

Date of Completion:

...../...../.....

SUPPORTING PEOPLE

GWENT NEEDS MAPPING EXERCISE

THIS FORM IS USED TO PROVIDE AN OVERVIEW OF SERVICES NEEDED WITHIN GWENT FOR VULNERABLE PEOPLE. IT WILL NOT BE USED TO IDENTIFY AND MEET YOUR INDIVIDUAL NEEDS BUT WILL HELP US TO BETTER PLAN AND DEVELOP THE TYPES OF SERVICES NEEDED.

If you have completed a Gwent Needs Mapping Exercise form before you will not need to complete this form unless your accommodation and/or support needs have changed since then.

1 INITIAL INFORMATION

Please tick if this is the first time you have completed this form

If you have previously completed the form, please give approx date

If an agency worker is helping you to complete this form please tell us which organisation they are from

| Name | Agency/Department/Section |
|------|---------------------------|
| | |

2 YOUR DETAILS

Please enter the first 3 letters of your surname

| | | |
|--|--|--|
| | | |
|--|--|--|

Your date of birth (e.g 20/07/1977)

Are you: Male?

Female?

2.1 Who lives with you?:

If there are any other people who live with you or need to live with you please give details of their age and relationship to you.

| | | | | | | |
|--------------|---|---|---|---|---|---|
| Other People | 1 | 2 | 3 | 4 | 5 | 6 |
| Age | | | | | | |
| Relationship | | | | | | |

2.2 Where do you currently live?:

| | | | |
|--|-------------|---|-------------|
| | Please Tick | | Please Tick |
| Sleeping Rough | | Sheltered Accommodation | |
| Bed & Breakfast | | Residential Care/Nursing Home | |
| Staying with friends | | Hospital – Psychiatric | |
| Living with Parents/partner/ other family | | Hospital – Medical | |
| Children’s Home / Foster Care | | Hostel | |
| Supported Lodgings | | Refuge | |
| Prison | | Group Home | |
| Adult Placement Scheme | | Armed Forces Accommodation | |
| Other specialist supported accommodation | | Ordinary Accommodation (rented/owner occupier) | |

2.3 Which Local Authority area do you currently live in?

| | | | |
|-------------------|--|-----------------------|--|
| Blaenau-Gwent CBC | | Caerphilly CBC | |
| Monmouthshire CC | | Newport CC | |
| Torfaen CBC | | Other (please state): | |

Within the above, which Area/Town/Village do you currently live in?

2.4 Who is your landlord?

| | | | |
|--------------------------|-------------|-----------------------|-------------|
| | Please Tick | | Please Tick |
| Local Authority | | Private Rented | |
| Housing Association | | Owner Occupier | |
| Voluntary/Charitable Org | | Other (please state): | |

2.5 Level of Support:

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

Please let us know what level of support you feel you need on a scale of 1-10 (low to high) by ticking each area and level of need you feel are relevant to you in the table below.

| Areas of need | Low | | | Medium | | | | High | | |
|--|-----|---|---|--------|---|---|---|------|---|----|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Domestic abuse/violent relationship (E1) | | | | | | | | | | |
| Learning Difficulties (E2) | | | | | | | | | | |
| Mental Health Issues(E3) | | | | | | | | | | |
| Alcohol Dependency (E4) | | | | | | | | | | |
| Drug Dependency (E5) | | | | | | | | | | |
| Refugee with support needs (E6) | | | | | | | | | | |
| Physical Disability (E7) | | | | | | | | | | |
| Young and Vulnerable (E8) | | | | | | | | | | |
| Ex-Offender/At risk of re-offending (E9) | | | | | | | | | | |
| Homeless/potentially homeless (E10) | | | | | | | | | | |
| Chronic Illness (E11) | | | | | | | | | | |
| Vulnerable Single Parent (E12) | | | | | | | | | | |
| Vulnerable Two Parent Family (E13) | | | | | | | | | | |
| Older Person (E14) | | | | | | | | | | |
| Frail Elderly (E15) | | | | | | | | | | |
| People with Sensory Impairment (E16) | | | | | | | | | | |
| HIV and AIDS (E17) | | | | | | | | | | |
| NO ISSUES | | | | | | | | | | |

2.6 Main Support Need

From the above list, please state which **ONE** is the most important issue to you.

3 HOMELESSNESS (if applicable)

| | Yes | No |
|---------------------------------------|-----|----|
| Are you homeless now? | | |
| Are you threatened with homelessness? | | |

If yes, when are you likely to become homeless?

Within 1 week Within 1 month Within 3 months

Over 3 months Other, please state

3.1 If you are homeless or threatened with homelessness, please give reason why:

| | Please Tick | | Please Tick |
|------------------------|-------------|-----------------------------------|-------------|
| Relationship Breakdown | | Sofa Surfing | |
| Eviction | | Money Problems | |
| Leaving Care | | Leaving Prison | |
| Hospital | | Difficulty Managing Accommodation | |
| Domestic Violence | | Have to leave parents home | |
| Other violence | | Notice from landlord (section 21) | |
| Other, Please state | | | |

3.2 Sleeping rough and previous accommodation:

Have you slept rough in this local authority area in the last 12 months?: Yes No

If you are sleeping rough now, where did you live before?

| | Please Tick | | Please Tick |
|--|-------------|--|-------------|
| Bed & Breakfast | | Sheltered Accommodation | |
| Staying with friends | | Residential Care/Nursing Home | |
| Living with Parents/Partner/ other family | | Ordinary Accom. (Rented/owner occupier) | |
| Hospital – Psychiatric | | Hospital – Medical | |
| Supported Lodgings | | Hostel | |
| Prison | | Refuge | |
| Adult Placement Scheme | | Other specialist supported accom. | |
| Group Home | | Armed Forces Accommodation | |
| Sleeping Rough | | Children’s Home / Foster Care | |

4 CURRENT AND FUTURE ACCOMMODATION NEEDS:

Please tell us what type of accommodation you want/think you need:

| | Please Tick | Now | Longer-term |
|---|-------------|-----|-------------|
| Housing and support are satisfactory (no change required in next 12 months) | | | |
| Ordinary housing with support (flat/house) | | | |
| Ordinary housing with no support (flat/house) | | | |
| Sheltered accommodation / Extra Care sheltered for Frail Elderly | | | |
| Temporary specialist supported housing | | | |
| Special detox facility (in relation to drug and/or alcohol dependency) | | | |
| Hostel | | | |
| Refuge for people escaping domestic abuse | | | |
| Residential care/nursing home | | | |
| Shared House | | | |
| Self Contained within same house | | | |
| Need to return home | | | |
| Don't know | | | |
| Other (please state) | | | |

4.1 'Housing Related' SUPPORT Needs:

Please tell us about any housing related SUPPORT you are currently receiving or feel you need to help you to either obtain accommodation or remain living in your home:

| Type of housing related support | Please Tick | |
|---|-------------|------|
| | Receiving | Need |
| Help in setting up and maintaining a home | | |
| Help in developing domestic and practical living skills | | |
| Help in developing social skills/confidence | | |
| Help in establishing personal safety/security | | |
| Help in managing behaviour / attitude | | |
| Advice, advocacy and liaison with other agencies | | |
| Help with budgeting/ managing finances/ debt management | | |
| Help with benefit claims | | |
| Emotional support / counselling | | |
| Help in gaining access to other services (e.g. training or education, job centre, benefits agency, GP, Dentist, Legal services) | | |
| Help in establishing social contacts and activities | | |
| Monitoring of health and well-being | | |
| Peer support and befriending | | |
| Help in finding other accommodation | | |
| Community Alarm Services | | |
| Help in arranging services, e.g. repairs, home improvements, etc. | | |
| Other (please state): | | |

4.2 Leaving Care/Community Care/Supervision

| Do you currently have: (Please tick all that apply) | | | | | |
|---|--------------------------|--|--------------------------|------------------------|--------------------------|
| a) A social worker | <input type="checkbox"/> | b) A Community Psychiatric Nurse (CPN) | <input type="checkbox"/> | c) A probation officer | <input type="checkbox"/> |

If you currently receive a support service provided by another organisation, please state whom:

Have you had a Community Care Assessment? Yes No

Have you previously been in care? (Children's home/foster care) Yes No

4.3 Physical Disabilities or Problems/Mobility (If applicable):

Please tell us about any physical disability you may have and if you have a need for mobility aids or equipment:

| Disability | Please Tick | Disability | Please tick | Mobility Aids/Equip. | Please tick |
|-------------------|-------------|----------------------|-------------|-----------------------------|-------------|
| Sight | | Orthopaedic | | Use walking aids only | |
| Hearing | | Parkinson's Disease | | Mix walking aids/wheelchair | |
| Speech | | Amputee | | Wheelchair all the time | |
| Heart | | Arthritis | | None | |
| Respiratory | | Other (please state) | | | |
| Diabetes | | | | | |

4.4 Mental Health Problems (If applicable):

What are the type(s) of mental health issues you are experiencing?

| | Please Tick | | Please Tick | | Please Tick |
|---------------------------|-------------|----------------------|-------------|-----------|-------------|
| Anxiety | | Alzheimer's | | Confusion | |
| Depression | | Schizophrenia | | Dementia | |
| Bi-Polar/Manic Depression | | Personality Disorder | | None | |
| Other (please state) | | | | | |

4.5 Other support needs you have - not previously covered:

| | Please Tick | | Please Tick |
|-------------------------------|-------------|--------------------------------------|-------------|
| Women-only provision | | Issues regarding sexuality | |
| Leaving Care / Home | | Literacy, i.e. reading/writing | |
| Parenting / Children | | Language Difficulties | |
| Other Caring Responsibilities | | Black & Minority Ethnic group issues | |
| Sexual Exploitation | | Other (please state below) | |
| Issues regarding safety | | | |
| Cultural & religious needs | | | |

4.6 Length of Support

Please tick how long you think you may need support for:

| | | | |
|------------------|--|--------------------------------|--|
| Up to six months | | Over 18 months (not permanent) | |
| 6 – 12 months | | Permanent | |
| 12 – 18 months | | Don't know | |

5 CROSS BOUNDARY / MIGRATION:

Within the last 6 months, are you new to this Local Authority area, if so, where did you move from?
(Please state County)

If you want to move out of your current Local Authority area or move to another area within your Local Authority, please state your preferred area.

Please tell us your reason for moving **into**/wishing to move **out** of area:

| Reason | Please tick | | Reason | Please tick | |
|------------------------|--------------------------|--------------------------|-------------------------------|--------------------------|--------------------------|
| | In | Out | | In | Out |
| Work | <input type="checkbox"/> | <input type="checkbox"/> | Escape the risk of offending | <input type="checkbox"/> | <input type="checkbox"/> |
| Education/Training | <input type="checkbox"/> | <input type="checkbox"/> | Access accommodation/services | <input type="checkbox"/> | <input type="checkbox"/> |
| Move nearer to friends | <input type="checkbox"/> | <input type="checkbox"/> | Other (please state) | <input type="checkbox"/> | <input type="checkbox"/> |
| Escape domestic abuse | <input type="checkbox"/> | <input type="checkbox"/> | | | |

6 ETHNICITY

How would you describe yourself? (Please tick)

| White | | Asian or Asian British | | Other Groups | |
|--------------------------|----------------|--------------------------|-------------------------|--------------------------|-----------------|
| <input type="checkbox"/> | British | <input type="checkbox"/> | Bangladeshi | <input type="checkbox"/> | Arab |
| <input type="checkbox"/> | Welsh | <input type="checkbox"/> | British Born Asian | <input type="checkbox"/> | Chinese |
| <input type="checkbox"/> | English | <input type="checkbox"/> | Indian | <input type="checkbox"/> | Gypsy/Traveller |
| <input type="checkbox"/> | Irish | <input type="checkbox"/> | Pakistani | <input type="checkbox"/> | Vietnamese |
| <input type="checkbox"/> | Scottish | <input type="checkbox"/> | Sri Lankan | <input type="checkbox"/> | Yemeni |
| <input type="checkbox"/> | European | | | | |
| Black or Black British | | Mixed | | | |
| <input type="checkbox"/> | African | <input type="checkbox"/> | White & Asian | | |
| <input type="checkbox"/> | African Somali | <input type="checkbox"/> | White & Black African | | |
| <input type="checkbox"/> | Black British | <input type="checkbox"/> | White & Black Caribbean | | |
| <input type="checkbox"/> | Caribbean | <input type="checkbox"/> | Any other, please state | | |

7 SEXUAL ORIENTATION

| | | | |
|--------------------------|--------------|--------------------------|------------------------|
| <input type="checkbox"/> | Heterosexual | <input type="checkbox"/> | Gay/Lesbian |
| <input type="checkbox"/> | Bi-sexual | <input type="checkbox"/> | Other (please specify) |

8 LANGUAGE What is your first language?

9 RELIGION How would you describe your beliefs? (Please Tick)

| | | | | | |
|--------------------------|-----------|--------------------------|--------|--------------------------|-------------|
| <input type="checkbox"/> | Baha'i | <input type="checkbox"/> | Hindu | <input type="checkbox"/> | Rastafarian |
| <input type="checkbox"/> | Buddhist | <input type="checkbox"/> | Muslim | <input type="checkbox"/> | Sikh |
| <input type="checkbox"/> | Christian | <input type="checkbox"/> | Jain | <input type="checkbox"/> | Jewish |
| Other (please state) | | <input type="text"/> | | | |

THANK YOU VERY MUCH FOR COMPLETING THIS FORM

Please forward this form to the Supporting People Team in your current county:

Blaenau Gwent Supporting People Team: 01495 354681

The Supporting People Manager,
Social Services, 107 – 110 Worcester Street,
Brynmawr, NP23 4JP

Caerphilly Supporting People Team: 01495 223419

The Bungalow, 16 Ty Mynyddislwyn,
Gelligroes Road, Pontllanfraith,
Blackwood, NP12 2JE

Monmouthshire Supporting People Team: 01495 768250

Monmouthshire County Council,
Supporting People Team,
County Hall, Cwmbiran, NP44 2XH

Newport Supporting People Team: 01633 233489

Social Wellbeing & Housing,
Newport City Council, Civic Centre,
Newport, NP20 4UR

Torfaen Supporting People Team: 01495 766447

Torfaen County Borough Council, Civic Centre,
Pontypool, Torfaen, NP4 6YB

If you would like this form in another language, please contact the relevant Supporting People Team



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