

AMASS REQUEST FORM

Date request sent to AMASS



Child/Young Person's Details

Full name					
ICS number				Legal status	
Age		Date of birth		School year	
Gender	Male		Female		School/Education provision
Language spoken at home				Ethnicity	
Address of child/young person's parent or carer					
Telephone (home)				Mobile	
Address of child/young person (if different from above)					
Telephone (home)				Mobile	

Child/Young Person's Main Carer(s)

Name		Relationship to child/young person	
Name		Relationship to child/young person	
Who else is involved in the child's/young person's upbringing, e.g. child's father, mother's partner?			
Is an interpreter required?		Yes	No
If yes, please specify which language			
Have you told the child's parent / carer about this referral?		Yes	No

Child/Young Person's G.P. Contact Details

G.P. Name		Contact No	
G.P. Address			

Referrer's Details

Worker making AMASS request	Team	
	Contact No	
Case holding child social worker	Team	
	Contact No	
Foster care social worker (If applicable)	Team	
	Contact No	

Please Indicate What Support You Would Like AMASS to Provide You With

We are requesting that AMASS provide an intensive care package to:	YES or NO
Support and maintain the child/YP in their family home and without this type of care package it is reasonable to envisage breakdown of home situation	
Support & maintain the child/YP in their in-house foster placement and without this type of care package it is reasonable to envisage a placement breakdown	
Enable the child/YP who is already looked after to return home	

AMASS Eligibility Criteria

The child/young person must meet all of the following four criteria to be considered for the AMASS Service:	YES or NO
Child/young person is aged 10-16 years	
Open ICS and allocated case	

On the edge of care or at risk of in-house foster placement breakdown i.e. having offered all available universal and targeted support services/provisions	
Exhibiting extremely challenging behaviour including: <ul style="list-style-type: none"> Persistent (weekly) and enduring (6 months or longer) violent and aggressive interpersonal behaviour <u>And/or</u> <ul style="list-style-type: none"> A significant risk of harm to self or to others e.g. self harming, substance misuse, sexual exploitation, absconding 	

Is the young person exhibiting any of the following:	YES or NO
Excluded or at significant risk of school exclusion	
High levels of non attendance at school	
With an offending history or at risk of offending	
Previous episodes on the Child Protection Register	
Previous episodes of being looked after	
Previous referral to FGC to prevent young person from becoming looked after	
Parent/carer is assessed as able to participate	
History of siblings being looked after	

Which of the following documents/reports/plans are available to assist in the AMASS eligibility assessment process:	YES or NO
Initial Child Protection report written within the last 6 months	
Core assessment completed and updated within the last 3 months	
Risk Assessment	
CIN review plan updated within the last 3 months	
BLA Request form completed within the last 3 months	
CLA care plan updated within the last 3 months	
Chronology updated within the last 2 weeks	
CAMHS / Other professional report in last 6 months	
If so, name of Professional / Service:	
Other current Service Involvement	
If so, by whom?	

Outcome for Child/Young Person	
Without an AMASS intervention what is the likelihood that this young person will become looked after e.g. 1: Very unlikely.....2.....3.....4.....5: Highly likely	
If they were to become looked after or go into institutional care, what type of provision do you think would meet their needs or be the likely outcome? (e.g. mainstream foster placement, intensive fostering, JAP funded residential placement, Youth Offending Institute, Tier 4 mental health)	
How long do you think they would you anticipate them needing this provision?	

Any Other Information You Feel May Be Helpful in the AMASS Eligibility Assessment Process

Social Worker Signature/Team Manager Consent & Signature			
Social worker signature		Date	
Team manager's name		Date	
Team manager's signature			

Once the referral form is completed and signed off please email to: AMASS.SMAOS@islington.gov.uk