## Mental Health Housing Related Support Service

## Referral Form

## This form should be completed by the referring professional with the referred person, as we cannot take self-referrals\* for this particular service within Live Well Kent, due to the type of provision and availability within the service.

## If you are interested in services in West Kent (including, Sevenoaks, Tonbridge & Malling, Tunbridge Wells & Maidstone), Canterbury and Coastal, and Ashford then please email:

## [livewellkentreferrals@shaw-trust.org.uk](mailto:livewellkentreferrals@shaw-trust.org.uk)

## For services in Thanet, South Kent Coast (Folkestone & Dover), Swale, and Dartford, Gravesham & Swanley, then please email:

## [livewellkentHRS@porchlight.org.uk](mailto:livewellkentHRS@porchlight.org.uk)

## Information supplied in the referral form and any supporting documents will be treated in line with the Live Well Kent data protection obligations, adhering to relevant Data Protection Law/ the Data Protection Act 2018.

## Please complete all sections as fully as possible as insufficient detail may delay the referral process. *Please do not leave any sections blank.*

## Scope of the service:

* **To** improve people’s personal mental health recovery, preparing them to move on to live more independently **and/or** with reduced support;
* **To** provide time-limited support of up to two years, focused on moving on to greater independence.

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| 1. **Person's Details** | | | |
| **Mr / Mrs / Miss / Ms / Other** |  | | |
| **First or given name** |  | | |
| **Last or family name:** |  | | |
| **Date of birth:** |  | | |
| **Address – where you are currently living**  **(including postcode):** |  | | |
| **Usual address (if different from the above):** |  | | |
| **Contact phone number(s):** | **Mobile:** |  | |
|  | **Landline:** |  | |
| **Email:** |  | | |
| **We will keep the referred person informed at each stage of the process unless you advise that they would like to opt out of this. If they opt out they will only be kept informed by yourself, the referring person.** | Opt in (x) | | Opt out (x) |
| **National insurance number:** |  | | |
| **NHS number:** |  | | |

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| **Equalities Monitoring:** |
| **WHITE** | | | | |
| British | |  | | |
| Irish | |  | | |
| Any other white background (Please specify) | |  | | |
| **MIXED** | | | | |
| White & Black Caribbean | |  | | |
| White & Black African | |  | | |
| White & Asian | |  | | |
| Any other mixed background (please specify) | |  | | |
| **ASIAN OR ASIAN BRITISH** | | | | |
| Indian | |  | | |
| Pakistani | |  | | |
| Bangladeshi | |  | | |
| Any other Asian Background | |  | | |
| **BLACK OR BLACK BRITISH** | | | | |
| Caribbean | |  | | |
| African | |  | | |
| Any other Black background (please specify) | |  | | |
| **CHINESE** | |  | | |
| **IRISH TRAVELLER / GYPSY** | |  | | |
| **ANY OTHER ETHNIC GROUP (please specify)** | |  | | |
| **Does not wish to disclose** | |  | | |
| **PROTECTED CHARACTERISTICS** | | | | |
| **RELIGION / BELIEF:** | | | | |
| Muslim |  | | Hindu |  |
| Christian |  | | None |  |
| Jewish |  | | Other |  |
| Buddhist |  | | Sikh |  |
| Does not wish to disclose |  | |  | |
| **SEXUALITY:** | | | | |
| Bisexual |  | | Other |  |
| Gay / lesbian |  | | Heterosexual |  |
| Questioning |  | | Does not wish to disclose |  |
| **TRANSEXUAL; TRANSGENDER; INTERSEX** | | | | |
| Yes |  | | No |  |
| Does not wish to disclose |  | |  | |
| **MARITAL STATUS:** | | | | |
| Single |  | | Divorced |  |
| Married |  | | Civil partnership |  |
| Does not wish to disclose |  | |  | |
| **PREGNANCY & MATERNITY:** | | | | |
| Yes |  | | No |  |
| Does not wish to disclose\* |  | |  | |

\*please be aware that all of our accommodation is for single people only.

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| **Additional Information:** |  | |
| Does the person consider that they have a sensory, learning or physical disability? | Yes | No |
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| Do they consider themselves to have a disability? | Yes | No |
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| Is this person a Carer? | Yes | No |
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| Do they have any children under the age of 18? | Yes | No |
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| 1. **Referrer's Details** | | | | | | | | | |
| **Title:** |  | | **Name:** |  | | | | | |
| **Job title/position:** | | | |  | | | | | |
| **Organisation:** | | |  | | | | | | |
| **Address: (including postcode)** | | |  | | | | | | |
| **Contact details:** | | | **Mobile:** |  | | | | | |
| **Landline:** | |  | | | **Extension No:** | | |  | |
| **Email:** | |  | | | | | | | |
| **How long have you known the person you are referring?** | | | | | |  | years months | | |
|  |
| **When was the last time you had contact with the person you are referring?**    **Method: (e.g Face to Face/Telephone)** | | | | | | | | | |
| **Has the scope of the service been discussed with the person so that they understand it is a time-limited service, focused on recovery and improving independence for moving on?** | | | | | | | | | |  |  | | --- | --- | | Yes | No | |  |  | |

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| 1. **Reason for Application**   *Please include details of the person’s current living circumstances, mental health and psychiatric history (including current diagnosis).* | | | | | |
| **Information on current CPA?** | | Yes | | No | |
|  | | *(please attach CPA)* | | *(please give details below)* | |
| **Current diagnosis:** | | **Current living situation:** | | | |
|  | | | | | |
| *Continue on separate sheet if necessary* | | | | | |
| 1. **Details of current medication (Please note that the HRS Mental Health Service cannot store or administer medication).**   *Please include details of any difficulties or problems experienced in the taking of prescribed medication.* | | | | | |
| **Medication name:** | **Usual dosage;** | | **Any difficulties/problems or side-effects?** | | |
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| *Continue on separate sheet if necessary* | | | | | |
| 1. **Background Information/Social History (i.e. family support/local connections, bereavement, education and employment history):** | | | | | |
|  | | | | | |
| *Continue on separate sheet if necessary* | | | | | |

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| 1. **Personal History** *Please put a x in the applicable boxes.*   *(NB past history = over 6 months ago)*  *Please include current CPA and Risk Assessment.* | | | | | | | | | |
| Substance misuse: | | | **Yes, current** |  | **Yes, past history** | |  | **Never** |  |
| Attempted suicide or self-harm: | | | **Yes, current** |  | **Yes, past history** | |  | **Never** |  |
| Aggression / Violence | | | **Yes, current** |  | **Yes, past history** | |  | **Never** |  |
| Arson | | | **Yes, current** |  | **Yes, past history** | |  | **Never** |  |
| Eviction: | | | **Yes, current** |  | **Yes, past history** | |  | **Never** |  |
| Criminal Convictions | | | **Yes, current** |  | **Yes, spent** | |  | **Never** |  |
| Sex Offender Register? | | | **Yes** |  | **Yes, spent** | |  | **Never** |  |
| Child Protection Register? | | | **Yes** |  | **Yes, spent** | |  | **Never** |  |
|  | | | | |  | |  | **No** |  |
| Is above information on current CPA? | | | | | **Yes** | |  |  |  |
| 1. **Five Year Housing History** | | | | | | | | | |
| From: | To: | **Type of accommodation** (eg.  owner occupier/private or social tenant/living with family | | | | *Reason for leaving* | | | |
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| 1. **Support Needs -** please complete all boxes. | | |
| **X** | **Area of Need** | **Please give brief details of what is required:** |
|  | **Living Skills:**  Taking care of a home, keeping it clean and tidy, dealing with money, paying bills, help with benefit claims, getting out and about and managing shopping and cooking. |  |
|  | **Managing Mental Health:**  Feels completely overwhelmed by these or has a good understanding of what is happening versus being able to cope in a positive way with difficult experiences, feelings or thoughts.  *(Note that this is not about being free of mental health issues but knowing what to do if/when they arise.)* |  |
|  | **Self-Care/physical health:**  Taking care of them-self, eg. keeping fit physically, taking care of appearance and being aware of personal safety |  |
|  | **Social Networks:**  Interaction with others and engaging in social activities, whether this is family or friends or through groups or activities. |  |

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|  | **Relationships:**  This is about having meaningful relationships i.e. a close friend/ a partner/ a parent or a sibling. Do they have someone that they feel they can trust and can share personal issues with?  Are they able to distinguish between healthy and unhealthy relationships? |  |
|  | **Work and Education:**  This is about taking part in work-related activities that contribute to the wider society i.e. paid work, training/education or voluntary work. |  |
|  | **Identity and Self Esteem:**  How do they feel about them-self, do they have a good sense of who they are and what they are about?  It is also about how confident they feel when in social situations. |  |
|  | **Addictive Behaviour:**  This is about the role of addiction in their life. Do they use drugs or alcohol to cope with difficulties? Do they feel dependent on things such as gambling, food or exercise?  To what extent is this an issue for them or people close to them? |  |
|  | **Trust and Hope:**  How do they see the future – do they have positive expectations of what they can do with their life? |  |
|  | **Responsibilities:**  This is about dealing with different responsibilities, respecting others and recognising boundaries. Do they consider how their actions and behaviour can impact on others? |  |
| 1. **What other kinds of help or support will the person need to maintain their tenancy and work towards independent living in the community?** | | |
|  | | |
| *Please continue on separate sheet if necessary* | | |
| **10. What is the level of support which the applicant requires?** | | |
| Please choose one based on the following criteria:  Low = < 5 hours of support needed per week  Medium = 6-10 hours of support needed per week  High = > 10 hours of support needed per week | | |

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| 1. **Personal Statement** |
| **For the person to complete (with support as needed)**  **Please note that we will keep the referred person informed at each stage of the process unless you advise otherwise and you have expressed your wish to opt out of this in section 1.** |
| **In your own words, please tell us what difference living in one of the Mental health Housing Related Support Supported schemes would make to you and your recovery and independence?**  **In your own words, what obstacles are you facing in your current housing situation which are affecting your recovery journey?** |
| 1. **Continue on separate sheet if necessary** |

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| **CURRENT SUPPORT NETWORK** | | | | | | | | | | | | |  | | | | | |
| 1. **GP Details** | | | | | | | | | | | | |  | | | | | |
| **Information on current CPA?** | | | | | | | | **Yes** | | | | |  | **No** | | | |  |
| **Name:** | | |  | | | | | | | | | |  | | | | | |
| **Tel No:** | | |  | | | | | | | | | |  | | | | | |
| **Address:** | | |  | | | | | | | | | |  | | | | | |
| 1. **Consultant Psychiatrist (or mental health professional responsible for care)** | | | | | | | | | | | | |  | | | | | |
| **Information on current CPA?** | | | | | | | | **Yes** | | | | |  | **No** | | | |  |
| **Name:** | | |  | | | | | | | | | |  | | | | | |
| **Tel No:** | | |  | | | | | | | | | |  | | | | | |
| **Address:** | | |  | | | | | | | | | |  | | | | | |
| 1. **Social Worker** | | | | | | | | | | | | |  | | | | | |
| **Information on current CPA?** | | | | | | | | **Yes** | | | | |  | **No** | | | |  |
| **Name:** | | |  | | | | | | | | | |  | | | | | |
| **Tel No:** | | |  | | | | | | | | | |  | | | | | |
| **Address:** | | |  | | | | | | | | | |  | | | | | |
| 1. **Community Psychiatric Nurse (CPN)** | | | | | | | | | | | | |  | | | | | |
| **Information on current CPA?** | | | | | | | | **Yes** | | | | |  | **No** | | | |  |
| **Name:** | | |  | | | | | | | | | |  | | | | | |
| **Tel No:** | | |  | | | | | | | | | |  | | | | | |
| **Address:** | | |  | | | | | | | | | |  | | | | | |
| 1. **Next of Kin or Significant Other** | | | | | | | |  | | | | |  | | | | | |
| **Information on current CPA?** | | | | | | | | **Yes** | | | | |  | **No** | | | |  |
| **(1) Name:** | | |  | | | | |  | | | | |  | | | | | |
| **Tel No:** | | |  | | | | |  | | | | |  | | | | | |
| **Address:** | | |  | | | | |  | | | | |  | | | | | |
| **(2) Name:** | | |  | | | | |  | | | | |  | | | | | |
| **Tel No:** | | |  | | | | |  | | | | |  | | | | | |
| **Address:** | | |  | | | | |  | | | | |  | | | | | |
| 1. **Any Other Agency** | | | | | | | |  | | | | |  | | | | | |
| **Information on current CPA?** | | | | | | | | **Yes** | | | | |  | **No** | | | |  |
| **Name:** | | |  | | | | |  | | | | |  | | | | | |
| **Tel No:** | | |  | | | | |  | | | | |  | | | | | |
| **Address:** | | |  | | | | |  | | | | |  | | | | | |
| 1. **Does the person have any physical disability, accessibility and/or additional needs?** | | | | | | | | | | | | | | | | | | |
| **Yes** |  |  | | | **No** | | | |  |  | | | | | | | | |
| *If yes, please give details:* |  | | | | | | | | | | | | | | | | | |
| 1. **Please describe any physical or other adaptations which may be required to enable the person to use or access this service (including any reasonable adjustments under the Disability Discrimination Act 1995)** | | | | | | | | | | | | | | | | | | |
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| 1. **Please detail the benefits which this person is in receipt of (e.g Universal Credit/PIP/Housing Benefit** | | | | | | | | | | | | | | | | | | |
| **Type of benefit:** | | | | | | | | | | | **Monthly amount:** | | | | | | | |
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| **TOTAL:** | | | | | | | | | | |  | | | | | | | |
| 1. **Debt/Money owed.**   **Please detail any debts and/or overpayment schedules in place could impact on your ability to meet tenancy payments as part of the service. This includes any rent arrears owed.** | | | | | | | | | | | | | | | | | | |
| **Debt Owed: (total amount in £)** | | | | | | | | | | | **Payment schedule: (Amount in £ weekly/monthly etc)** | | | | | | | |
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| **Total:** | | | | | | | | | | |  | | | | | | | |
| **Do you have any benefits sanctioned/deductions? Please detail** | | | | | | | | | | | | | | | | | | |
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| 1. **Please provide details of any significant health & safety issues we should be aware of that have not already been disclosed and might affect this application** | | | | | | | | | | | | | | | | | | |
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| 1. **Which of the following district & borough areas does the person have a local connection to? (either as they have lived there for the past 2 out of 5 years or as they have family members they are in regular contact with) *Please put a x in each box that applies***. | | | | | | | | | | | | | | | | | | |
| **Dartford** | | | | | |  | | | | | **Maidstone** | | | | | |  | |
| **Gravesham** | | | | | |  | | | | | **Thanet** | | | | | |  | |
| **Dover** | | | | | |  | | | | | **Folkestone & Hythe** | | | | | |  | |
| **Sevenoaks** | | | | | |  | | | | | **Canterbury** | | | | | |  | |
| **Swale** | | | | | |  | | | | | **Tunbridge Wells** | | | | | |  | |
| **Tonbridge & Malling** | | | | | |  | | | | | **Ashford** | | | | | |  | |
| **Are there any areas in the above list the person would not consider moving to/cannot move to, for example due to exclusions or safeguarding reasons such as domestic abuse? Please explain their reasons:** | | | | | | | | | | | | | | | | | | |
| **Type of accommodation the person may consider: *Please put a x in all those applicable*** | | | | | | | | | | | | | | | | | | |
| **Self-contained** | | | | **Yes** | | |  | | | | **No** |  | | | **Maybe** |  | | |
| **Their own room, but with shared facilities** | | | | **Yes** | | |  | | | | **No** |  | | | **Maybe** |  | | |
| **Does the person have any pets?**  **Please detail:** | | | | | | | | | | | **Yes** |  | | | **No** |  | | |

**RISKS**

Please answer all questions, with either a Y for Yes or N for No. Please do not leave any boxes blank. Only brief details are required as any risk will be explored at the assessment interview.

|  |  |  |  |  |  |
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| 1. **Section 1**   **Safety of Self** | **Y for Yes**  **N for**  **No** | **Present (P) Historical (H)** | **Likelihood Low/Med/High** | **Severity**  **Low/**  **Med/High** | **Notes**  **e.g. How often/last happened** |
| **Has anyone ever exploited them financially?**  (e.g. lack of control of own finances, other people taking their money |  |  |  |  |  |
| **Has anyone ever emotionally/sexually exploited them in anyway?**  (e.g. excessive criticism, emotional neglect or control, sexual abuse, prostitution) |  |  |  |  |  |
| **Has anyone physically harmed them in any way on a regular basis?**  (e.g. violence from others, cohesive behaviour by others, confinement) |  |  |  |  |  |
| **Do they believe they have ever NOT taken care of themselves for a prolonged period? Hygiene/Diet/**  **Exercise**  (e.g. over / under weight, personal hygiene, excessive or inadequate exercise, poor diet) |  |  |  |  |  |
| Do they have any difficulty with memory? (e.g with sequencing events such as dressing, cooking or shopping?) |  |  |  |  |  |
| **Have they ever self-harmed before?** (e.g. through cutting, overdose, physically causing pain on self) |  |  |  |  |  |
| ***Have they ever attempted suicide or had suicidal thoughts before?*** *(e.g. suicidal ideation, intent to commit suicide, attempts)* |  |  |  |  |  |

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| 1. ***Section 2***   ***Safety of others*** | **Y for Yes**  **N for**  **No** | **Present (P) Historical (H)** | **Likelihood Low/ Med/High** | **Severity**  **Low/**  **Med/High** | **Notes**  **e.g. How often/last happened** |
| ***Have they ever been involved with the police or committed an offence?***  *(e.g. ASBO’s, court orders, cautions, theft – NOTE this is police or court involvement only - other involvement with police is addressed later)* |  |  |  |  |  |
| ***Do they believe they can be verbally or emotionally hostile towards others?*** *(e.g. abusive language, excessive criticism, shouting, manipulation)* |  |  |  |  |  |
| ***Do they believe they can be physically hostile towards others?*** *(e.g. violence, harassment,)* |  |  |  |  |  |
| ***Have they ever exploited or harmed someone else?*** *(e.g. sexual, emotional, physical, emotional)* |  |  |  |  |  |
| ***Have they ever purposely damaged property?****(e.g. arson, graffiti, breaking building or furniture, other non-police involvement)* |  |  |  |  |  |
| ***Have they any dependent children?*** |  |  |  |  |  |
| 1. ***Section 3***   ***Mental Health*** | **Y for Yes**  **N for**  **No** | **Present (P) Historical (H)** | **Likelihood Low/ Med/High** | **Severity**  **Low/**  **Med/High** | **Notes**  **e.g. How often/last happened** |
| 1. **How does their mental health issue affect their life? Do they experience any of the following?** | | | | | |
| ***Depression***  *(e.g. low mood, lethargy, sleep disturbance, slowed movements)* |  |  |  |  |  |
| ***Anxiety***  *(e.g. OCD, agoraphobia, panic attacks)* |  |  |  |  |  |
| ***Hallucinations***  *(e.g. unusual auditory / visual / tactile / olfactory perceptions)* |  |  |  |  |  |
| ***Paranoia / delusions***  *(e.g. fear of others trying to harm you, disjointed view of the world)* |  |  |  |  |  |
| ***Mood Swings***  *(e.g. anger, mania with labile mood, unpredictable manner, Bi-polar)* |  |  |  |  |  |
| 1. ***Section 4***   ***Substance Misuse*** | **Y for Yes**  **N for**  **No** | **Present (P) Historical (H)** | **Likelihood Low/ Med/High** | **Severity**  **Low/**  **Med/High** | **Notes**  **e.g. How often/last happened** |
| ***Do they / have they misuse(d) alcohol or drugs?***  *(List type in notes column e.g. beer / spirits/Cannabis/Crack Cocaine/ Heroin/ Khat/amphetamines etc)* |  |  |  |  |  |

**To enable us to process the application promptly, please ensure that all documentation attached in support of this application is current and the most up to date available. Failure to provide this information will delay the application. Please put a x in the relevant box.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Clinical Risk Assessment attached** | Yes | No | Not applicable |
|  |  |  |
| **CPA Care Plan attached** | Yes | No | Not applicable |
|  |  |  |
| **Consent to Process & Disclose Data attached** | Yes | No | Not applicable |
|  |  |  |

**If any forensic assessment/history exists, it must be declared and a copy of any documentation attached.**

**Statement**

By signing this form you are declaring that all relevant information has been included in the above statements and all relevant and current documentation is attached in support of this application. You also confirm that you are happy for this information to be shared with the Live Well Kent HRS Mental Health Panel and any contracted Live Well Kent HRS Mental Health providers and scheme that may be thought appropriate.

This application for housing does not comprise an offer or part of an offer of accommodation and does not bind HRS Providers in any way.

|  |  |
| --- | --- |
| **Referrer’s signature** |  |
| **Signed:** | **Date:** |
| **Print Name:** |  |
| **Applicant’s signature** |  |
| **Signed:** | **Date:** |
| **Print Name:** |  |