision are recorded.* | Click or tap here to enter text. |
| If the young person has not consented to being accommodated under S20, has a duty been accepted under Part 7 of the Housing Act?  *If not explain why.* | Click or tap here to enter text. |
| Is temporary accommodation required now? If yes, please state agreed temporary accommodation arrangements. | Click or tap here to enter text. |

|  |
| --- |
| **Longer Term Housing Pathway (to be reflected in the Personal Housing Plan)** |
| *Refer to the BCP Young People Support and Accommodation Offer (Appendix D of the Joint Protocol) and BCP Young People Accommodation Brochure (Appendix E of the Joint Protocol)* |
| Click or tap here to enter text. |