**Leaving Care Service, Post 21 Assessment**

**Key Information:**

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| Name: |
| CareFirst ID:  Date of this Assessment |
| D.O.B and age: |

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| Please explain how we can help you to receive advice and or support directly from the Leaving Care Service:   |  | | --- | | Care Leavers Views: please include if you have children on a CIN or CP plan. (To be written by the Care Leaver but if they require support with filling in this section please use “direct quotes” to accurately record the Care Leavers voice, views and feelings): | |  |   Important details as part of the Needs Assessment - Care Leavers Section | |
| **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 your life that you would benefit from receiving support with – what are you worried about? |  |
| What is going well for you? |  |
| What steps have you taken to resolve the area of your concern? |  |

**Overview - Assessor's comments**

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| Overall summary of Young Person's Needs – please cover the headings below:  *Using the Pathway Plan as a guide, what are the areas of need? What can a PA do to help?*  *Who is in the young person’s current support network? Are there any services or professionals involved?*  *What has the young person done to resolve the difficulties they face for themselves?*  *What is their immigration / asylum status? Have you checked NRPF?*  *In consultation with previous Closure record – was there any identified future need what is being asked for now? Are there any risk elements we need to consider?*  *Any barriers for the young person to attend Russell House? Could they come to the drop ins?*  *Any other information that you feel is important to be considered? (EHCP/SEND/communication)*   |  |  | | --- | --- | | **Scoring boundaries** | | | 0 | No need | | 1 - 3 | Minor need | | 4 - 7 | Moderate need | | 8 - 10 | Severe and complex need | | |
| Proposed Action Plan:   |  |  |  |  |  | | --- | --- | --- | --- | --- | | What needs to happen? | How will we know this has been done? | Who will do what? | Proposed timescales | Managers Agreement | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | | |
| **Name of Personal Advisor undertaking this Needs Assessment:** | **Date:** |

**Authorisation of Needs Assessment:**

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| --- | --- |
| Managers Authorisation Comments: | |
| Name of Team Managers who have quality assured this Needs Assessment | Date |
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