**Appendix Three – Joint Assessment Template**

**Joint Assessment**

This is a record of the discussions held on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Young person:**

**NAME: DOB:**

**Also present:**

|  |  |  |
| --- | --- | --- |
| **Role:** | **Name:** | **Contact Details:** |
| Social Worker |  |  |
| Housing Officer |  |  |
| Advocate |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Young person’s story** (background to JHA, reasons for homelessness, where is their local connection, why are they presenting in this borough?)

**Family information** (parents, siblings, wider family network, who do they have contact with, what is their view of their family functioning, experiences at home, safety issues in the house? Relationships with family members?)

**Friends / support network** (who do they hang about with and where, who do they speak to, who would they go to in an emergency, family views on friendship network?)

**Health needs** (registered GP, health problems, how does this affect their everyday living, Mobility issues? On medication? Pregnant? Sexually active?)

**Mental Health** (diagnoses, medication, how does this affect their everyday living, what support are they getting, self-harm, strategies to manage their mental health, CAMHS?)

**Education** (what school are they at / college/ training, are they EET? What are their interests, what are their last grades eg GCSEs, learning difficulties? EHCP? Who do they have a good relationship with at school?)

**Criminal history** (current offending / YOT involvement, previous history, gang involvement, offences e.g. robbery / violence?)

**Substance misuse** (amounts, frequency, mixture of substances, where are they getting them from, history of dealing / criminality to get hold of substances? Open to Addaction?)

**Independent living skills / support needs** (can they prepare basic meals, do shopping, handle money, make telephone calls, get the bus etc?)

**Young persons wishes/statement**

**Actions agreed** (personal housing plan to prevent homelessness or what action will be taken following this meeting)

|  |  |  |
| --- | --- | --- |
| **Action to be taken** | **By whom** | **Deadline / date set** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**OUTCOME** (please tick to confirm)

**Young person provided with a copy of the Joint Assessment Leaflet**

**Young person provided with information and advice about becoming a Looked   
 After Child**

**Young person advised of duties owed under a homelessness application**

**Young Person/Advocate satisfied that the young person was provided with all the   
 relevant information required to make an informed decision**

**Where a return to home is not possible, safe or appropriate**

**Young person requires more time to reach a decision**

**Young person has agreed to becoming a Looked After Child**

**Young person has refused to become a Looked After Child and wants to pursue   
 assistance under a homelessness application**

**I agree that this is an accurate record of the joint assessment**

**Young person…………………………………………………………………………………….**

**Housing officer…………………………………………………………………………………**

**Social worker…………………………………………………………………………………….**

**Advocate……………………………………………………………………………………………**