# Single housing pathway referral form

## Guidance

This section helps you to complete this form and enable you to choose the most appropriate pathway for the client. All answers should be written from the client’s viewpoint with clear notes when the information is stated in your opinion.

Complete all sections of this form with the client before submission; incomplete, inaccurate, or illegible forms will be returned to you.

Ensure you have also completed a [Homelessness enquiry form](https://www.iow.gov.uk/forms/form/start-page?pubKey=hseenquiryNS) or [Public bodies homelessness referral](https://www.iow.gov.uk/housing-and-adult-social-care/housing-services/professionals-partners-and-community-interest/duty-to-refer/) before submitting this form. Or you can call our housing services on 01983 823040.

Confirm the person being referred has a local connection under homelessness legislation.

## In this form

### Does the client have somewhere to stay tonight?

This section looks at the client’s current circumstances. Provide as much information as you can because this will help services to locate the client.

### What the client wants to happen?

When speaking to a client, it is important to be aware that the person may have experienced trauma and may not know it. Or they may not be able to put it into words or express their feelings about what has happened. Ask open-ended questions, be patient, and sympathetic. Ask what is going well for them to build on. Record any historic information that may support their application.

**The client’s safety plan**

This section is vital to keep the client and others safe. Make sure it is dated and fully completed. Establish the current circumstances by exploring what they are managing with and what can be built on. If you have already gained information that is required in the safety plan, there is no need to get the person to repeat their story.

**Choosing a pathway service**

Discuss the pathway stages available to the client considering which stage would best suit their needs. Then, together with the client, choose the service they would prefer. They can select more than one service provision within a single stage, but they cannot select services from both stages. We may offer alternative services or signpost to other agencies following a review of the referral.

Where clients are confirmed as sleeping rough, they may also be considered for the assessment hub at Howard House. For those who have been street homeless for long periods of time, or who have had numerous unsuccessful accommodation stays, a referral may be made to Housing First. This will be discussed within a weekly panel meeting.

**If you have any questions about completing this form, email** [HomelessIntervention@iow.gov.uk](mailto:HomelessIntervention@iow.gov.uk) **for advice.**

## Initial assessment for single housing pathway

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:**

|  |  |
| --- | --- |
| **Your details** | |
| Title:  First name:  Last name:  Preferred name:  Sex (at birth): | Date of birth:  Age:  Ethnicity:  National insurance number:  Housing benefit number: |
| Email:  Phone:  Address or sleep site:  Postcode: | How long have you lived on the Island?  Type of accommodation (you live in):  Landlord’s name and phone:  Date accommodation is needed: |
| Referrer’s name: Organisation:  Email: Phone: | |
| **Your support services**  Give details of any support services you have in place:  Who is your contact for these services?  How often do you see them?      How long have you been seeing them?  How are they making a positive difference for you? | |

|  |
| --- |
| **Do you have somewhere safe to stay tonight?**  (If no, and in a tent or a car, tell us the colour and details or features, such as nearest landmarks, and use [what3words](https://what3words.com/pretty.needed.chill). If staying with someone, state the address and whose property it is. Tell us how, when, and where you can be contacted if none of these apply.) |
| **What do you want to happen?**  (Reason for referral, including what is going well and what are you managing well with**.** State what you would like support with. Also, provide all information of any previous supported accommodation, including dates and reasons for moving on.) |

**Your safety plan**

This is your safety plan. It makes us aware of your personal safety. We will need to share this information with the organisation(s) that will support you to see what you are currently managing well and what you may need support with.

|  |  |  |
| --- | --- | --- |
| 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. | Assessment hub, engage with housing, rent deposit, refer to outreach. |
| **Finances**  How are you managing your money? | Consider benefits, working life, debts, financial stability. | Referrals made, payment plans, debt agencies. |
| **Physical health**  How is your physical health? | Consider mobility, services involved, referrals made, how they manage. | Referrals made, services involved, 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, navigators what to do in a crisis, medication, counselling. Consider supportive people in life. |
| **Ways of coping**  How do you cope when you have difficult times? | Consider healthy coping mechanisms and unhealthy ones which could include illicit drugs, misusing prescription drugs, alcohol issues, gambling. | Referrals made, recovery stage, alternative coping strategies, what works best, and which services are involved? |
| **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. |
| **Harm to Others**  Do you ever act in ways that would make people worried or feel unsafe? | Consider violence, domestic abuse, trauma, offending behaviour. | Referrals made, services involved, protective factors & measures. Probation, On Tag, ACES. |
| **Convictions**  Has anything happened in your life that you have later regretted? | If convictions are known or disclosed, complete sections below. All types of convictions need to be reported for consideration when accessing shared, supported accommodation. | Shows motivation to change, registered MAPPA, IOM, behaviour change programs, referrals made, services involved, protective factors & measures. |
| **Adult sex offences**  Convicted or pending court case | All types of convictions need to be reported for consideration when accessing shared, supported accommodation. | Shows motivation to change, behaviour change programs, referrals made, services involved, protective factors & measures. |
| **Child sex offences**  Convicted or pending court case | All types of convictions need to be reported for consideration when accessing shared, supported accommodation. | Shows motivation to change, behaviour change programs, referrals made, services involved, protective factors & measures. |
| **Child Abduction Warning Notices**  (CAWNS) | Please provide all known information. |  |
| **Arson**  Convicted or pending court case | All types of convictions need to be reported for consideration when accessing shared, supported accommodation. | Shows motivation to change, behaviour change programs, referrals made, services involved, protective factors & measures. |
| **Violence**  Convicted or pending court case | All types of convictions need to be reported for consideration when accessing shared, supported accommodation. | Shows motivation to change, behaviour change programs, referrals made, services involved, protective factors & measures. |

**Choice of service**

Select which service might suit your needs best. You can select more than one service within a single stage, but you cannot select services from both stages.

In the future, if we establish this choice is not the right fit for you, you might be able to consider other services. We may also offer alternative services or signpost to other agencies following the initial review of this referral or after an assessment.

|  |  |  |
| --- | --- | --- |
| **Type of service** | **Service provision** | **Tick box** |
| **Stage 1**  Accommodation-based, intensive support service  For those who are assessed as having complex needs may likely require intensive, specialist support. Staffing is likely to be 24 hours per day, seven days per week. | Sovereign – The Foyer  for 16 to 30 years of age |  |
| Southern Housing (SH) – Atkinson House  for 16 to 18 years of age |  |
| SH – Sandham House  for 18 years of age and older |  |
| Salvation Army – Fellowship House  for 18 years of age and older |  |
| **Stage 2**  Accommodation service with support  For those who need support to develop the skills to live independently; individuals may be complex but are generally engaging with services to address their needs. Assessment of need and risk is primarily evaluated as medium or low. | Sovereign – The Foyer  for 16 to 30 years of age |  |
| Salvation Army – Melville St and The Priory  for 18 years of age and older |  |
| SH – Butler Gardens  for 18 years of age and older |  |
| Two Saints – Island wide for 18 years of age and older |  |
| SH – 54 St Johns Rd and Fairlee Rd  for 16 to 30 years of age |  |
| **Outreach**  Those who are homeless and need support to seek appropriate accommodation. | Homeless Outreach Service  Island-wide  for 18 years of age and older |  |

### Client comments and preferences

|  |
| --- |
| 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](mailto:dpo@iow.gov.uk). Or you can call 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 apply for accommodation and homeless intervention support and decide which type of service would best suit your needs. The information may also be used for research when planning for future homeless prevention 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 Care 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. Visit www.iow.gov.uk, or email [information@iow.gov.uk](mailto:information@iow.gov.uk) or [dpo@iow.gov.uk](mailto:dpo@iow.gov.uk) for more information, 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. |
| Submitting the referral When the form is completed, send to the [HomelessIntervention@iow.gov.uk](mailto:HomelessIntervention@iow.gov.uk) or by post to Homeless Intervention and Support Team, Floor 2, County Hall, Newport, Isle of Wight,PO30 1UD. |

Office Use Only: