



Threshold

Floating Support Service

Application Pack

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1) Eligibility Criteria

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

- ✓ You are 18 or older
- ✓ You live in the greater Belfast Trust area
- ✓ You are named on your own tenancy (either NIHE, Housing Association, private rental or you are a home owner)
- ✓ You are experiencing or recovering from mental health difficulties
- ✓ You need support to enable you to maintain your tenancy
- ✓ You have a medical professional who agrees you need this support
(either Psychiatrist, Social Worker, Community Psychiatric Nurse, Occupational Therapist or GP)

2) Introduction to Floating Support

Threshold offers a Floating Support service to clients suffering or recovering from mental health difficulties who are struggling to maintain their tenancies in the community. 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

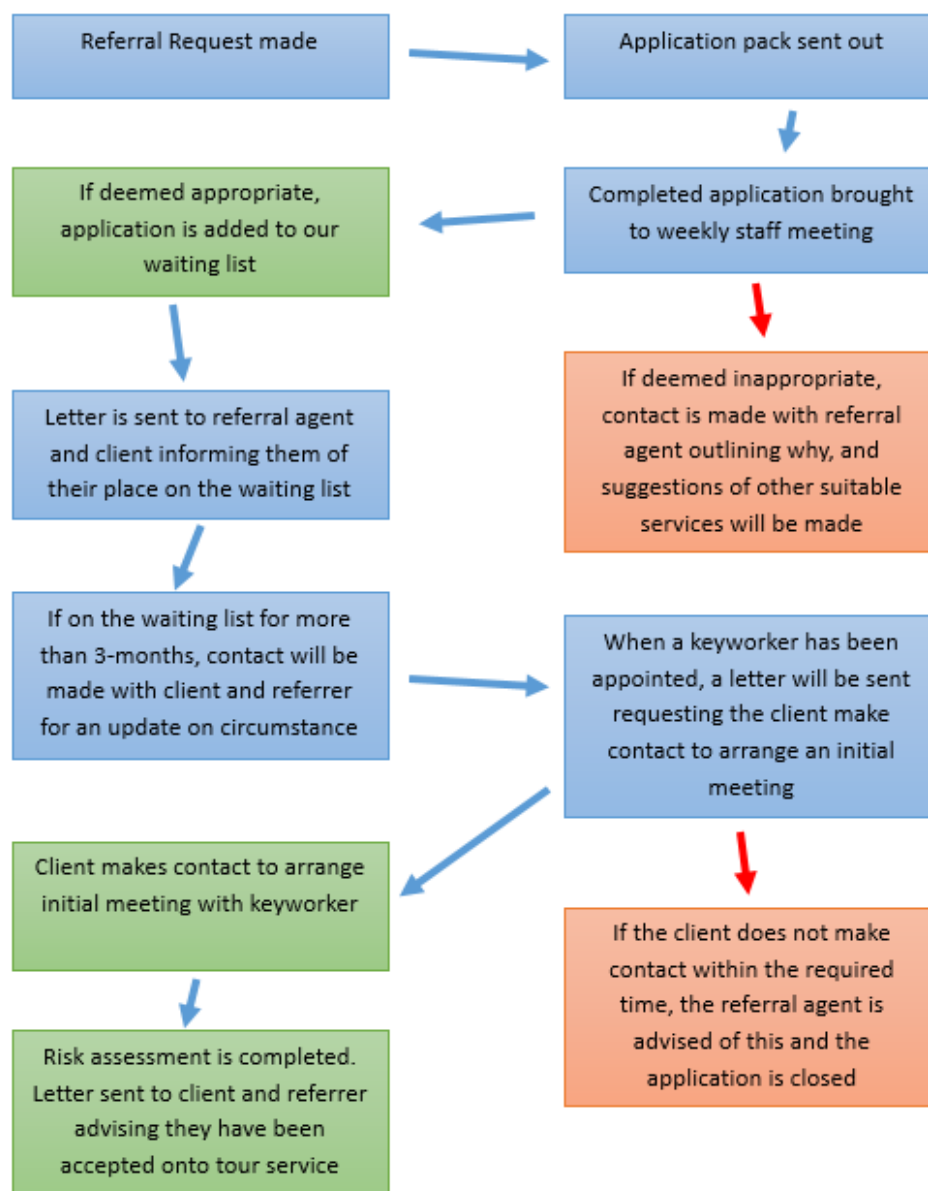
We accept applications from a range of sources including GPs, NIHE, Social Workers, CPNs and Psychiatrists, friends or family and self-referrals. We require all referrals to include a fully completed application form and monitoring form, (See sections 4 and 5). These can be completed on behalf of the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



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 FLOATING SUPPORT SERVICE 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
Tel: 028 9087 1313
Fax: 028 9087 1188

Email: floatingsupport@threshold-services.co.uk

Web: www.threshold-services.co.uk

Threshold Floating Support Consent Form

About this form:

In order for us to proceed with your referral for Threshold Floating Support Service we may need to access additional information. This includes information on your psychiatric history and any current relevant information. In order for 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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