

Denbighshire County Council Housing Support Grant – Supported Accommodation Referral January 2024

Supported accommodation referral

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HSG Supported Accommodation Referral

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HSG Supported Accommodation Referral

From the April 1st 2024, all Supported Housing referrals must be completed using this form, we will no longer accept any other type of referral form. Please attach any other supporting evidence to this referral form to support the rationale for Supported Accommodation.

Our Rapid Rehousing vision changes the landscape for Supported Accommodation, where supported accommodation is used it is on a transitional or medium-term basis and should not be considered settled housing. Prior to completing this referral, we encourage you to read and understand the attached directory of Supported Accommodation, to ensure the referrer and the citizen have a full understanding of the current resources available within Denbighshire and whether this accommodation is suitable for the citizen's needs.

Please be advised it is likely that there is a waiting list for Supported Accommodation, and it is difficult to provide timescales. Please ensure the citizen is aware of this prior to completing this referral.

Supported accommodation referral

Personal Information

| | | | |
|-------------------------------------|---|--------------------------------|-------------------------------------|
| Person this form is about: | | | |
| First Name | | | |
| Last Name | | | |
| Date of Birth | | Age: | |
| NHS Ref. | | | |
| LA Ref. | | | |
| Address | | | |
| | | | |
| Postcode | | | |
| Telephone | | | |
| Email | | | |
| Gender | Man <input checked="" type="checkbox"/> | Woman <input type="checkbox"/> | Non-binary <input type="checkbox"/> |
| Preferred language | | | |
| Person completing this form: | | | |
| First Name | | | |
| Last Name | | | |
| Job Title | | | |
| Organization | | | |
| Section | | | |
| Address | | | |
| | | | |
| Postcode | | | |
| Telephone | | | |
| Mobile | | | |
| Email | | | |
| Professional Relationship | | | |

Supported accommodation referral

Income Details

Please provide details of income and breakdown to include benefits received.

Rationale for supported accommodation referral

Please provide a rationale for this Supported Accommodation referral including a full overview of the citizens circumstances.

Supported accommodation referral

Please identify in tables below whether any of the descriptions apply:

| Please tick all that apply | | | |
|--|---|--|--|
| Domestic abuse <input type="checkbox"/> | Alcohol use <input type="checkbox"/> | Substance use <input type="checkbox"/> | Offending history <input type="checkbox"/> |
| Vulnerable to Exploitation <input type="checkbox"/> | Vulnerable to Abuse <input type="checkbox"/> | Learning Difficulty <input type="checkbox"/> | Difficulty reading/writing <input type="checkbox"/> |
| Physical/ Sensory Disability <input type="checkbox"/> | Learning Disability <input type="checkbox"/> | Developmental disorder (e.g. autism) <input type="checkbox"/> | Care leaver <input type="checkbox"/> |
| Refugee status <input type="checkbox"/> | | | |

Please provide a detailed response giving a full overview of the citizens circumstances.

| Please tick those conditions which apply | | | | | |
|---|--------------------------------------|--|--|--------------------------------------|---------------------------------------|
| Primary Low Mood <input type="checkbox"/> | Anxiety <input type="checkbox"/> | Depression <input type="checkbox"/> | Anxiety and depression <input type="checkbox"/> | Stress <input type="checkbox"/> | Hoarding <input type="checkbox"/> |
| Secondary Schizophrenia <input type="checkbox"/> | Bi-Polar <input type="checkbox"/> | PTSD <input type="checkbox"/> | OCD <input type="checkbox"/> | Paranoia <input type="checkbox"/> | Psychosis <input type="checkbox"/> |

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Why is the citizen referred for Supported Accommodation rather than seeking to sustain their accommodation with the right support in place?

E.g Floating support.

Please include details of previous tenancies and why this broke down

Please complete this section whilst considering the positives and negatives of supported accommodation.

Please tell us what supported housing accommodation needs to help the citizen to achieve in order to live independently.

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Please tell us what supported housing accommodation needs to help the citizen to achieve in order to live independently

(Please describe in the citizens own words)

Support Needs

In line with our Rapid Rehousing approach, please use the attached matrix to outline the Support Needs level of the citizen at the point of referral.

| 4 Low | 3 Medium | 2 High | 1 Intensive |
|--------------------------|--------------------------|--------------------------|-----------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

[See the appendix - Grading the level of support needs in line with Rapid Rehousing](#) for guidance on support needs.

Supported accommodation referral

Person completing this form:

Signature:

Date:

I understand that the information I have provided will be processed by Denbighshire County Council for the purpose of referring for housing related support services.

I understand that this may involve Officers of Denbighshire County Council requesting additional information from other services. These may include (but are not restricted to): Social Services, Health, Local Authority Homeless Team, Police, Probation, YOT, Housing Associations, Hostels, and other places of residency. I understand that the purpose of this is to identify potential risks and to assist with identifying any support needs that I may have. I understand that the Supporting People Single Pathway Team may share this information with other agencies. I also understand that my anonymized data may be used/shared for research purposes.

I understand that the personal information I provide will be stored and processed in accordance with the Data Protection Act 1998 and that no third party recipients will be provided with my personal data without my consent unless required by law. I understand that I have the right to request a copy of the personal data held about me and to correct any inaccuracies. Please mark this box if you consent for your information to be used in this way

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Appendix: Grading the level of support needs in line with Rapid Rehousing

These descriptions are for guidance purposes only. Each case will need to be considered on an individual basis and it is the Housing Support Practitioner, who works with the citizen, judgement to advise on the most suited rating.

It is recognised the support needs of a citizen can change quickly, it is advised to complete this exercise at the end each month, and consider the citizens support needs over the full month to base the rating on where they would average throughout the month.

Rating 1: Intensive

(Potentially 24/7 support requirements) - these should be those who are unable to live independently, perhaps due to concerns around risk to self or others or perhaps even choice. Our expectations would be that professionals are engaged from a health and social care sectors in order to ensure their care and support is fit for purpose. Where someone is identified as falling into the Intensive Needs category, moving into settled accommodation must continue to be the objective.

MDT involvement

- MDT approach heavily required.
- More than three other agencies are currently involved or are required
- Recommended Housing: Supported Housing

Contact frequency: daily / frequently.

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Rating 2: High

This category is where we would expect to see those who have persistent complex needs and/or a history of repeat rough sleeping and who should be offered, as a default, a form of intensive housing-led support such as Housing First. Those in this category would be vulnerable citizens, who are at a high risk of exploitation and require a high level of support.

MDT involvement

- Up to three agencies currently involved or are required.
- Recommended support - Housing
- First / intensive floating support, including multi-agency support

Contact frequency: multiple times per week.

Rating 3: Medium

Alongside Low Needs, likely to be the majority who will require a Rapid Rehousing service with temporary floating support. May also require support from other professional services in order to live independently in settled accommodation.

MDT involvement

Individualised support, likely to include multiagency support e.g. two other agencies currently involved or are required.

Contact frequency: Once or twice a week.

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Rating 4: Low

Likely to be a significant proportion who have no or very low support requirements and who can be supported into settled accommodation with either a low level of support or potentially just signposting.

MDT involvement

- Individualised support
- One other agency currently involved or required to be

Contact frequency: once a week or bi-weekly.