

# Referral: Short Term Housing Support

Referrals for Short Term Housing Support are processed remotely. To speak with a member of the team, please use the contact details below:

Email: [STHS@fife.gov.uk](mailto:STHS@fife.gov.uk)

Mob: 07783807485

Tel: 03451 55 55 55 Ext. 430530

2022 sees a re-focus on Short Term Housing Support with emphasis on short term support delivered over a 1-6 month period. Support of up to 1 year (2 years in exceptional circumstances) remains available for those who specifically require this. However, pro-active work to ensure independence in the short term is the main focus.

Short Term Housing Support is enabling support for the purpose of promoting independence and cannot provide 'doing for' assistance with the following:

Cleaning, washing dishes, laundry, ironing, cleaning windows, shopping, social visits, getting service user out of house, issuing or prompting medication, counselling, befriending, specialist mental ill health or addictions support, bathing, cooking, form-filling, bill payments, care at home services, decoration, removals, clearances, emptying rooms (e.g. where items have been hoarded).

Referrals cannot be accepted for individuals with a dementia diagnosis or individuals living in (or in the process of moving into) residential care.

## Section 1

Applicant details

1. Applicant first name \*

Ricky

2. Applicant surname \*

Smith

3. Date of birth \*

04/091973



4. Address (including postcode) \*

40 Herriot Cres  
METHIL  
KY83NE



5. Telephone number \*

07 858 958 865

6. Email address

NOT USE

7. Gender \*

- ☐ Woman
- ☒ Man
- ☐ Non-binary
- ☐ Prefer not to say

8. National Insurance Number

TBC

## 9. Ethnicity \*

- ☒ White (Scottish)
- ☐ White (English)
- ☐ White (Irish)
- ☐ White (Welsh)
- ☐ White (Other)
- ☐ Polish
- ☐ Arab
- ☐ Asian (Bangladeshi)
- ☐ Asian (Chinese)
- ☐ Asian (Indian)
- ☐ Asian (Pakistani)
- ☐ Asian (Other)
- ☐ Black (African)
- ☐ Black (Caribbean)
- ☐ Black (Other)
- ☐ Not known
- ☐ Gypsy/Traveller
- ☐ Mixed background

☐

Other

☐

Declined to answer

## Section 2

### Risk Assessment

To be completed by referrer. If no risks are identified, please state this. Blank or incomplete referrals will be rejected and returned for completion.

10. Are joint visits required? \*

☐

Yes

☒

No

11. Does the applicant have any health issues? \*

☒

Yes

☐

No

12. Details of health issues

Ricky has lived through significant Adverse Childhood Experiences. His family and school background was brutalising. He has spent time in prison. The nature of his conviction is such he is vulnerable and lives in fear of attack. Ricky seems to be of little or no risk to support staff. Ricky has very limited mobility, is isolated in every way possible. He lives in a space not far from being a prison cell. His mental health and psychological distress seem severe and limit his ability to maintain health, nutrition or self care. He reports his memory is poor and he will fail to take medications, and requires a neighbour to watch out lest he starts a fire or burns food.

Ricky lives with significant behaviours which seem to have their foundation in trauma and finding survival in the face of violence. He reports being unable to eat food touched by anyone else having experienced contamination of his meals.

Ricky is observably traumatised and lives in "survival mode."

13. Does the applicant have issues relating to drugs and/or alcohol? \*

☒ Yes

☐ No

14. Details of issues relating to drugs and/or alcohol.

Ricky is in recovery and is on a methadone script

15. Is the applicant receiving addiction support?

Ricky has support from addiction services and receives trauma informed therapy from DAPL Fife.

16. Does the applicant have any criminal convictions? \*

☒ Yes

☐ No

17. Criminal conviction details - date of conviction(s) and if any convictions are for a violent offence

not violent - please confirm.

18. Does the applicant, or anyone residing with the applicant, have to register with the police under the Sexual Offences Act 2003 or Sexual Offenders Act 1997? \*

☒ Yes

☐ No

19. Details about sexual offence

Enter your answer

20. Do any immigration controls apply to the applicant? \*

☐ Yes

☒ No

21. Please provide any other risk information.

Ricky is no longer a risk to anyone other than himself because of his mental, physical and psychological ill health. His isolation and disability means he is not able to care for himself.

## Section 3

### Housing

22. Is applicant residing at home address at time of referral? \*

☒ Yes

☐ No

23. Tenure of home address \*

☒ Local authority

☐ Registered Social Landlord

☐ Private let

☐ Homeowner

☐ Non-householder (family/friends/lodgings)

☐ Homeless

☐ No fixed abode

☐ Information not provided

24. Has applicant applied for re-housing? \*

☐ Yes

☒ No

25. Has applicant been offered a tenancy?

☐ Yes

☐ No

## Section 4

Referrer's details

26. Referrer name \*

Ro Bell

27. Referrer job title \*

Counsellor

28. Referrer direct telephone number (inc. extension, if applicable) \*

01333 422277

29. Referrer email address \*

robell@dapl.net

30. Does the referrer wish to attend the initial assessment? \*

☐ Yes

☒ No

31. SWIFT number (if applicable)



Enter your answer

## Section 5

### Vulnerabilities

32. Please select **ONE** option which best describes the applicants **PRIMARY** vulnerability. \*

- ☐ Needs help with social skills or disruptive behaviour (PSB)
- ☐ Travelling person (TP)
- ☐ Person with an acquired brain injury (BI)
- ☐ Other vulnerable group (OTH)
- ☐ Homeless family in need of support
- ☐ Single homeless person and those sleeping rough in need of support (HOM)
- ☐ Older person aged 60 or over (OP)
- ☐ Person with HIV/AIDS (HIV)
- ☐ Person with a physical disability (PD)
- ☐ Person with sensory impairment (SI)
- ☒ Person with mental health issues/threat to mental health (MH)
- ☐ Refugees (REF)
- ☐ Person with a learning disability (LD)
- ☐ Vulnerable due to young age (YP)
- ☐ Person at risk from domestic violence (DV)
- ☐ Risk of offending/re-offending upon leaving prison

- ☐ Experiencing psychological trauma (MHP)
- ☐ Person with dementia
- ☐ Person who uses drugs/substances
- ☐ Person who uses alcohol (ADA)

33. Please select **ALL** options which describe the applicants **SECONDARY** vulnerabilities.

\*

- ☒ Needs help with social skills or disruptive behaviour (PSB)
- ☐ Travelling person (TP)
- ☐ Person with an acquired brain injury (BI)
- ☒ Other vulnerable group (OTH)
- ☐ Homeless family in need of support
- ☐ Single homeless person and those sleeping rough in need of support (HOM)
- ☐ Older person aged 60 or over (OP)
- ☐ Person with HIV/AIDS (HIV)
- ☒ Person with a physical disability (PD)
- ☐ Person with sensory impairment (SI)
- ☒ Person with mental health issues/threat to mental health (MH)
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- ☒ Risk of offending/re-offending upon leaving prison
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- ☐ Person with dementia
- ☒ Person who uses drugs/substances
- ☐ Person who uses alcohol (ADA)

## Section 6

### Tasks

Short Term Housing Support can be provided to individuals who require enabling support in their home to achieve independence with one or more of the following tenancy support tasks. Please select which tasks are requested.

## Section 6A

### Core Tasks:

#### 34. Maximising income – guidance on the following:

- ☐ Budgeting
- ☒ Applying for welfare funding
- ☐ Energy efficiency (fuel poverty) advice
- ☐ Bill payments (e.g. rent, debts)
- ☐ Income maximisation/benefit checks
- ☐ Applying for benefits

#### 35. Living environment - support to get into a routine with daily living tasks:

- ☐ Healthy eating and cooking
- ☒ Food hygiene

- ☒ Cleaning
- ☒ Laundry
- ☐ Recycling
- ☒ Property maintenance
- ☒ Arranging repairs to household appliances
- ☐ Guidance on setting up home
- ☒ Guidance on disability adaptations
- ☐ Garden maintenance
- ☒ Correspondence and form-filling (where establishment of routine is required - not one off form filling)

### 36. Strictly time-limited support tasks:

- ☒ Support with buying food (only as part of initial stages of budgeting and/or healthy eating support)
- ☒ Support to attend appointments (agreed with applicant depending on ongoing assessment of confidence and other factors)

## Section 6B

### Additional Tasks:

As part of the provision of the core tenancy support tasks requested in Section 6A, additional guidance can also be requested in the following areas (NB: additional tasks cannot be provided where no core tasks are required).

### 37. Engaging with professionals and accessing services to improve personal health:

- ☐ Registering with GP and/or dentist
- ☐ Accessing addiction support services

- ☒ Support to increase confidence to leave home and/or use public transport
- ☒ Accessing mental health services
- ☒ Accessing befriending services

### 38. Reducing isolation

- ☒ Accessing community groups
- ☐ Accessing education opportunities
- ☐ Accessing employment opportunities
- ☐ Accessing volunteering opportunities

### 39. Please provide any other information in relation to core tasks and additional tasks of Short Term Housing Support

Ricky is totally isolated. He lives with fear for his safety. He has a neighbour who is very supportive and aging parents nearby. His physical abilities seem to be failing. His building and flat are not secure, and repairs have not been delivered



## Section 7

### Categories of referrals

### 40. Please select if any of the following categories are applicable to this application:

- ☐ Referred to prevent homelessness
- ☐ Applicant is at risk of homelessness within next 6 months (e.g. high rent arrears, Notice to Quit)
- ☐ Applicant is homeless
- ☒ Applicant is considered an adult at risk/vulnerable adult

- ☐ Child within household is a child at risk (child protection issues)
- ☐ Applicant is an existing service user of short term housing support services in Fife and requires transfer to an alternative short term housing support provider

## Section 8

Please select if any of the following questions are applicable to this application and provide details.

41. Has a cause for concern been submitted for applicant? \*

- ☐ Yes
- ☒ No

42. Does applicant have a formal or informal carer? \*

- ☐ Yes
- ☒ No

43. Does applicant currently have, or ever had, a commissioned, long term housing support service via Social Work/Health & Social Care Partnership? \*

- ☐ Yes
- ☒ No

44. Please provide any supporting information.

No but that may be the most appropriate long term solution

## Section 9

## Consent

To be completed by the applicant. (Referrers please note: if making an application on behalf of an individual, they must be aware of this and give permission for the referral to be made).

45. I agree to this referral for Short Term Housing Support. \*

☐ I agree

46. How we use your information:

The information provided by you on this form will be used by Fife Council in order to process your application. It will be shared with Short Term Housing Support providers and those involved in the management of your tenancy, temporary accommodation and/or accommodation-based support.

Information including risk assessments will be obtained from referrers, landlords, voluntary and statutory bodies. Further information on how your information is used and why can be found here:

<https://www.fife.gov.uk/home/privacy-policy>. Fife Council's Data Protection Officer can be contacted on: [dataprotection@fife.gov.uk](mailto:dataprotection@fife.gov.uk)

☐ I agree

47. Any other relevant information

Confidentiality and Trust are paramount when dealing with Ricky. He lives in "flight or fight" heightened awareness. His quality of life has been limited by his isolation and fear.

## Note:

After clicking submit, please ensure you are directed to the confirmation screen. If this does not happen, please email [STHS@fife.gov.uk](mailto:STHS@fife.gov.uk) for assistance.

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