Children’s Social Care and Housing Options

Homeless 16/17 year old Joint Assessment

This assessment is designed to be used by Children’s Social Care and Housing Options staff to record the decision reached about a young person’s accommodation needs. This record must be completed and held together with the MAA.

This record can be started by Housing Options staff in conjunction with the young person but any decision around accommodation must be made after the Children’s Social Care professional has started the MAA and decided on the next steps.

Please see the Homeless 16/17 year old Joint Assessment Protocol and Procedure for more information.

The young person must be offered the services of an independent advocate to ensure they have full information when making decisions and can express their own needs and wishes.

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| --- | --- | --- | --- |
| Name of the Young Person |  | Date of birth |  |
| Social Worker |  | Early Help (Young Person) Worker |  |
| Housing Options Officer |  | Advocate - if requested |  |
| Date young person presented and where? |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Summary of young person’s circumstances. (why they are presenting as homeless today) |  | | |
| Recent contact by young person with their parent(s)/guardian/carer to include date and outcome. **Any reason not to contact parents?** | |  | |
| Where is, the young person staying now? | Address | |  |
| Type of accommodation | |  |
| Leave by date and reason | |  |
| Information verified | |  |

|  |  |
| --- | --- |
| Local Connection – please record decision around local connection to Bournemouth |  |
| ***Please note a young person will still be accommodated in the interim whilst arrangements are agreed with the responsible Local Authority.*** | |
| If local connection to another area, please record next steps to reconnect. |  |

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| Capacity of family and social networks to provide alternative secure and stable accommodation and meet the young person’s practical, emotional and social needs |  |

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| --- | --- |
| Record decision and actions on reunification or stable accommodation with relative |  |

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| --- | --- |
| Any Section 17 funding/resources required to meet needs of the family and ensure they remain in the family/relative home |  |

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| --- | --- |
| Record decision around whether this young person is homeless |  |

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| --- | --- |
| Record decision and reason to accommodate or not | *To be completed by Children’s Social Care Professional and to include any interim decision whilst the MAA is completed.* |

Please be aware that if Children’s Social Care decide to accommodate, the young person will not be homeless and no further duty will be owed under part 7 of the Housing Act.

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| Please state interim accommodation arrangements |  |
| Please state longer term accommodation arrangements | *This needs to be identified on the Child’s Plan in Section 6 of the MAA and is further to any interim accommodation arrangements.* |

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| Record decision to accommodate or not under Part 7 Housing Act 1996 | *Please ensure the young person understands their options and the implications of refusing reasonable offers of accommodation.* |

**Please outline any immediate actions identified around the support needs for the young person whilst in interim accommodation or in the family home post reunification on the Child’s Plan within Section 6 of the MAA. Longer term actions need to be identified at TAYP meetings and included in any Child in Need or Early Help Plan.**

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| **Declaration by young person and authority to share information** | | | |
| I declare that I have had the process of this assessment fully explained to me and understand that this information will now be shared with other organisations that may be able to assist in providing me with suitable accommodation and support for any needs identified. | | | |
| If you do not understand anything that has been discussed during this assessment, please ask for it to be explained before signing below. | | | |
| Name (Young Person) |  | Signature |  |
| Please sign below to authorise the decisions recorded above in respect of your area of authority. | | | |
| Name (Children’s Social Care) |  | Signature |  |
| Name (Early Help - Young Person Worker) |  | Signature |  |
| Name (Housing Options) |  | Signature |  |
| Name (Advocate) |  | Signature |  |