|  |  |
| --- | --- |
| **Southend-on-Sea Borough Council**  Civic Centre, Victoria Avenue, Southend-on-Sea, Essex SS2 6ER  01702 215000  www.southend.gov.uk |  |

Access Point Referral Form.

Referral Form Guidance Notes for anyone completing the form.

The schemes and brief description are listed at the end of the form which are available through the Access Point.

Any missing or incomplete information requested on the referral form may delay the application. Please ensure all fields are completed in full to allow the application to be processed and prioritised appropriately.

All supported housing providers require all service users to be fully engaging with any relevant professional agencies prior to and throughout the prospective tenancy to ensure maximum outcomes are achieved by the client and that vital support is not lost when the time comes for move on from the schemes.

Any withheld or false information may lead to a reduced chance of being offered a placement or it may affect your tenancy once you have been housed. If you are accommodated you will be removed from other waiting lists.

Most schemes are shared accommodation.

Most schemes do not allow pets.

Most schemes do not have storage facilities for furniture or large personal items.

Please return to:

Southend Access Point

Southend-on-Sea Borough Council

Civic Centre

Victoria Avenue

Southend on Sea

Essex

SS2 6ER

Telephone: 01702 534918

Email: [accesspoint@southend.gov.uk](mailto:accesspoint@southend.gov.uk)

### Client information

|  |  |
| --- | --- |
| **Last name of client** |  |
| **First name of client** |  |
| **National Insurance number** |  |
| **Email address of client** |  |
| **Phone number/s of client** |  |

**Assessment checklist**

Ensure that you complete all sections on the form. Cross out sections that are not required.

Supply ID

3 Months bank statements

Ensure that the consent form is signed by the client, typed signatures will not be accepted.

|  |  |
| --- | --- |
| **Name of person completing the referral form (full name) and contact details and relationship to perspective client.** |  |

**Demographics**

|  |  |
| --- | --- |
| **Date of birth** |  |
| **Gender** | Female  Male |
| **Sexuality** |  |
| **Preferred language** |  |
| **Spoken English ability** |  |
| **Country of origin** |  |
| **Nationality** |  |
| **Immigration status** |  |
| **Recourse to public funds** |  |
| **Ethnic origin** | |
| |  |  |  |  | | --- | --- | --- | --- | | White - British |  | White - Irish |  | | White - Other |  | Chinese |  | | Asian or Asian British - Bangladeshi |  | Asian or Asian British - Indian |  | | Asian or Asian British - Other |  | Asian or Asian British - Pakistani |  | | Black or Black British - African |  | Black or Black British - Caribbean |  | | Black or Black British - Other |  | Gypsy/Romany/Irish Traveller |  | | Mixed - Other |  | Mixed - White & Asian |  | | Mixed - White & Black African |  | Mixed - White & Black Caribbean |  | | Other |  | Prefer not to say |  | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Next of kin details** | | | | | | |
| **Last name** | | |  | | | |
| **First name** | | |  | | | |
| **Address** | | |  | | | |
| **Relationship** | | |  | **Telephone no.** | |  |
| **Institutional history** | | | | | | |
| **Leaving Care** | Y/N |  | | | | |
| **Mental Health** | Y/N | . | | | | |
| **Learning Disabilities** | Y/N |  | | | | |
| **Prison** | Y/N | Date last left prison Estimated date last left: | | | Please provide name of **last** prison | |

**Last accommodation details** (tick all that apply)

|  |  |
| --- | --- |
| **Do you own/part own any property?** |  |
| **Country** |  |
| **Region (LA in UK or region in non-UK)** |  |

|  |
| --- |
| Type:  Private Rented  Council Tenancy  Supported Housing  Foster Care  Rehab Unit  Hostel  Friends/Family  Prison  Housing Association Tenancy  Name of HA  Hospital Ward  Rough sleeping  B & B  Parental Home  NFA  Foster Placement  Residential Care  Other  Please specify………………………………………… |

**Housing history** (starting with most recent, last 5 years or more if possible)

|  |  |  |
| --- | --- | --- |
| Accommodation address | Dates to and from | Reason for leaving |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Client’s local connection**

|  |
| --- |
| Country ………………………………………… Area/LA…………………………………………………….  **Reason for local connection:**  Previously/currently resident  Family association  Parent/sibling  Rough sleeping/street activity  Other  please specify:    Local connection is defined as living within the Borough for 3 out of the last 5 years in settled accommodation, or having parents, siblings or adult children who have been resident in the Borough for at least 5 years. Details of family members will be required along with the address history for the last five years. |
| **Historical and current housing issues** (tick all that apply) | |
| Never had independent History of abandoned Escaping sexual  accommodation  tenancies  abuse/ harassment  History of rent Needs supported Relationship  arrears  accommodation  breakdown  History of Evicted from previous Inability to  noise nuisance  accommodation  cope  Leaving residential Hospital admission/ Anti-social  care  discharge  behaviour  Care leaver leaving Prison History of rough  foster care  discharge  sleeping/street activity  Evicted - noise Evicted - rent Escaping violence   nuisance  arrears  Current rent Outstanding repairs  arrears  issues |
| **Additional comments** (use this section to highlight any housing issues or any identified patterns in relation to the client’s housing difficulties, rent arrears or other issues not mentioned above) A copy of any care plans or pathway plans will be required. |
|  |
| Length of time sleeping rough in current period of rough sleeping:  1-2 Days  3-7 days  8 – 28 days  1 -6 months  Over 6 months |

|  |
| --- |
| **Do you have any support needs to enable you to live independently?** |
| Yes  No  If yes to the above, please explain: |

|  |
| --- |
| **Do you have independent living skills needs( this includes cooking / cleaning/ budgeting?** |
| Yes  No  If yes to the above, please explain: |

|  |
| --- |
| **Support needs and medical details** |
| GP details (practice address): |
| Primary support need |
| History of drug Fleeing domestic  Mental health  dependency/use  Refugee  violence  Learning Rough sleeping / Mentally disordered  difficulties  street activity  offender  Physical/sensory Young person at risk Young person  disability  (under 18)  (care leaver)  Ex or current Alcohol  offender  dependency  Asylum seeker  Single homeless Lone teenage parent  with support  (16-18 years)  Sex worker |

|  |
| --- |
| **Secondary support needs** |
| History of drug Fleeing domestic  Mental health  dependency/use  Refugee  violence  Learning Rough sleeping / Mentally disordered Perpetrator of domestic  difficulties  street activity  offender  violence  Physical/sensory Young person at risk Young person  disability  (under 18)  (care leaver)  Ex or current Alcohol  offender  dependency  Asylum Seeker  Single homeless Lone teenage parent  with support  (16-18 years)  Sex worker |

**Mental health**

|  |  |
| --- | --- |
|  | |
| **MH diagnosis, proof of diagnosis required:** |  |
| **MH checklist** (key characteristics and support – tick all that may apply) | |
| Paranoid/delusional Poor anger management/  Suicidal ideation  thoughts  impulsive behaviour  Suicide attempts  Panic/anxiety CPA level:  attacks  Social phobia  Paranoia  standard  CPA level :  Enhanced  Schizophrenia  Depression  On depot  Receiving outpatient Personality Supported by Forensic  treatment  disorder  MH Team | |
| Contact details of Care Coordinator or other professional involved: | |
| Additional notes on the impact of mental health difficulties on daily living: | |
| Level of support needs assessment (mental health):  High  Medium  Low  No need | |

|  |  |
| --- | --- |
| **Physical health issues** | |
| **Physical diagnosis** |  |
| **Physical health checklist** (key characteristics and support – tick all that may apply) | |
| Sensory impairment  Stroke  Motor-neurone disease  Mobility difficulties  Fatigue/tiredness  Out-patient hospital treatment  TB  Other  Please specify | |
| **Additional notes and details of current treatment** | |
|  | |
| Level of support needs assessment (physical health):  High  Medium  Low  No need | |

**Other Issues**

|  |
| --- |
| **Substance use** |
| **Substance misuse checklist** (key characteristics and support – tick all that may apply) |
| Alcohol On methadone maintenance/  dependent  IV drug use  reduction programme  Drug dependent  Completed rehab/ Attending counselling/  detox programme  day programme    Level & pattern of  **alcohol** use (state consumption and pattern):  Has alcohol or substances been an issue in  the past, or has the client been in treatment in  the past:  Name and contact details of worker if  engaging with services |

|  |
| --- |
| **Type of drug used** |
| Heroin  Crack  Methadone  Cocaine  Solvents  Cannabis  Tranquillisers  Khat / Qat   Amphetamines Other prescribed  (speed)  Crystal Meth  Medication  Ketamine  Other  Please specify: |
| **Frequency of drug use** (tick one option only) |
| Daily  Weekly  Monthly  Occasionally  Rarely |
| **Additional notes** |
|  |
| Level of support needs assessment (alcohol):  High  Medium  Low  No need  Level of support needs assessment (drugs):  High  Medium  Low  No need |

|  |
| --- |
| **Ex-Offender** |
| **Ex-offender checklist** (key characteristics and support – tick all that may apply. Mandatory for ex-offenders) |
| **Type of Licence or Supervision Order**  Community Automatic Conditional Probation Order /  None  Service Order  Release Licence  Community Sentence  Young Offenders Discretionary Cond. Extended  Institute Licence  Release Licence  Life Licence  Supervision  Section 42 (2) Drug Rehabilitation Anti-Social Schedule 1 MHA  Requirement  Behaviour Order  Offender  Known to High Risk /  MAPPA  Dangerous Offender  Date Licence/Supervision Order Ends: |
| **Additional notes** (include details of all offences and/or conditions on licence and contact details of Offender Manager and Prison Officer) |
|  |

**Employment** (please include current and past employment/training details and volunteering experience)

|  |  |  |  |
| --- | --- | --- | --- |
| **Employment/training/education details** | **From** | **To** | **Reason for leaving** |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

**Welfare benefits and income** (ensure client provides proof)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Income type** | **Received since** | **Weekly amount** | **Proof confirmed** | **Notes** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Welfare benefit support needs (tick all that apply)

|  |
| --- |
| History of discontinued Difficulty signing Not claiming full  benefits  up for benefits  benefit entitlement  Not linked to GP for Currently not receiving  sickness certificates  any income  No NINO  Current payment Not eligible for Financial support  through an appointee  public funds  via SSD |

|  |  |
| --- | --- |
| Has the applicant got any outstanding loans/debt/rent arrears? *(If ‘yes’ complete below)* | Yes  No |

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of loan/debt/arrears** | **Amount outstanding** | **Weekly payments** | **Comment/memo** |
|  |  |  |  |
|  |  |  |  |
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|  |
| --- |
| **Supporting Information. This section is for a brief history/description of the current situation and examples of specific support needs. Please use this space to describe what you hope to achieve by gaining support from a supported housing scheme: this will include what skills you hope to gain, aspirations you have for your future and what needs you expect to be supported during your stay. If children are to be considered for the Mother and Baby Scheme please add the child’s name and DOB here.** |
|  |

**Supported Housing Schemes Eligibility Criteria.**

Please indicate preferences by ticking the relevant box and note that restricting accommodation preferences may lead to a reduced chance of being offered a placement. Please also note that most supported housing is for shared accommodation only.

**HARP Bluebird:** Schemes in Southend for single, vulnerable homeless people who are over 18 years old and have support needs. You may find out more about the scheme using [HARP Bluebird | Livewell Southend](https://eur02.safelinks.protection.outlook.com/?url=https%3A%2F%2Flivewellsouthend.com%2Fkb5%2Fsouthendonsea%2Fdirectory%2Fservice.page%3Fid%3D1CYrduvOo7c&data=05%7C01%7CTinaDraycott%40southend.gov.uk%7C01c1419e3fef4b1e9aec08da9d791c41%7C513aa9ea00af4720a181678d737878de%7C0%7C0%7C637995440741502668%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=5SU8%2BaMpE5%2B6dFXIeQGteoxwHD%2Fb6y437kTYAAFpYBI%3D&reserved=0)

**HARP Restart:** Schemes in Westcliff for single, vulnerable homeless people who are over 18 years old and have support needs. You may find out more about the scheme using [HARP Restart | Livewell Southend](https://eur02.safelinks.protection.outlook.com/?url=https%3A%2F%2Flivewellsouthend.com%2Fkb5%2Fsouthendonsea%2Fdirectory%2Fservice.page%3Fid%3DIshViZbWEmU&data=05%7C01%7CTinaDraycott%40southend.gov.uk%7C01c1419e3fef4b1e9aec08da9d791c41%7C513aa9ea00af4720a181678d737878de%7C0%7C0%7C637995440741502668%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=f7mR664OGA5S2A2Apb4ZG6H4TO7D4xkH15O%2B%2B6asYkA%3D&reserved=0)

**HARP White Heather House:** Scheme in Southend for single, vulnerable homeless women who are over 18 years old and have support needs. You may find out more about the scheme using [HARP WHITE HEATHER HOUSE | Livewell Southend](https://eur02.safelinks.protection.outlook.com/?url=https%3A%2F%2Flivewellsouthend.com%2Fkb5%2Fsouthendonsea%2Fdirectory%2Fservice.page%3Fid%3D9ddejk13q9c&data=05%7C01%7CTinaDraycott%40southend.gov.uk%7C01c1419e3fef4b1e9aec08da9d791c41%7C513aa9ea00af4720a181678d737878de%7C0%7C0%7C637995440741502668%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=6oYbhTz7%2B8SoHFjvV08lQvbAAGXzDjyDYDgEQTTpAIw%3D&reserved=0)

**Peabody Complex Needs Hostel:** Scheme in Southend for entrenched rough sleepers who have addiction and/or mental health issues.

**Independent Living Services:** 3 schemes for those with addiction issues and the various issues that arise due to this. These are abstinence based and applicants must be willing to abide by the license agreement. Our aim is to help those who want to change their lives.

**Richmond Fellowship:** Various schemes with different levels of support for people who have mental health issues and who are homeless in Southend and aged between 18-65 years old.

**Salvation Army – Salt Reach:** A scheme for homeless people aged between 18-65 years old with low to medium support needs. The scheme offers low level support of 4 hours per week and is for people working towards independent living. The scheme consists of 6 independent units.

**Mind:** Supported housing schemes for adults living with mental health conditions. Varying levels of holistic support for mental health and the practical skills required for independent living. Nelsons Gate high needs scheme is a gated community made up of 1 and 2 bedroom flats. Brightwell Avenue lower needs scheme is a 6 bedroom house with shared facilities.

**Home Group:** The Rosemead project is a scheme for offenders or those at risk of offending with low to high support needs, aged 18 and over. The Rosemead project has a property with 10 rooms and a move on property with 5 rooms within the Southend on Sea area.

**Sanctuary Supported Living:** Stanier House in Southend-on-Sea is for 14 clients who are single, aged between 16-25 with mild learning disabilities, mental health issues, leaving care, offenders, homeless with other support need. Centurion Close is Shoebury with 9 rooms who are single, homeless with support needs and who are preferably over 18 years old. Mallard Court is Southend-on-Sea is a move on scheme where minimal support is required by the client.

**Sanctuary Supported Living Teenage Parents:** Fairfax Drive is accommodation for 16–25 year old young parents with identified support needs. This is a 10-bed property with shared bathrooms, kitchen, lounge and garden. It is new refurbished modern building designed for young parents and includes a training kitchen and resource room with WI-FI and computer access.

**YMCA:** 33 bed spaces which comprise of self-contained studio flats and shared facilities providing housing for 16-24 who are homelessness or at risk of being so, have complex needs and require trauma informed approached support to become independent.  Ambleside is staffed 24/7/365 which are over seen by YMCA intense management.  Support sessions and monitoring tools are completed on a regular basis, access to the New Beginnings to increase Maths and English and housing related support via 1-2-1 and accredited/non-accredited Edu-support group-work. We work very closely with external agencies to ensure the correct support network is in place around a young person or child.  

**Fair Processing Notice**

*The information provided by you will be held and processed by Southend-on-Sea Borough Council Access Point Service in accordance with the Data Protection Act 1998. It will be used for its intended purpose but may also be used for internal statistical analysis as well as being processed and disclosed for the prevention or detection of crime, assessment of tax or where we have a legal obligation to do so.*

*We may also need to share your information with a third party, such as a contractor, in order for them to provide the service you have requested. However, Southend Borough Council requires any third parties to abide by the Data Protection Act 1998 when they process your data on our behalf and to follow our procedures or instructions. Your information will be held and disposed of inline with Southend Borough Council Document Retention and Disposal Guidance.*

*You are entitled to copies of any information that the Council holds about you. This can be obtained by making a request in writing using a Subject to Access Request form.*

**Applicant Consent.**

**I, Print name:**

Declare that all information within this form is accurate and true and I hereby consent to Access Point staff making enquiries with any other agencies i.e commissioning team, Probation, Ex-Landlords, DWP, Housing Benefit and any other relevant agencies.

I authorise staff at any of the agencies concerned to discuss these matters with the Access Point staff, and to disclose any information that they may request.

I hereby agree to and give my consent for the information held within this form to be passed to the Access Point Panel members so that I may be considered for the supported housing preferences I have shown on this application.

If at any point during the form it is found that either incomplete or false information is provided this will lead to removal from any lists which you are on, and it may well lead to termination of any license or tenancy that you have been given.

**Signed: Date:**

**Forms must be signed, typed signatures are not accepted and can not be processed.**

**Level of support required**

1. **Engagement with frontline services**

**Y/N**

|  |  |  |
| --- | --- | --- |
| **0** | Rarely misses appointments, always complies with reasonable requests, actively engaged in tenancy/treatment. |  |
| **1** | Usually keeps appointments usually complies with reasonable requests, involved in tenancy/treatment. |  |
| **2** | Follows through some of the time with daily routines, usually complies with reasonable requests, is minimally involved in tenancy/treatment. |  |
| **3** | Non-compliant with routine activities or reasonable requests, may keep some appointments. |  |
| **4** | Does not engage at all or keep appointments. |  |

1. **Intentional self-harm**

**Y/N**

|  |  |  |
| --- | --- | --- |
| **0** | No concerns about risk of deliberate self-harm or suicide attempt. |  |
| **1** | Minor concerns about risk of deliberate self-harm or suicide attempt. |  |
| **2** | Definite indicators of risk of liberate self-harm or suicide attempt. |  |
| **3** | High risk to physical safety as a result of deliberate self-harm or suicide attempt |  |
| **4** | Immediate risk to physical safety because of deliberate self-harm or suicide attempt. |  |

1. **Unintentional self-harm**

**Y/N**

|  |  |  |
| --- | --- | --- |
| **0** | No concerns about unintentional risk to physical safety |  |
| **1** | Minor concerns about unintentional risk to physical safety. |  |
| **2** | Definite indicators of unintentional risk to physical safety. |  |
| **3** | High risk to physical safety as a result of self-neglect, unsafe behaviour or inability to maintain a safe environment. |  |
| **4** | Immediate risk to physical safety as a result of self-neglect, unsafe behaviour or inability to maintain a safe environment. |  |

1. **Risk to others**

**Y/N**

|  |  |  |
| --- | --- | --- |
| **0** | No concerns about risk to physical safety or property of others. |  |
| **2** | Minor antisocial behaviour. |  |
| **4** | Risk to property and /or minor risk to physical safety of others. |  |
| **6** | High risk to physical safety of others as a result of dangerous behaviour or offending/criminal behaviour. |  |
| **8** | Immediate risk to physical safety of others as a result of dangerous behaviour or offending/criminal behaviour. |  |

1. **Risk from others**

**Y/N**

|  |  |  |
| --- | --- | --- |
| **0** | No concerns about risk of abuse or exploitation from other individuals or society. |  |
| **2** | Minor concerns about risk of abuse or exploitation from other individuals or society. |  |
| **4** | Definite risk of abuse or exploitation from other individuals or society. |  |
| **6** | Probably occurrence of abuse or exploitation from other individuals or society. |  |
| **8** | Evidence of abuse or exploitation from other individuals or society. |  |

1. **Stress and anxiety**

**Y/N**

|  |  |  |
| --- | --- | --- |
| **0** | Normal response to stressors. |  |
| **1** | Somewhat reactive to stress, has some coping skills, responsive to limited intervention. |  |
| **2** | Moderately reactive to stress, needs support in order to cope. |  |
| **3** | Obvious reactiveness, very limited problem solving in response to stress, becomes hostile and aggressive to others. |  |
| **4** | Severe reactiveness to stressors, self-destructive, antisocial or have other outward manifestations. |  |

1. **Alcohol / Substance Abuse**

**Y/N**

|  |  |  |
| --- | --- | --- |
| **0** | Abstinence, no substance or alcohol issues. |  |
| **1** | Occasional use of alcohol or substance abuse without impairment. |  |
| **2** | Some use of alcohol or substance abuse with some effect on functioning, sometimes inappropriate to others. |  |
| **3** | Recurrent use of alcohol or substances which causes significant effect on functioning, aggressive behaviour to others. |  |
| **4** | Substance/alcohol dependence, daily abuse of alcohol or substances which causes severe impairment of functioning, inability to function in community secondary to alcohol/substance, aggressive behaviour to others, criminal activity to support alcohol or substance abuse. |  |

1. **Impulse control**

**Y/N**

|  |  |  |
| --- | --- | --- |
| **0** | No noteworthy incidents. |  |
| **1** | Maybe one or two lapses of impulse control, minor temper outbursts/aggressive actions, such as attention seeking behaviour which is not threatening or dangerous. |  |
| **2** | Some temper outbursts/aggressive behaviour, moderate severity, at least one episode of behaviour that is dangerous or threatening. |  |
| **3** | Impulsive acts which are often and/or moderate severity. |  |
| **4** | Frequent and or severe outbursts/aggressive behaviour, e.g behaviours which could lead to criminal charges/antisocial behaviour orders or a risk to or from others/property. |  |

1. **Housing**

**Y/N**

|  |  |  |
| --- | --- | --- |
| **0** | Has maintained a long term tenancy independently, very low housing support needs. |  |
| **1** | Settled accommodation, low to medium support needs. |  |
| **2** | Living in short term/temporary accommodation, never had own tenancy, medium to high support needs. |  |
| **3** | Immediate loss of accommodation, living in short-term/temporary accommodation, high support needs. |  |
| **4** | Evicted from more than one tenancy. |  |
| **5** | Rough sleeping/sofa surfing. |  |