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Eligibility Criteria

You can apply for a place at Belgravia Terrace if:

- You have problems with your mental health
- You are over eighteen years old
- You have been self-medicating for 6 months
- You have not self-harmed in the past 6 months
- You think that you need support to stay out of hospital and are working towards living independently in the wider community
- Your Social Worker, Community Nurse or Doctor agrees with you
- You think that living with other people and taking part in group activities including the running of the house, would help you to develop and maintain your independence
- You agree to use the house programme, over the course of a two year period, with the aim to move on from Belgravia Terrace following this time

Introduction to Belgravia Terrace

Belgravia Terrace is run by an organisation called Threshold, a registered charity working in Northern Ireland. We work with people at risk or recovering from mental health problems.

Belgravia Terrace provides a short term housing support service for up to 11 residents, both male and female. It is funded by the Supporting People scheme & operates using therapeutic community principles.

Residents and staff live together in a community atmosphere and meet regularly for group activities. All community members are encouraged to be open and discuss their feelings, including any difficulties that arise. The weekly community meeting allows members to support and encourage each other. Here we face problems together and seek out ways of dealing with them and finding solutions.

In order that the community can help each other to learn and grow, all members need to be willing to explore their thoughts and feelings. There will be the space to do this, on a one-to-one basis and in large and small groups held within the house.

Belgravia Terrace primarily provides semi-independent accommodation and a developmental pathway toward better managing daily living skills and mental health difficulties. The community provides a living environment that promotes independence, accountability and responsibility.

There is a communal kitchen, dining room, 2 lounges & laundry area. Your room is furnished with a bed (undressed), bedside cabinet, chest of drawers, wardrobe & a chair. There is an en-suite bathroom with shower, wash hand basin & toilet. On each floor there is a communal bathroom with a bath.

The Application Process for Belgravia Terrace

When you apply

The Project/ Deputy Manager will write to you telling you that your application has been received.

The Project/ Deputy Manager will contact the person who looks after your mental health; this will be the person who signed the form. This may be your social worker, your Doctor or your community nurse and they will arrange for you to come to Belgravia Terrace to see the project and meet residents and staff. You may like to visit before completing an application and you are welcome to do so.

At this time the Project/ Deputy Manager will talk with the person who looks after your mental health to make sure that they have all the information we need before they meet with you to continue the application.

The information required includes:

TAF - Threshold Application Form – Client

RA - Risk Assessment – Client

PHF - Psychiatric History Form – Consultant Psychiatrist

SHR - Social History Report – Social Worker

CEF - Client Experience Form – Client

Threshold Monitoring Form – Client

- Any additional Forms required at the discretion of Threshold's Management – i.e. Forensic, Probation, Occupational Therapy Assessment and/ or Reports

NB *The assessment process will not proceed until all of the above information is received to facilitate a review of the application and a Risk Assessment taking place.*

The above process may take as little as three weeks or may take as long as two months, depending on the situation.

What is involved

When the Project/Deputy Manager meets with you, they will bring some assessment forms with them. These will be filled in with your input and is to ensure that Belgravia Terrace can meet your needs and your expectations.

The Project/ Deputy Manager will then look at your application beside the eligibility criteria (you have a copy of this).

Where there is more than one applicant he/ she will look at who is in greater need of supported accommodation and who would benefit the most.

Where there is more than one applicant he/ she will look at who is in greater need of supported accommodation and who would benefit the most.

NB The level of need will be influenced by an applicant's housing status – that is, where they already live in their own home in the wider community, the applicant will be seen to have a lower level of housing need than someone who does not.

If a place is offered

If you are successful, the Project/ Deputy Manager will again write to you and to the person who signed the application form offering you a place.

At this point you will begin to visit the unit, perhaps for lunch, an afternoon or an overnight or two before moving in. This is to make sure that you are happy that you have made the right decision. At this time, using your assessment, you will help to draw up an initial support plan and this will be kept by you, as well as a copy on file.

Every resident at Belgravia Terrace has a keyworker and this person will introduce themselves when you first arrive and will make sure that you settle in and know what to expect on a day to day basis.

If Belgravia Terrace is not suitable

If, for some reason, we are unable to offer you a place we will explain this in writing to you and your referrer and will suggest another route of support if we can.

How do we prioritise applications

Where there are two or more applicants for a place we must decide who should be offered that place.

This is done by an admission panel and the panel's members are usually:

- The Project/ Deputy Manager
- A representative from Housing Executive &/or Oaklee
- A member of the local Health and Social Services Trust
- The Area Manager for Residential Services

You are welcome to bring someone along to support you; this could be a friend, family member or helping professional. We will also invite the person that made the referral on your behalf.

The panel will look at all applications in detail and place in order of priority those who are thought to be in greater need. For example, someone living in hospital who can be discharged but is unable to live on their own would get priority over someone who wanted to move away from the family home because that person, at that moment, has someone to support them.

The next areas that the panel will look at are the individuals need for support and ability to use support. They will consider how living with other people and taking part in group activities including the running of the house would help you to develop and maintain your independence.

Points are given for each of the following areas:

- Need for accommodation 0 – 5 points, with 5 being the greatest
- Need for support 0 – 5 points, with 5 being the greatest
- Ability to use support 0 – 5 points, with 5 being the greatest

The person with the greatest number of points will be offered the place.

Each decision will be recorded and the reason for the decision written down. Any applicant who is not successful will be given a full explanation in writing and a copy of this will be sent to their referrer.



APPLICATION FOR ADMISSION

Name _____

D.O.B. _____

Permanent Address _____

Age _____

Tel No. _____

Current Address _____

Marital Status _____

Tel No. _____

NEXT OF KIN

Name _____

Relationship _____

Address _____

Tel No. _____

REFERRAL AGENCY

Name _____

Position _____

Address _____

Tel No. _____

RESPONSIBLE SOCIAL WORKER

Name _____

Address _____

Tel No. _____

G.P.

Name _____

Address _____

Tel No. _____

Hospital Doctor _____

Tel No. _____

COMMUNITY PSYCHIATRIC NURSE

Name _____

Address _____

Tel No. _____

RESPONSIBLE PSYCHIATRIST

Name _____

Address _____

Tel No. _____

MEDICAL / PSYCHIATRIC DATA

Psychiatric Report Included

☐

Current Treatment

Hospital _____ from _____ To _____

Reason for Admission _____

Treatment _____

Diagnosis _____

Current Treatment (excluding medication)

Arrangements which will be made for client to see psychiatrist and/or other professionals

CURRENT MEDICATION

Medication (for Reference Purposes only)

Has applicant ever self-harmed? YES / NO

Has applicant ever attempted suicide? YES / NO

If YES, Please specify:

Has the applicant ever attempted to harm others? YES / NO

Has the applicant ever been violent towards others? YES / NO

If YES, Please specify:

PROBATION DATA

Forensic Report included

☐

Past Convictions

Offence _____

Date _____ Sentence _____

Offence _____

Date _____ Sentence _____

Please identify any areas of risk if placement proceeds:

Arrangements which will be made for continued supervision if application is successful:

COURT ORDER AND OTHER PROCESSES INCLUDING ANY RESTRICTIONS UNDER MENTAL HEALTH LEGISLATION

Current (with dates):

Expired (with dates):

OCCUPATION AND WORK HISTORY

Social History included

☐

Occupation _____ from _____ To _____

Occupation _____ from _____ To _____

Current ability to work:

Steps taken for re-employment:

Occupational Activities / Interests:

IDENTIFIED NEEDS FOR STAY TO BE INCORPORATED INTO THE SUPPORT PLAN

Current Care/Support Plan Included ☐

Relationship Skills (Individual & group)

Daily Living Skills

Long term goal (after 2 years support)

Application Checklist

Psychiatric History

☐

Social History

☐

Risk Assessment

☐

Forensic Report

☐

Current Care/Support Plan

☐

Monitoring Questionnaire

☐

Applicant and Referrer Declaration

I declare that the information on this form is correct and complete. I have received ample information in relation to the service offered by Threshold and agree to this application being made on my behalf.

Applicant Signature _____

Date _____

I declare that the information on this form is correct and complete. I recommend that the applicant be considered for placement in one of Threshold's houses and agree to take suitable steps to arrange alternative care &/ or support should the need arise.

Referrer Signature _____

Date _____

For Office Use Only

Application Received://

Admission Panel://

Confirmation of Receipt Posted://

Decision Posted://

Client Experience Form for Belgravia Terrace

- 1) Do you want to come to Belgravia Terrace? Please give a reason for your answer

- 2) Have you had the opportunity to visit other accommodation?

- 3) Tell me about your problems & how they affect your life at the minute?

- 4) Please tell me something about the members of your original family.
 - a) Mother

 - b) Father

 - c) Others important to you

 - d) Please describe the general atmosphere at home. Mention any separations, or other problems you experienced during your childhood.

5) If you are living with someone, or are in a close relationship, please describe any particular problems you are experiencing.

6) Please mention any other current problems in your current family situation.

7) What gives you satisfaction in life?

8) Please tell me how well you get on at work and mention any particular plans or prospects you have for the future.

9) In what way do you expect Belgravia Terrace to help you?
When you imagine yourself using support, what form does it take?

10) Have you any cultural, spiritual or lifestyle needs that we should be aware of?

The information on this form is correct and complete.

Applicant Signature _____ Date _____

Person who completed assessment _____ Date _____

THRESHOLD MONITORING FORM

FAIR ACCESS

The Northern Ireland Act 1998, places duties on organisations, including Threshold, to have due regard to the need to promote fair access to our services:-

- between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation;
- between men and women;
- between persons with a disability and those without; and
- between persons with dependents and those without.

These are generally referred to as the Section 75 categories.

Threshold has an Equality Policy which sets out how we will meet the statutory equality duties. In order to constantly monitor our policies we need additional information on those who are affected by them in relation to the Section 75 categories.

Please find attached a form, from which this information will be gathered and which Threshold will treat in the strictest confidence. **The information you provide will be managed so as to fully protect your confidentiality.**

SECTION 75 MONITORING QUESTIONNAIRE

1. To which of these ethnic groups do you consider yourself to belong?

White	<input type="checkbox"/>
Chinese	<input type="checkbox"/>
Irish Traveller	<input type="checkbox"/>
Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>
Black African	<input type="checkbox"/>
Mixed ethnic group	<input type="checkbox"/>
Other ethnic group	<input type="checkbox"/>

2. Do you consider yourself to have a disability?

By disability we mean any physical, sensory, mental or learning impairment that has a substantial and long term (lasted or expected to last 23 months or more) adverse impact on your ability to carry out normal day to day activities, without mechanical or electronic assistance or the adaptation of your workplace.

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

3. Please indicate your community background

I have a Protestant community background	<input type="checkbox"/>
I have a Roman Catholic community background	<input type="checkbox"/>
I have neither a Protestant nor a Roman Catholic community background	<input type="checkbox"/>

4. What is your marital status?

Married/Civil Partnership	<input type="checkbox"/>
Living with a partner	<input type="checkbox"/>
Single (never married)	<input type="checkbox"/>
Separated/divorced	<input type="checkbox"/>
Widowed	<input type="checkbox"/>

5. What is your age?

I am Years old

6. Do you have any dependants?

By dependants we mean whether you have primary responsibility for the care of a child (aged 16 and under), for the care of a person with a disability or for the care of an elderly person.

Yes	I do have dependants	<input type="checkbox"/>
No	I do not have dependants	<input type="checkbox"/>

7. Gender
Male

☐

Female

☐

8. Sexual Orientation
- I am gay or lesbian (homosexual)
- I am straight (heterosexual)
- I am bisexual
- Other (please specify)

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