

TRIAGE FORM

V1.8

This form can be completed with the service user present or retrospectively.

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| **SERVICE USER DETAILS** | | | | |
| Name |  | | | |
| DOB |  | | | |
| Phone Number |  | | | |
| Address |  | | | |
| Last area of residence | County |  | District |  |

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| **REFERRER DETAILS** | |
| Name |  |
| Organisation |  |
| Contact Details |  |
| Date |  |

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| **FORM COMPLETION** | |
| Was the form completed with the individual present? | Yes  No |
| Comments | |
| If not, how was the information gathered for the Triage? | |
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| **CONSENT** | |
| Has the applicant given consent for a referral to: | |
| Housing Related Support | Yes  No |
| Vulnerable Adult Panel or equivalent multi-disciplinary team | Yes  No |

ASSESSMENT

**Guidance**

When completing the form please select one statement that best applies to the individual.

Please provide any additional information in the boxes provided to help us better understand the individual’s situation.

Please use the section at the end of this document entitled ‘professional judgement’ to summarise what you think might help them achieve resolution. This will be based upon your knowledge of the individual, their particular issues, worries and circumstances, and what prompted a referral at this point.

If the individual has been in supported living facilities such as hospital, prison, foster care, or other supported accommodation, please balance your answers with knowledge of the applicant prior to this accommodation.

If you are unsure of the answers, please consult with other agencies or a recent support accommodation provider for further information.

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| **1. ENGAGEMENT WITH FRONTLINE SERVICES** | | |
| ALWAYSengages with services | 0 |  |
| USUALLY (rarely misses appointments) | 1 |  |
| HALF THE TIME (sometimes misses appointments) | 2 |  |
| RARELY (rarely attends appointments) | 3 |  |
| NEVER engages with services - (Consistently misses almost all appointments) | 4 |  |
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| Please provide evidence to explain your score (If the individual has not consented, please detail what has prompted this referral). | | |
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| **2. HOUSING STABILITY** | | |
| Settled accommodation with no concerns about ability to manage accommodation independently. | 0 |  |
| Need to leave accommodation within 6 months or Settled accommodation with some minor concerns about ability to manage accommodation independently (requires improved skills to maintain a tenancy). | 1 |  |
| Need to leave accommodation within 3 months or Settled accommodation with some concerns about ability to manage accommodation independently (requires improved skills to maintain a tenancy). | 2 |  |
| Need to leave accommodation within 56 days or Settled accommodation with medium concerns about ability to manage accommodation independently (requires improved skills to maintain a tenancy). | 3 |  |
| Need to leave accommodation within next 2 weeks or temporary accommodation or settled accommodation with high concerns about ability to manage independently (requires improved skills to maintain a tenancy). | 4 |  |
| No accommodation or subject to significant abuse in current housing or imminently losing accommodation or settled accommodation with very high concerns about ability to manage independently (requires improved skills to maintain a tenancy). | 5 |  |
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| Please describe client’s current housing situation | | |
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| **3. TENANCY HISTORY**  Please refer to the applicant’s address history for pattern of successful to unsuccessful housing placements. | | |
| Never been asked to leave a housing placement. | 0 |  |
| Has more successful than unsuccessful placements. | 1 |  |
| Mix of successful and unsuccessful housing placements | 2 |  |
| Asked to leave more often than not and/or never held a tenancy before | 3 |  |
| Asked to leave all, or almost all, housing placements | 4 |  |
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| Please provide evidence to support your score.  Include any recurring triggers for being asked to leave (if applicant has evictions including periods in custody) | | |
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| **4. PHYSICAL HEALTH** | | |
| No health issues | 0 |  |
| Health issues with minor effect on daily functioning | 1 |  |
| Health issues with moderate effect on daily functioning | 2 |  |
| Health issues with major effect on daily functioning | 3 |  |
| Health issues with life threatening effect on daily functioning | 4 |  |
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| Please provide evidence to support your score | | |
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| **5. RISK TO OTHERS**  Please consider charges for violent offences, evictions for violence, domestic abuse call outs, and court orders to prevent access to children.  Information from probation / previous accommodation provider would be valuable. | | |
| No concerns the applicant is a risk to others | 0 |  |
| Low risk of harm to others (for example minor antisocial behaviour) | 1 |  |
| Medium risk of harm to others. (medium risk to property and minor risk to others) | 2 |  |
| High risk of significant harm to others (higher risk of antisocial behaviour, offending or criminal behaviour) | 3 |  |
| Immediate and current risk of harm to others (dangerous behaviour, offending or criminal behaviour) | 4 |  |
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| Please provide evidence to support your score | | |
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| **6. RISK FROM OTHERS**  Consider all forms of abuse – physical, domestic, mental, financial, threats, sexual, cuckooing.  Consider ability of applicant to safeguard against abuse from others, e.g. Learning difficulties | | |
| No risk of harm from others | 0 |  |
| Low risk of harm from others (minor concerns) | 1 |  |
| Medium risk of harm from others (Probably in risk to be abused or exploitation) | 2 |  |
| High risk of significant harm from others (Suspected occurrence of abuse of exploitation) | 3 |  |
| Immediate and current risk of harm from others (Evident abuse or exploitation) | 4 |  |
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| Please provide evidence to support your score | | |
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| **7. RISK TO SELF.** | | |
| No risk of self harm | 0 |  |
| Minor concern of intentional self-harm or unintentional risk to physical safety | 1 |  |
| Medium risk to self-harm or suicide attempt or unintentional risk to physical safety | 2 |  |
| High risk of self-harm or suicide attempt, self-neglect, unsafe behaviour or unable to maintain a safe home environment | 3 |  |
| Immediate risk of self-harm or suicide attempt, self-neglect, unsafe behaviour or unable to maintain a safe home environment | 4 |  |
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| Please provide evidence to support your score | | |
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| **8. MENTAL HEALTH**  Please ask for diagnosis OR lived experience of MH conditions including depression, anxiety, anger management issues, personality disorders. Ask for severity of condition – suicide attempts, suicidal thoughts, psychosis and treatment. It does not necessarily need to be a diagnosed condition. This section is mainly to evaluate the impact of any mental health condition into the service user's everyday life. | | |
| No mental health issues | 0 |  |
| General mental health issues but managing well. | 1 |  |
| Mental health issues with some concerns | 2 |  |
| Mental health issues with serious concerns | 3 |  |
| Mental health issues with immediate and high concerns | 4 |  |
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| Please provide evidence to support your score | | |
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| **9. SUBSTANCE USE**  Please provide independent verification of substance use if you can.  Please include impact on own health – eg. liver damage, abscesses, drug-induced MH issues  Please include impact on others – eg. aggressive behaviour when drinking or taking substances | | |
| No drug use / social drinker only | 0 |  |
| Not currently using substances but has recent history of problematic drug or alcohol use | 1 |  |
| Substance use is stable and may or may not be in regular contact with treatment services | 2 |  |
| Dependent substance misuse with significant impact on own wellbeing, risk to self, others, willing to engage with treatment services but may find this challenging | 3 |  |
| Chaotic substance misuse, not engaging with treatment services, significant risk to health and wellbeing, may include high risk behaviours with risk to self or others | 4 |  |
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| Please provide evidence to support your score | | |
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| **10. SUPPORT NETWORK** | | |
| Strong network of local family and/or friends who are supportive | 0 |  |
| Consistent support from family and friends with minor limitations | 1 |  |
| Inconsistent support or support but not locally | 2 |  |
| Limited network of local family and/or friends who are supportive | 3 |  |
| Social network comprises of people who are harmful to them or No support network, isolated. | 4 |  |
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| Please provide evidence to support your score | | |
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| **11. Learning Disabilities and Autism**  This section is related to all service users that have a diagnosed or suspected Learning disability or autism. | | |
| No Learning disabilities | 0 |  |
| Learning Disabilities or Autism but coping well and appropriate existing support | 1 |  |
| Learning Disabilities or Autism that requires minimal additional support to function daily. | 2 |  |
| Learning Disabilities or Autism that requires some support to function daily. | 3 |  |
| Learning Disabilities or Autism that requires significant support to function daily. | 4 |  |
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| Please provide evidence to support your score | | |
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| **Professional Judgement**  Summarise, what in your professional judgement, you believe to be the particular issues, worries and circumstances for the individual, and what might help them achieve resolution. |
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**Scoring**

Please insert the assessed score against each criterion point and add up the total score.

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|  | **Criterion** | **Score** |
| 1 | Engagement with front line services |  |
| 2 | Housing Stability |  |
| 3 | Tenancy History |  |
| 4 | Physical Health |  |
| 5 | Risk to others |  |
| 6 | Risk from others |  |
| 7 | Risk to self |  |
| 8 | Mental Health |  |
| 9 | Substance Use |  |
| 10 | Support Network |  |
| 11 | Learning Disabilities & Autism |  |
|  | **TOTAL SCORE** |  |