



# Threshold



No.3

## Application Pack

# Contents

|                              |             |
|------------------------------|-------------|
| 1) Eligibility Criteria      | Page 3      |
| 2) Introduction to No.3      | Pages 4-5   |
| 3) Application Process       | Pages 6-8   |
| 4) No.3 Community Programme  | Page 9      |
| 5) The Application Form      | Pages 10-12 |
| 6) Psychiatric History Form  | Pages 13-15 |
| 7) Threshold Monitoring Form | Pages 16-17 |

## 1) Eligibility Criteria

**You can apply for a place at No.3 if:**

- ✓ You have problems with your mental health
- ✓ You are over eighteen years old
- ✓ You are able to self-medicate and have for 6 months
- ✓ You are free from self-harm for 6 months or more
- ✓ 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 community programme, over the course of a two year period, with the aim to move on from No.3 following this time

## **2) Introduction to No.3**

3 Brookhill Avenue is our project of 8 self-contained flats. Each flat has its own living/kitchen area, bedroom, wet room and storage space. Tenants also have access to a shared communal room.

Choice Housing are our joint managing partners and to be eligible you must have experienced mental health difficulties and be engaged with psychiatric services. In line with our funding, the placement is for a maximum of 2 years.

People come to No.3 for a variety of reasons and here they are given the opportunity to reflect on their life experiences and work towards their personal goals with tailored support to their needs.

No.3 is based on a Therapeutic Community model which means there is an emphasis on working towards recovery, while each member of the community is respected and has roles and responsibilities to fulfil.

### **What is a Therapeutic Community?**

A Therapeutic Community is made up of tenants and staff. We meet once a week as a community to discuss practical matters and provide a space for everyone to share their thoughts and feelings and gain support to manage any issues. This group is facilitated by experienced staff. As we value every tenant, all staff and tenants are expected to attend the community meetings.

The community takes its direction from the tenants and any changes are agreed by the tenants at the weekly service user forum. Other groups that take place for tenants are the cooking group, where residents can build on their kitchen skills. There is also a social group.

## Support

At No.3, staff will be on site Monday to Friday 9am to 5pm to assist tenants with any maintenance issues or concerns, as well as providing ongoing emotional and personal support. Residents are encouraged to be independent outside of these working hours and are required to be fully self-medicating. Each tenant is allocated a Keyworker who will provide a 50 minute safe space to talk each week. Staff work alongside residents to empower them and encourage increased independence.

## Rent

The cost of rent is usually met by Housing Benefit and paid directly to Threshold. Residents will be responsible for contributing towards communal heat and electric, as well as topping up their individual flat's meters as needed.

## Flat Checks

Two weekly flat checks are made by staff to ensure flats are kept to an appropriate standard and any maintenance issues are dealt with. Communal areas will also be regularly checked and are maintained during two weekly cleaning sessions during which everyone is expected to participate.



### **3) Application Process for No.3**

#### **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 No.3 to see the unit and meet staff and residents. 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 is to ensure that No.3 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.

**NB** The level of need will be influenced by an applicants' 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.

## **What happens after 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 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 No.3 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.

### **What if No.3 is found not suitable for me?**

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.

The above 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 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.

#### 4) No.3 Community Programme

No.3 has staff on site from 9am-5pm Monday – Friday. Within the working week, residents will schedule Keywork for 50 minutes as well as flat checks with staff. On evenings and weekends the residents may use their time as they like, however during the week the following communal activities occur:

| No.3 Community Programme |  |                                     |                               |
|--------------------------|--|-------------------------------------|-------------------------------|
|                          | Morning  | Afternoon                           | Evening                       |
| Monday                   | 11.30 coffee   |                                     | No Staff on site<br>free time |
| Tuesday                  |  | 2pm walking                         |                               |
| Wednesday                |  | 3pm community meeting               |                               |
| Thursday                 | 11.30 shopping for cook<br>it group communal<br>lunch 1.30 | 2.30 thoughts and feelings<br>group |                               |
| Friday                   | 11.30 coffee/social  |                                     |                               |
| Weekend                  | No staff on site - free time                               |                                     |                               |

## 5) The Application Form

|   |   |
|---|---|
| <small>progressive services in<br/>mental health</small><br>   |   |
| <h1 style="margin: 0;">THRESHOLD</h1> <h2 style="margin: 0;">No3 community flats</h2> <h2 style="margin: 0;">Supported Housing</h2> <p style="margin: 10px 0;"><b>Application Form for Accommodation</b><br/><i>To be filled in by Referrer</i></p>   |   |
| Name: _____   | D.O.B.: _____   |
| Current Address: _____<br>_____   | N.I. Number: _____<br><br>Mobile number: _____          |
| GP: _____<br>_____  | Referral Agent: _____<br><br>Tel No.: _____             |
| Tel No.: _____  | Psychiatrist: _____<br><br>Tel No.: _____               |
| Next of Kin: _____<br>_____<br>_____<br>_____   | Social Worker/ C.P.N.: _____<br>_____<br>_____<br>_____ |
| Tel No.: _____  | Tel No.: _____  |
| <p>Have you been asked to leave any of your previous addresses?      Yes / No</p> <p>If yes, please give details: _____<br/>(This will not automatically exclude you from being allocated Threshold housing)</p> <p>Have you applied for or rented accommodation from the Housing Executive, Private Sector or Housing Association? Yes/No (If yes, please give details).</p> <p>_____</p> <p>_____</p> |   |

**Have you ever been denied tenancy?**

**Yes/No (please give details)**

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**Please give details of your medical / psychiatric history?**

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**Do you have any special needs, i.e. dietary, educational, medical, etc.?**

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**Have you been in contact with your GP/Psychiatrist in the past 12 months?**

**Yes/No:** \_\_\_\_\_

**Approx. Date:** \_\_\_\_\_

**Date of Hospital admission in the past and which hospital:** \_\_\_\_\_

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**Current Treatment/Medication:** \_\_\_\_\_

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**Employment History:** \_\_\_\_\_

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**Have you ever been convicted of any offence:** Yes / No

**If yes, please give details:**

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**(This will not automatically exclude you from Threshold housing)**

**Principles:**

- 1. A programme will be developed with each resident in terms of rehabilitation and development of skills required for independent living.**
- 2. This will be incorporated in an agreed Support Plan.**
- 3. This will include:**
  - Keywork sessions**
  - Contributing to the running of the unit through joining in regular meetings of all residents and staff ('community meetings'). There is an expectation that residents will take part in activities offered at the unit.**

**DECLARATION:**

**I accept these principles, which have been explained to me, and I wish to apply for accommodation. All the information I have given is true.**

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Date application received:** \_\_\_\_\_

**Received by:** \_\_\_\_\_

## 6) Psychiatric History Form

# Psychiatric History Form for No.3

Consultant Psychiatrist's Name: \_\_\_\_\_

Client's Name: \_\_\_\_\_

### **Brief Psychiatric History:**

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**Are there indications/ patterns of behaviour that the client displays when becoming unwell?**

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**History of self-harm or suicide attempts - *Brief summary and dates:***

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**History of violence and/ or aggression - *Brief summary and dates:***

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**History of alcohol and/ or drug related problems – *Brief summary and dates:***

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**Has the client ever been convicted of an offence or are there any related behaviours or incidents that we should know of? – *Brief summary and dates:***

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**What is the client's level of ability? (*Daily living skills i.e. will they be attending work, New Horizons, shopping, cooking, self-care, housework, etc.*)**

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**Is the client able to self-medicate?**

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**Are they compliant with medication?**

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*If **not**, tell us about their level of need in this area:*

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**Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## 7) Threshold Monitoring Form

### 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   | <input type="checkbox"/> |
|    | Female | <input type="checkbox"/> |

|    |                                  |                          |
|----|----------------------------------|--------------------------|
| 8. | Sexual Orientation               |                          |
|    | I am gay or lesbian (homosexual) | <input type="checkbox"/> |
|    | I am straight (heterosexual)     | <input type="checkbox"/> |
|    | I am bisexual                    | <input type="checkbox"/> |
|    | Other (please specify)           | <input type="checkbox"/> |

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