July 2014

SINGLE PATHWAY APPROACH

For

Accessing and Moving On from Supporting People Services

Contents Page

Introduction

This document has been developed as a 'toolkit' to highlight the Single Pathway Approach processes and assist providers and service users when accessing supported housing projects, and also when moving on to independent living.

Each process is laid out in flowchart format with a list of more detailed guidelines to accompany them. This should make following the processes easy and understandable for every stage.

The process supports the commissioning priorities through the analysis of supply and demand, and will indicate housing needs; it is not intended to replace the expertise or independence of service providers, and will not replace the needs assessments carried out by providers. However the referral system will ensure that referrals are made to appropriate services and that those services are carrying out transparent and appropriate assessments of needs and allocation. Providers will need to look at working with service users with varying need and risk if their needs match the service provision.

The Single Pathway Process will reduce waiting lists and the aim is to ensure that rather than keep referrals on waiting lists, they can be referred to other appropriate services that may have vacancies. The Pathway Team will have a database of those who have been referred and accepted into projects, and will be able to identify referrals when a project has vacancy. It is paramount that providers inform the coordinator of any vacancies that are coming up or have become available.

If you require any further information relating to the Single Pathway, please contact the relevant officers as follows:

1. Queries for accessing supported accommodation, i.e. referrals, allocations, and complex cases, contact the Pathway Team:

   Claire Owens – Housing Support Coordinator
   01824 706450
   claire.owens@denbighshire.gov.uk

   Caroline Currie – Single Pathway and Complex Case Worker
   01824 708342
   caroline.currie@denbighshire.gov.uk
   Liana Duffy - Single Pathway and Complex Case Worker
   01824 706480
   liana.duffy@denbighshire.gov.uk

Please Note: Email address for **ALL REFERRALS**, referral correspondence, voids and allocations to be sent to is supporting.people@denbighshire.gov.uk

Single Pathway & Prioritisation of Services

Denbighshire Supporting People are committed to ensuring that clear and transparent arrangements are in place to support fair and equitable access to all forms of supporting people projects.

The single pathway has been developed to be inclusive i.e. accessible to all who may be vulnerable, homeless or potentially homeless and are in need of support to sustain their accommodation/tenancy. The Supporting People (SP) programme is not necessarily accessible to all, for example, if the service user has no form of tenure such as sleeping rough or sofa surfing they may not be eligible for floating support. As each case is considered on its merits we would suggest you speak with the team to enable the case can be considered for both pre tenancy support and to be housed in a Supported Housing Project if appropriate.

Services provided via Supporting People are not just for those who are owed a statutory duty. Supporting People services can compliment statutory services but should not be used to discharge a duty, for example, in relation to after care services.

The Single Pathway aims to:

- Ensure one pathway for people accessing services
- Offer more choice and control for people requiring services and clear information
- Prioritise referrals and match needs to support services
- Ensure more efficient use of Support Worker and Provider time by reducing inappropriate and duplicate referrals
- Positive experience for the service user by not being signposted to several providers
- Ensure that resources are used to support people who need them most
- Help target and meet the needs of the local population
- Reduce time spent for other professionals involved in the referral process
- Ensure a collaborative, consistent and coordinated approach is taken to meeting the housing and support needs of vulnerable people who have a housing need
- Ensure people's housing and support needs are considered jointly by the appropriate agencies to ensure fair and equitable access to housing and support services
- Ensure peoples skills, knowledge and experiences are used efficiently and effectively to aid the development of needs led responses and collaborative interventions
- Ensure housing solutions and interventions are agreed and provided by the most appropriate individuals utilising a diverse range of resources available to them
- Ensure a more coordinated and consistent approach is taken to mapping and analysing unmet need for vulnerable groups requiring housing and support
- Ensure a more strategic approach is taken to developing sustainable service responses and housing solutions.

Prioritisation

The SP Team will not instruct providers who can and who cannot access a specific project but will ensure that the referral is eligible and appropriate, and will challenge those referrals that are not accepted without justifiable evidence. **It is the responsibility of the provider** for the gathering of all referral information and to ensure that a risk/needs assessment is completed fully. The Single Pathway Team **IS NOT** responsible for assessing the need of individual referrals but is responsible for signposting to the appropriate service. The coordination of referrals is to ensure that current and emerging needs are met and the Supporting People programme is responding to them. Supporting People services are a scarce and valuable resource and must be targeted at those in the greatest need and at greatest risk.

The Single Pathway Team will ensure that the referral has housing related support needs. If the referral does not evidence housing related support needs, they will contact the referrer and discuss the referral, if it is felt that there are no housing related support needs the referral will not be referred to supporting people providers. Any repeat presentations/referrals will automatically require a complex meeting. The complex meeting will explore the needs of the service user, the reasons why support ended the first time, the motivation of the service user to engage with support and if supporting people is the appropriate service. If it is clear that the service user is not motivated and previously did not engage with support or that another service that is not supporting people is required the service user will not be referred to supporting people services. The complex process is not to be used as a tool to manage risk, it is the provider's responsibility to assess the risk and the complex process will identify the wrap around services required to support the allocation.

Priority will also be given to those who are motivated and willing to engage in support. The person making the referral must ensure that they have spoken to the service user about the referral, the service user has agreed to the referral and is willing to engage with housing related support. If there are two referrals for one allocation, the allocation will be given to the service user who is willing to engage and accept support. The referrer must ensure that all the information provided on the single pathway referral form is accurate, up to date and that all risks are identified and that all sections of the referral form are completed. The single pathway referral form is the basis of the referral and if the information is not provided then the referral will not be made to supporting people providers. An incomplete referral will not be accepted.

It is the responsibility of the provider to ensure that a thorough needs assessment has been completed and that the allocation can be audited and is transparent. For self referrals it is the responsibility of the provider to ensure that they have communicated with any services who may be working with the service user or who have in the past to ensure that the allocation process is evidenced on valid information and is transparent and can be audited.

The Single Pathway Team will ensure that those deemed to be in greatest need/ risk are signposted to the most appropriate service known to be available, this is mostly done through the complex case meetings. This will ensure 'reasonable preference' is given to vulnerable people who want and need support to establish and sustain a tenancy. The approach will take into account individual needs and circumstances based on the risks they may be exposed to should a timely response not be available to them. This will determine who is most eligible and a priority within the available resources. Where they are equivalent needs, priority will be given to those with a local connection. Priority will be given to those service users who will receive a duty to be housed on leaving Supporting People services

Providers must inform the Pathway Team of any voids capacity on projects and if any notice periods are issued to service users, to allow for the Coordinator to send a referral preventing voids for providers. Voids and notice periods should be reported using the central email contact supporting.people@denbighshire.gov.uk
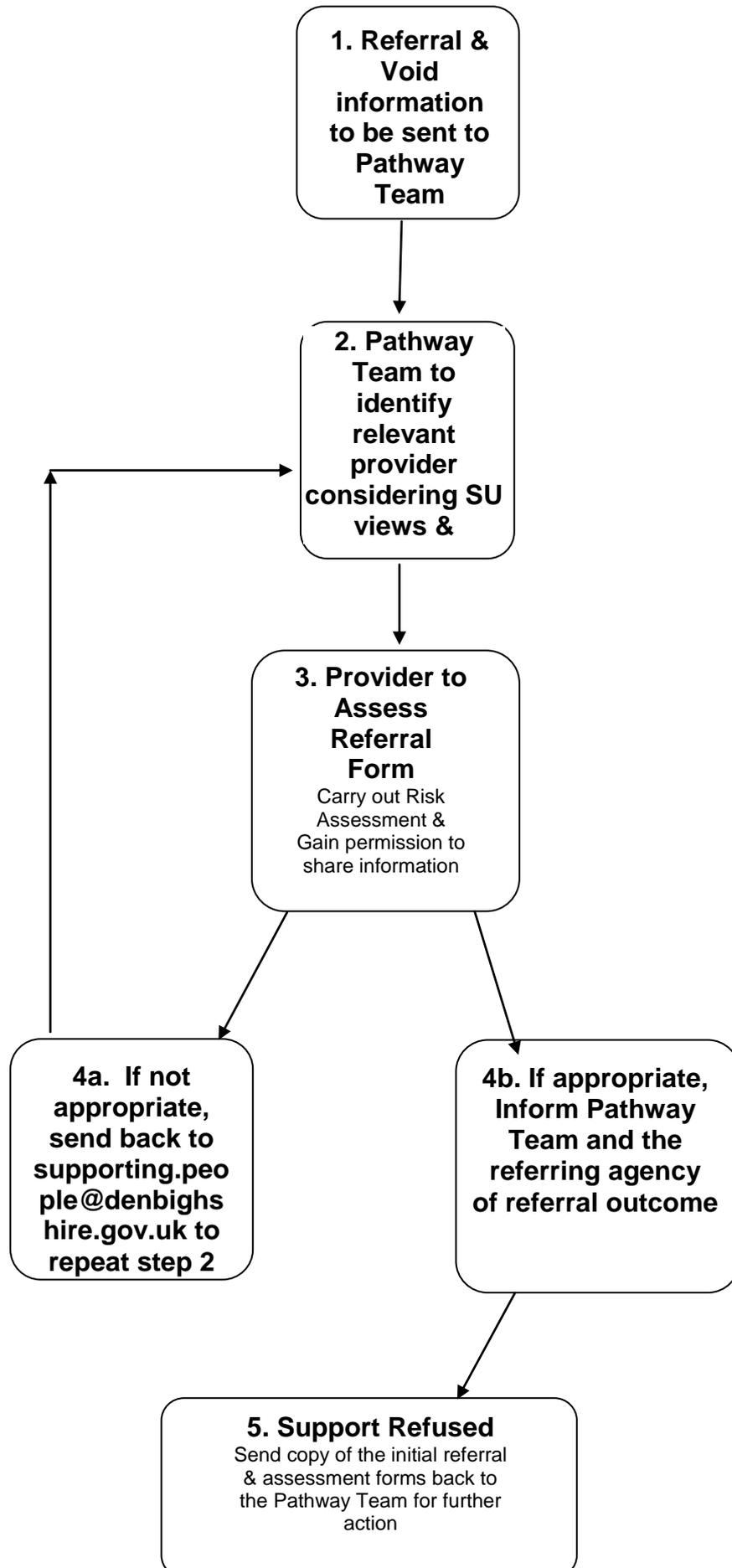
Reasonable Preference People with:

- Domestic abuse
- Learning difficulties
- Mental health
- Alcohol
- Drugs

- Refugee/immigration
- Physical/sensory disability
- Vulnerable young person
- Offending
- Generic
- Chronic illness
- Vulnerable older person

The following factors will be taken into account when establishing priority:

- Needs/Risks associated with homelessness
- Willingness to engage with support
- Needs/Risks an individual may present to self and or others
- Needs/Risks of offending or re offending
- Needs/Risks with age, ability, life experience
- Needs/Risks associated with limited support networks
- Needs/Risk associated with personal and emotional wellbeing
- Needs/Risks presented to the project on balancing needs and risks
- Needs/Risks exposure to actions or inactions of others
- Needs/Risks entering institutional care

Single Pathway Process
Accessing Supporting People Services

1. Referral & Void information to be sent to Pathway Team

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2. Pathway Team to identify relevant provider considering SU views &

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3. Provider to Assess Referral Form
Carry out Risk Assessment & Gain permission to share information

4a. If not appropriate, send back to supporting.people@denbighshire.gov.uk to repeat step 2

4b. If appropriate, Inform Pathway Team and the referring agency of referral outcome

5. Support Refused
Send copy of the initial referral & assessment forms back to the Pathway Team for further action

Guidance Notes for the Single Pathway Approach Process: Accessing Support

All referrals for supported housing and floating support will come through one single access point from October 2011. Referrals will be accepted for appropriate people who are willing to engage with support. A coordinated and transparent referral process is an important element of how housing support services will be accessed. The process is:

1. Referrer to complete the Needs Mapping form online (guidance in Appendix D). Referrer to complete the Supporting People Referral Form (Appendix A) and email to the Pathway Team with the Needs Mapping reference number to supporting.people@denbighshire.gov.uk **Referrals will not be accepted if this form is not completed fully and if the data protection box at the end of the referral form is not ticked**. If providers receive referrals from other sources, they are to provide the referrer with the form and ask them to email it to the Pathway Team. The referral form is also to be used when service users self refer to a project.

2. Pathway Team to identify relevant provider for the referral and email the complete form to at least 2 key people within the relevant provider agency. Providers are to provide Pathway Team with the two named people. This will ensure receipt if there is any staff sickness or annual leave. The original referrer will be included in the forwarding email for information purposes. For the more non-urgent cases, the Pathway Team will consider the service users' choice when selecting an appropriate provider, i.e. location, close friends currently receiving support, etc.

3. Provider to follow their own initial Needs and Risk Assessment Process (as they do currently) when assessing the referral. Permission from the service user **MUST** be obtained to share information with other providers. This information will be required if the case is refused for support. The timescale for the assessment is 3 – 4 days, with the outcome of the referral known within 7 days.

4. a. If not accepted, provider to refer back to Pathway Team. The responsible Pathway worker will then refer on to another relevant provider. At this stage, all of the above assessment paperwork MUST be sent with the referral to the pathway which must contain as much information as possible.

5. b. If accepted, provider to inform the pathway team in an email. However, if the needs of the service user are immediate, rather than place on the waiting list, please refer back to the pathway team who will then refer onto another appropriate provider who may have vacancies.

6. Support is refused – Send copy of the initial referral and assessment paperwork to the pathway team who will then discuss the reasons for refusal with the provider, and decide the best way forward.
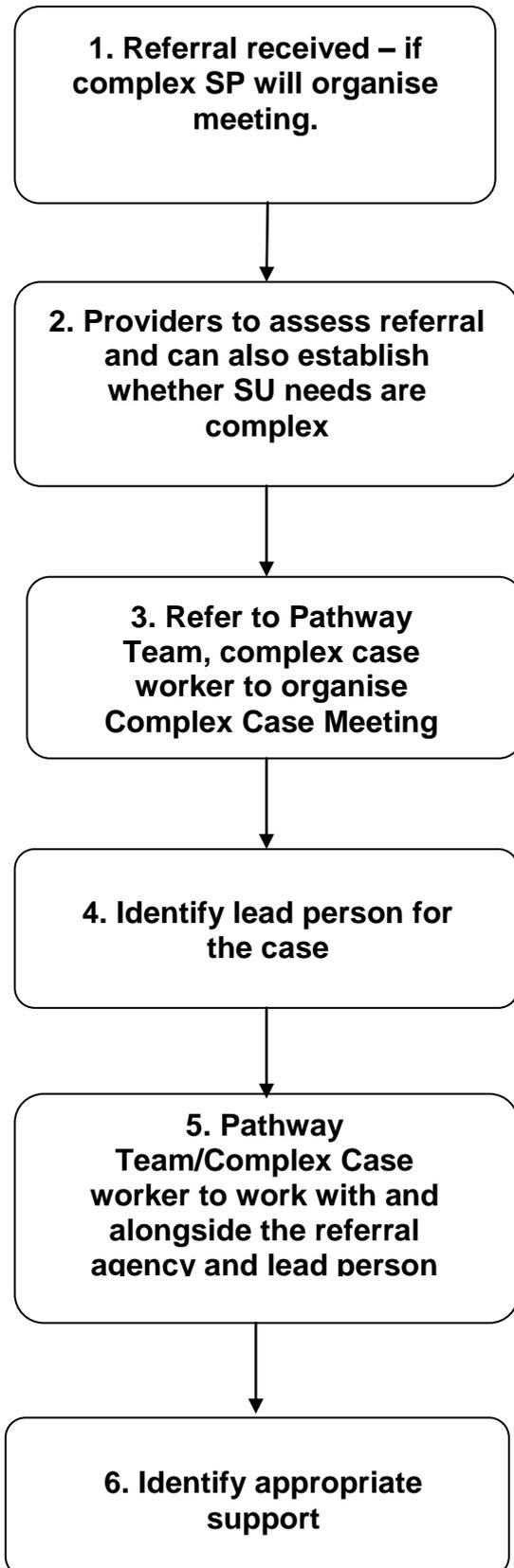
7.
Please Note: Complex Needs – The Pathway Team will arrange a complex meeting to identify and ensure that wrap around services are able to support the allocation of the individual. It is the responsibility of the provider to manage, identify and complete the risk assessments. The role of the coordinator is to arrange the Coordinator meeting and work alongside relevant services. It is not the responsibility of the coordinator to manage the risk for the Provider, but to support the provider and ensure that wrap around services are

in place. Please see diagram and guidance notes for the Complex Case Pathway on the following page for further detail.

The Housing Support Coordinator will keep a database of all referrals and outcomes.

Complex Case Meeting: Access to Support
Pathway-In for Supported Housing Services

1. Referral received – if complex SP will organise meeting.

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2. Providers to assess referral and can also establish whether SU needs are complex

↓

3. Refer to Pathway Team, complex case worker to organise Complex Case Meeting

↓

4. Identify lead person for the case

↓

5. Pathway Team/Complex Case worker to work with and alongside the referral agency and lead person

↓

6. Identify appropriate support

What is meant by 'complex case'?

- Repeat presentations
- Evictions
- Abandonment
- Complex needs
- High risk

Guidance Notes for the Complex Case Process

1.   Referral received.

2.   The provider receiving the referral undertakes the initial needs and risk assessment, and if it is assessed that the referral has complex support needs, the following steps should be taken. In some cases the Pathway Workers will arrange a complex case meeting in order to share information and work with multiple providers to establish an appropriate project according to needs identified.

3.   Forward the referral along with all relevant assessment paperwork containing as much detail as possible to the Pathway Worker who will organise and facilitate a complex case meeting.

4.   During the meeting, members will identify the lead person, usually the referrer. The lead agency will work in partnership with the other services involved to ensure that the allocation has the best chance possible of succeeding.

5.   The Pathway Worker and other group members will work together and establish the best possible way to reduce the potential for complex people not accessing, or engaging, in support services.

6.   The complex meeting will identify the correct support provider and wrap around services to ensure the allocation/support is coordinated, and a clear pathway is established

Please Note: There are no specific timescales allocated to this process due to the variance of cases and officer availability. The complex process is not to be used as a tool to manage risk, it is the providers responsibility to assess the risk and the complex process will identify the wrap around services required to support the allocation.

Appendix A – Housing Related Referral Form

Person this form is about:

First Name	
Last Name	
Date of Birth	Age:
NHS Ref	
LA Ref	
Address	
Postcode	
Telephone	
Email	
Gender	Male ☐ Female ☐ Other ☐

Person completing this form:

First Name	
Last Name	
Job Title	
Organisation	
Section	
Address	
Postcode	
Telephone	
Mobile	
Email	

Professional relationship

Reason for making this referral   Support needs ☐   Accommodation needs ☐

Have you been referred for support before?   Yes ☐ No ☐   If yes, when?

Do you wish to live independently after support?   Yes ☐   No ☐

Are you able to financially 'Move-on' from supported housing?   Yes ☐   No ☐

Household:

Do you currently live with a partner?   Yes ☐   No ☐

First Name	Last Name	Date of Birth	Gender

Do you have any dependent children who live with you?   Yes ☐ No ☐   Number if yes

First Name	Last Name	Date of Birth	Gender

Are you pregnant?   Yes ☐   No ☐   Due date

Do you have any dependent adults who live with you?   Yes ☐ No ☐   Number if yes

First Name	Last Name	Date of Birth	Gender

Other services:

	Name	Contact email/telephone
Adult Social Services ☐		
Children & Family Social Services ☐		
Probation Service ☐		
Youth Justice Service ☐		
Substance Misuse Service ☐		
Community Mental Health Service ☐		
Child & Adolescent MH Service ☐		
Forensic Mental Health Service ☐		
Housing related support ☐		
Other		

Support needs:	Please provide details of needs and any other relevant information.

Accommodation needs:	Please provide details of needs and any other relevant information.

Accommodation history:	Please provide relevant details of previous accommodation, including eviction, exclusion/blacklist, arrears or other issues.

Risk:	Please provide details of all known indications of risk to self, staff or other people:

Preferences	Intensity:	Low	Medium	High	Not known	Temporary	Long term
Floating support		☐	☐	☐	☐	☐	☐
Self contained supported housing		☐	☐	☐	☐	☐	☐
Shared supported housing		☐	☐	☐	☐	☐	☐
Sheltered housing		☐	☐	☐	☐	☐	☐
Supported lodgings		☐	☐	☐	☐	☐	☐
Refuge or safe house		☐	☐	☐	☐	☐	☐
Short term hostel		☐	☐	☐	☐	☐	☐
Residential rehabilitation facility		☐	☐	☐	☐	☐	☐
Nursing or residential care home		☐	☐	☐	☐	☐	☐
Other		☐	☐	☐	☐	☐	☐

Please provide further details including any preference for particular services.
(Please note that we cannot guarantee a referral to this service)

Person completing this form:	Signature:		Date:	

Appendix B - Housing Related Support Referral Guidance

Housing Related Support Referral Form

Guidance for Completing the Form

1. General

This Referral form is mandatory for all referrals to Denbighshire Supporting People services via the Single Pathway from 1st April 2012. Referrals will not be accepted if the form is not fully completed.

Referrals will not be accepted unless accompanied by a completed needs mapping form.

The form collects all the relevant details needed for the Denbighshire Housing Support Coordinator to process referrals and to effectively prioritise and allocate service users to appropriate support projects.

- The form should be completed with anyone who is referred (or presents) for a housing related support service in Denbighshire.

- This includes anyone being assessed for a statutory service who has housing related support needs.

- The form should be completed with the person it is about whenever possible and appropriate.

- Please ask all of the questions on the form. It is very important that as much information as possible is collected.

- The Housing Support Coordinator will keep a record of those who have been referred and accepted into projects.

- Please email all completed forms to supporting.people@denbighshire.gov.uk with the Needs Mapping reference number.

2. Person this form is about

Person this form is about:		
First Name		
Last Name		
Date of Birth		Age:
NHS Ref		
LA Ref		
Address		
Postcode		
Telephone		
Email		
Gender	Male ☐ Female ☐ Other ☐	

Please provide the NHS and Local Authority reference numbers where these are known and where the person agrees to this. These will be used to help identify duplicate forms. The reference numbers should be those most commonly used to identify cases/casefiles in your organisation (e.g. for Social Services, the PARIS reference). If the information is not available or not relevant, please draw a line through the box.

3. Person completing this form

Please provide your full details so that we can contact you about the form if we need to (e.g. for further information about the referral, or to invite you to a meeting to discuss or plan an allocation to a support service).

We will also analyse this information to help understand where, how and when people with support or accommodation needs are presenting.

Person completing this form:	
First Name	
Last Name	
Job Title	
Organisation	
Section	
Address	
Postcode	
Telephone	
Mobile	
Email	

Professional relationship	

Please indicate the nature of your professional relationship with the person the form is about (e.g. are you the person's caseworker or similar?)

4. Reason for completing this form

Support needs ☐	Accommodation needs ☐

Please tick one or both boxes. Whichever box is ticked, please complete rest of the form.

Have you been referred for support before? Yes ☐ No ☐ If yes, when?

This will help to identify repeat presentations. Where the person has received support before, we will make sure that the new referral is discussed appropriately with all relevant agencies and workers to ensure the most effective allocation and improve the prospects of achieving sustainable outcomes wherever possible.

5. Household

Household:

Do you currently live with a partner? Yes ☐ No ☐

First Name	Last Name	Date of Birth	Gender

Do you have any dependent children who live with you? Yes ☐ No ☐ Number if yes ☐

First Name	Last Name	Date of Birth	Gender

Are you pregnant? Yes ☐ No ☐ Due date _____

Do you have any dependent adults who live with you? Yes ☐ No ☐ Number if yes ☐

First Name	Last Name	Date of Birth	Gender

Please only count dependent adults or children who usually live with the person at the time the form is completed. Please provide full details for all household members wherever possible.

6. Other Services

Other services:		Name	Contact email/telephone
Adult Social Services	☐		
Children & Family Social Services	☐		
Probation Service	☐		
Youth Justice Service	☐		
Substance Misuse Service	☐		
Community Mental Health Service	☐		
Child & Adolescent MH Service	☐		
Forensic Mental Health Service	☐		
Housing related support	☐		
Other			

Please tick all services which are in place at the time the form is completed and provide contact details wherever possible

The "Housing related support" box only applies to Supporting People services which are already in place at the time the form is completed.

7. Support needs

Please provide full details of the person's support needs and any other relevant information in the space provided.

8. Accommodation needs

Please provide full details of the person's accommodation needs and any other relevant information in the space provided.

9. Accommodation history

Please provide all known details of the person's accommodation history (including details of eviction, exclusion/blacklist, arrears etc) and any other relevant information in the space provided.

This information will be used to make an effective and appropriate allocation to a suitable support project wherever possible by identifying potential issues in advance. Referrals will not be excluded automatically on the basis of a difficult or complex accommodation history. This would be contrary to the ethos of the Supporting People programme. Previous eviction, exclusion/blacklist, arrears etc may be indicators of high support needs or other issues.

However, please be aware that previous difficulties or disputes with individual Denbighshire Supporting People projects may make allocations more challenging.

10. Preferences

Please tick the one option which most closely describes the person's preference. If none of the available options apply, please tick the "Other" box.

Please provide full details of the person's preferences in the space provided, including preferences for particular support projects or providers. Please indicate whether the

preferred service has been identified by the person completing the form or by the person the form is about.

Please note that we cannot guarantee to allocate any individual referral to any specific service and that you should make this clear to the person the form is about.

Preferences	Intensity:	Low	Medium	High	Not known		Temporary	Long term
Floating support		☐	☐	☐	☐		☐	☐
Self contained supported housing		☐	☐	☐	☐		☐	☐
Shared supported housing		☐	☐	☐	☐		☐	☐
Sheltered housing		☐	☐	☐	☐		☐	☐
Supported lodgings		☐	☐	☐	☐		☐	☐
Refuge or safe house		☐	☐	☐	☐		☐	☐
Short term hostel		☐	☐	☐	☐		☐	☐
Residential rehabilitation facility		☐	☐	☐	☐		☐	☐
Nursing or residential care home		☐	☐	☐	☐		☐	☐
Other:		☐	☐	☐	☐		☐	☐

11. Risk

Risk:	Please provide details of all known indications of risk to self, staff or other people:

Please use the space provided to disclose all known information about risks associated with the person this form is about. Failure to disclose known risks may jeopardise the service user, support staff or members of the public. This will be taken very seriously and acted upon appropriately.

If there are no known risks, please state this clearly. Do not leave this section blank.

High levels of risk will be managed appropriately wherever possible and will not automatically exclude any referral from allocation to a suitable support project where available.

Please note that information about risks will be shared with support providers where this is relevant to a proposed allocation.

12. Signature and data protection notice

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 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 tick here if you consent for your information to be used in this way ☐

As the person completing the form, you must sign it and provide the date on which it was completed. If you do not sign and date the form it will be returned for you to do so.

The person this form is about must consent to their data being processed by being referred to Supporting People. Please be sure to read and explain this to them.

Appendix C – Needs Mapping Form

Needs Mapping Form

The Housing and Support Needs mapping form should be completed for anyone who is referred (or presents) for a service and who has accommodation needs or housing related support needs. The purpose of the form is to collect information to demonstrate need, which is used to help plan and develop support and accommodation services across North Wales. Your cooperation in completing this form is greatly appreciated.

Progress: Step 1 of 5

Local Authority *   [Please Select ▾]

Person this form is about

Date of birth   [ ]

Age *   [ ]

Gender *   ○ Male ○ Female ○ Other

Current / previous member of UK Armed Forces   ☐

Person completing this form

First name *   [ ]

Last name *   [ ]

Organisation *   [ ]

Email *   [ ]

Date this form completed *   [08/07/2014]

Reason for completing this form

Support needs   ☐

Accommodation needs   ☐

Have you filled in a Needs Mapping / Housing & Support Needs form before? *   ○ Yes ○ No

Household

Do you currently live with a partner? ○ Yes ○ No

Do you have any dependent children who live with you? ○ Yes ○ No

Are you pregnant? ○ Yes ○ No

Do you have any dependent adults who live with you? ○ Yes ○ No

Next >

16

Needs Mapping Form

Current Services

Adult Social Services	☐	Children & Family Services	☐
Community Drug and Alcohol Service	☐	Housing related support	☐
		Probation Service	☐
Youth Justice Service	☐	Community Mental Health Service	☐
Child and Adolescent Mental Health Service	☐	Forensic Mental Health Service	☐

Support Needs

Domestic abuse	☐	Learning difficulties	☐
Mental health	☐	Alcohol	☐
Drugs	☐	Refugess / immigration	☐
Physical / sensory disability	☐	Vunerable young person	☐
Offending	☐	Generic	☐
Chronic illness	☐	Vulnerable older person	☐
Lead need	Please Select ▾		

Target Outcomes

Feeling safe	☐	Safety of self / others	☐
Accommodation	☐	Relationships	☐
Community inclusion	☐	Managing money	☐
Education / Learning	☐	Employment / volunteering	☐
Physical health	☐	Mental health	☐
Healthy & active lifestyle	☐		

< Back   Next >

17

Needs Mapping Form

Accommodation needs

Are you Homeless?   ○ Yes ○ No

Notice of eviction / repossession ☐   Condition / suitability of property ☐

Rent / Mortgage arrears ☐   Family / relationship breakdown ☐

Neighbour disputes / harassment ☐

Current location

Location   [Please Select ▾]

Which town/area?   [   ]

Time at current location   [Please Select ▾]

Please choose from either **Accommodation** *or* **No fixed abode.**

Current accommodation

Accommodation   [Please Select ▾]

Other   [   ]

Are you currently living long term in
the home of family or friends?   ○ Yes ○ No

No fixed abode

No fixed abode   [Please Select ▾]

Other   [   ]

Previous location

Location   [Please Select ▾]

Which town/area?   [   ]

[< Back] [Next >]

18

Needs Mapping Form

Survey of preferred location, accommodation and support needs

Anglesey	☐	Conwy	☐
Denbighshire	☐	Flintshire	☐
Gwynedd	☐	Wrexham	☐
Other UK	☐	Another country	☐
Which town/area?	[ ]		

Please select options from either **General Needs** *or* **Supported Accomodation**.

General Needs

First Choice   [Please Select ▼]

Second Choice   [Please Select ▼]

If other, please specify   [   ]

Supported accommodation and floating support

First Choice   [Please Select ▼]

Second Choice   [Please Select ▼]

If other, please specify   [   ]

Carer

Do you provide unpaid daily care to someone who otherwise couldn't manage?   ○ Yes ○ No

Ethnicity

White	○ White
Mixed	○ White & Black Caribbean ○ White & Black African ○ White & Asian ○ Other
Asian or Asian British	○ Indian ○ Pakistani ○ Bangladeshi ○ Chinese ○ Filipino ○ Other
Black or Black British	○ Caribbean ○ African ○ Other
Other Groups	○ Arab ○ Gypsy / Traveller ○ Other

[< Back]   [Next >]

19

Needs Mapping Form

Nationality

Nationality   [Please Select ▾]

Preferred Language

Language   [Please Select ▾]

Other   [   ]

Religion

Religion   [Please Select ▾]

Disability

Mobility impairment	☐	Sight impairment	☐
Hearing impairment	☐	Dexterity impairment	☐
Learning difficulty	☐	Mental health	☐
Other impairment	☐		

Gender

Is your gender now the same as that
assigned to you at birth?   ○ Yes ○ No

Sexual orientation

Sexual orientation   [Please Select ▾]

I UNDERSTAND that the information I have provided will be processed by Conwy County Borough Council, Denbighshire County Council, Flintshire County Council, Gwynedd County Council, Isle of Anglesey County Council and Wrexham County Borough Council for the purpose of mapping the need for housing related support services. I understand that any 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 any personal data held about me and to correct any inaccuracies.

Please tick here if you consent for
your information to be used in this
way   ☐

[< Back]   [Submit]

20

Appendix D – Needs Mapping Guidance

Housing & Support Needs Mapping Form

Guidance for Completing the Form

1. General

The Housing and Support Needs Mapping form collects information to help with planning and developing support and accommodation services across North Wales.

- The form should be completed with anyone who is referred (or presents) for a service and who has accommodation or housing related support needs.

- This includes anyone being assessed for a statutory service who has accommodation or housing related support needs.

- The form should always be completed with the person it is about

- Please ask all of the questions on the form if at all possible. The information requested on this form is all relevant to the future planning and development of support and accommodation service across North Wales. It is very important that as much information as possible is collected.

- Please make it clear that people are free to choose not to answer any question. If a person doesn't wish to answer a question or section, please draw a line through it.

- In 2014, the online Needs Mapping form was launched – please follow the 3 step process below when referring into Supporting People:

  Step 1 – complete a needs mapping form online:
   English   https://forms.denbighshire.gov.uk/NEEDSMAPPINGPUBLIC/en-gb
   Welsh   https://forms.denbighshire.gov.uk/NEEDSMAPPINGPUBLIC/cy-gb

  Step 2 – when you click 'submit' at the end, a reference number will appear on the screen. You will also receive a confirmation email with this reference number.

  Step 3 – complete a referral form and email it to supporting.people@denbighshire.gov.uk with the needs mapping reference number. The easiest way to do this is to 'forward' the confirmation email with the referral attached.

2. Local Authority

Local Authority *	Please Select ▾

Please select the local authority the person is currently residing in.

3. Person this form is about

Person this form is about	
Date of birth	
Age *	
Gender *	○ Male ○ Female ○ Other
Current / previous member of UK Armed Forces	☐

The person's name is not needed as the data on this form is being collected to map needs across North Wales and does not need personally identifiable information.

Please complete the person's "Gender" and "Date of Birth" or, if unknown, their "Age". This enables us to identify any patterns in demand across gender and age categories.

The question on membership of the UK Armed Forces will be used to check that current and previous members of the Armed Forces are able get support when they need it.

4. Person completing this form

Person completing this form

First name *	
Last name *	
Organisation *	
Email *	
Date this form completed *	08/07/2014

Please provide your details so that we can contact you about the form if we need to. If you work within a large organisation which has a number of projects or departments (such as local authority), please also include your project/department name in the Organisation box. We will analyse this information to help understand where, how and when people with support or accommodation needs are presenting.

Please insert the date the information was collected from the service user. This enables us to identify the level of demand at any one time and identify any seasonal patterns.

5. Reason for completing this form

Reason for completing this form

Support needs	☐
Accommodation needs	☐

Please tick one or both boxes. Whichever box is ticked, please complete as much of the rest of the form as possible. This will also help identify what service is required.

Have you filled in a Needs Mapping / Housing & Support Needs form before? * ○ Yes ○ No

This will help to make sure that people's information is not counted more than once. If a needs mapping form has been completed before, even a rough date will be helpful.

6. Household

Household

Do you currently live with a partner? ○ Yes ○ No

Do you have any dependent children who live with you? ○ Yes ○ No

Are you pregnant? ○ Yes ○ No

Do you have any dependent adults who live with you? ○ Yes ○ No

Please only count dependent adults or children who usually live with the person at the time the form is completed.

7. Current Services

Current Services

Adult Social Services	☐	Children & Family Services	☐
Community Drug and Alcohol Service	☐	Housing related support	☐
		Probation Service	☐
Youth Justice Service	☐	Community Mental Health Service	☐
Child and Adolescent Mental Health Service	☐	Forensic Mental Health Service	☐

Please tick all services which are in place at the time the form is completed.

Please note, the "housing related support" box only applies to Supporting People services which are already in place at the time the form is completed.

8. Support needs

Support Needs

Domestic abuse	☐	Learning difficulties	☐
Mental health	☐	Alcohol	☐
Drugs	☐	Refugess / immigration	☐
Physical / sensory disability	☐	Vunerable young person	☐
Offending	☐	Generic	☐
Chronic illness	☐	Vulnerable older person	☐
Lead need	Please Select ▾		

These are based on the Welsh Government's client groups for Supporting People services. Please tick only those which are actually relevant to the person this form is about. Please then ask the person to pick which one of the relevant options is the most important and enter this in the "Lead need" box. Please note. "Generic" refers to *Generic Floating support to prevent homelessness (tenancy support services which cover a range of user needs but which must be exclusive of fixed site support).*

Please note that this section is particularly important to the development of Supporting People services for North Wales and any relevant support needs must be recorded and a Lead Need identified.

9. Target outcomes

Target Outcomes

Feeling safe	☐	Safety of self / others	☐
Accommodation	☐	Relationships	☐
Community inclusion	☐	Managing money	☐
Education / Learning	☐	Employment / volunteering	☐
Physical health	☐	Mental health	☐
Healthy & active lifestyle	☐		

These are based on the Welsh Government's Outcomes Framework for Supporting People services. Again, please tick only those which are actually relevant to the person this form is about.

10. Accommodation needs

Please try to complete the relevant parts of this section whether the form is mainly about support needs or accommodation needs.

Accommodation needs

Are you Homeless?	● Yes ○ No
Please tick if you have nowhere to stay tonight	☐

If you answer "Yes" to "Are you Homeless?", you will be asked if the person the form is about has nowhere to stay tonight.

Accommodation needs

Are you Homeless?	○ Yes ● No
Are you at risk of homelessness in the next 2 months?	○ Yes ● No
Are you at risk of homelessness in the long term?	● Yes ○ No

If you answer "No", further questions will appear to determine whether there is an imminent risk of homelessness or not.

If the answers show that the person the form is about is either homeless of potentially homeless (i.e. if any of the questions are answered "Yes"), please answer the section below.

Notice of eviction / repossession	☐	Condition / suitability of property	☐
Rent / Mortgage arrears	☐	Family / relationship breakdown	☐
Neighbour disputes / harassment	☐		

If the person is not homeless or potentially homeless, ignore this question.

11. Current location

Current location

Location	Please Select ▾
Which town/area?	[ ]
Time at current location	Please Select ▾

Please tick the one county or place where the person is living at the time the form is completed. Please also type the name of their town in the box.

Please select the one option which most closely matches the time the person has spent at their current address.

If your service is a direct access hostel or refuge, please complete this section with details of where they were living immediately prior to accessing your service.

12. Current accommodation

Please choose from either **Accommodation** or **No fixed abode**.

Current accommodation

Accommodation	Please Select ▾
Other	
Are you currently living long term in the home of family or friends?	○ Yes ○ No

No fixed abode

No fixed abode	Please Select ▾
Other	

In the current accommodation section please either answer the "Accommodation" questions (for those people who have been living in a more settled, long term home), or the "No fixed abode" questions. You will not be able to provide answers for both sets of questions.

For fixed accommodation, please select the one option which applies to the person's circumstances at the time the form is completed. If none of the options apply and the person lives in a type of fixed accommodation which is not listed, please select "Other" and type the details in the text box.

In addition, please indicate whether the person the form is about has been living in a settled, long term arrangement in the home of family or friends (e.g. their parents' home). If the person is living temporarily with family or friends in a short term or unsustainable arrangement, please move on to the "No fixed abode" questions and select the "Family or friends short term" option from the drop-down box.

For people with no fixed abode, please select the one option which most closely describes the person's circumstances at the time the form is completed. If none of the options apply, please select "Other" and type the details in the text box.

13. Previous location

Previous location

Location	Please Select ▾
Which town/area?	

Please select the one option which applies to the person's most recent previous address and also provide the name of the town.

If your service is a direct access hostel or refuge, please complete this section with details of where they were living before their last address, e.g. if the person lived in Prestatyn from 2010-12, then lived in Ruthin from 2012 until they moved into your service, their "previous location" would be Prestatyn.

14. Survey of preferred location

This section collects information about people's location preferences. This information may be used to inform the commissioning or remodelling of accommodation and support

services. Answers to these questions will not have any effect on individual referrals for support or applications for housing.

Survey of preferred location, accommodation and support needs

Anglesey	☐	Conwy	☐
Denbighshire	☐	Flintshire	☐
Gwynedd	☐	Wrexham	☐
Other UK	☐	Another country	☐
Which town/area?			

Please tick the one county or place where the person the form is about would prefer to live. If the person has a particular preference for a specific town or area, please type this in the text box.

15. Survey of preferred accommodation

This section collects information about peoples preferred accommodation choices to help plan services. Please make sure that the person the form is about understands that answering these questions will not affect any decisions about individual referrals or applications for either support or accommodation.

> Please select options from either **General Needs** *or* **Supported Accomodation**.

General Needs

First Choice	Please Select ▾
Second Choice	Please Select ▾
If other, please specify	

Supported accommodation and floating support

First Choice	Please Select ▾
Second Choice	Please Select ▾
If other, please specify	

Firstly, if the person this form is about has accommodation needs, it will be necessary to ask the person whether they would prefer general needs accommodation where they can live independently, e.g. a housing association or private rented property, or some kind of supported accommodation project.

Please answer either the "General Needs" questions or the "Supported accommodation and floating support" questions. Please do not provide answers for both sets of questions.

For "General Needs", please select the one option which most closely matches the person's preference. If none of the options apply and the person would prefer another type of accommodation which is not listed, please select "Other" and type the details in the text box.

For people who would prefer supported accommodation, please select the one option which most closely describes the person's preference. If the person would prefer supported accommodation but none of the available options apply, please select "Other" and type the details in the text box.

If the person this form is about already has support needs only, please select "Floating Support" listed under "Supported accommodation and floating support".

16. Equality information

The information collected here will help to show that we take account of the legal duties and responsibilities included in the Equality Act 2010 when planning and developing support and accommodation services.

For example, if the information from needs mapping forms is compared to information from support projects, we will be able to see whether there are any groups of people who seem to be less likely to get a service than others. We will be able to investigate further to see if there are any barriers we haven't considered.

Please again make sure that the person the form is about understands why these questions are included on the form. The information requested here may be more sensitive and personal than on the rest of the form, so please make sure that the person is happy to answer them.

If possible, you may wish to allow the person to read the questions before you ask them. Alternatively, you may wish to explain the kinds of areas covered by the questions before starting on the section where this is appropriate.

Carer

Do you provide unpaid daily care to someone who otherwise couldn't manage?	○ Yes ○ No

Ethnicity

White	○ White
Mixed	○ White & Black Caribbean ○ White & Black African ○ White & Asian ○ Other
Asian or Asian British	○ Indian ○ Pakistani ○ Bangladeshi ○ Chinese ○ Filipino ○ Other
Black or Black British	○ Caribbean ○ African ○ Other
Other Groups	○ Arab ○ Gypsy / Traveller ○ Other

Nationality

Nationality	Please Select ▼

Preferred Language

Language	Please Select ▼
Other	[ ]

Religion

Religion	Please Select ▼

Disability

Mobility impairment	☐	Sight impairment	☐
Hearing impairment	☐	Dexterity impairment	☐
Learning difficulty	☐	Mental health	☐
Other impairment	☐		

Gender

Is your gender now the same as that assigned to you at birth? ○ Yes ○ No

Sexual orientation

Sexual orientation   [Please Select ▼]

As with the rest of the form, please ask all of the questions in the section if at all possible. Please make sure you find out if there are particular questions the person is uncomfortable with and leave those out if necessary. Please try to ask as many of the questions as the person is comfortable with.

If there are any questions that the person the form is about would prefer not to answer, leave that question blank.

The information requested in this section is very important to the development of services. Routinely failing to complete this section may make it more difficult for us to show that we comply with the Equality Act 2010 and so will not be acceptable.

17. Data protection notice

I UNDERSTAND that the information I have provided will be processed by Conwy County Borough Council, Denbighshire County Council, Flintshire County Council, Gwynedd County Council, Isle of Anglesey County Council and Wrexham County Borough Council for the purpose of mapping the need for housing related support services. I understand that any 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 any personal data held about me and to correct any inaccuracies.

Please tick here if you consent for your information to be used in this way   ☐

[< Back] [Submit]

The person this form is about must consent to their data being processed for the purposes of mapping need for housing related support services. Please be sure to read and explain this to them, highlighting to them that their data remains anonymous. The form cannot be submitted without confirming in the check box that the person has consented.

When the form is complete and you are happy that the information is correct, click "Submit". You will receive a confirmation message on your screen as shown in the example below, with the reference number you will need to submit to Supporting People along with your referral.

Confirmation

Thank you, your from has been logged successfully

A confirmation email has been sent to name@organisation.com

Your Reference number is: 8259

Please click here to create a new form.

Appendix E: Move On Process

Move On process from Supported housing/ Housing Options

As from April 2012, Denbighshire County Council Housing Options Team will work with Support Providers and Service Users to address Move-on. This will replace the Move-on Panel. Please contact The Housing Options Team on 01824 712930.

Provider at 6 month stage of tenancy must contact Housing Options to arrange a Move On Meeting. Both the service user and support worker will be given a date to attend a meeting with Housing Options.

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At the meeting Move On options will be explored and a realistic Move On Plan with actions will be developed. The Plan will be monitored by Housing Options and a review date will be given at the initial meeting.

↓

Housing Options will liaise with the Pathway Team and a record of progress will be kept.

↓

The provider must update Housing Options about any changes to the circumstances of the service user they are supporting with regards to the Move On Plan.

↓

The Move On plan will be reviewed and both the service user, support worker must attend the review meetings with Housing Options

Appendix F – Frequently Asked Questions
<u>**FAQ's**</u>

Q1. What about self referrals?

If you receive a self referral, please complete the referral form and email it to the Pathway with the date of the assessment wrote on it. If you receive a referral from another agency, please tell them to refer via the Pathway Team.

Q2. As a Provider do we still carry out allocation assessments?

Yes the provider is responsible for carrying out all assessments, allocating and completing risk assessments. Pathway Team will not complete any assessments.

Q3. Who is responsible for Risk Assessments and Managing the Risk?

The provider is responsible for assessing and completing the Risk Assessment, as well as managing the risk.

Q4. Will the Coordinator tell providers who they have to accept into services?

No the provider will need to carry out all assessments and allocate bearing in mind the current needs of the current service users in that service. It is the responsibility of the provider to feedback to the Pathway Team the outcome of the referral.

Q5. What about voids?

It is the responsibility of the provider to let the Pathway Team know if a vacancy is coming up. This will ensure that the referral/allocation process can begin and prevent a void.

Q6. Do Providers still need to complete Needs Mapping forms?

No as the new Single Pathway referral form provides the Needs Mapping information. The only exception are the Refuges in Denbighshire which accept direct referrals and so must complete their own Needs Mapping forms.

Q7. Does the Service User have a choice?

Yes on the referral form, the person completing the form is asked if the service user has any preferences.