

**First Contact Script
(Accommodation Referral Form for 16/17 Year Olds)**

The "First Contact is effectively a script of the actions to be taken and the questions to be asked in the first stages of a young person's homeless presentation, including a referral form that is shared between the Safeguarding Hub Team, the housing team, accommodation provider and the young person.

Please indicate the purpose of the referral (*tick all that apply*):

- Referral to Supported Accommodation
- Referral to Nightstop (*this should be sent to Nightstop directly by referrer completing the script*)
- Referral to Youth Homelessness Officer – (*if not already open to YOS/Children's Services*)
- Referral to Safeguarding Hub – ***must be done if Homeless tonight***

These questions are the minimum we would expect to be asked of a young person when they present as homeless. The purpose of this is to ensure a consistent response and experience, regardless of whose front door the young person presents to and regardless of where in the county they present.

I'm going to need to ask you a few questions to find out more about you and understand your situation. I will need to ask some personal questions so that we can work out how best to help you and I'll have to make some notes. I'm going to use notes to fill in a form that will start the process of getting you some help. Are you ok with that?

<i>Can you give me some basic details about yourself?</i>	
Name	
DOB	
Address	
Postcode	
Contact Number	
Ethnicity	

CONTEXT AND IMMEDIATE ACCOMMODATION OPTIONS

The first thing we need to do is establish where you have been living and why you can't live there anymore, so can you tell me where you have been staying and what has been going on? _____

Do you feel safe there? _____

Have you somewhere to stay tonight? Can you go home or are there any friends or family members you could stay with? Is there anyone you could stay with where you would be safe and can I help you sort that?

IF THE YOUNG PERSON IS HOMELESS TONIGHT: PROGRESS TO AN IMMEDIATE HUB REFERRAL.

A copy of the script should be provided to the Hub. The Single Agency Contact Form does not need to be completed in this instance as this is an urgent referral i.e. there is an immediate risk of harm to the young person. This contact can be made over the phone with the script emailed/faxed as soon as possible thereafter. These young people will be passed from the Safeguarding Hub to the district Support & Protect teams within 24 hours for assessment.

If the young person is homeless tonight, other family & friends options should be explored or a referral made to Nightstop; this work needs to be progressed by the referring agency independent of the Hub referral.

If the YP feels safe at home/where they have been staying, carry on to...

If we 'phoned your parents and asked them if you could go back home, what do you think they would say?

A call must be made to parents **BY THE PERSON COMPLETING THE SCRIPT** to verify the YP cannot go home.

Parent/Carer Name: _____ Contact Details: _____

Has homelessness been verified by parent/carer? YES NO

More info:

If there are safeguarding concerns, a referral must be made to the Safeguarding Hub with a copy of this form attached.

If there are no safeguarding concerns, carry on to:

What could we do to help you to resolve the difficulties you are having at home? Would you be interested in some family support? _____

Other supplementary questions may be asked dependent upon the conversation. What we need to establish is why the YP believes they are no longer able to live at home, and whether it is possible to "hold" the position at home and prevent homelessness. If they are not at home, how long is it since they left home, how long have they been in an interim arrangement and why has that ended? The questions above are what we identified in conjunction with YP who had experienced homelessness, professionals who support these young people, and both were involved in the development of the script.

EMERGENCY ACCOMMODATION – HOMELESS TONIGHT

Have you heard about Nightstop? If not, I would like to explain this to you...

Are you interested in this for tonight? Yes No No, but maybe in the future

Are you referring to Nightstop? YES NO

If yes, please ask the YP to read and sign the consent statement below...

Consent Statement if Nightstop is being considered

We need to collect information from you so that we can understand what support you may need. We will treat all information as confidential. We will not share it with any organisation unless required by law or you give us permission to do so, where it is relevant to your support and accommodation.

We will need to contact other agencies to assess your support needs and to provide suitable accommodation, so we may contact the following agencies:

*Youth Offending Service/Probation Police Housing Options Teams
Benefits Agencies Inspira Social Services Family/friends
Any other services that you are currently/have been involved with*

We will always contact the police but if you do not want us to contact any of the other agencies you are involved with, please let us know.

Referred Person – Consent

*I am happy for Depaul to keep written and electronic information about me.
I understand that this information may be shared in order to safeguard anyone at risk.
I am happy for Depaul to contact other agencies, including the police, where it is necessary for the purposes of my support.*

Signed: _____ Date: _____

If Nightstop is requested, it is good practice to speak to Nightstop Co-ordinators and a copy of this First Contact Script MUST also be sent. Contact details are below. **FAO Children’s Services**, if this referral is for an ELIGIBLE or RELEVANT young person and Children’s Services need to be informed as well as the police if the YP is missing from a placement, please record this on the referral form that Emergency Duty Team (0333 240 1727) MUST be notified alongside the police.

Sharon Jackson, Senior Nightstop Co-ordinator
07958 447477 Sharon.jackson@depaulcharity.org.uk

Jade Docherty, Project Worker
07399 580459 Jade.docherty@depaulcharity.org.uk

Dependent on the YP’s circumstances, ask about food and benefits as part of this conversation or pick up under Action & Next Steps.

SUPPORT NEEDS AND RISK

The next thing we need to establish is whether you are getting any help from anyone right now. This will help us work out if you need any extra support and who best can do that. We can offer you help to sort things out with your parent(s). Lots of young people fall out with their parents and it can take a bit of time to sort, but it's much better to be at home/with your family until you're 18 and then plan your move if that's what you need or want to do.

What are you currently doing with your time (i.e. college/work) and do you have any income? _____

Are there any agencies you are involved with/are there any other people you see, who help you or give you support?

How are you feeling in yourself on a scale of 0-10?

Where 10 = you are happy, you feel supported by family/friends/professionals and they are helping you to achieve your goals;

and 0 = you feel that you can't see a future for yourself, nothing is going well, you don't feel supported by anyone and you think about hurting yourself or ending your life.

Where would you scale yourself today? 0 1 2 3 4 5 6 7 8 9 10

Can you tell me a bit more about what makes you feel this way? _____

Is there anything that makes it better? _____

Is there anything that makes it worse? _____

If you have significant concerns about the YP's mental health, a referral to the Safeguarding Hub should be completed. Has this been done?	YES	NO	N/A
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Before we can look at what happens next, we just need to build up as clear a picture as possible of you and identify anything that might help you or anything that might make things go wrong. Are there any offences you can tell me about or is there anything you are waiting to hear about? YES NO

If yes, ask about involvement with YOS, the sentence, timing and generally get more detail. If the offence has not yet been dealt with (eg charge), we'd still like to know if relevant (eg Arson etc)

Do you know about what the housing options are for young people? It is very difficult to live by yourself and most young people aged 16/17 do not have their own place, as they cannot hold a tenancy by law in their own right.

**Spell out what the REALISTIC options are including limited choice, the reality of minimal social housing and it being in areas they may not want to live in and the other option being sharing in the private rented sector). Also, point out the youth homelessness info website for more info:
<http://www.cumbria.gov.uk/yphousing/youngpeople/default.asp>**

ACTION & NEXT STEPS

What I would like to do now is talk you through what happens next, where this information goes and what happens to it but before I do that, I would like to hear about what you would like to see happen and where you would like to be living.

We are looking for the young person to expand beyond “I need somewhere to live” so that we understand their desired outcome; is it about a tenancy and support to manage, is it about support to return home, is it about living in supported accommodation etc...? Use the Housing Pathway for your district to talk the young person through the options, being realistic about their level of choice. Look at the relevant Housing Pathway in your Local Commitment at <http://www.cumbria.gov.uk/yphousing/professionals/protocol.asp>

Is there someone you would like to be invited to meetings alongside you to help you put your case across and make sure that your voice is heard? We call this person an advocate. If you don't have someone but would like an advocate, we may be able to refer you to NYAS. NYAS stands for the National Youth Advocacy Service. You may be able to get help from an advocate if you feel you are not being listened to about any issue, such as a Children's Services/Early Help meeting, a Family Group Conference or if you wish to make a complaint. An advocate may be able to act as a voice for you. If you are interested, I could ask if you meet the criteria and refer. Is this something you would be interested in? **YES** **NO**

Referral to NYAS completed?	YES	NO	Date: _____
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NYAS website: www.nyas.net/

So, I said at the beginning that I was going to take some notes and fill in a form; I'd like us to go through briefly what I have written on the form to make sure that you agree this is a fair record of what we have discussed. With your permission, I will now share this information with Children's Services so that they can do a first assessment of what your needs are and we can start to work out how best to help you.

Are you happy for me to share this information? If your case is given to someone in the local Support & Protection Team, then they will be in touch with you as soon as possible, within a maximum of 24 hours. If your case is not passed to the local team, we will look at other ways to support you.

Consent to share information before the referral can be processed:

I give permission for Cumbria County Council to share the information contained in this document and that any relevant agencies that are involved in my care and support can be contacted.

I understand that if the information on this form is untrue and incorrect and that any false or misleading information may lead to:

- My referral being cancelled; and/or
- An offer of support/accommodation being withdrawn.

Name: _____ Signature: _____ Date: _____

If Script completed on telephone please tick to confirm you have gained verbal consent

NB Children's Services Support & Protection Teams are closed at the weekend so if the YP presents late on Friday, the response times will start from Monday morning. So if the form is passed to Safeguarding Hub late on Friday, they will undertake their assessment and if it is passed to the local team, they will be in touch the following Monday. In the meantime, contact the Emergency Duty Team Social Worker to jointly identify suitable options.

IF OUT OF HOURS:

I will now contact the Emergency Team Social Worker and between us we will agree a solution for your immediate accommodation needs. On Monday, your details will be passed to Safeguarding Hub for them to look at your circumstances in more detail.

IS THIS PROGRESSING TO A SAFEGUARDING HUB REFERRAL? YES NO

If yes:

I will copy the form so that I have a copy and you have a copy as well as the one I will send to Children's Services.

I will now contact Children's Services, to discuss with them how best to proceed and how to support you. They will carry out an assessment of your needs. If you are homeless and have nowhere suitable to stay; we will work together to find suitable, temporary accommodation for you whilst this assessment is undertaken and we continue the conversation about your longer term needs.

Name of Referrer: _____ Date: _____

Organisation: _____

Contact Details: _____

If you are making a referral for a 16/17 year old into supported accommodation, this signed and completed form needs to be sent to the contact detailed below. Please note you also can contact the relevant accommodation provider directly at this time to discuss and progress this referral.

Postal Address:

County Business Support | Health Care and Community Services | Cumbria County Council |
Cumbria House | 107 – 117 Botchergate | Carlisle | Cumbria | CA1 1RZ

E-mail:

If any Referrers have access to a secure E-mail such as 'GSI' address or 'Egress,' then YP Script/CAP forms can be sent to: bsaca@cumbria.gov.uk

Telephone enquiries: 03000 133000