



Threshold

Dumbarton

Bungalows

Application Pack

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1) Eligibility Criteria

You are eligible for our service at Dumbarton Bungalows if you meet all of the following conditions:

- ✓ 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 agree to work within the licence agreement agreed between Choice and Threshold.

2) Introduction to Floating Support

Threshold offers a Floating Support service to residents of the short-stay supported living service at Dumbarton Bungalows. This is funded by Supporting People. Our Floating Support service can last for a maximum of two years, depending on the needs of the individual service user.

Every client will work with their designated keyworker to design a support plan based on their individual needs. This could include weekly visits to the client's home for practical support or keywork, or visiting a coffee shop to encourage social engagement. There will be 3 month, 12 month, and 21 month reviews to discuss how the service user is experiencing the service, and to assess the changing needs of the service user.

Areas of support include:

- Support on emotional and personal issues
- Managing daily living tasks
- Money management and access to benefits
- Engaging in external activities
- Personal safety
- Finding alternative accommodation

3) Application Process

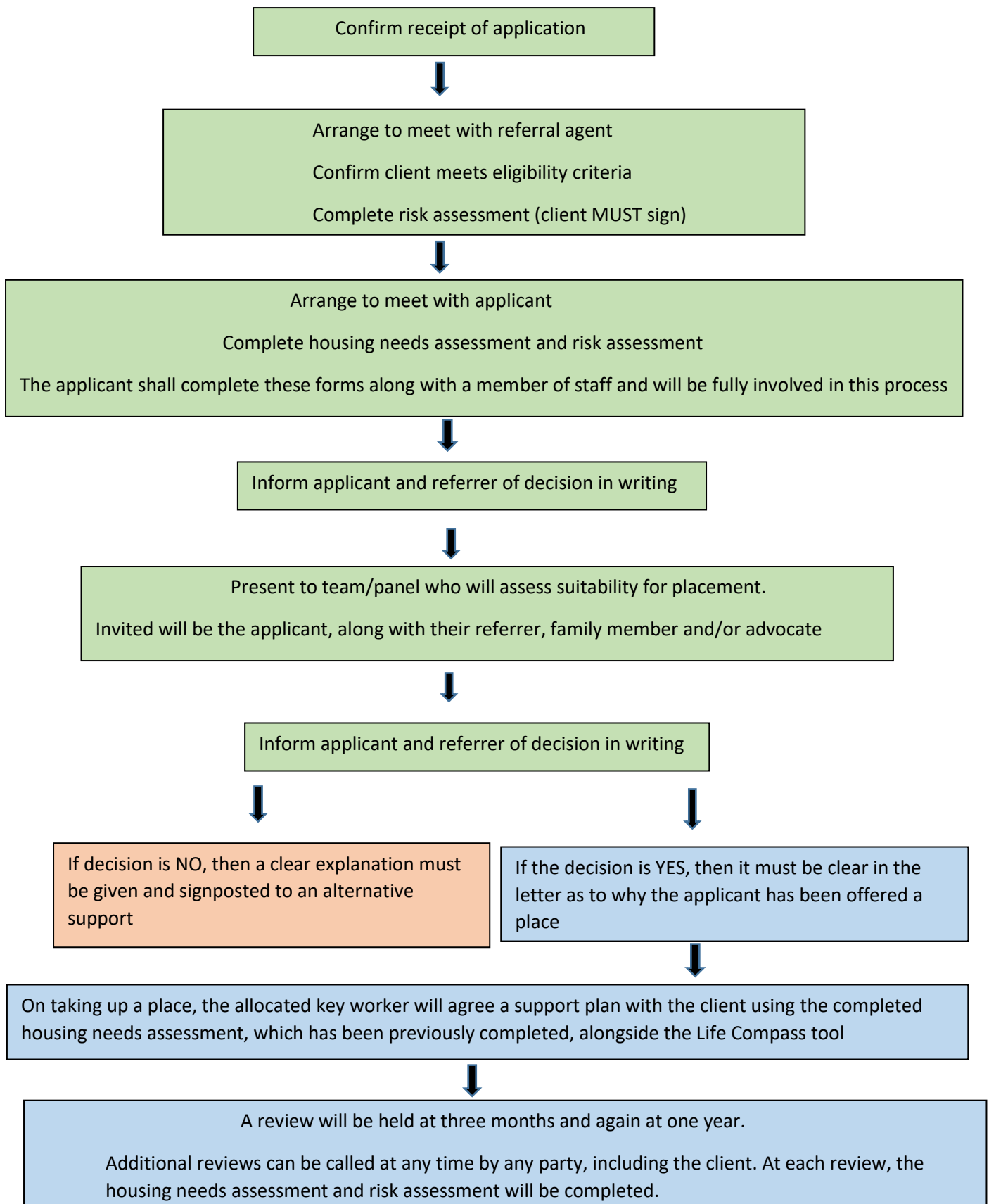
We accept applications from a range of sources including within Threshold, GPs, NIHE, Social Workers, CPNs and Psychiatrists, friends or family and self-referrals. We require all referrals to include a fully completed application form and monitoring form, (See sections 4 and 5). These can be completed on behalf of the client by a professional or by the client themselves.

Once completed, the application can either be posted or emailed to the following:

Threshold Main Office, 432 Antrim Road, Belfast, BT15 5GB

Floating.support@threshold-services.co.uk

Please see the full application process flow chart on next page:



The Application Process for Dumbarton Bungalows

When you apply the Project Manager will write to you telling you that your application has been received. The Project Manager will contact the person who looks after your mental health; this will be the person who signed the form. He/ She may be your social worker, your Doctor or your community nurse and they will arrange for you to come to Dumbarton to see the house and meet staff. Some people may visit before completing an application and you are welcome to do so.

At this time the Project 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

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.

What is involved?

When the Project Manager meets with you, they will bring an assessment form with them. This will be filled in with your input, and it is to ensure that Dumbarton Bungalows can meet your needs and your expectations.

The Project 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 they 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 Manager will again write to you and to the person who signed the application form offering you a place. 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.

You will be assigned 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 Dumbarton Bungalows 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. This process may take as little as three weeks or may take as long as two months, depending on the situation.

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 this panel's members are:

- The Project Manager
- A member of the local Health and Social Services Trust
- The Assistant Director for Residential Services
- Consultant Psychiatrist

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.

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.

4) Application Form



Mc Brien House
432 Antrim Road
Belfast BT15 5GB
Tel: 028 9087 1313
Fax: 028 9087 1188

Email: floatingsupport@threshold-services.co.uk

Web: www.threshold-services.co.uk

THRESHOLD DUMBARTON BUNGALOWS REFERRAL FORM

PERSONAL DETAILS

Name: _____

D.O.B: _____ Marital Status: _____

Current Address: _____

Postcode: _____ Telephone Number: _____

HOUSING INFORMATION

Type of Accommodation (Please State): _____

Details of others living at this address:

NAME	RELATIONSHIP TO APPLICANT

Details of all professionals involved with the individual:

DESIGNATION	NAME	ADDRESS	TELEPHONE No
G.P			
Social Worker			
CPN			
Psychiatrist			
Other			

TYPE OF SUPPORT REQUIRED

Please identify the housing need by ticking any of the relevant boxes and give a brief description of the support required.

- ❖ Support on emotional and personal issues ☐

- ❖ Managing daily living tasks ☐

- ❖ Money management ☐

- ❖ External activities ☐

- ❖ Personal safety ☐

- ❖ Finding alternative accommodation ☐

- ❖ Managing medication ☐

- ❖ Other: ☐

MEDICAL DETAILS

Current Mental and Physical Health

Diagnosis:

MEDICAL/PSYCHIATRIC DATA**Past hospital treatment:**

Hospital: _____ From: _____ To: _____

Reason for admission: _____

Treatment: _____

Hospital: _____ From: _____ To: _____

Reason for admission: _____

Treatment: _____

(Attach further sheet if necessary)

Current Medication:

Drug	Dose	Self admin (Y) (N)

SOCIAL HISTORY/BACKGROUND (Attach further information if available)**DETAILS OF ALL DAY ACTIVITY**

Please indicate all day care/activities: _____

RISK ASSESSMENT

Please provide details of suicide attempts, self-harm, violence/aggression, charges/convictions for violence, arson, sexual offences, etc.

Is the client a current suicide risk? _____

Is the client agreeable to this referral? YES / NO

Referral Agent: _____ **Date:** _____

Professional: _____ **Designation:** _____
Print

Service User: _____ **Date:** _____

Please attach a copy of current:

Risk Assessment

Support/Care Plan

Psychiatric History (if available)

Monitoring Form

Application pack must be returned with full accompanying documentation before the application can be processed

Please forward referral to:

Threshold Floating Support

Mc Brien house

432 Antrim Road

Belfast

BT15 5GB



Mc Brien House
432 Antrim Road
Belfast BT15 5GB
9087 1313

Tel: 028

Fax: 028 9087 1188

Email: floatingsupport@threshold-services.co.uk

Web: www.threshold-services.co.uk

Supported Flats Support Consent Form

About this form:

In order for us to proceed with your referral we may need to access additional information. This includes information on your psychiatric history and any current relevant information. In order for this this information to be released from your medical records could you please complete the form below and return to: *Floating Support, McBrien House, 432 Antrim Road, Belfast, BT15 5GB.*

Written Consent Section

I..... (Insert name) hereby consent to the request and release of the following records to Threshold Floating Support at the following address: 432 Antrim Road, Belfast, BT15 5GB.

Specific Information to be released:

.....Psychiatric history and any other relevant information.....

Signature

Print Name

Date

5) 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 ☐
No I do not have dependants ☐

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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