

 

**Young Person’s Supported Accommodation Assessment & referral form (non-emergency)**

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| **Young person's name** | **Date of Birth** | **Current Age (years)** | **Gender identity** | **LCS number (where known)** | **National Insurance number (where known)** |
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**This assessment should be completed in full to outline a young person’s accommodation support needs and identify the best service for them.**

**Please use the emergency bed (E-bed) referral form for emergency referrals into young people’s supported accommodation (YPSA) services or complete the Police Migrant Welfare Check for newly-arrived UASC instead of the e-bed form.**

**Following an emergency placement, if the young person requires a long-term bed in the YPSA, then this form will need to be completed in full. As far as possible, this form MUST be completed with the young person so that their voices and opinions are clearly represented and their consent is given, with the professional capturing this on the form. Where possible, please attach a family tree/genogram when submitting this form.**

**Section 1: Referrer details**

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| **Referrer Details** |  |
| Referrer | Referring agency and organisation:Team: |
| Worker completing YPSA Assessment: | Name:Role:Contact details: |
| Date completed: | \_\_/\_\_/20\_\_ |
| Has this form been completed with the young person? | [ ] Yes [ ]  No |

**Section 2: About you**

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| **Your details *(for the professional to write on the young person’s behalf)*** |
| **Contact details** |
| Full Name: |  |
| Current address: |  |
| Contact address (if different): |  |
| Contact phone number(s): |  |

**We will be careful with your information**

**Your information will be stored electronically and shared only to support you, to keep you safe, and to improve our services.**

**For more information on storage of your information please go to:** [**https://www.oxfordshire.gov.uk/privacy**](https://www.oxfordshire.gov.uk/privacy)

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| **More details about you**  |
| Have you lived in the UK for the last 5 years? |  [ ] Yes [ ]  No |
| Where were you born (if not the UK)? |  |
| What is your immigration status (if you are not a British Citizen)? |  |
| What is your first language?Do you / does the young person need an interpreter for some meetings?If yes, is telephone or face-to-face interpretation required?  |   [ ] Yes [ ]  No [ ]  Telephone [ ]  Face-to-face |
| Are you currently pregnant?  If yes, what is the expected due date: |  [ ] Yes [ ]  No |
| Do you have children? If yes, how old are they and where do they live? |  [ ] Yes [ ]  No  |
| What do you consider your ethnic group to be? |  |
| If you are religious, which religion do you follow? |  |

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| **5-year address history** |
| **Address** | **Dates occupied** | **Landlord (where known)** | **Reason(s) for leaving** | **Any debts owed?****If yes, state how much** |
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| **Tell us about yourself** ***Strengths and challenges –What you enjoy, what you’re good at, what you’ve been doing well, and also what you’re finding difficult or struggling with.*** |
| **What’s going well?**Think about key family/friends/supporters in your life, any achievements or strengths you’ve developed, what makes you feel good etc. Are there some positive role models in your life – who are they?**What’s more difficult?**Things you feel you need some support with, what you’ve been finding tough and why, ways you’ve been coping or trying to cope with these difficulties. **Any additional comments from the supporting professional about strengths and challenges:** |
| **Areas you’d like more support with (please tick as required):** |
| **Feeling safe**[ ]  **Personal safety outside the home** [ ]  **Personal safety in the home** [ ]  **Building safer relationships** [ ]  **Using social media safely**[ ]  **Help to manage boundaries in relationships** [ ]  **To feel engaged in positive social activities in the community**  |
| **Health** [ ]  **Emotional support** [ ]  **Physical health** [ ]  **Personal care and independent living (washing, exercise, diet, taking medication)**[ ]  **Drug/alcohol use** [ ]  **Stopping smoking** [ ]  **Social & leisure activities** |
| **Developing skills**[ ]  **Education & training** [ ]  **Volunteering / work experience** [ ]  **Paid work** [ ]  **Preparation for independent accommodation**[ ]  **Setting goals and objectives**  |
| **Networks**[ ]  **Engaging with services** [ ]  **Making friends or support networks** [ ]  **Strengthening family relationships** |
| **Living skills**[ ]  **Attending appointments and making plans** [ ]  **Using transport** [ ]  **Managing money and budgets** [ ]  **Cooking**[ ]  **Household chores (cleaning, tidying, DIY)** [ ]  **Parenting skills** [ ]  **Coping with a crisis** [ ]  **Settling into new accommodation** |
| **Have we missed any areas where you would like support?** |
| **Any additional comments from the supporting professional?**  |

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| **How are you doing and how much help do you need?*****Please give each area in your life a rating, by putting a circle round 0 – 10.******NB: These scores will be referred back to, to track changes and progress with getting the help you need to improve things.*** |
| 1. **Family relationships:**

**0-----------1-----------2-----------3-----------4-----------5-----------6-----------7-----------8-----------9-----------10** **Going great; Things are challenging; Things are really hard;** **don’t need any help need some help need more help**1. **Friendships / close relationships that feel positive to me:**

**0-----------1-----------2-----------3-----------4-----------5-----------6-----------7-----------8-----------9-----------10** **Going great; Some challenges; Lots of challenges;** **don’t need any help need some help need more help**1. **Progress at school/college/work/training:**

**0-----------1-----------2-----------3-----------4-----------5-----------6-----------7-----------8-----------9-----------10** **Going great; Some challenges; Lots of challenges;** **don’t need any help need some help need more help**1. **How I feel about myself and my life:**

**0-----------1-----------2-----------3-----------4-----------5-----------6-----------7-----------8-----------9-----------10** **Going great; Some challenges; Lots of challenges;** **don’t need any help need some help need more help**1. **Mental wellbeing:**

**0-----------1-----------2-----------3-----------4-----------5-----------6-----------7-----------8-----------9-----------10** **Going great; Some challenges; Lots of challenges;** **don’t need any help need some help need more help**1. **Physical health and wellbeing:**

**0-----------1-----------2-----------3-----------4-----------5-----------6-----------7-----------8-----------9-----------10** **Going great; Some challenges; Lots of challenges;** **don’t need any help need some help need more help**1. **Leisure (how you spend your time):**

**0-----------1-----------2-----------3-----------4-----------5-----------6-----------7-----------8-----------9-----------10** **Going great; Some challenges; Lots of challenges;** **don’t need any help need some help need more help**1. **Taking good care of myself:**

**0-----------1-----------2-----------3-----------4-----------5-----------6-----------7-----------8-----------9-----------10** **Going great; Some challenges; Lots of challenges;** **don’t need any help need some help need more help**1. **Thinking about goals for my future:**

**0-----------1-----------2-----------3-----------4-----------5-----------6-----------7-----------8-----------9-----------10** **Going great; Some challenges; Lots of challenges;** **don’t need any help need some help need more help**1. **Expressing my views and opinions and being heard:**

**0-----------1-----------2-----------3-----------4-----------5-----------6-----------7-----------8-----------9-----------10** **Going great; Some challenges; Lots of challenges;** **don’t need any help need some help need more help** |
| **Any additional comments from the supporting professional, stating any areas they would have scored differently (and the score that would have been given)?** |

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| **Education & Employment** |
| **What are you doing now in terms of education, employment or training and how is it going?****Name of school / college if you attend one:****Name and address of organisation if you have a job or are in training:****Did you / do you have an EHCP (Education, Health and Care Plan) or need extra support at school / college / further education – what help did you get, how was it?****Do you know what you’d like to do in the future around education, employment or training – what are your hopes and interests?** |
| **Any additional comments from the supporting professional?** |

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| **What is your family’s story?** ***Tell us about what it’s like to be in your family, how you get on, if you have had help or support, and any important things that have happened to you and your family (e.g. house moves, separations, traumas, losses, illness). Who is a positive role model in your life, inside or outside your family?***  |
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| **Any additional comments from the supporting professional?** |

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| **Your health and wellbeing** |
| **Do you have any medical needs or specific requirements?** [ ] **Yes** [ ]  **No****If yes, please tell us about them, including if you are registered as disabled or have physical or learning / intellectual disabilities:** |
| **Do you have any mental health / emotional wellbeing needs or concerns?** [ ] **Yes** [ ]  **No****If yes, please tell us about them and how often you have these feelings, so we can aim to support you *(e.g. if you’ve felt low, anxious, up and down, isolated, struggle with sleep, have flashbacks, have self-harmed / thought about self-harm etc.*):****Do you take any medication for your mental health?** [ ] **Yes** [ ]  **No****If yes, please provide details:** |
| **Do you use drugs?** [ ] **Yes** [ ]  **No** **If yes, which drugs and how often?****Have you been offered support?** [ ] **Yes** [ ]  **No** **If you are offered support, is this something you would be interested in?** [ ] **Yes** [ ]  **No**  |
| **Do you drink alcohol?** [ ] **Yes** [ ]  **No** **If yes, how much, how often and what is your behaviour like when you are drunk/ have been drinking alcohol?****Have you been offered support?** [ ] **Yes** [ ]  **No** **If you are offered support, is this something you would be interested in?** [ ] **Yes** [ ]  **No**  |
| **Have either drugs or alcohol affected your previous accommodation?** [ ] **Yes** [ ]  **No** **If so, what happened?** |
| **Do you currently have debts?** [ ] **Yes** [ ]  **No** **If yes, how much and what for? (include rent arrears, service charge, utilities, services, debts to family/friends etc.):****If you are offered support, is this something you would be interested in?** [ ] **Yes** [ ]  **No**  |
| **Do you require income benefits?** [ ] **Yes** [ ]  **No *In order to claim income benefits you will need a national insurance number and two forms of ID.*****Do you receive income benefits?** [ ] **Yes** [ ]  **No** **If yes, which benefits and how much do you receive?**  |
| **Do you receive Leaving Care Allowance?** [ ] **Yes** [ ]  **No**  |
| **Any additional comments from the supporting professional?** |

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| **Risk of homelessness*****What factors have made you at risk of homelessness or in need of supported accommodation?*** |
| **Please tick from the list below:**[ ]  **UASC new arrival into UK**[ ]  **Eviction - If eviction, please state by whom, e.g. landlord, parent etc.?**[ ]  **Leaving care and ready for more independence**[ ]  **Leaving custody**[ ]  **Leaving hospital**[ ]  **At risk of exploitation / violence / abuse / harassment at current address**[ ]  **Sleeping rough**[ ]  **Other - Please give details:** |
| **Where are you currently living, and who has agreed for you to stay there? Please give details:** |
| **Any additional comments from the supporting professional?** |

 **Section 3: How to keep yourself and others safe**

| **Keeping you safe: Who is already involved in supporting you (past & present)?*****For example: support worker, social worker, relative, mentor, teacher, GP, health professional, psychologist, YOS, Family Group Conference service etc.******Please give their details and whether you consent to them being contacted in relation to your housing assessment, support needs and benefit enquiries*** |
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| **Role & Name** | **Organisation** | **Email address / phone no.** | **Please tick if they are still involved** | **Do you give consent for us to contact them?**  **Yes No** |
| **Social worker****Name:** |  |  | [ ]  | [ ]  | [ ]  |
| **Leaving Care Personal Advisor****Name:** |  |  | [ ]  | [ ]  | [ ]  |
| **Residential & Edge of Care service (REoC) worker****Name:** |  |  | [ ]  | [ ]  | [ ]  |
| **Housing advisor****Name:** |  |  | [ ]  | [ ]  | [ ]  |
| **Youth Offending Team / Youth Justice Service / Probation service****Name:** |  |  | [ ]  | [ ]  | [ ]  |
| **Early Help / Family Solutions / Family Support worker****Name:** |  |  | [ ]  | [ ]  | [ ]  |
| **EET Worker****Name:** |  |  | [ ]  | [ ]  | [ ]  |
| **Outreach / floating support worker****Name:** |  |  | [ ]  | [ ]  | [ ]  |
| **GP****Name:** |  |  | [ ]  | [ ]  | [ ]  |
| **CAMHS / Mental Health professional****Name:** |  |  | [ ]  | [ ]  | [ ]  |
| **Mentor / advocate****Name:** |  |  | [ ]  | [ ]  | [ ]  |
| **Domestic Abuse worker****Name:** |  |  | [ ]  | [ ]  | [ ]  |
| **Substance misuse worker****Name:** |  |  | [ ]  | [ ]  | [ ]  |
| **Adult social worker / Learning Disabilities social worker****Name:** |  |  | [ ]  | [ ]  | [ ]  |
| **Others (please list names & roles):** |  |  | [ ]  | [ ]  | [ ]  |

| **Do you also consent to us contacting these additional agencies about your housing assessment?** ***Please tick yes or no for each agency. If you tick no, for one or more Agency, this may make it more difficult to meet your accommodation needs.*** **Yes No** |
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| **District / City council Housing Advice, Housing Benefit & Council Tax team** | [ ]  | [ ]  |
| **Oxfordshire County Council Children’s / Adult Services** | [ ]  | [ ]  |
| **School/ college/ employer** | [ ]  | [ ]  |
| **Accommodation panels** | [ ]  | [ ]  |
| **Support Provider / Supported Housing provider** | [ ]  | [ ]  |
| **Police** | [ ]  | [ ]  |
| **Jobcentre Plus** | [ ]  | [ ]  |
| **Health professionals** | [ ]  | [ ]  |

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| **Offending history**  |
| **Do you have any criminal convictions or pending police investigations?** [ ] **Yes** [ ]  **No** **If yes, what offences are they for?** |
| **Do you have any licence conditions, restrictions or requirements placed on you?** [ ] **Yes** [ ]  **No**  |
| **Any additional comments from the supporting professional?** |
| ***For professional use*****Name of agency that has been contacted by a professional to verify this information:** |

***The following risk assessment and safety plan is for completion by the professional with input from the young person. Where a MARAMP exists, please attach the completed form and only add narrative information below as required. Be sure to provide the young person’s viewpoint. Where a MARAMP doesn’t exist, please complete in full.***

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| **Risk Assessment** ***Please tell us in detail about incidents which have occurred in the past and could happen again, that could make the young person or other people unsafe. This information helps us to keep people safe if and when difficult things happen again in future.******Please reflect any changes to risk that occur as a result of where the young person is currently living, and any changes that could occur if they were to move to live elsewhere (including in YP Supported Accommodation).*** |
| **1. Harm to Self****E.g.  *self-harm and/or suicidal thoughts, plans, or attempts; feelings of hopelessness or loss of control; significant life events; withdrawal; risky drug or alcohol misuse, other ways of coping that can cause harm. Include also: risk of harm through self-neglect, withdrawal and associations with others who are risky or exploitative.*** |
| **For each time point below, please describe past incidents and ongoing / future risks to self in detail. Include the triggers, what made / makes the risk(s) more likely to occur and what kept or keep the risks going. What could be done to reduce the chances of risks reoccurring now and in the future?****PAST risk(s) or incidents:****PRESENT risk(s):****FUTURE risk(s):** |
| **Are there any positive and protective factors that make current and future risks of harm to self less likely to happen? What are they? *E.g. supportive people in their life; skills; coping strategies; interests; personal development; personal characteristics; changed circumstances etc.*** |
| **Any additional comments from the young person about risk of harm to self:** |
| **2. Harm to other people or property (the young person may not feel they have control over these behaviours)*****E.g. threatening or abusive behaviours that might have been displayed; incidents of violence or intent to harm/exploit others; historical witnessing of domestic or emotional abuse; history of drug/alcohol use; arson; vandalism; criminal damage; anti-social behaviour or offending; poor engagement with services or support.***  |
| **For each time point below, please describe past incidents and ongoing / future risks of harm to other people or property, in detail. Include the triggers, what made / makes the risk(s) more likely to occur and what kept or keep the risks going. What could be done to reduce the chances of risks reoccurring now and in the future?****PAST risk(s) or incidents:****PRESENT risk(s):****FUTURE risk(s):** |
| **Are there any positive and protective factors that make current and future risks to others less likely to happen? What are they? *E.g. supportive people in the young person’s life; skills; coping strategies; interests; personal development; personal characteristics; changed circumstances etc.*** |
| **Any additional comments from the young person about risk of harm to others:** |
| **3. Harm from others as a result of family / social / background factors, which may have impacted on the young person’s health and wellbeing*****E.g. whether there has been parental substance/alcohol misuse; parental mental health difficulties; domestic abuse; placement history; neglect; inappropriate caring responsibilities; physical/sexual/emotional abuse; risk of family breakdown*** |
| **For each time point below, please describe past incidents and ongoing / future risks of harm from others, in detail. Include the triggers, what made / makes the risk(s) more likely to occur and what kept or keep the risks going. What could be done to reduce the chances of risks reoccurring now and in the future?****PAST risk(s) or incidents:****PRESENT risk(s):****FUTURE risk(s):** |
| **Are there any positive and protective factors that make current and future risks from others less likely to happen? What are they? *E.g. supportive people in the young person’s life; skills; coping strategies; interests; personal development; personal characteristics; changed circumstances etc.*** |
| **Any additional comments from the young person about risk of harm from others:** |

| **Making a safety plan** |
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| **What is the risk?** | **What needs to be done?** ***State actions to be taken*** | **Desired outcome and impact on risk?** | **Who will take action?** | **By when?** |
| 1) |  |  |  |  |
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 **Section 4: Accommodation options**

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| **About your support networks** |
| **Has a parent / carer been contacted about this YPSA assessment?** [ ] **Yes** [ ]  **No** **Further details:** |
| **Has a Family Group Conference been offered?** [ ] **Yes** [ ]  **No** **If yes, what was the outcome?** **If no, what were the barriers which stopped this going ahead?** |
| **What actions have been taken to try and support the young person to stay with their family (e.g. REoC intervention, mediation, exploration of wider family network for placement)?****Who supported these; what were the outcomes? If they have not been put in place, please state why:** |
| **What are the plans for strengthening family relationships in the future, and who is going to undertake this work?** |
| **What are the short-term options available to the young person, to enable a planned move into the YPSA service?** |
| **What are the contingency plans for the young person, if your current accommodation breaks down or a YPSA service is not available? How long can this contingency continue?** |
| **Any additional comments from the supporting professional?** |

**If a referral into the YPSA is appropriate, please complete the following sections:**

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| **Service required and area requested:** |
| **District** | **Location (*Please tick geographical area requested)*** |
| **Cherwell****Cherwell****West Oxfordshire****Oxford City****Vale of White Horse****South Oxfordshire** | [ ]  **Banbury**[ ]  **Bicester**[ ]  **Witney**[ ]  **Oxford** [ ]  **Abingdon**[ ]  **Didcot** |
| **Service package *(Please tick package requested):*** |
| [ ]  **SP1 - 16-17 year old (shared accommodation with up to 4 YP living together)**[ ]  **SP2 - UASC new arrival (16-17 years old – shared accommodation with up to 4 UASC new arrivals living together for up to 4 months[[1]](#footnote-1))**[ ]  **SP3 – Move On Homes (16-17 years old - intensive support for up to 9 months[[2]](#footnote-2))**[ ]  **SP4 – Supported Lodgings (16-24 years old - supported in a family environment)**[ ]  **SP5 – 18+ Shared (shared accommodation with up to 4 YP living together)**[ ]  **SP6 – 18+ Single self-contained (for YP unsafe to live with others who currently need to live on their own)**[ ]  **SP7 – Parents (shared accommodation for a parent(s) aged 16-24 years old to live with their child(ren))** [ ]  **SP8 – Out-of-county due to risks of exploitation (16-24 year olds - self-contained or shared accommodation for YP who cannot live safely in Oxon)**[ ]  **SP9 – 18+ Shared Accommodation, in the Vale of White Horse** |
| **What is the requested date for this placement move?** |
| **Date: \_\_/\_\_/20\_\_** |
| **The YPSA service is a short-term intervention, aimed to support young people to develop the skills to live independently or supported to access alternative support services to meet their long term needs. Plans needs to be put in place now, to think about future accommodation options.**  |
| **What is / are your Local Connection District(s)? *(Please choose from the list below):*** |
| [ ]  **Oxford City**[ ]  **West Oxfordshire**[ ]  **South Oxfordshire**[ ]  **Cherwell**[ ]  **Vale of White Horse** |
| **ONLY If you are requesting SP7 accommodation, please give details of your partner below if you have their consent to share this information. If they also have accommodation needs and these needs be assessed, a separate form will need to be completed for them.** |
| **Name:** | **Date of Birth:** | **Has a YPSA assessment and referral form been completed for this young person?**[ ]  **Yes**[ ]  **No** |
| **Has the Local Housing Authority accepted a duty to you?** |
| [ ]  **Yes**[ ]  **No**[ ]  **Don’t know** **If yes, which local authority and who is the housing officer you have spoken to:**  |

**Section 5: Declaration**

**To be signed by the young person completing the assessment**

**I declare that all information about me, including historical risks of harm, have been explicitly declared and outlined in this form, and that they are a true reflection of my current circumstances. I consent for this information to be shared with the parties listed in this form.**

**Signed …………………………………………………………….. Date ………………**

**To be signed by the professional**

**I declare that all information about the young person, including historical risks of harm, have been explicitly outlined in this form based upon the information known, and that they are a true reflection of the young person’s current circumstances.**

**Signed……………………………………………………………. Date ……………..**

**End of form**

**When all parts of this YPSA assessment form have been completed by the professional and young person together, please send via LCS. If external to OCC, please email it to the Brokerage Team at placementserviceadmin@oxfordshire.gov.uk**

1. Then will move into other YPSA provision [↑](#footnote-ref-1)
2. Then will move into other YPSA provision [↑](#footnote-ref-2)