**START: Application for accommodation based support within Gloucestershire**

**Please read this information carefully before filling in the application form.**

## What is accommodation based support (ABS)?

## ABS combines housing related support with short term accommodation. The key aim is to help people develop their skills to enable them to move on from ABS and live independently.

## ABS can be in shared housing where you have your own bedroom but share facilities with other people such as a kitchen and bathroom or it could be self-contained where you have your own flat.

## What does short term mean?

## Short term usually means that you can stay in ABS for a maximum of between six and twelve months (with the exception of mental health accommodation support which may be available for up to 12-18 months).

## What does housing related support (HRS) mean?

HRS relates to practical activities that help people with their day to day lives with the **primary purpose** of developing a person’s capacity to access and maintain independent living, for example:

* Support to understand the responsibilities if living in ABS e.g. payment of rent and service charges and engaging with support
* Support to understand and respond to communications received, including welfare benefit forms
* Support to avoid and reduce rent arrears and other debt
* Support to access appropriate health care, in particular GP services, mental health and drug and alcohol services
* Support to access education, training, employment or volunteering opportunities
* Support to move onto independent accommodation

## It does not include support for physical or personal care

## Who is accommodation based support for?

## ABS is for people who need help with the issues above and are ready and willing to engage with the support that is offered. If you need help but are not ready or willing to engage with the support it could mean that until you are able to demonstrate that you are willing to engage, you will not be offered ABS. ABS is not suitable for people only with housing needs.

## How can you access accommodation based support?

## If you want to make an application for supported accommodation you will need a support agency to help you. All applications for ABS are considered by a weekly multi agency START meeting which uses an agreed process to help them decide how to allocate the accommodation.

## Confidentiality and data protection

There is a privacy notice attached to this form and this tells you what information you need to provide and how will be used.

# **APPLICANT COPY**

#### START application – Privacy Notice

#### Why we collect and use your information:

Gloucestershire County Council is the data controller for the personal information we collect from you. The County Council has a public task to it’s residents to take appropriate steps to improve the health of people in its area, including those who are homeless or at risk of homelessness.

#### The information we collect about you:

Gloucestershire County Council will collect the personal information we need to be able to assess and refer you to accommodation based support, and to track your journey through our services. This includes your:

* contact details
* date of birth
* housing history
* financial details
* housing related support needs

Some of the information we collect is special category data as we ask about your health. This is necessary so that:

* we are aware of your health and social care support needs
* to inform you of your eligibility for the provision
* to inform our management of these services

We will also collect special category data to inform your eligibility for publicly funded services including:

* your national insurance number
* nationality
* immigration status

We will also ask you to provide criminal offence information for the purpose of managing the services we provide and in order to safeguard service users and staff.

#### How we use your information:

We will use your data both to inform the multi agency START assessment and referral process for accommodation based support that you have requested from us to met your needs and our duties under the above act. We will also use your information to assess the effectiveness of services and inform future service delivery.

This will include:

* to assess, with partner agencies, whether you meet the eligibility criteria for accommodation based support
* to help us manage, monitor and inform the services we provide
* to better understand the services we provide
* to help us build those services for the future
* to identify if our services are fulfilling our legal obligations

#### How long we keep your information for:

Gloucestershire County Council will keep your personal data for 6 years, as we are required to do so under Local Government and Crime and Disorder legislation and it is necessary for us to provide the services that you wish to receive. After this time your information will be securely disposed of.

There may be a legal reason for us to keep it longer, such as if legislation requires us to.

To find further information on how long we keep your information, you can read our retention and disposal schedule at [www.gloucestershire.gov.uk/retention](http://www.gloucestershire.gov.uk/retention).

#### Who we share your information with:

Gloucestershire County Council may share your information with other partner agencies, this includes but is not limited to:

* accommodation based support providers
* support agencies, other local authorities
* Probation
* Health and Care Services NHS Foundation Trust

These partners help us to assess whether you meet the eligibility criteria for accommodation based support and to discuss other support options that might be suitable e.g. community based support. If you are offered accommodation through the START process then your information will also be shared with the relevant provider.

Your personal data may also be shared with regulatory and statutory bodies who assess council performance and financial spend, as well as where required by law, such as to prevent and detect crime or fraudulent activity.

#### Your rights:

**Access to your information:**

You have the right to request a copy of the information we hold about you. If you would like a copy of some or all of your personal information, please visit our website using the link below:

<http://www.gloucestershire.gov.uk/council-and-democracy/data-protection/requesting-access-to-your-personal-information/>

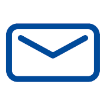
**Correction of inaccurate information:**

You have the right to request that the council correct information that you believe is inaccurate or incomplete. You may not always be able to change the information. However, we will correct factual inaccuracies and may include your comments in the records.

**Using your rights:**

If you wish to use any of these rights, please contact us using one of the methods below:

**Online:**  
<https://www.gloucestershire.gov.uk/council-and-democracy/data-protection/your-information-rights/>

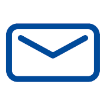
**In Writing:**  
Information Management Service   
Gloucestershire County Council  
First Floor, Block 4(a)  
Shire Hall, Westgate Street   
Gloucester  
GL1 2TG

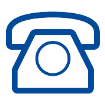
**Email:**              
[Managemyrequests@gloucestershire.gov.uk](mailto:Managemyrequests@gloucestershire.gov.uk)

**How to contact us:**

Please contact us if you have any questions about this privacy notice:

[Oonagh.Laidler@gloucestershire.gov.uk](mailto:Oonagh.Laidler@gloucestershire.gov.uk) or [mohammed.bhula@gloucestershire.gov.uk](mailto:mohammed.bhula@gloucestershire.gov.uk)



Gloucestershire County Council, Shire Hall, Westgate St, Gloucester, GL1 2TG

01452 328067

You can contact the council’s Data Protection Officer, via the Information Management Service, by emailing [dpo@gloucestershire.gov.uk](mailto:dpo@gloucestershire.gov.uk).

**Making a complaint to the Information Commissioner**

If you wish to make a complaint about how we use your personal data to the Information Commissioner’s Office, you can contact them by visiting their website at <https://ico.org.uk/> or by calling 0303 123 1113.

**START: Application for accommodation based support within Gloucestershire**

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| 1. **Applicant details** |

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| --- | --- | --- | --- | --- |
| Name |  | | | |
| Date of birth |  | | Age |  |
| Contact number |  | | | |
| Email address |  | | | |
| Gender identity |  | | | |
| NI number |  | | | |
| NHS Number |  | | | |
| Nationality |  | | | |
| Do you have a disability?  This could be physical disability, mental health condition, learning difficulty, autism spectrum condition or a sensory impairment |  | | | |
| Immigration Status |  | | | |
| Relationship status | Single  In a Relationship  Married  Divorced  Separated | | | |
| Pregnancy/dependent children | Pregnant  Due date:  Responsible for any children  Please provide details below: | | | |
| Have you ever been in care? |  | | | |
| Are you a care leaver? |  | My leaving care worker is: | | |
| Are you in contact with your family |  | | | |
| Are you an informal carer? |  | | | |
| Have you ever been in the forces?  If yes, please provide details |  | | | |

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| **More About** **You** |

The START process has a strengths based approach. This means that we recognize that you will have plenty to offer.

Please tell us anything about yourself that you would like our accommodation based support providers to know.

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| What are you good at? |
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| What would you like to achieve? |
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| What hobbies or interested do you have? |
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| What are your training, education and employment goals? |
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| What is your housing goal? |
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| 1. **Housing history** |

Please provide details of your housing history for the last five years starting with your current or last address

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| --- | --- | --- | --- | --- | --- | --- |
| Address | Type of accommodation i.e. private rented or foster placement | Length of stay  (dates from and to ) | | Reason for leaving | | Rent arrears  (£) |
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| Risk of eviction  Is your current accommodation at imminent risk? Please provide details. |  | | | | | |
| Do you have a local connection to Gloucestershire?  If yes, please indicate to which district.  (To access ABS you must have a local connection to Gloucestershire or a special circumstance to show why you need to move to the area) | Cheltenham  Cotswolds  Forest of Dean  Gloucester  Stroud  Tewkesbury  Outside of County | |  | | | |  |
| Are you registered on Gloucestershire Homeseeker?  If yes, please state the band awarded. | Yes    No | | | | Bronze  Silver  Gold  Emergency | |  |
| Have you made a homeless application?  If yes, to which district and what is the status of the application: | Yes  District:  Status:    No | | | | | |  |

**Details of the person or agency that is referring you to the START meeting:**

|  |  |
| --- | --- |
| Organisation name |  |
| Referrer’s name |  |
| Job title |  |
| Telephone number |  |
| Email address |  |
| How long have you been supported by this person/agency |  |

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| 1. **Other people/agencies or support you currently engage with:** |

Please note, these agencies may be contacted to provide further information in support of your application.

|  |  |  |
| --- | --- | --- |
| Name | Organisation | Contact details |
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| 1. **Economic Status** |

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| What is your current income? | Job Seekers Allowance | | |  | | Universal Credit |  | Other |  |
| Employment Support Allowance | | |  | | DLA/PIP |  | None |  |
| Income Support | | |  | | Salary |  |  |  |
| Amount |  | Frequency |  | | | | |  | |
| Do you have any outstanding rent arrears?  (Other than those stated on your address history?) | | | Yes | | No | | | | |
| If yes, please provide details |  | | | | | | | | |
| Do you have any other debts? | | | Yes | | No | | | | |
| If yes, please provide details |  | | | | | | | | |
| Are you currently in employment? | | | |  |  | | --- | --- | | Yes | No | | | | | | | |
| If yes, please provide details including who you work for and where, and if you are F/T or P/T |  | | | | | | | | |
| Are you currently in education or training? | | |  | | | | | | |
| If yes, please provide details of what course you are on, who is providing it, and is it F/T or P/T? |  | | | | | | | | |

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| 1. **Risks** |

Please provide risk history (including dates) and current status. Please detail how recent, how severe and how frequently risks occur. We need to know this information as it will help us to provide you with the most appropriate support.

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| --- | --- | --- | --- | --- | --- |
| Self Harm: (e.g. any history, any available current evidence, any conversations with others, date of last episode) | | None | Low | Medium | High |
| Please give details: |  | | | | |
| Suicide: (e.g. individual and family history, expressed intentions, any current or historical triggers, any plans or methods in mind, date of last episode) | | None | Low | Medium | High |
| Please give details: |  | | | | |
| Risk to Others: (e.g. Physical or sexual abuse of others, violent attitudes or aggressive behaviour, access to weapons, current and historical triggers) | | None | Low | Medium | High |
| Please give details: |  | | | | |
| Self Neglect: (e.g. lack of motivation, not eating and drinking, personal hygiene, basic living skills) | | None | Low | Medium | High |
| Please give details: |  | | | | |
| Risk from Others: (e.g. domestic violence, child / sexual, physical, emotional abuse, bullying, racial harassment) | | None | Low | Medium | High |
| Please give details: |  | | | | |
| Wellbeing: (e.g. depression, mental health, current and historical factors, medication, trigger factors, diagnosis, counselling, date of last episode) | | None | Low | Medium | High |
| Please give details: |  | | | | |
| Arson: (e.g. expressed intentions, history, trigger factors) | | None | Low | Medium | High |
| Please give details: |  | | | | |
| Substance Misuse (e.g. what substance are being used and how frequently. What are the risks for yourself or others) | | None | Low | Medium | High |
| Please give details |  | | | | |
| Are there any other risks or particular triggers which need to be taken into consideration or that ABS providers should know about |  | | | | |

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| 1. **Offending** |

Please provide ALL details of any offending including, current status and risk assessment details from Probation where appropriate. **Please note failure to disclose all information could result in the delay of the application being processed. Non-disclosure of crimes could also result in withdrawal of services.**

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| --- | --- | --- | --- |
| Have you ever been convicted of a crime (include cautions and warnings): if yes please summarise details below: | | | Yes No |
| Description of offence | | Number of offences | Dates |
|  | |  |  |
| Do you have a current offence | | | Yes No |
| Please provide details of any current orders and specify if you are being supported by the National Probation Service or the Community Rehabilitation Company and provide contact details of any probation workers |  | | |
| Released from custody and on license in the community: | Yes  No | | |

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| 1. **Current and ongoing support needs** |

Accommodation based support provides housing related support, that means support to help you develop the skills to be able to move onto and remain living in independent accommodation. To enable us to decide whether this is the right pathway for you; the START process needs to understand what you think you need help with.

Please tick any of the housing related support needs listed below that apply to you.

|  |  |  |
| --- | --- | --- |
| **Identified needs** | | Please tick all that apply |
| **Housing and independent living** | Maximise income |  |
| Address tenancy related debts |  |
| Address other debts |  |
| Develop/improve financial management skills |  |
| Develop skills to set up home and/or obtain provisions to furnish home |  |
| Understand and/or develop personal health and hygiene |  |
| Develop awareness/skills to maintain a safe home environment |  |
| Hoarding issues |  |
| Understand and/or maintain occupancy agreement |  |
| Support to address anti-social behaviour (perpetrators of ASB) |  |
| Support to address anti-social behaviour (victims of ASB) |  |
| To develop and be actively involved in a personal safety plan |  |
| **Support to access to services** | Access to Children’s Social Care |  |
| Access to Adult Social Care |  |
| Access to substance misuse services |  |
| Access to domestic abuse services |  |
| Access to VCS services |  |
|  | Access to volunteering |  |
|  | Access to education/training |  |
|  | Access to employment |  |
| **Health and wellbeing** | Access to mental health services |  |
| Access to physical health services |  |
| Develop a better understanding of sexual health issues |  |
| Develop/maintain a healthy lifestyle (healthy eating and active recreation) |  |
| Reduce or stop smoking |  |
| **Community** | Reduce social isolation |  |
| Develop positive social networks |  |

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| **9. Additional Information** |

Please provide any other details about your circumstances that would support your application:

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| Why do you feel that you would benefit from accommodation based support? |
|  |
| If you have previously lived in supported accommodation – why do you want to live in this type of accommodation again, and what has changed? |
|  |
| Are there any other areas of your life that you need support with? |
|  |
| Is there anything you feel we should know? |
|  |

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| **10. Your declaration** |

## I confirm the information given on this form is true and up to date. I understand that it may affect my application to access accommodation based support if the information provided is wrong or misleading.

* I understand that the information I have given on this application form will be shared with other relevant agencies as part of the START allocation meetings and solely for the purpose of the assessment and referral process for accommodation based support. This may be done without further reference to me.
* I understand that in some cases the law may require that information has to be shared with other organisations without my consent.

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant signature:** |  | **Date:** |  |
| **Referring agency signature:** |  | **Date:** |  |

* I confirm that I am willing to engage with the support that is offered in this type of accommodation
* I understand that refusal to engage with support could lead me to lose this type of accommodation
* I understand and accept that the offer of supported accommodation could be anywhere in the County

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant signature** |  | **Date:** |  |

**If the service user does not sign both parts of the START application form, it cannot be considered by the START meeting and will be returned for a signatures.**

## Please check that all the information on this form has been completed before you apply.

## This form will be returned if additional information is required.

## This form will not be considered if it has not been signed by you in person.