

SCT Recovery Hub Residential Referral Form

Please read this pack carefully
and complete each section in full

Name of Applicant

Referral Date



Introduction

About SCT

We are a local charity that helps people recover from drug and alcohol addiction so they can lead healthier home, work and social lives. The complex nature of addiction means the people we support may be homeless, have a mental health condition or suffered other trauma, and on a low or zero income.

Our comprehensive services support people with their mental, physical, housing and relationship needs, all of which need careful attention to ensure long-term recovery.

For over 50 years we have met the needs of our recovery community and supported gaps in existing local services. Through our services, and by working with others, we aim to provide the UK's most effective and compassionate recovery programme.

We work from Hackney and Tower Hamlets, two of the most deprived local authorities in England with large homeless populations with substance misuse problems.

Residential Recovery Hub Eligibility

Spitalfields Crypt Trust (SCT) provides residential treatment to homeless men who have extremely limited access to abstinence based recovery from substance addiction. We offer a holistic mix of addiction psychology, 12 step and relapse prevention treatment in both groups and one-to-one interventions, delivered by highly trained therapists and experienced support staff. We also support individuals in attaining life skills and tools for learning to manage their lives effectively.

We are a 16-bed unit located in Shoreditch, next door to St Leonard's Church, in east London. SCT is a Christian charity that was established in 1965 to provide residential care and rehabilitation for homeless men with alcohol problems.

The support services we offer are funded through the Housing Benefit process. Therefore, ***all*** applicants must be legitimately eligible to claim Employment and Support Allowance (ESA) / Universal Credit (UC) / Job Seekers Allowance (JSA) ***and*** Housing Benefit.

Who is it for?

Overview of Recovery Hub

SCT's Recovery Hub is a one-stop shop for people in recovery from addiction to come for support. We provide residential treatment to homeless men who have extremely limited access to abstinence-based recovery from substance addiction. We offer a holistic mix of addiction psychology, 12 Step and relapse prevention treatment in both groups and one-to-one interventions, delivered by highly trained therapists and experienced support staff. We also support people in achieving the skills they need to live a life free from their addictions through our training and development service.

Who is it for?

Admission is exclusively for men experiencing issues with drug or alcohol addictions and complex needs, particularly homelessness. We do not provide residential detox, so successful applicants must either safely reduce their substance use until able to access community detox or Local GP, or receive residential detox elsewhere. Those referred must require the support provided for treatment from addiction and not just need Housing. The following must also be met:

- Over 25 years of age
- Eligible for welfare benefits
- Technically homeless (without an existing tenancy or owning a property)
- Able to share with people from a variety of backgrounds relating to age, sexual orientation, race, ethnicity, culture and disability
- Able to engage in classes and activities in our Training and Development programme located on the ground floor of the Recovery Hub
- Able to manage on a day-to-day basis with limited practical support
- Able to budget for themselves, with support
- Able to manage their prescribed medication, with support
- Able to negotiate the physical aspects of the building (with necessary adaptations made by the organisation where possible) and to manage simple household tasks

How long can someone stay?

The average stay is 6–9 months, although in some circumstances this can be extended. It is important that all residents continue to benefit from participating in the treatment process, as overstaying in residential treatment can be detrimental to an individual's recovery. We have very limited move-on options available and no referral rights to Local Authorities or Housing Associations.

PLEASE NOTE: Detoxification is not available.

Interviews

Interviews are conducted by two members of staff. The applicant will be informed of the outcome as soon as possible, except in cases where a decision could not be agreed immediately. If there is a vacancy they can move in immediately or be added to our waiting list until a vacancy becomes available. Once moved in, a member of staff will go through the following:

- Check-in procedures
- Welcome pack
- Housing Benefit forms
- Health and Safety procedures
- Storing and distribution of medicine

Where an applicant is unsuccessful, they will be informed immediately. The applicants' records will be kept on file for future reference for no longer than 12 months.

How appeals can be made?

The applicant or referral agency can appeal against any negative decision in writing within 7 days of the application being rejected. The Managers of the Residential Services will consider the appeal and will take into account all information already provided along with any new information. A decision will be within 7 days and will be communicated to the applicant or referral agency in writing.

If the applicant or referral agency is still dissatisfied with the decision they have the right to appeal to the Director of Services via **info@sct.org.uk** within 7 days following the receipt of the appeal outcome. The Director of Services will consider the appeal and make a final decision. The decision will be made within 7 days and will be communicated to the applicant or referral agency in writing.

Referral

We take referrals from different sources such as:

- Social services
- Probation/ Prison
- Community Mental Health Teams
- LA Housing Dept. (homeless unit)
- Health Authority
- Detox unit
- Self Referral/ Direct application
- Other Statutory/ voluntary agencies

The initial enquiry is generally made by telephone. On receipt of their enquiry, details of the caller and prospective resident are taken and this is kept in our referral file.

If the applicant is suitable, a member of staff will make contact with the person enquiring and an interview will be arranged.

Prospective residents are expected to be sober on the interview date; otherwise, the interview would have to be rescheduled when the client is sober.

Recovery Hub Residential Referral Criteria

Is the applicant:

Over 25 years of age Yes No

Able to share with people from a variety of backgrounds, ages, sexual orientation, race, colour, cultures and disabilities Yes No

Able to engage in the activities of SCT Yes No

Able to manage on a day-to-day basis with background practical support, the level of which may vary according to different needs Yes No

Able to budget for themselves, with support Yes No

Able to manage own medication, if prescribed and with support Yes No

Able to negotiate the physical aspects of the building (with necessary adaptations made by the organisation where possible) and manage simple household tasks Yes No

Eligible for welfare benefits Yes No

Technically homeless (without an existing tenancy or owning a property) Yes No

If any of the above answers are 'NO', the application will not be able to be accepted into SCT's Recovery Hub Residential Service

If all of the above questions were answered 'YES', we will need additional information before we can process your application.

NOTE: Please send the completed referral form to recoveryhub@sct.org.uk. The application will be assessed and you will be contacted about next steps.

Is the applicant aware of what is offered at SCT and what they will be signing up to do?

Yes

No

Main Referral Form

Personal Details

First name

Surname

Age

Date of birth

Gender *(please tick)*

Male Female Transgender

Non-binary Other

Any other white background, please write in:

Ethnic Origin *(please tick)*

White

English Welsh Scottish

Northern Irish Irish British

Gypsy or Irish Traveller

Prefer not to say

Any other white background, please write in:

Mixed/Multiple Ethnic Groups

White and Black Caribbean

White and Black African

White and Asian

Prefer not to say

Any other mixed background, please write in:

Asian/Asian British

Indian Pakistani

Chinese Bangladeshi

Prefer not to say

Any other Asian background, please write in:

Black/African/Caribbean/Black British

African Caribbean

Prefer not to say

Any other Black/African/Caribbean background, please write in:

Other Ethnic Group

Arab Prefer not to say

Any other ethnic background, please write in:

Nationality

Faith

No religion or belief Buddhist

Christian Hindu Jewish

Muslim Sikh Prefer not to say

If other religion or belief, please write in:

Sexual orientation

- Heterosexual Gay Lesbian
 Bisexual Prefer not to say

If you prefer to use your own term, please specify here:

Accommodation Details

What type of accommodation do you have?

(please tick)

- Bed and Breakfast Boat
 Council Home owner Hostel
 Housing Association Living with family
 Living with friends Night shelter
 Private rented sector Squatting
 Sleeping on the street Supported
 Housing

Other:

How long have you had this accommodation?

Do you have a history of homelessness? Yes No

Chain number (if applicable)

Contact Details

Address (if no fixed abode, please state)

If you are sleeping rough, please provide alternative ways of contacting you.

Borough

Postcode

Telephone

Mobile

Email

Emergency Contact

Who is your emergency contact?

What is their relationship to you?

What is their address?

What is their contact telephone number?

Family and Relationships

Relationship status

Do you have children? Yes No

If you do have children what age/s are they?

Age/s

Number

0–9 years

10–16 years

17–21 years

22–29 years

30–39 years

40–49 years

50+ years

Referral Details

Agency referring

Name of referral worker

Referral contact details

(telephone, email, address, borough)

Source of referral

Voluntary Agency

Statutory Agency

Other (please state)

How long have you known the applicant?

Physical Health

Are you registered with a GP practice? Yes No

GP contact details

(practice name, address, contact details)

Are you registered with the following? (please tick) Dentist Optician

Would you describe yourself as having a disability? Yes No

Are you registered disabled? Yes No

If you have a registered disability, what type of disability do you have?

- Autistic spectrum
- Chronic medical condition
- Hearing disability
- Learning disability
- Mental health condition
- Visual impairment
- None

Do you have any diagnosed physical health issues? If so, what are they?

- Asthma
- Blood circulation issues
- COPD
- Heart problems
- Nerve damage
- Osteoporosis
- Skin complaint
- Underweight
- Other
- None

When were you diagnosed with your physical health issues?

Are you receiving any professional support or treatment for managing your physical health issue/s? GP Specialist Other None

What medication are you prescribed for your physical health issue/s?

(Please provide all available details, including name, quantities etc.)

Mental Health

Do you have any diagnosed mental health issues? And if so what are they?

- Anxiety Bipolar disorder
 Depression Eating disorder
 Personality disorder Schizophrenia
 None Other (*please state*)

When were you diagnosed with your mental health issues?

Please state each mental health issue and date diagnosed by a medical professional.

Were you in active addiction when you were diagnosed? Yes No

Are you receiving any professional support or treatment for managing your mental health issue/s?

- CPN GP Psychiatrist
 Other None

Psychiatrist and/or CPN details (if applicable)

How does your mental health affect you?

How can we help you when you experience mental health issues?

Have you been admitted to a psychiatric hospital? If so, please provide details.

Support Networks

Which addiction support networks do you engage with?

- Alcoholics Anonymous
- Cocaine Anonymous
- Co-Dependents Anonymous
- Crystal Meth Anonymous
- Gamblers Anonymous
- Hoarders Anonymous
- Home Group
- Narcotics Anonymous
- Overeaters Anonymous
- Sex & Love Addiction Anonymous
- SMART Recovery
- Other
- None

How frequently do you engage with these addiction support networks?

- Daily Less frequently
- 2-3 times a week Never
- Once a week
- Once a fortnight
- Once a month

Which general support networks do you engage with?

- Choices
- Faith groups
- Sports groups
- Other
- None

Do you have friends/family/other people to support you?

- Yes, more than one person
- Yes, one person
- No

Finances

What regular income do you have?

- ESA – contribution based
- ESA –income-related
- Full-time employment
- Housing benefit
- JSA – contribution-based
- JSA – income-based
- Part-time employment
- Personal Independence Payment
- Private pension
- Savings
- State pension
- Universal Credit
- Other (please state)

How much do you get paid in benefits?

How frequently are your benefits paid?

How are your benefits paid?

Do you have any debt? Yes No

If you do have debt, how much is it and who are you in debt to?

UK Residency Details

Are you a UK national?

If NO, please complete

the following questions: Yes No

How long have you been in the UK?

Have you worked
while in the UK?

Yes No

Have you had the
Habitual Residency Test? Yes No

What is your National Insurance Number?

Criminal Justice System

Have you made any
court appearances in
the last 10 years?

Yes No

Have you been given
a prison sentence in
the last 10 years?

Yes No

If you have made any court appearances
or been given a prison sentence in the last
10 years, please provide details, including
the charge, outcome and details of terms
(if relevant)

Do you have any
outstanding court orders,
probation and fines, or
statutory orders? Yes No

If you have any outstanding court orders,
probation and fines, or statutory orders,
please provide further details.

Probation Officer (if applicable)

Name, contact details, address

How many alcohol and drug related A&E
visits have you made in the last 5 years?

How many alcohol or drug related
inpatient treatments have you had
in the last 5 years?

Have you been in
the armed forces? Yes No

Do you hold a valid driving licence?

Yes No Disqualified

Addiction

Of the following addictions which do you have? Please identify which is your primary addiction by marking it "P"

Substance

- Alcohol
- Amphetamines
- Cannabis
- Cocaine (crack)
- Cocaine (powder)
- Crystal meth
- Ecstasy
- GHB
- Heroin
- Ketamine
- Legal highs
- LSD
- Other opioids
- Poly use
- Prescription drugs
- Spice

Behaviours

- Computer games
- Exercise/gym
- Gambling
- Phone
- Pornography
- Sex
- Other

If you are on a prescription for Methadone or Subutex, what quantity are you prescribed?

When did you last drink alcohol or use drugs?

How many times have you been in a rehabilitation or treatment programme before?

If you have been in a rehabilitation or treatment programme, where was it and how long did it last?

If you have been through detoxification in the last 6 months, please provide details

Risk Assessment

IMPORTANT: This section must be completed by a referral agency. Please use the following definitions to answer the questions:

NONE	No incidents
LOW	Isolated or occasional incidents of non-significance or a low potential of incidents occurring or recurring
MEDIUM	Regular incidents
HIGH	Likely, severe or significant incidents

A) Does the applicant have a history / is there a risk of any of the following violent offences / incidents to others / themselves:

Category	NONE	LOW	MEDIUM	HIGH	If identified, please comment
Physical violence					
Psychological abuse					
Sexual abuse					
Racial abuse					
Verbal abuse					
Damage to property/Arson					

B) Is there a history of difficulties regarding previous tenancies?

Category	NONE	LOW	MEDIUM	HIGH	If identified, please comment
Rent arrears					
Disputes					
ASB					
Evictions					
Harassment					
Non-engagement with support / other					

C) Is there history of or a risk of any of the following?

Category	NONE	LOW	MEDIUM	HIGH	If identified, please comment
Suicide or self-harm					
Accidental overdose					
Abuse to others					
Vulnerability – abuse from others					
Mental health					

D) Please describe any potential triggers and who will be at risk:

E) Further information:

Please state how long you have known the applicant?	
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Has the applicant ever been refused support? If yes, please state why?	
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Please provide any other relevant information	
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How did you/the applicant find out about SCT and our services?	<input type="checkbox"/> Website search <input type="checkbox"/> SCT website <input type="checkbox"/> SCT email <input type="checkbox"/> Colleague <input type="checkbox"/> Twitter <input type="checkbox"/> Yes <input type="checkbox"/> Friend/Family <input type="checkbox"/> Press <input type="checkbox"/> Facebook <input type="checkbox"/> Other (<i>please state</i>) <input style="width: 150px;" type="text"/>
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I confirm that the information contained in this document is true and accurate to the best of my knowledge and includes all relevant information required to assess my referral correctly

Applicant

Signed

Name Printed

Date

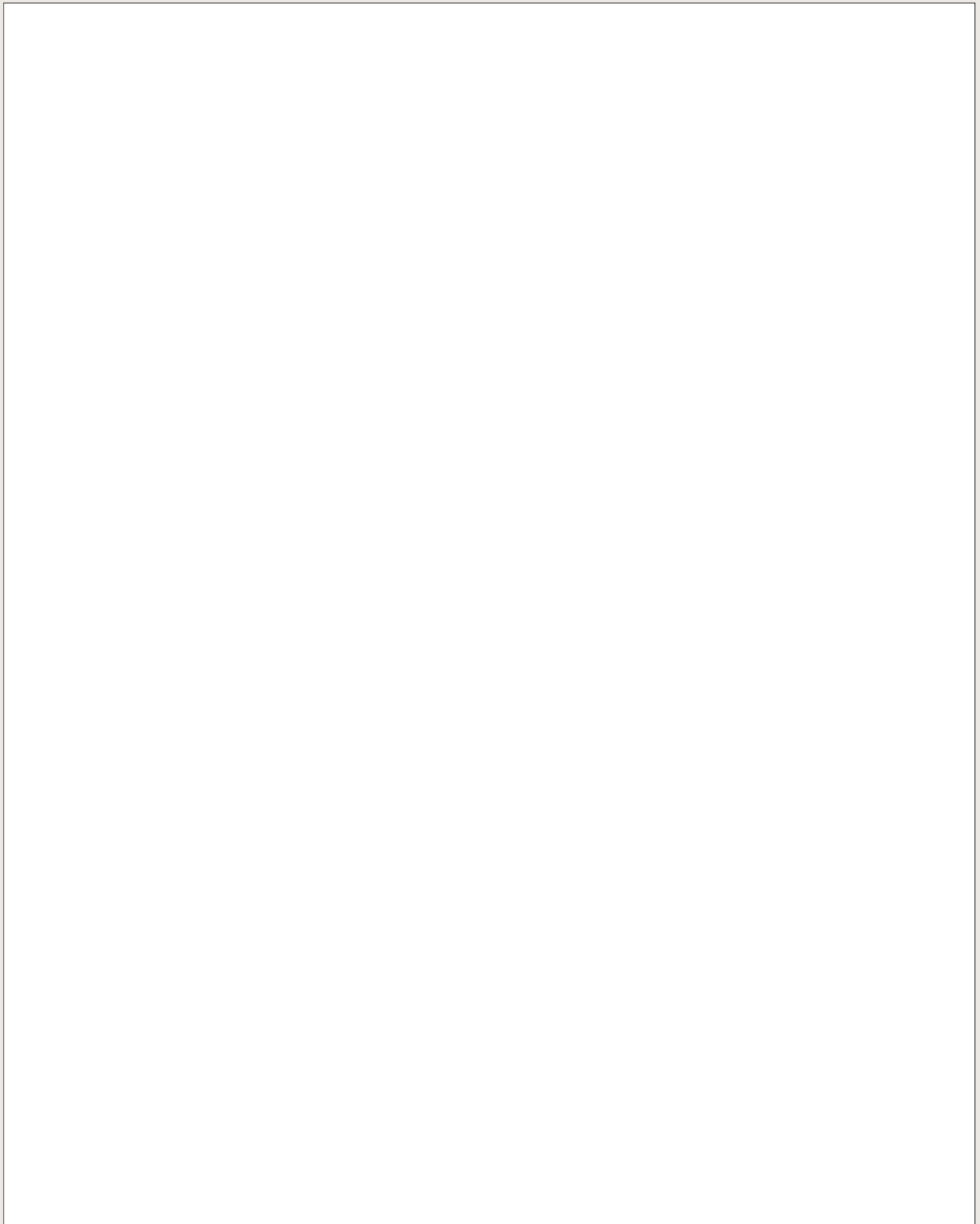
Referral Agency

Signed

Name Printed

Date

Notes

A large, empty rectangular box with a thin black border, intended for taking notes. It occupies the majority of the page area below the header.



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