

SUPPORTING PEOPLE GNME GWENT NEEDS MAPPING EXERCISE

cefnogipobl
supporting people



supporting independence
cefnogi annibyniaeth

This form is used to help plan housing-related support services for vulnerable people in Gwent & for equality monitoring purposes; it is not an application for services & will not be used to meet individual needs. If you have completed a GNME before you do not need to complete this form unless your needs have changed. **The information collected is held securely & will be used anonymously.**

1 Initial Information

Date of Completion

DD

MM

YYYY

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

Agency / Department / Section	Contact No.

2 Your Details

First 3 letters of your surname	Your Date of Birth	Your Gender
	DD MM YYYY	

How many other people aged 16 and over are in your household?

How many children aged under 16 are in your household?

3 Which Local Authority area do you currently live in? (Please tick one)

Blaenau-Gwent	<input type="checkbox"/>	Caerphilly	<input type="checkbox"/>	Monmouthshire	<input type="checkbox"/>	Newport	<input type="checkbox"/>
Torfaen	<input type="checkbox"/>	Other, please state: <input type="text"/>					

4 Where do you currently live? (please tick one)

Armed Forces Accommodation	<input type="checkbox"/>	Adult placement scheme / shared lives	<input type="checkbox"/>
Bed & Breakfast	<input type="checkbox"/>	Children's home / foster care	<input type="checkbox"/>
Group Home / Shared House	<input type="checkbox"/>	Hostel	<input type="checkbox"/>
Hospital – Medical	<input type="checkbox"/>	Hospital – Psychiatric	<input type="checkbox"/>
Living with family e.g. parents / partner / other family	<input type="checkbox"/>	Long Term / Secure Tenancy e.g. Local Authority/ RSL / Housing Association:	<input type="checkbox"/>
Owner Occupier	<input type="checkbox"/>	Private Rented	<input type="checkbox"/>
Prison	<input type="checkbox"/>	Refuge (for Domestic Abuse)	<input type="checkbox"/>
Sheltered accommodation	<input type="checkbox"/>	Sleeping rough	<input type="checkbox"/>
Staying with friends / Sofa Surfing	<input type="checkbox"/>	Supported lodgings	<input type="checkbox"/>
Residential care / nursing home	<input type="checkbox"/>	Temporary Rented (E.g. Private Sector Lease)	<input type="checkbox"/>
Other e.g. caravan etc., please state: <input type="text"/>			

If you ticked 'sleeping rough' please state where you lived before, from the above list:

5 Other statutory agencies Do you currently have a: (please tick all that apply)

Social Worker	<input type="checkbox"/>	Community Mental Health Nurse	<input type="checkbox"/>	Probation Officer	<input type="checkbox"/>
Youth Offending Team / Service Worker	<input type="checkbox"/>	Other, please state: <input type="text"/>			

Have you previously been in care? (Children's home / Foster care): Yes

No

6 Level of Support

There may be a number of issues that you feel you need support with. 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 & level below .

Area of Need	Low				Medium				High			
	0	1	2	3	4	5	6	7	8	9	10	
Domestic abuse/violent relationship (E1)												
Learning Disability (E2)												
Mental Health Issues (E3)												
Alcohol Dependency (E4)												
Drug Dependency (E5)												
Refugee (E6)												
Physical Disability (E7)												
Young and Vulnerable (E8)												
Ex-Offender / Criminal Justice (E9)												
Homeless / potentially homeless (E10)												
Chronic Illness (E11)												
Vulnerable Single Parent (E12)												
Vulnerable Two Parent Family (E13)												
Older Person (E14)												
Frail Person (E15)												
Visual Impairment / Blind (E16)												
Hearing Impairment / Deaf (E16)												
HIV and AIDS (E17)												

7 Main Support Need:

Please state which **ONE** of the above 'areas of need' is the most important to you (your 'main' need):

Main:

If you have one, please state which of the above is your **NEXT** 'main' support need.

Next:

8 Current and Future Accommodation Needs:

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

	Now	Longer term
Housing and support are satisfactory (no change in next 12 months)		
Ordinary housing with visiting/floating 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, not 24 hour staff support		
Shared house with 24 hour on-site staff		
Self contained within same house		
Need to return home		
Need to return home with new aids/adaptations at property		
Don't know		
Other, please state:		

9 'Housing-Related' Support Needs:

Please tell us about any support you are currently receiving, or feel you need, to help you to obtain accommodation or remain living in your home:

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

10 Mental Health Problems please tick any mental health issues that you are experiencing:

Anxiety / Depression		Alzheimer's/Dementia		Bi-Polar / Manic depression	
No Mental Health Issues		Personality disorder		Schizophrenia	
Prefer not to say		Other, please state:			

11 Additional Information please tick any other needs, issues or information that you have:

BME group related		Cultural / Religious		English as 2 nd language	
Gender identity		Gypsy / Traveller		Handy-person service e.g. basic DIY	
Forced marriage		'Honour'-Based Violence		Literacy	
Parenting/Children		Pregnancy		Sexual exploitation/Trafficking	
Sexual orientation		Women-only provision		Other, please state:	

12 Length of Support please tick how long you think you may need support for:

Up to 6 months		6 – 12 months		12 – 18 months	
Over 18 months +		Permanent		Don't know	

13 Access to Health Services

If you are NOT registered with any of the following, please tick the ones that you need:

Doctor (G.P.)		Community mental health team	
Dentist		Health visitor (when there is a child under 4)	
Opticians		Specialist substance misuse services	
Other, please state:			

If you have experienced problems accessing/using any health services, please tick any issues:

Attitude of staff	Availability of services	Confidence / self esteem
Have not tried to get doctor	Lack of support	Lack of interpreters
Making appointments	Opening hours	Personal appearance
Travelling to services	I was refused registration by service	Other, please state:

If you were in hospital in the last 12 months did your housing or support needs delay your discharge? yes no

Equality Monitoring

14 Ethnicity: (please tick one)

Asian/British Asian	Black/Black British	Other groups	White
Bangladeshi	African	Arab	British
British Born Asian	African Somali	Chinese	Welsh
Indian	Black British	Gypsy/Traveller	English
Pakistani	Caribbean	Vietnamese	Irish
Mixed		Yemeni	Scottish
White & Asian			East European
White & Black African	Prefer not to say		Other European
White & Black Caribbean	Other, please state:		

15 Sexual orientation: (please tick one)

Bi-sexual	Gay/Lesbian	Heterosexual
Prefer not to say	Other preferred description, please state:	

16 Language: What is your first language?

17 Religion or Belief: (please tick one)

Atheist	Baha'i	Buddhist	Christian
Hindu	Jain	Jewish	Muslim
None	Rastafarian	Sikh	Prefer not to say
Other, please state:			

Thank you for completing this form; please return it to your local Supporting People team:

- **Blaenau Gwent Supporting People Team: 01495 354681**
Social Services, 107-110 Worcester Street, Brynmawr, NP23 4JP
- **Caerphilly Supporting People Team: 01443 864591**
Ty Penallta, Tredomen Park, Ystrad Mynach, Hengoed, CF82 7PG
- **Monmouthshire Supporting People Team: 01633 644644**
Monmouthshire County Council, County Hall, Cwmbiran, NP44 2XH
- **Newport Supporting People Team: 01633 414850**
Blaen-y-Pant Bungalow, 74 Blaen-y-Pant Crescent, Newport, NP20 5PX
- **Torfaen Supporting People Team: 01495 766204**
Torfaen County Borough Council, Civic Centre, Pontypool, Torfaen, NP4 6YB



If you would prefer this document in another format, then please contact us.