

**Help When You Need It Triage Questions**

**This section for office use. After referral has been assessed please categorise as below:**

Referral Accepted? Yes □ No □

|  |  |  |
| --- | --- | --- |
|  |  | Tick as appropriate |
| Red | Needs immediate keywork and support |  |
| Amber | access to wider service /waiting list for key working |  |
| Green | Advice & Assistance |  |

Referral Reference (this will be allocated by Help When You Need It on receipt of your form).

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**Please note:**

* This form should be completed with full involvement from the client.
* Once completed, please return this from to [**tier2@second-step.co.uk**](mailto:tier2@second-step.co.uk)
* For self-referrals please skip to Part 2 of this form.

**Part 1: Information about the professionals involved in your support**

Details of the lead agency involved in helping you to make this application – **this should be complete by the person named below.**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Relationship to Applicant |  |
| Email |  | Contact Number |  |
| Job Title |  | Organisation |  |
| Address |  | | |
| Do you consider this referral to be an emergency? | Yes/No | | |
| If Yes, please state why |  | | |
| How do you see the nature and frequency of contact to progress once the applicant is supported by Second Step? |  | | |
| What is your desired outcome for the applicant from accessing Second Step support? |  | | |
| Signature of referrer |  | Date |  |

1. Who should we contact about this referral in the first instance? **Referrer/Applicant**

|  |  |
| --- | --- |
| Please indicate what supporting information you have included. | * Referral Agency Needs & Risk Assessment □ * Relevant medical details including list of current medication □ * Other Social Services/Community Care Assessment □ * Hospital Discharge summary □ * Other Psychiatric report □ * Pre-sentencing report □ * Supporting statement from other professional □ * Supporting statement from advocate/friend/family member □ * Other – please specify □   ………………………………………………………….. |

**Part 2 : About You (Personal Details)**

|  |  |  |  |
| --- | --- | --- | --- |
| Title |  | Applicant name |  |
| Date of Birth |  | NINO |  |
| Current address |  | | |
| Contact number |  | email |  |

**Children and other people living with you are part of your household**

|  |  |  |
| --- | --- | --- |
| Name | Relationship | DOB |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Communication**

|  |  |  |  |
| --- | --- | --- | --- |
| How did you hear about our service? |  | Communication preference. Phone, email, other? |  |

**Equalities information**

Please tell us your:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Age | |  | | --- | |  | |  |  | |
| Gender |  |
| Sexuality |  |
| Nationality/ Ethnicity |  |
| Disability |  |

**Part 3: More about you**

1. What type of accommodation do you currently live in?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Tick |  | Tick |
| Council Tenancy |  | Housing Association tenancy |  |
| Private rented |  | Owner occupier |  |
| Friends/ family |  | Sheltered Housing |  |
| Supported Accommodation/ hostel |  | Temporary or emergency accommodation |  |
| hospital |  | other |  |

1. Do you identify as having a mental health condition? ( Yes/ No/ I don’t know)

If yes:

|  |  |  |  |
| --- | --- | --- | --- |
| Do you have a diagnosis? |  | Are you engaged with any MH services? | Yes/ No – |
| Are you on mediation? Name/ dosage/ frequency |  | | |
| Name and details of GP, CPN, Recovery Navigator, social worker |  | | |
| How does your MH affect your day to day life? |  | | |

1. Are you currently employed, in education, training or volunteering? Yes/No

|  |  |  |  |
| --- | --- | --- | --- |
| Name of organisation |  | Hours worked/ volunteered |  |
| What you do |  | | |

1. Do you have any support mechanisms eg. Friends, family? Yes/ No

|  |  |  |
| --- | --- | --- |
| Name | Relationship to you | How they help you. |
|  |  |  |
|  |  |  |
|  |  |  |

**Personal Circumstances**

1. Are you at risk of losing your current home? Yes/No.

|  |  |  |  |
| --- | --- | --- | --- |
| Date on the NOSP (notice to quit the property) |  | Have you been in court previously around this? When? |  |
| Have you received a court date? What happened |  | | |

1. Do you need support for any of the following:

|  |  |  |
| --- | --- | --- |
| Area of support | Tick | State current issues faced and how you need ongoing support in this area. |
| To manage my tenancy |  |  |
| Accessing mental health services to stay well |  |  |
| Accessing other health services to stay well |  |  |
| With managing my money/ benefits to pay my bills or rent |  |  |
| Learning skills to cook, clean or shop |  |  |
| Writing letter, filling in forms and managing mail |  |  |
| Help finding work, education or training |  |  |
| Because I feel unsafe in my own home |  |  |
| To stay in contact with my support network, family or friends |  |  |
| To feel connected to my community |  |  |
| Other |  |  |

**Part 4: Your Support Needs & Strengths**

1. Please tick all of the ones that describe you:

|  |  |  |  |
| --- | --- | --- | --- |
| Young person or care leaver |  | Living with physical/sensory disability |  |
| Living with mental health issues |  | Drug User |  |
| Alcohol use |  | Rough Sleeper or history or homelessness |  |
| Offender/ Ex offender |  | Living with long-term chronic ill health |  |
| Living with a learning disability |  | Experiencing domestic violence/abuse |  |
| Refugee |  |  |  |

1. Do you have any other services supporting you at present?

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Organisation | Contact number | email |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Have there been any key things that have happened to you in your life that might help us understand how things are for you?

**If someone is helping you to complete this application, we want their views as well.**

Your response:

1. What are your strengths and assets? This is your opportunity to tell us how you have managed? What skills do you draw on? What resources do you have? What matters to you most? When you are distressed, what type of support from others is useful?

Insight from those supporting you:

Your response:

Insight from those supporting you:

1. What type of support would you be open to having? Tick all that apply

|  |  |  |  |
| --- | --- | --- | --- |
| Face to face |  | Telephone |  |
| Text |  | Zoom/ online |  |
| Groups |  |  |  |

**Part 5: Risk information**

**IMPORTANT**

This section does not need completing if referral agent is providing own risk assessment.

We may not be able to proceed with your referral if the relevant risk information has not been provided.

So that we can carry out an assessment of your needs and support you and others safely, please indicate if any of the below apply to you, including details where a risk has been identified

|  |  |  |
| --- | --- | --- |
| **Risk area** | **Yes, No or Unknown** | **Details:** Impact on those affected, triggers, signs that behaviour is imminent, consequences of the risk, description of the behaviour, factors involved e.g. substance misuse, mental health) |
| Abuse/harassment from others |  |  |
| Medication compliance |  |  |
| Accidental harm/self-neglect |  |  |
| Property damage |  |  |
| Risk of being exploited |  |  |
| Exploitation of others |  |  |
| Risk of financial exploitation |  |  |
| Gambling |  |  |
| Known risk to children |  |  |
| Infestations/pests |  |  |
| Risk to staff working alone |  |  |
| History of starting fires |  |  |
| Self-care/hygiene |  |  |
| Hospitalisation |  |  |
| Self –harm of suicide |  |  |
| Fragility/falls |  |  |
| Sexual offending |  |  |
| Drug use |  |  |
| Alcohol use |  |  |
| Potential/actual violence |  |  |

**Part 6: Disclosure of Information Agreement/Declaration**

**If you do not feel you fully understand any of the below statements, please seek support from the person helping you to complete this form before signing.**

The personal information you provide will be kept confidential within the Help When You Need it/Second Step team. We cannot keep information between you and the Recovery Coach private. This is to ensure that you receive the same service regardless of who is on duty and to help us keep the service safe for our staff and other clients.

Information you share with us will only be passed onto the other agencies or individuals with you verbal or written consent. **However,** there are some exceptions:

* If we feel that is a risk of harm to yourself or others.
* If we are made aware of any offences under the misuse of drugs, or anti-social behaviour relating to previous Supported or general need Housing, or acts of violence relating to previous Supported of general needs Housing.
* If we are made aware of any offences under the Child Protection Act 1989 and the Children Act 1989.

1. I agree that Second Step staff may share information I have provided with other agencies I currently access, or may access in the future. These may include Supported Housing providers, Social Services, Benefits & Employment Agencies etc. □

2. I authorise any party/organisation/agency to give such information as the Second Step team may require in order to assist me with my support needs, including information help under the General Data Protection Regulation. □

3. I understand that completion of this form does not guarantee access to Second Step support □

4. I confirm that the information contained in this application form is true to the best of my knowledge. I understand that if I have intentionally falsified any information within this form it could lead to a loss of an offer of support □

|  |  |
| --- | --- |
| Signature |  |
| Print Name |  |
| Witnessed by |  |
| Date |  |

**Part 7: Next Steps**

This form will now be reviewed by the team to see if we can support you with your needs. If eligible for our support, you will be assigned a Recovery Coach who will contact you to arrange a first check-in meeting.

Where you are not eligible for support we will work with you connect you with right organisation as per our No Wrong Door commitment. The No Wrong Door Principle means that you will be re-directed successfully to the services that will best help you when you need it.

**Who to contact if I we have any further questions?**

Email:

Phone Number: