

# Appendices

## **Appendices**

- A Contact List: Housing and Children's Services.
- B Factors to be considered by children's services when assessing 16/17 year olds who may be homeless children in need
- C Initial Referral Form.
- D Intentionally Homeless Notification to Children's Social Care and Safeguarding Services.
- E Care Leavers Accommodation Referral Form to the Local Housing Authority
- F Joint Assessment form for an assessment of a young person's accommodation and support needs

<p><b>Multi-Agency Safeguarding Hub (MASH)</b></p> <p><b>Telephone: 01926 414144</b></p> <p><b>Email: <a href="mailto:mash@warwickshire.gcsx.gov.uk">mash@warwickshire.gcsx.gov.uk</a></b></p>	
<p><b>Nuneaton and Bedworth Housing Housing Options/Advice Manager</b>                  Sharon Clinton                  Tel: 024 76376121                  Email: <a href="mailto:sharonclinton@nuneatonandbedworth.gov.uk">sharonclinton@nuneatonandbedworth.gov.uk</a></p> <p><b>Head of Housing</b>                  Dawn Dawson                  Tel: 024 7637 6408                  Email: <a href="mailto:dawndawson@nuneatonandbedworth.gov.uk">dawndawson@nuneatonandbedworth.gov.uk</a></p>	<p><b>Asylum and Leaving Care (Get Ready for Adult Life) Team</b></p> <p><b>Operations Manager</b>                  Jo Davies</p> <p><b>NORTH BASE:</b>                  Telephone: 02476 754380</p> <p><b>SOUTH BASE:</b>                  Telephone: 01926 496841</p> <p>E-mail: <a href="mailto:jodavies@warwickshire.gov.uk">jodavies@warwickshire.gov.uk</a></p>
<p><b>North Warwickshire Housing Housing Options/Advice Manager</b>                  Mandy Rashid                  Tel: 01827 719313/4                  Email: <a href="mailto:mandyrashid@northwarks.gov.uk">mandyrashid@northwarks.gov.uk</a></p> <p><b>Head of Housing</b>                  Angela Coates                  Tel: 01827 719369                  Email: <a href="mailto:angelacoates@northwarks.gov.uk">angelacoates@northwarks.gov.uk</a></p>	<p><b>North Warwickshire, Nuneaton and Bedworth Children's Services Duty Team</b>  <b>Operations Manager Duty and North Warwickshire</b>                  Lisa Blundell                  Tel: 01926 413500                  Email: <a href="mailto:lisablundell@warwickshire.gov.uk">lisablundell@warwickshire.gov.uk</a></p> <p><b>Bedworth Children Team</b>  <b>Operations Manager - Lakbir Tahir</b>  <a href="mailto:lakbirtahir@warwickshire.gov.uk">lakbirtahir@warwickshire.gov.uk</a>                  Telephone 01926 413194</p> <p><b>Nuneaton Children Team</b>  <b>Operations Manager - Katie Heaton</b>  <a href="mailto:katieheaton@warwickshire.gov.uk">katieheaton@warwickshire.gov.uk</a>                  Telephone: 01926414910</p>
<p><b>Rugby Housing Housing Options/Advice Manager</b>                  Holly Reid                  Tel: 01788 533836                  Email: <a href="mailto:holly.reid@rugby.gov.uk">holly.reid@rugby.gov.uk</a></p> <p><b>Head of Housing</b>                  Raj Chand                  Tel: 01788 533820                  Email: <a href="mailto:raj.chand@rugby.gov.uk">raj.chand@rugby.gov.uk</a></p>	<p><b>Rugby Children's Services Team</b></p> <p><b>Operations Manager</b>                  Sharon Sandeman                  Tel: 01926 413212                  Email: <a href="mailto:sharonsandeman@warwickshire.gov.uk">sharonsandeman@warwickshire.gov.uk</a></p>

<p><b>Stratford-upon-Avon Housing Housing Options/Advice Manager</b>  Martin Cowan  Tel: 01789 260849  Email: martin.cowan@stratford-dc.gov.uk</p> <p><b>Housing and Communities Manager</b>  Nick Cadd  Tel: 01789 260841  Email: <a href="mailto:Nick.cadd@stratford-dc.gov.uk">Nick.cadd@stratford-dc.gov.uk</a></p>	<p><b>Stratford-upon-Avon Children's Services Team</b></p> <p><b>Operations Manager</b>  Sharon Shaw  Tel: 01926423647  Email: <a href="mailto:sharonshaw@warwickshire.gov.uk">sharonshaw@warwickshire.gov.uk</a></p>
<p><b>Warwick District Council Housing Housing Advice Manager</b>  John Whitwam  Tel: 01926 456429  Email: john.whitwam@warwickdc.gov.uk</p> <p><b>Head of Housing</b>  Bill Hunt Tel: 01926 456403  Email: bill.hunt@warwickdc.gov.uk</p>	<p><b>Warwick District Children's Assessment Team</b></p> <p><b>Operations Manager</b>  Marie Bateman (Interim)  Tel: 01926 413827  Email: <a href="mailto:mariebateman@warwickshire.gov.uk">mariebateman@warwickshire.gov.uk</a></p> <p><b>Warwick Children Services Team</b>  <b>Operations Manager</b> – Lorraine Harris  Telephone - 01926 414801  <a href="mailto:lorraineharris@warwickshire.gov.uk">lorraineharris@warwickshire.gov.uk</a></p>
<p><b>Emergency Duty Team Children's Social Care and Safeguarding</b></p> <p><b>Outside of office hours(9 am - 5.30pm Mon to Thurs and 9-5pm Fridays) EDT may be contacted via:</b></p> <p><b>01926 886922</b>  You will first be put through to an operator who will ask you for your name and a contact phone number. You do not need to tell the operator anything about your problem. The operator will then contact an officer from the Emergency Duty Service who will phone you back, usually within half an hour.</p>	<p><b>Youth Justice Service</b></p> <p><b>Operations Managers</b></p> <p><b>Jeanette Staley</b></p> <p><b>Tony Begley</b></p> <p><b>Simon Newling-ward</b></p> <p>All can be contacted via the Youth Justice Centre on  Tel: 01926682650</p>

**Initial Referral Form**

This form is to be used by all agencies and individuals when referring a young person aged 16 or 17 years to Children Social Care and Safeguarding or Local Housing Authorities.

Please ensure that all sections are fully completed.

**1. Contact Details**

First name/s		Surname							
Any alternative name									
Date of birth									
Gender Male/Female									
First language:									
Name of parents/carers									
Home address				Any other relevant addresses					
Post code				Post code					
Telephone number/s									
Ethnic origin [ <i>Please tick one box only</i> ]									
<b>White</b>		<b>Mixed</b>		<b>Asian or British Asian</b>		<b>Black or Black British</b>		<b>Other ethnic groups</b>	
<b>White British</b>		<b>White and Black Caribbean</b>		<b>Indian</b>		<b>Caribbean</b>		<b>Chinese</b>	
<b>White Irish</b>		<b>White and Black African</b>		<b>Pakistani</b>		<b>African</b>		<b>Other Ethnic</b>	
<b>White Other</b>		<b>White and Asian</b>		<b>Banglade shi</b>		<b>Black Other</b>			
		<b>Mixed Other</b>		<b>Asian Other</b>					

Other significant family members/adults			
Name	Relationship	Date of Birth	Contact Details

**1. Reason for referral**

[Please specify current concerns and state how long you have known the Young person and in what capacity, that is as parent, teacher, doctor, other professional etc.]

**2. Relevant information (if known) regarding the young person:**

[Including development, health, behaviour, social skills, schooling/special educational needs, other special needs, strengths and weaknesses, relationships, friendships, behaviour, emotional support, stability, safety, health and other issues any other information.]

**3. Is there a perceived risk of violence or other matters that could place those making contact with this family in danger (such as an unsafe neighbourhood, persons of a violent nature.)?**

Yes/No

**4. Release of Information:**

In order to make enquiries into your homelessness under the provisions of the Housing Act 1996 Part VII and the Children Act 1989, we may need to contact other persons or agencies on your behalf. If there is anyone we may not contact, please give details below.

All information will be processed and used in accordance with the Data Protection Act 1998.

***I give my permission that any relevant person or agency may be contacted in the process of gathering further information to support my application.***

Signed ..... Date: .....  
(Young person)

**5. Referrer:**

Name and Status:

.....

Organisation:

.....

Contact Details:

.....

.....

Officer Signature: ..... Date:

Name of  
Officer.....



## Appendix C

**Factors to be considered by Children’s Services when completing a Single Assessment with 16/17 year olds who may be homeless children in need (taken from [DfE guidance](#) ).**

	<b>Dimensions of Need</b>	<b>Issues to consider in assessing child’s future needs.</b>
1.	<b>Accommodation</b>	<ul style="list-style-type: none"> <li>• Does the child have access to stable accommodation?</li> <li>• How far is this suitable to the full range of the child’s needs?</li> </ul>
2.	<b>Family and Social Relationships</b>	<ul style="list-style-type: none"> <li>• Assessment of the child’s relationship with their parents and wider family.</li> <li>• What is the capacity of the child’s family and social network to provide stable and secure accommodation and meet the child’s practical, emotional and social needs</li> </ul>
3.	<b>Emotional and Behavioural Development</b>	<ul style="list-style-type: none"> <li>• Does the child show self-esteem, resilience and confidence?</li> <li>• Assessment of their attachments and the quality of their relationships. Does the child show self-control and appropriate self-awareness?</li> </ul>
4.	<b>Education, Training and Employment</b>	<ul style="list-style-type: none"> <li>• Information about the child’s education experience and background</li> <li>• Assessment as to whether support may be required to enable the child to access education, training or employment.</li> </ul>
5.	<b>Financial Capability and independent living skills</b>	<ul style="list-style-type: none"> <li>• Assessment of the child’s financial competence and how they will secure financial support in future</li> <li>• Information about the support the child might need to develop self-management and independent living skills,</li> </ul>
6.	<b>Health and Development</b>	<ul style="list-style-type: none"> <li>• Assessment of child’s physical, emotional and mental health needs.</li> </ul>
7.	<b>Identity</b>	<ul style="list-style-type: none"> <li>• Assessment of the child’s needs as a result of their ethnicity, preferred language, cultural background, religion or sexual identity.</li> </ul>

**Appendix D**

**Intentionally Homeless Notification to Children’s Social Care and Safeguarding Services**

<b>Name</b>	
<b>Address</b>	
<b>Telephone Number</b>	

TITLE	FORENAME	2 <sup>ND</sup> INITIAL	SURNAME	DATE OF BIRTH	R’SHP TO APPLICANT	MALE OR FEMALE

<b>Further Information:</b>

**Authorisation**

Following the decision of ineligibility/intentionally on my/our homelessness application. I/We agree to our case being referred to the Children’s Services for assistance with housing under S213A of the Homelessness Act 2002.

Signatures:

Applicant.....Date.....

Applicant.....Date.....

**Care Leavers Accommodation Referral Form to the Local Housing Authority**

To be completed by Leaving Care GRfAL Worker:

<b>Name of young person:</b>	<b>Gender:</b> <input type="checkbox"/> M <input type="checkbox"/> F
<b>Age:</b>	<b>Date of Birth:</b>
<b>Leaving Care Worker Details</b>  Telephone number:	
<b>Young Person's Current Address:</b>  Telephone number:	
<b>Care Status of Young Person</b> <input type="checkbox"/> Eligible <input type="checkbox"/> Relevant <input type="checkbox"/> Former relevant child	
<b>Are they subject to immigration control?</b> Y <input type="checkbox"/> N <input type="checkbox"/>	
<b>Current housing situation:</b>	
<b>Likely dates for move on accommodation to be needed:</b>	
<b>Is anyone else moving in with them?</b> Y <input type="checkbox"/> N <input type="checkbox"/>  Details:	
<b>Are they pregnant?</b> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	

**Previous housing information (address, dates, and type of accommodation):**

	<b>Address</b>	<b>Dates</b>	<b>Type of Accommodation</b>
1			
2			
3			

**Important contacts:**

<p><b>GP</b></p> <p>Name:</p> <p>Address:</p> <p>Telephone no:</p>
<p><b>Young Persons Advisor</b></p> <p>Name:</p> <p>Address:</p> <p>Telephone no:</p>
<p><b>Other Contact</b></p> <p>Name:</p> <p>Address:</p> <p>Telephone no:</p> <p>Relationship to young person:</p>

**Independent Living Skills.**

Please describe the young person's experience / preparation for living independently:

**Please indicate current ability in the following areas:**

	Poor	Making progress	Good
Financial capability			
Cooking			
Healthy eating			
Keeping safe i.e. sexual issues, substance issues			
Personal hygiene			
Environmental hygiene			
Positive relationships			

**Health**

What is the young person's current state of health?

Give details of any significant previous physical or mental health history:

## Education, Training, and Employment

What is the current situation?

Future plans

## Support

What level of support is to be provided by the leaving care service during the move on process?

What level of support, if any, might be provided by friends and/or family?

## Risk Assessment

Please indicate if you consider the young person to present any of the following risks:

	High	Medium	Low
To themselves			
To staff			
To other young people			
To any significant others			
If you ticked any high or medium boxes please give further information:			

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Leaving care worker

**I have read this form and agree to this referral being made. I give my permission for any relevant person or agency to be contacted for information to support this referral.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Young Person

Appendix F

**Joint Assessment Form for Single Assessment of a Young person's Accommodation and Support Needs**

**This document is a guide to areas to be covered. The information should be collated and added to the Single Assessment document by the Social Worker and a copy sent to the Housing Department.**

Name:		
Contact phone number:		
Date of Birth:	Age:	National Insurance No:
Gender:		Ethnicity:
Address/Former Address:		Name and address of parent/guardian:
Post Code:		

Name & Address of Parents:
Telephone Number:
What is the best time to contact them?
If the young person has had a difficult relationship with parents, offer mediation or support for the family. Inform the young person that contact will be made to confirm situation (unless child protection issue).
Has the young person recently contacted their parents?      Yes <input type="checkbox"/> No <input type="checkbox"/>
What was the outcome?

Where does the young person live now (if different from above) and why do they have to leave?



Date required to leave:	
Type of accommodation (e.g. Tenancy, friend, family, etc.):	
Why does the young person have to leave?	
Can we contact the person the young person is living with? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Comments:	
Previous Address:	
Date moved in:	Date left:

Does the young person have any family or friends who could offer accommodation? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name:	Tel. No:
Address:	
Can we contact them to try and arrange accommodation? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Does the young person have friends/significant others who need to be available to provide support? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Has the young person previously had independent accommodation? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Address:	

Landlord:
Why did they lose this accommodation?

**Involvement with Other Agencies**

Has the young person had any contact with other agencies previously?		
Children and Young people's Service	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of worker:		
Youth Offending Team	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of worker:		
Voluntary Organisation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of worker:		

Have you ever been:		
On a care order?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
In trouble with the Police?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Accommodated by Children and Young people's Service?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes to any of the above, give details and lengths of time in care, and dates of convictions and offences committed:		

Does the young person have any health problems?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, explain:		

Name and address of G.P.

*(If young person is not registered with GP ensure advice is given on registering)*

What (if any) medication does the young person take regularly?

### **Education**

Where did the young person receive their education over the past 5 years?

School/College:

Dates from and to:


Has the young person a statement of educational needs? Yes  No

If yes, please give details:

Does the young person need any help with the following:

Reading Yes  No  Claiming Benefits Yes  No

Writing Yes  No  Managing Money Yes  No

Household Skills Yes  No  Filling in Forms Yes  No

### **Employment/Training**

Give details:

What is the young person's financial situation?

*(Does the young person need welfare benefits advice?)*

**Dependency Problems and Misuse**

Does the young person have a drug/alcohol dependency? Yes  No

If yes, give details:

*(Has the young person got specialist support?)*

**Physical or Emotional Abuse**

Are there any other concerns impacting on the young person's physical emotional or mental development?

Yes  No

If yes, give details:

**Accommodation**

What type of accommodation does the young person require?

What are the young person's skills and abilities for independent living?

Does the young person have all the basic items needed to move into independent accommodation? (i.e. pots, pans and bedding)

List the items needed:

Is the young person a risk to themselves? Yes  No

If the young person is to be placed in interim accommodation, is there a risk to others? Yes  No

### Outcome of Assessment

1. Young person no longer homeless or at risk of homelessness and not needing support (please provide details below)	
2. Young person and family offered support under section 17 to maintain the family unit (please provide details below)	
3. Young person assessed as homeless and needing Care section 20, agreed by young person (please provide details below)	
4. Young person assessed as homeless and needing Care section 20, <b>not</b> agreed by young person, offered accommodation through section 7	

5. Other (please state)	
-------------------------	--

Signed CS Officer: .....	Date: .....
Signed Housing Officer.....	Date.....
Signed Young person.....	Date.....