

Llamau's Emphasis Project

Please could all referrers ensure the young person meets the following criteria, if uncertain contact Marion Hewitt to discuss the referral on 01633 244134 or email marionhewitt@llamau.org.uk

Advice can be offered to the referrer, young person and family where it is felt longer-term support is not appropriate.

Referral Criteria

EMPHASIS will offer support, advice and advocacy to young people age 16-21 who have:

- Substantial difficulties in maintaining education, employment, training.
- Difficulty successfully engaging with any other agencies.
- Been asked to leave their home (homeless), or who may be asked to leave in the future (at risk of homelessness).

The EMPHASIS Process

- Referrals welcomed from all agencies, families or the young person.
- Gateway Housing support service referral form to be completed and emailed to- <mailto:housingsupportservice2@monmouthshire.gov.uk>
- A follow up phone call will be made to the referrer in order to gain a more detailed understanding of the young person and their needs.
- The young person will then be allocated an experienced worker who will work with them on an individual basis for 3-12 months. The intensity of the support will be higher at first but will decrease as issues are addressed and other agencies are brought in to offer specialist help around an individual's support needs.

GATEWAY Housing Support Service Llamau EMPHASIS

Referral Form

This form is used to identify the range of issues that may be affecting your housing support needs. It is also used to gather information that is used to help plan and develop support services. Failure to complete relevant sections of this form could result in delays in processing the application.

1.0 Applicant's Details:

Title	
Full Name	
D.O.B	
Gender Identity	
National Insurance No.	
British Citizen	
Current Address	
Telephone No.	
Mobile No.	

Type of Tenure	
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<input type="checkbox"/> Local Authority Temporary	<input type="checkbox"/> Bed & Breakfast
<input type="checkbox"/> Local Authority Secure	<input type="checkbox"/> Housing Association (identify)
<input type="checkbox"/> Voluntary/Charitable Organisation	<input type="checkbox"/> Private Rented
<input type="checkbox"/> Other (please state) Foster Care	<input type="checkbox"/> Staying with family/friends

Date moved into current accommodation	
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1.1 Other Household Members

Are you currently living with your partner?	Yes/No (Please circle as appropriate)
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If so, please complete the below information:

Partners Full Name	
Partners D.O.B	

Do you have any dependants who need to be accommodated with you? If so, please enter the following details:

	Full Name	Date of Birth	Relationship to You
1 st dependant			
2 nd dependant			
3 rd dependant			
4 th dependant			
5 th dependant			
6 th dependant			

1.2 Equal Opportunities

How would you describe your ethnicity?

<p>White</p> <p><input type="checkbox"/> British</p> <p><input type="checkbox"/> European</p> <p><input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Welsh</p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Scottish</p>	<p>Mixed</p> <p><input type="checkbox"/> White & Asian</p> <p><input type="checkbox"/> White & Black African</p> <p><input type="checkbox"/> White & Black Caribbean</p>	<p>Other Groups</p> <p><input type="checkbox"/> Arab</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Gypsy / Traveller</p> <p><input type="checkbox"/> Vietnamese</p> <p><input type="checkbox"/> Yemeni</p>
<p>Asian or Asian British</p> <p><input type="checkbox"/> British Born Asian</p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Sri Lank an</p>	<p>Black or Black British</p> <p><input type="checkbox"/> Black British</p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> African Somali</p> <p><input type="checkbox"/> Caribbean</p>	<p>Other (please state)</p> <hr/> <p><input type="checkbox"/> Prefer not to say</p>

How would you describe your sexual orientation?

<p><input type="checkbox"/> Heterosexual</p> <p><input type="checkbox"/> Other (please specify below)</p> <p>_____</p>	<p><input type="checkbox"/> Bi-sexual</p> <p><input type="checkbox"/> Prefer not to say</p>	<p><input type="checkbox"/> Gay/lesbian</p>
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How would you describe your religious beliefs?

<p><input type="checkbox"/> Baha'i</p> <p><input type="checkbox"/> Buddhist</p> <p><input type="checkbox"/> Christian</p> <p><input type="checkbox"/> Catholic</p>	<p><input type="checkbox"/> Hindu</p> <p><input type="checkbox"/> Moslem</p> <p><input type="checkbox"/> Jain</p> <p><input type="checkbox"/> Sikh</p>	<p><input type="checkbox"/> Rastafarian</p> <p><input type="checkbox"/> Atheist</p> <p><input type="checkbox"/> Agnostic</p> <p><input type="checkbox"/> None</p>
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<input type="checkbox"/> Protestant	<input type="checkbox"/> Jewish	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> Methodist	<input type="checkbox"/> Shinto	<input type="checkbox"/> Prefer not to say

Which languages do you speak?	
Fluent <input type="checkbox"/> Read and write <input type="checkbox"/> Read only <input type="checkbox"/> Conversational <input type="checkbox"/> Basic <input type="checkbox"/>	
What is your first language?	

Asylum Seeker Status

Are you an asylum seeker or refugee?

Yes / No (Please circle as appropriate)

If NO, please move to the next section of this form.
If YES, please complete the below section.

Only answer this section if you have Asylum Seeker Status

Do you have a Home Office letter granting you permission to stay or an NASS 35 card?

Yes / No (Please circle as appropriate)

Are you being supported by NASS?

Yes / No (Please circle as appropriate)

Please tell us your NASS reference number _____

Are you in contact with the Welsh Refugee Council?

Yes / No (Please circle as appropriate)

If you have applied for asylum, where was this?

2.0 Housing Support Needs

Please tell us about any housing related support you feel you need to help you to either obtain accommodation or remain living in your home.

**Do you or any members of your household currently have?
Please tick all that apply to you.**

	Tick	Contact Name
A Social Worker		
A Community Psychiatric Nurse (CPN)		
A Probation Officer		
Any Support services		
Previous involvement with Social Services, CAMHS & Youth Offending Team		

In the last 12 months, have you been a victim of domestic abuse or felt threatened and controlled by your partner or family member?

Yes / No (Please circle as appropriate)

For Support and Advice, please ring Domestic Abuse All Wales Helpline:
0808 80 10 800

There may be a number of issues that you feel have contributed to you needing support to obtain and/or maintain your accommodation.

Please state whether you are affected by any of the below.

Areas of Need	Tick if applies	Please tick one lead need
(M1) Women experiencing Domestic abuse		
(M2) Men experiencing Domestic Abuse		
(M3) People with Learning Disabilities		
(M4) People with Mental Health issues		
(M5) People with Alcohol Issues		
(M6) People with Substance Misuse issues		
(M7) People with Criminal Offending History		
(M8) People with refugee status		
(M9) People with physical and/or Sensory disabilities		
(M10) People with Developmental Disorders (i.e. Autism)		
(M11) People with Chronic Illnesses(including HIV/AIDS)		
(M12)Young People who are Care leavers		
(M13)Young People with Support Needs (16 to 24)		
(M14) Single parent families with Support Needs		
(M15)Families with Support Needs		
(M16)Single People with Support Needs , not listed above(25 to 54)		
(M17) People over 55 years of age with Support Needs (this category must be exclusive of alarm services)		

(M18)Generic/Floating Support/Peripatetic (tenancy support services which cover a range of user needs)		
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Are you currently homeless? Yes / No (Please circle as appropriate)

Are you at risk of becoming homeless? Yes / No (Please circle as appropriate)

Housing Issues

Below are a number of examples of issues that can affect your housing needs. Please take a moment to review and highlight any areas, which apply to you.

Please provide any additional information you can that is relevant to your referral.

Type of housing related support	Tick
Risks to personal/family safety	
Managing Accommodation	
Managing relationships/Relationship Issues	
Community/Neighbourhood Issues	
Managing money/budgeting /debts /benefit claims	
Accessing Education/Training & Learning opportunities	
Accessing Employment/Volunteering Opportunities	
Physical Health Issues	
Mental Health Issues	
Issues impacting on health and well-being	

Additional information (if applicable)

Support Needs

Please complete each of the needs listed below. Use '3' for severe needs, '2' for high needs, '1' for low needs & '0' for no needs.

Housing		Family	
Mental Health		Peers	
Education/Employment/ Training		Offending	
Behaviour		Self Esteem / Confidence	
Substance Misuse		Alcohol misuse	

3.0 Risk Assessment for Housing Support

Area of potential risk	Yes	No
History of violence/aggression		
History of non-compliance with professional agencies:		
Due to mental ill health		
Due to alcohol misuse		
Due to drug/substance misuse		
Due to risk of abuse by others		
History of offending		
Environmental risks		
Any comments		

Does the applicant present a risk to any specific groups?

Group	Please tick as applies
Young Adults	
Older People	
Children	
Women	
Any Minority Groups	
Other	
Any other comments	

4.0 Applicant agreement for support referral

Yes / No (Please circle as appropriate)

Upon receipt of your application, the EMPHASIS Team Leader will contact you to discuss further. Information provided on this application will be recorded for data collation purposes.

Applicant Signature: _____

Date: _____

5.0 Signature of referrer

Referrer Signature: _____

Date: _____

6.0 REFERRERS DETAILS

Has applicant been referred for housing support?

Yes / No (Please circle as appropriate)

Interviewing/Referring Officer	
Telephone number	
Date of Application	
Referrers address	
Referrers e mail address	

Please return your completed referral to

Tracy Finnis

Senior Housing Support Officer

Address: Monmouthshire County Council, Housing Support Services, Ty'r Efail,
Lower Mill Field, Pontypool, Torfaen, NP4 0XJ

Telephone: 01633 740730

Fax: 01495 766157

E mail: <mailto:housingsupportservice2@monmouthshire.gov.uk>