

 

**Young Person’s Supported Accommodation Emergency Bed (E-bed) Referral**

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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 form should be completed in full to outline a young person’s emergency accommodation support needs.**

**Please complete the Police Migrant Welfare Check for newly-arrived UASC, you do not need to complete this form.**

**Following an emergency placement, if the young person requires a long-term bed in the YPSA, then the non-emergency YPSA form will need to be completed in full to provide the additional details required for a suitable long-term placement to be made.**

**Where assessment documents already exist e.g. a MARAMP, please attach the documents to this form and only add additional information onto this form as required. Where possible, complete this form with the young person to capture their views.**

**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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| **Contact details** |
| Full Name: |  |
| Current address: |  |
| Name of school / college if you attend one:Name and address of organisation if you have a job or are in training: |  |
| Contact address (if different): |  |
| Contact phone number(s): |  |

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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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| **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?** |
| **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 emergency 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) |  |  |  |  |
| 2) |  |  |  |  |
| 3) |  |  |  |  |
| 4) |  |  |  |  |
| 5) |  |  |  |  |
| 6) |  |  |  |  |
| 7) |  |  |  |  |

**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?** |

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| **Service required**  |
| **District** | **Location (*Please tick geographical area requested)*** |
| **Service package *(Please tick package requested):*** |
| [ ]  **E-bed for 16 – 17 years old**[ ]  **E-bed for 18+** |

**Section 5: Declaration**

**To be signed by the young person completing the assessment (where appropriate)**

**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**