 

**Bedford Borough Council Supported Housing**

**Referral Form**

Bedford Borough Council Supported Housing requires all potential clients to be referred to Providers by the completion of a SPReferral Form and aims to provide a single point of access to a range of short term housing related support services (hostels, floating support and supported housing) across Bedford.

This form is in two Parts

* **Part 1** **– this is to be used for Floating Support, Complex Needs and the following Accommodation Based client groups**
  + Single Homeless
  + Complex needs – which includes the following
    - * People with a Substance Misuse
  + People with Mental Health Problems
  + Older People with Support needs (this is a Floating Support Service)
  + Teenage Parents
  + People At Risk of Domestic Violence
  + Young Person at Risk
  + People with a Physical or Sensory Disability
  + Supported Lodgings for 16 – 25 years old
* **Part 2 – this is to be used for the Complex Needs Unit at Clarence House all referrals are assessed by a Panel who meet regularly**

When referring to this Service the following must be sent with all applications

* **Current Risk Assessment**
* **Current Needs Assessment**

***Without these two completed documents – the referral form will be returned to you without consideration.***

Once the form has been fully completed please Email to

**SP.Referral@bedford.gov.uk**

[spreferral@bedford.gov.uk](mailto:spreferral@bedford.gov.uk)

**Please do not use this email address for anything other than a completed referral request as it will not be actioned or replied to, just deleted.**

You will receive a reply informing you whether your form is being returned and the reason as to why, or whether it has been successful or if there has been no match within 72 hours

All applicants **must** be able to demonstrate a local connection to Bedford Borough by one of the following

* if they have lived in settled accommodation in an area for 6 out of the last 12 months
* have immediate family (mother / father / brother / sister / adult children) in the area and the family have lived there for at least 5 years (please confirm relationship, tenancy address and length of tenancy)
* are permanently employed in the area

If a Local Connection has been granted please ensure a copy of this is sent with the SPReferral Form

The Services will concentrate on prevention and lower level support. A support worker will work with the client to develop skills to allow the person to become more independent and help them-selves to live independently and to maintain a tenancy. The support will cover budget control, maximisation of income, healthy eating gaining access to the Doctor etc.

***The support does not cover CARE although in some incidents the person may be receiving both***.

The Supported Housing Team will use the information provided on the referral regarding the potential service users support needs and to match to the most appropriate Service on CAPITA. It is essential that the information given is as full and correct as possible. The most appropriate match may not necessarily be the one preferred by the Referrer or the potential client.

**Information given on this form will be treated as strictly confidential and will only be shared with those who need it (see Data Protection statement below).**

***In sending this form by e-mail the referrer confirms that they hold the applicants written agreement on file.***

**Confidentiality –General Data Protection Regulation Act 2018 (GDPR)**

**Please note that your personal details supplied on this form may be held and/or computerised by Bedford Borough Council for the purposes of assessing your housing related needs. To do this, these details may be disclosed to those organisations listed on this form, other local authorities, health agencies, and other organisations or individuals with whom the Council needs to liaise.**

**Your personal details will be safeguarded and will not be divulged to any other individuals or organisations for any other purposes.**

**Statement of Agreement:**

***As the Referrer you have ensured that the client understands, and agrees, that in order for their application to be considered by service providers, it will be necessary for these organisations to have access to the information contained within this form.***

***The client also accepts and agrees that it may be necessary for these organisations to contact other agencies who work with the client so that they can get a better understanding of the clients individual needs.***

***The client confirms that the information in this form is correct and the client understands that providing false information may lead to their application being declined or an offer of accommodation being withdrawn.***

**This is to be completed for all Applications to Supported Housing Services including Complex Needs Unit and the following**

* Floating Support
* Single Homeless
* Complex needs – which includes the following
  + - People with a Substance Misuse
* People with Mental Health Problems
* Older People with Support needs (this is a Floating Support Service)
* Teenage Parents
* People At Risk of Domestic Violence
* Young Person at Risk
* People with a Physical or Sensory Disability
* Supported Lodgings for 16 – 25 years old

The form is divided into 4 Sections – please ensure all sections are completed:

* Section 1 – General (green)
* Section 2 – Risk Identification (blue)
* Section 3 – Support Needs (yellow)
* Section 4 – Service Type Required (pink)

Question marked \* Please see lilac Notes Page

**Section 1 – General**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Referrer’s Details** | | | |  | | | | | | | | | | | | | | | | | | | |
| Name | | | |  | | | | | | | | | | | | | | | | | | | |
| Role | | | |  | | | | | | | | | | | | | | | | | | | |
| Organisation | | | |  | | | | | | | | | | | | | | | | | | | |
| Address of Organisation | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | |
| Contact Number | | | |  | | | | | | | | | | | | | | | | | | | |
| Email address | | | |  | | | | | | | | | | | | | | | | | | | |
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| **Client Details** | | |  | | | | | | | | | | | | | | | | | | | |
| Surname | | |  | | | | | | | | | | | | | | | | | | | |
| Forename(s) | | |  | | | | | | | | | | | | | | | | | | | |
| Address | | |  | | | | | | | | | | | | | | | | | | | |
| Post Code | | |  | | |  |  | | |  | | |  | | | |  | | | | |  |
| From | 7 years | | | | | | To | | Present | | | | | | | | | | | | | |
| Reason for Leaving | | | | | | |  | | | | | | | | | | | | | | | |
| If the above address is for less than 3 years please detail below to cover a 3 year period – ***the form will be returned if this is not completed and will cause a delay in the processing of the application*** | | | | | | | | | | | | | | | | | | | | | | |
| **Address 2** | | |  | | | | | | | | | | | | | | | | | | | |
| Post Code | |  | | |  | |  | | |  | | |  | | | |  | | | | |  |
| From |  | | To | | | | | |  | | | | | | | | | | | | | |
| Reason for leaving | | |  | | | | | | | | | | | | | | | | | | | |
| **Address 3** | | |  | | | | | | | | | | | | | | | | | | | |
| Postcode | | |  | |  | |  | | |  | |  | | | | |  | | | | |  |
| Reason for leaving | | |  | | | | | | | | | | | | | | | | | | | |
| **Address 4** | | |  | | | | | | | | | | | | | | | | | | | |
| Post Code | | |  | |  | |  | | |  | |  | | | | |  | | | | |  |
| Please select the clients Local Connection: | | | | | | | | | | | | | | | | | | | | | | |
| Resident-currently lives in the area in settled accommodation & have done so for 6months in the last 12 months Delete as appropriate | | | | | | | | | | | | | | | | | | Yes | | | No | |
| Family-the person has close family Bedford- Mother Father Brother Sister Adult Son or Daughter *– Please confirm relationship and tenancy address and dates of tenancy* Delete as appropriate | | | | | | | | | | | | | | | | | | Yes | | | No | |
| Employment - has permanent employment excluding casual / seasonal work Delete as appropriate | | | | | | | | | | | | | | | | | | Yes | | | No | |
| Gender | | | | | | | | M | | |  | | | | F | | | |  | | | |
| DOB | | | | | | | |  | | |  | | | | |  | | | | | | |
| Housing Status – where the client is currently living  i*.e. owner occupier, housing association (please give the name of the Housing Association), private leasing etc.* | | | | | | | |  | | | | | | | | | | | | | | |
| **Contact Number of client**  *if not the client please state relationship and name* | | | | | | | |  | | | | | | | | | | | | | | |
| Does the client require an interpreter? Delete as appropriate | | | | | | | | | | | | | | Yes | | | | | | No | | |
| If yes please state which language | | | | | | | | | | | | | | Yes | | | | | | No | | |
| \*Primary Client Group | | |  | | | | | | | | | | | | | | | | | | | | | | |
| \*Ethnicity of the client | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Does the client have pets – if yes please state the type & how many pets  *If the application is for an Accommodation Based Service is the client wishing to take their pet* | | |  | | | | | | | | | | | | | | | | | | | | | | |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Does the client have an Advocate? Delete as appropriate** | | | | | | | | | | Yes | | **No** | | |
| If Yes please give details | | | | | | | | | | | | | | |
| Name of Advocate | |  | | | | | | | | | | | | |
| Address of Advocate | |  | | | | | | | | | | | | |
| Post Code |  | | | |  | |  |  |  | |  | | |  |
| Telephone number of Advocate | | | | | |  | | | | | | | | |
| **Is the Advocate also a Carer? Delete as appropriate** | | | | | | | | | | Yes | | | No | |
| If Yes please give details | | | |  | | | | | | | | | | |
| **Has there been any previous involvement with Social Services? Delete as appropriate** | | | | | | | | | | Yes | | No | | |
| If Yes please give details | | |  | | | | | | | | | | | |
| **Are there any other Agencies providing Support? Delete as appropriate** | | | | | | | | | | Yes | | No | | |
| If Yes please give details | | |  | | | | | | | | | | | |
| **For a client leaving care, are they on a Full care Order? Delete as appropriate** | | | | | | | | | | Yes | | No | | |
| If Yes please give details | | |  | | | | | | | | | | | |
| **Please give a brief description of current the client’s Needs, Assessment & any relevant background information** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **Does the client have any Treatment Orders? Delete as appropriate** | | | | | | | | | | Yes | | No | | |
| If Yes please give details | | |  | | | | | | | | | | | |
| **Does the client have any physical needs? Delete as appropriate** | | | | | | | | | | Yes | | No | | |
| If Yes please give details | | |  | | | | | | | | | | | |

**Section 2 – Risk Assessment**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Risk to Self | | | | | | | | | |
| **Is their Risk of Self-harm? Delete as appropriate** | | | | Yes | | | No | | |
| If yes please give details | |  | | | | | | | |
| **Are their concerns about suicide? Delete as appropriate** | | | | Yes | | | No | | |
| If Yes please give details | |  | | | | | | | |
| **Is their risk of Substance Abuse? Delete as appropriate** | | | | Yes | | | No | | |
| If Yes please give details | |  | | | | | | | |
| **Does the client require Mental Health Support? Delete as appropriate** | | | | Yes | | | No | | |
| If Yes please give details | |  | | | | | | | |
| **Are there concerns of self-risk to the client? Delete as appropriate** | | | | Yes | | | No | | |
| If Yes please give details | |  | | | | | | | |
| Risk to Others | | | | | | | | | |
| **Is there any history or identified risk of violence? Delete as appropriate** | | | | Yes | | | No | | |
| If Yes please give details | |  | | | | | | | |
| **Is there any history or identified risk of bullying? Delete as appropriate** | | | | Yes | | | No | | |
| If Yes please give details | |  | | | | | | | |
| **Is there any history or identified risk of Arson? Delete as appropriate** | | | | Yes | | | No | | |
| If Yes please give details | |  | | | | | | | |
| **Has the client offended?** | | | | Yes | | | No | | |
| **If the client has any unspent convictions (as defined by the \*Rehabilitation of Offenders Act 1974) please list them below. Please ensure if applicable that this is fully completed or the application will be returned and not processed** | | | | | | | | | |
| Offence Committed | Conviction | | Conviction Date dd mm yy | | | | | | |
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|  |  | |  | |  | | | |  |
| Risk from Others | | | | | | | | | |
| **Is there any history of financial abuse? Delete as appropriate** | | | | Yes | | No | | | |
| If Yes please give details | |  | | | | | | | |
| **Is there any history of being bullied? Delete as appropriate** | | | | Yes | | No | | | |
| If Yes please give details | |  | | | | | | | |
| **Is there any history of being sexually abused? Delete as appropriate** | | | | Yes | | | | No | |
| If Yes please give details | |  | | | | | | | |
| **Is there any other risks identified from others? Delete as appropriate** | | | | Yes | | | | No | |
| If yes please give details | |  | | | | | | | |

**Section 3 – Support Needs**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Economic Well being  Does the client require support to:  Delete as appropriate | | | | | | | | | | |
| Budget Money Effectively | Yes | | No | | | Sustain their Home | | Yes | | No |
| Maximise Income – including benefits | Yes | | | No | | Manage any current debt | | Yes | | No |
| Deal with financial correspondence | Yes | | | No | | Obtain Paid work | | Yes | | No |
| Enjoy & Achieve  Does the client require support to:  Delete as appropriate | | | | | | | | | | |
| Participate in training & or Education | Yes | | | **No** | | Participate in leisure Activities | | Yes | | **No** |
| Participate in Cultural Activities’ | Yes | | | **No** | | Participate in Faith Activities | | Yes | | **No** |
| Establish/maintain relationships with family | Yes | | | **No** | | Establish/maintain relationships with friends | | Yes | | **No** |
| Establish/maintain relationships with groups | Yes | | | **No** | |  | | | | |
| Be Healthy  Does the client require support t:  Delete as appropriate | | | | | | | | | | |
| Access Primary Care Services | | Yes | | | **No** | Manage their Medication | Yes | | | **No** |
| Manage Personal Hygiene | | Yes | | | **No** | Follow a Healthy Diet | Yes | | | **No** |
| Manage substance misuse better | | Yes | | | **No** | Better manage their Mental Health | **Yes** | | | No |
| Utilise their Assistive Technology | | Yes | | | **No** | Utilise their Aids & Adaptations | Yes | | | **No** |
| Stay Safe  Does the client require support to, please tick as many as are appropriate : | | | | | | | | | | |
| Secure or obtain settled Accommodation | | **Yes** | | | No | Comply with any Statutory obligations | Yes | | No | |
| Complete Household tasks | | Yes | | | **No** | Clean home to a hygienic & safe standard | Yes | | No | |
| Minimise risk of harm t oneself | | **Yes** | | | No | Minimise risk of harm to others | Yes | | No | |
| Say No to strangers | | Yes | | | **No** | Say No to unwanted visitors | Yes | | No | |
| Deal with people who abuse hospitability | | **Yes** | | | No | Ensure that their home is safe & secure | **Yes** | | No | |
| Positive Contribution  Does the client require support to, please tick as many as are appropriate : | | | | | | | | | | |
| Develop confidence to have greater choice | | Yes | | | No | Develop ability/skills to have greater choice | Yes | | No | |
| Develop confidence to have greater control | | Yes | | | No | Develop ability/skills to have greater control | Yes | | No | |

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| --- |
| **Please add final comment / Information / Summary** |
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**Section 4 – Service Type**

**By answering the following questions will determine the matches for a potential Support Service placement. Please ensure the client answers are as accurate as possible to enable appropriate Service to be matched for the client:**

|  |  |  |
| --- | --- | --- |
| **Please delete as appropriate** | | |
| Accommodation Service Required | Yes | No |
| Floating Support Service Required (no accommodation provided) | Yes | No |
| Is the client under 18 & a Single Female | Yes | No |
| Is the client under 18 & a Single Male | Yes | No |
| Is the client Teenage Or a Young Parent (s) under 25 | Yes | No |
| Is the client a Young Person at Risk | Yes | No |
| Is the client a Young person leaving Care | Yes | No |
| Is the client requiring a Older Persons Floating Support Service | Yes | No |
| Is the client fleeing Domestic Violence | Yes | No |
| Does the client require support with their Mental Health | Yes | No |
| Is the client Single & Homeless | Yes | No |
| Has the client complex needs | Yes | No |

This information you provide on this form is subject to the provisions of the \*General Data Protection Regulation Act 2018 (GDPR). It will be used for the purpose of the provision of support services on behalf of Supported Housing, Bedford Borough Council.

We may share this information with any related professionals and providers to this end.

To the best of my knowledge, the information given in this form is correct and complete.

I confirm that I have informed the data subject of the reasons for collecting the data, what the data will be used for, and that it might be shared with others for this purpose.

I declare that I have received explicit consent from the data subject to share and process the data given on this form.



I HAVE READ AND AGREE TO THE ABOVE STATEMENTS\*\*

*\*\*Please type in Yes to show that you have read & agree with all statements on this form, it will be rejected if the box has been left blank or has anything other than yes typed in the box.* ***If sending this form by e-mail the referrer confirms that they hold the applicants written agreement on file.***

**If referring to the Complex Nerds Unit please ensure that the following are attached**

* **Current Risk Assessment**
* **Current Needs Assessment**

***Without these two completed documents – the referral form will be returned to you without consideration at Panel***

**Please add any additional information to support the application on the comments page**

**The CNU is intended**

* To provide a short term, intensive support environment for individuals who have complex needs and who are homeless
* will provide individuals with accommodation for a period of up to 9 months
* will intensively support the client to start
  + to address their primary needs and enable them to break their cycle of homelessness and/or reduce their chaotic lifestyle.

Although clients assessed as having care needs will not be excluded from applying, the service staff will not be able to provide care to clients (this includes administering any prescribed medication).

To ensure that the service works effectively and that clients can transition through the service in a timely manner before making a referral to the CNU for a client, referrers need to be able to answer ‘Yes’ to **all** of the following questions;

1. Is interim (time limited) accommodation appropriate for the client?
2. Is there a realistic expectation that with intensive support the client’s needs will reduce to a level that will allow move-on to a less supported environment?
3. Does the client have the capacity to sign up to a licence agreement?
4. Can the client prepare their own meals?
5. Can the client do their own laundry?
6. Can the client do their own cleaning?
7. Can the client wash and dress themselves?

Where the answer to numbers 4 to 7 is ‘No’ there would need to be clear agreement on how these needs would be met, and by whom, before a referral is made.

|  |
| --- |
| Please add any additional information to support the application |
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|  |

**Notes**

**\*Ethnicity**

*Please select from the following*:

White British

White Irish

White Other

Black or Black British African

Black or Black British Caribbean

Black or Black British other

Asian or Asian British other

Asian or Asian British

Asian or Asian British Indian

Asian or Asian British Pakistani

Chinese

Other Ethnic Groups

Other Ethnic group Arab

Gypsy, Romany, Irish Traveller

Mixed Other

Mixed White & Asian

Mixed White & Black African

Mixed White & Black Caribbean

Polish

Bangladeshi

Refused to disclose

**\*Primary Client Group:**

*Please select from the following*:

Homeless

Complex needs

People with Mental Health Problems

Older People with Support needs

Teenage Parents

At Risk of Domestic Violence

Young person at Risk

People with a Substance Misuse / alcohol misuse

People with a Physical or Sensory Disability

\*GDPR Act 2018 – please see ink

<http://www.legislation.gov.uk/ukpga/2018/12/contents/enacted/data.htm>

It is your responsibility as the Referrer to ensure that you have understood the GDPR Act 2018

\*Rehabilitation of Offenders Act 1974 – please see link

<https://www.gov.uk/government/publications/new-guidance-on-the-rehabilitation-of-offenders-act-1974>

It is your responsibility as the Referrer to ensure that you have understood the Rehabilitation of Offenders Act 1974