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#  Nomination for Families Pathway

## Guidance

## The Families Pathway is for families experiencing homelessness and it offers accommodation in properties across the Island, with attached support. To access this pathway the family must be registered with the Isle of Wight Council housing department as homeless.

## We are going to ask some questions to find out what support we can give to help you best. If any question is uncomfortable, let us know. We can stop and give you a break.

Do you have any disability we should know of to support you to complete this form?

(For example, learning / hearing / visual / other)

**Date of form completion:**

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| **Family details** |
| Title: First name:Last name:Preferred name:Sex (at birth): | Date of birth:Ethnicity:National insurance number:Phone:Email:  |
| **Second parent**Title: First name:Last name:Preferred name:Sex (at birth):  | Date of birth:Ethnicity:National insurance number:Phone: Email: |
| **Emergency contact name and phone:** |
| **Children’s names and birth dates:** |
| **Housing situation** (circle one)Owner/occupier / private rental / housing association / lodging / homeless Current address:Postcode:Is your family in receipt of housing benefit? Yes / No / UnknownLandlord’s name:How long have you lived on the Island? Previous addresses for past five years: Does your family have furniture and white goods? Yes / NoPlease state what is required: |
| **Further considerations**How are/were relationships with neighbours in your current or previous property? Are you looking to get support to help address any rent or service charges that you struggled with in your last accommodation? |
| **Your family’s existing services** Give details of any support services in place:If the service is working with a child or children in your family, provide children’s full name(s):Who is the contact for these services?  How often does the person see them?                                      How long have they been seeing them?How are they making a positive difference for your family?Tell us about any Common Assessment Frameworks (CAF) in place that have helped any child in your family with additional needs?  |
| **Which areas can we help you work on to make positive changes in your life?**(Select all that apply) |  |
| Find long-term accommodation |  |
| Pay off rent or mortgage arrears |  |
| Deal with being evictedWhen do you have to leave your accommodation? |  |
| Budget your finances |  |
| Manage your debt |  |
| Find work |  |
| Apply for or renew welfare benefits |  |
| Build good relationships with people |  |
| Get involved with community activities and do things you enjoy |  |
| Find training and education that interest you |  |
| Access health services |  |
| Feel safe within yourself and at home |  |
| Build confidence and independence |  |
| Access parenting support programmes |  |
| Tell us about any other support needs which are not currently being met: |

**Your safety plan**

This is your safety plan. It makes us aware of the personal safety of you and your family. We need to share this information with Southern Housing to see what your family is currently managing well and what you may need support with.

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| Safety area | Details of identified area and any triggers | Measures to improve safety |
| **Housing need** How is your housing situation? | Consider if sleeping rough, facing eviction or have an NTQ, hoarding, property issues, sofa surfing. | Referrals to Housing Department, rent deposit, Island Homefinder, Children’s Service, Housing Renewal |
| **Finances**How are you managing your money? | Consider benefits, working life, debts, financial stability. | Referrals made, payment plans, debt agencies. |
| **Parenting Skills** Tell us about any areas in parenting you want to work on? | Life skills, previous struggles, trauma | Referrals made, parenting courses |
| **Physical health** How is your physical health? | Consider mobility, how they manage | Services involved, referrals made, coping strategies, medication, aids, and adaptations |
| **Mental health** How are you mentally coping? | Consider trauma, mental health, services involved, how they manage, self-harm, suicide, adverse childhood experiences, triggers | Referrals made, services involved, coping strategies, what to do in a crisis, medication, counselling |
| **Ways of coping** How do you cope when you have difficult times? | Consider healthy coping mechanisms and unhealthy ones, which could include illegal drugs, misusing prescription drugs, alcohol issues, gambling | Referrals made, recovery stage, alternative coping strategies, what works best and which services involved, Inclusion |
| **Harm from others** How safe do you feel around others? | Consider difficult relationships, domestic abuse, exploitation, safety, emotions, trauma | Referrals made Paragon or Hampton Trust, other services involved, safety measures, injunctions, behaviour change programs, such as, FREEDOM, ACES |
| **Harm to Others** Do you ever act in ways that would make people worried or feel unsafe? | Consider violence, domestic abuse, trauma, offending behaviour. | Probation, On Tag, Referrals made to Hampton Trust, ADAPT, Caring Dads, ACES |
| **Convictions** Has anything happened in your life that you have later regretted? | Consider previous convictions, ASB, sex offences | Referrals made, services involved, protective factors |

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| Nomination details:**Nomination to property address:****Type of property:****Number of bedrooms:** **Type of tenancy – six-month assured shorthold:**An offer of the property to the family will be subject to a satisfactory pre-tenancy interview with the Southern Housing Service Coordinator. Housing-related support will be delivered by Southern Housing and will be a condition of the tenancy.**Officer making the nomination:**  |
| Submitting the referralComplete all sections of the form before submission. Send this form to both:**Families Pathway Service:** AllatYarboroughHouse@shgroup.org.uk**Homeless Intervention Support Team:** homelesscommunitysupport@iow.gov.uk |

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| **Status of application (tick as appropriate)** |
| Referral from another agency  |  |
| Prevention of homelessness |  |
| Homelessness application – Under Investigation |  |
| Homelessness application – Accepted  |  |

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| **Privacy notice** We are the data controller for the personal information you provide on this form. Our Data Protection Officer can be contacted at dpo@iow.gov.uk. You can phone 01983 821000 or write to us at County Hall, High Street, Newport, IW PO30 1UD.Your information will be used to assess whether you are eligible to receive community support and decide which support provider(s) would best suit your needs. The information may also be used for research when planning for future homeless prevention and community support services. Data protection law describes this legal basis as necessary for the performance of a task carried out in the public interest. Your personal data may be shared with our other teams such as Adult Social Services, Children’s Social Services, Strengthening Families, and Housing Renewal, or other homeless support providers for the purpose of processing your referral. We may also share it with other local authorities or debt collection agents, if necessary, for the collection of a council tax debt. We may share the data with third parties if required by law. This may include the police or government agencies.We will keep your personal data for as long as we need to per legislation or our operational requirements. For more information, visit [www.iow.gov.uk](http://www.iow.gov.uk), or email information@iow.gov.uk, or dpo@iow.gov.uk, such as:* how your information is used
* how we maintain the security of your information
* your rights
* how to access information we hold on you
* how to complain if you have any concerns about how your personal details are processed.
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