

**HELP WHEN YOU NEED IT – REFERRAL FORM**

**Who is the service for?**

Help When You Need It is for individuals who are 16 and above who live in Bristol

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| **Please Note:**   * Individuals must live within BS1-4 or BS13-15 to be accepted into this service. * Please note we cannot accept referrals who have **not** received a privacy notice. * This form should be completed with full involvement from the applicant. If accepted, initial contact will be made directly with the applicant. * Please note that we are unable to accept referrals which do not have all fields marked \* completed. * Once completed, please return this from to [tier2@second-step.co.uk](mailto:tier2@second-step.co.uk) or post to **Second Step, Help When You Need It Team, 162 Pennywell Road, Bristol, BS5 0TX.** |

**Help When You Need It can support individuals with the following support needs:**

* Support needed to maintain accommodation/tenancy or secure accommodation (please note, we can’t work with individuals with no fixed abode or who are homeless/or temporary or emergency accommodation – please contact the council’s [**Citizen Service Point**](https://www.bristol.gov.uk/residents/housing/finding-a-home/homeless-or-at-risk-of-being-homeless/homeless-or-worried-about-becoming-homeless) or [**St Mungo’s Outreach team**)](https://homeless.org.uk/homeless-england/service/st-mungos-bristol-outreach-team/)
* Support needed to manage physical health and wellbeing
* Support needed to manage mental health and wellbeing
* Support needed to maximise income, reduce debts, or find paid work
* Support needed to prevent loneliness and isolation
* Support needed to stay safe

## **About You (the applicant)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Privacy notice received? \*** | | | (please tick) **Yes ( ) No ( )** | |
| Title |  | Full name \* | |  |
| Other names |  | Preferred name (if different) \* | |  |
| Current address \* (must be within BS1-4 or BS13-15) |  | | | |
|
| Date of birth \* |  | | | |
| Contact number \* |  | Email address | |  |
| Emergency contact name, number, relation \* | |  | | |
| GP details | |  | | |
| How did you hear about our service? | |  | | |
| Is there anything we need to know about how to contact you? | |  | | |

## **2. Information About The Referring Agency (if applicable)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name\* |  | Job Title\* |  |
| Contact number\* |  | Relationship to applicant\* |  |
| Email address\* |  | | |
| Organisation name and address\* |  | | |
| Signature of referrer\* |  | Date of referral\* |  |

## **3. Support Networks**

Please tell us about anyone who is currently providing support, has previously provided support and how they help *(e.g. professionals, family, friends, neighbour)*

*(Add more lines if needed)*

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Current Yes/No | Dates(s) support started/ended | Details of support provided |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## **4. Housing**

|  |  |  |
| --- | --- | --- |
| What type of accommodation do you live in? \* |  | Additional information *(e.g., landlord details)* |
| Council tenancy |  |  |
| Housing Association tenancy |  |  |
| Private rented |  |  |
| Sheltered housing |  |  |
| Supported Accommodation / Hostel |  |  |
| Temporary or Emergency accommodation |  |  |
| Owner occupier |  |  |
| Friends / Family |  |  |
| Hospital |  |  |
| Other (please state) |  |  |

## **5. Risk Assessment/Safeguarding**

We may not be able to proceed with your referral if the relevant risk information has not been provided. This section does not need completing if referral agent is providing own risk assessment.

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 | Highlight relevant | FURTHER DETAILS*:* *impact on those affected, triggers, early warning signs, consequences of the risk, description of the behaviour, factors involved e.g., substance misuse, mental health, other relevant information* |
| Abuse/harassment from others | **Yes / No / Don’t know** |  |
| Accidental harm/self-neglect | **Yes / No / Don’t know** |  |
| Alcohol or drug use | **Yes / No / Don’t know** |  |
| Exploitation of others | **Yes / No / Don’t know** |  |
| Fragility/falls | **Yes / No / Don’t know** |  |
| Gambling | **Yes / No / Don’t know** |  |
| History of starting fires | **Yes / No / Don’t know** |  |
| Hospitalisation | **Yes / No / Don’t know** |  |
| Infestations/pests | **Yes / No / Don’t know** |  |
| Known risk to children | **Yes / No / Don’t know** |  |
| Medication compliance | **Yes / No / Don’t know** |  |
| Potential/actual violence | **Yes / No / Don’t know** |  |
| Offending | **Yes / No / Don’t know** |  |
| Property damage | **Yes / No / Don’t know** |  |
| Risk of being exploited | **Yes / No / Don’t know** |  |
| Risk of financial exploitation | **Yes / No / Don’t know** |  |
| Risk to staff working alone | **Yes / No / Don’t know** |  |
| Self-harm or suicide | **Yes / No / Don’t know** |  |
| Self-care/hygiene | **Yes / No / Don’t know** |  |
| Sexual offending | **Yes / No / Don’t know** |  |
| Anything else – please detail | **Yes / No / Don’t know** |  |

**Safeguarding**

**Please use this section to indicate any safeguarding concerns (if known)**

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|  |

## **6. Identifying a Primary Goal**

**What can we help with?**

Depending on needs, some of the key activities we may be able to support with include:

* Support to access physical and mental health services and encourage healthy lifestyles
* Support to reduce the need for crisis and emergency interventions
* Support with recovery from domestic violence or trauma related issues
* Support with maintaining your tenancy, accessing new accommodation or any difficulties in your accommodation that may lead to homelessness (please note, as we are a time-limited service we may not be able to support individuals through the rehousing process).
* Support to help you feel safe
* Support to access services that help you to maintain your independence
* Support to feel connected, including support to access the internet and other sources of information
* Support to access advocacy services
* Support with seeking voluntary work, training, education and paid work opportunities
* Support with finances such as welfare benefits advice and signposting to Money Advice Services
* Provide you with timely information and advice services, signposting to health and wellbeing agencies
* Support to access the community such as signposting to local community and activity groups, and support to keep in contact with family and friends.

**What we can't help with**

Unfortunately, we aren’t able to support you with the following:

* Tasks that are classed as personal care/domestic duties such as cooking, cleaning, DIY, gardening etc.
* Counselling or befriending services

We can however, put you in touch with the services who would be able to support you in either of these areas.

**Please provide a primary goal you would like support with**

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| --- |
| **Primary goal:** |
| **Additional info:** |

## **7. Equalities Information**

*We collect this information to ensure we are supporting you in a holistic way. If you do not wish to answer, please indicate this rather than leaving blank.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Current age | Ethnicity | | | Religion |
| Gender Identity | Sexuality *(e.g., heterosexual)* | | | Relationship status |
| Primary language | | Other languages | | |
| Do you need an interpreter, sign language, braille, large print? | | | | |
| Is anyone in your household pregnant? | | | If yes, when is the due date? | |
| Do you consider yourself to have a disability? If yes, please give more information: | | | | |

## **8. 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 or call the Help When You Need it team for support.*

The personal information that you provide in this form will be kept confidential within Second Step / the Help When You Need It team. We are not able to keep information between you and your 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 clients.

Information you share with us will only be passed on to other agencies/individuals with your consent. **However,** there are some exceptions when we can share information without your consent:

* If we feel that there is a risk of harm to yourself or others.
* If we are made aware of any offences under the misuse of drugs act, or any anti-social behaviour relating to previous or current supported or general needs housing or any acts or threats of violence relating to previous or current supported or general needs housing.
* If we are made aware of any offences under the ‘Child Protection Act 1989’ and/or the ‘Children Act 1989’.
* 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 or general needs housing providers, Social Services, Benefits & Employment Agencies, other support providers etc.
* I authorise any party/organisation/agency to give such information that the Second Step team may require to assist me with my support needs, including information or help, under the General Data Protection Regulation.
* I understand that completion of this form does not guarantee access to Second Step support.
* 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 the loss of an offer of support or could cause support I am already receiving to end.

## **9. Confirmation**

*By signing below, I confirm the information in this form is accurate and truthful to the best of my knowledge and I have read and understood the above agreement*

|  |  |
| --- | --- |
| Signature \* |  |
| Print name \* |  |
| Witnessed by |  |
| Date \* |  |

## **10. Next Steps**

This form will be reviewed by the team to see if we are able to support you with your primary and/or secondary goal. If eligible for our support, and if we have a vacancy in the service, we will contact you to complete a brief 30-minute assessment to help identify any risks and discuss in more depth the goal you have requested support for. Following a successful assessment, you will be assigned a Recovery Coach who will contact you to arrange a first check-in meeting.

If we are not able to offer you support, we will work with you to connect you with the right organisation as per our *‘No Wrong Door’* commitment. The *‘No Wrong Door’* principle means that you will be re-directed to the services that will best provide you with **Help When You Need It.**