

Freedom of Information Request – Response – 27686

Please provide the information below in relation to adult supported living placements only, that were commissioned, funded, arranged or brokered by your organisation throughout the period 1 July 2025 to 30 June 2026. For this request, “supported living” means accommodation-based support where the person’s housing and care or support arrangements are legally separate. It excludes registered residential and nursing care homes. Where information is not held, please state “not held”. Where figures are requested, please provide information already held in a reportable form; no new analysis or calculation is required.

Q1) Does your organisation commission, fund, arrange or broker adult supported living placements? If yes, please identify the team or department responsible and briefly describe how referrals are circulated to providers, including how out-of-area searches are undertaken.

Yes

- Adult Social Care, Strategic Commissioning & Contract Management.
- For Learning Disabilities (LD), Autism, Physical Disabilities (PD), Acquired Brain Injury (ABI) services. Referrals are submitted to Brokerage. Forwarded to providers / services with active void placements identified as able to support assessed needs.
- For Housing Related Support (HRS) and Mental Health Pooled Fund (MHPF) there are specific void panels and referral processes in place outside of the above.
- Out of area searches are undertaken by Social Work Teams.

Q2) Do you use a Dynamic Purchasing System, framework, e-brokerage portal, care marketplace or other digital system to source or match supported living placements? If yes, for each system please provide: (a) its name; and (b) the number or proportion of supported living placements for which it is used, where recorded.

No

*Q3) Do you maintain a list or database of:
(a) supported living providers; and
(b) individual supported living schemes or properties?*

If yes, please provide:

- (i) the number of providers and schemes or properties recorded; and*
- (ii) the information fields held for each scheme or property, including whether capacity, location and provider details are recorded. Individual addresses are not requested.*

Yes (please see document ‘Answer 3 – supporting information’)

Q4) Do you hold current or live information on vacancies or available capacity in supported living services? If yes, please explain:

- (a) how providers submit or update the information;*

*(b) how frequently it is expected to be updated; and
(c) who can access it. If no live information is held, please briefly describe how vacancies are identified.*

Yes

- Providers advise of a vacancy / void as they arise. Removed as allocated.
- Vacancies / voids are added to a live central database.
- All Operation and Commissioning & Contract Management Teams have access.

Q5) For the period 1 July 2025 to 30 June 2026, please provide the following where recorded: (a) the number of supported living placement searches or referrals undertaken; (b) the number or proportion resulting in an out-of-area placement; (c) the average or median time from the start of a search to suitable provider options being identified; and (d) the average or median time from the start of a search to the person moving into the service.

For Learning Disabilities, Autism, Physical Disability & Acquired Brain Injury:

a) Between 1 July 2025 and 30 June 2026, the Brokerage service received 167 referrals. Please note that referrals made directly to services by Social Work Teams are excluded, as Suffolk County Council does not hold this information within Brokerage records.

b) Brokerage do not broker out of county placements and therefore the above cannot be quantified.

c) Average 114 days

d) Average 156 days

For Housing Related Support:

a) 405 referrals received

b) Out of county placements not sourced by Brokerage.

c) Information is not held by Suffolk County Council

d) Information is not held by Suffolk County Council

For Mental Health Pooled Fund:

a) 300 referrals received

b) Out of county placements not sourced by Brokerage.

c) Information is not held by Suffolk County Council

d) Information is not held by Suffolk County Council

Q6) Please provide copies of the following current documents, with all personal information removed: (a) any standard supported living referral form, assessment

summary or referral passport; and (b) any written policy, guidance or process document covering supported living brokerage, matching, provider engagement or out-of-area placements

For Learning Disabilities, Autism, PD & Acquired Brain Injury:

- a) Please refer to document 'PEN Picture Template'
- b) Please refer to document 'Supported Housing Voids Process – Updated November 2025'

For Housing Related Support:

- a) Attached as [Appendix X]
- b) Attached as [Appendix Y]

For Mental Health Pooled Fund:

- a) Attached as [Appendix Z]
- b) All referrals are made to the service through a co-ordinator in relation to the capabilities of providers

All Departments

Tel:
Fax:

Housing Related Support Application Form

Assessment Delegation Details

List of contributors involved in completing this Assessment (Past & Present):

Contributor	Date Assigned	Due Date	Date Completed	Status	Department
Completed					

Referral

Portal User

First name	
Last Name	
Role	
Organisation	
Email	
Telephone	
Building	
Street No	
Street	
Locality	
Town	
County	
Postcode	

Service User

Relationship	
First Name	
Last Name	
Date of birth	
Pronouns	
Sex	
Gender Identity	
NHS Number	
NI Number	
Email	
Telephone	
Organisation	
Secondary Name	
Building	

Street No	
Street	
Locality	
Town	
County	
Postcode	
Nationality	
Are you aged 16 or over?	
Are you a professional referrer?	
Have you have spoken to housing options or a social care professional regarding this referral?	
Which team have you consulted regarding this referral?	
If known, please provide the name of the person you spoke to:	
Is this housing referral for an Adult (ASC) or Child (CYP)?	
Do you have any children under the age of 16 who need to be housed?	
Does anyone else need to be housed with you?	
Do you need emergency accommodation for tonight?	
Have you spoken to your Local District or Borough Council about your housing issues?	
Are you currently experiencing domestic abuse?	
Are you pregnant?	
Expected due date:	
Are you a care leaver under the age of 25?	
Do you claim benefits?	
National Insurance Number:	
Have you lived abroad in the last 3 years?	
Please give details:	.
Current Situation	
What is your connection to Suffolk?	
How would you describe your housing situation?	
Details:	
Eligible Support Needs	
Do you require support to:	
You need support to set up and maintain a home (for example, developing skills such as cooking and cleaning)	
What are your worries and concerns:	.
What are you able to achieve in this area?	.

You need support to help with a tenancy <i>(for example, organising utilities, money management, claiming benefits, and filling in forms)</i>	
What are your worries and concerns:	.
What are you able to achieve in this area?	.
You need support to get advice and advocacy related to housing or tenancy matters	
What are your worries and concerns:	.
What are you able to achieve in this area?	.
You need support to stay in touch with friends and family, and explore the use of other support networks	
What are your worries and concerns:	.
What are you able to achieve in this area?	.
You need support to return to or find employment, training, education, or volunteering	
What are your worries and concerns:	.
What are you able to achieve in this area?	.
You need support to manage your safety and security	
What are your worries and concerns:	.
What are you able to achieve in this area?	.
You need support to manage your mental health and wellbeing	
What are your worries and concerns:	.
What are you able to achieve in this area?	.
You need support to maintain general health and wellbeing	
What are your worries and concerns:	.
What are you able to achieve in this area?	.
You need support to address addictive behaviour <i>(for example, drugs and alcohol)</i>	
What are your worries and concerns:	.
What are you able to achieve in this area?	.
You need support to reduce offending behaviour <i>(ex-offender or offending history)</i>	
What are your worries and concerns:	.
What are you able to achieve in this area?	.
Your Health and Wellbeing	
Mental Health	
Are you currently experiencing mental health problems which affect your day-to-day life?	
Please provide details about your mental health problem:	.
How does this affect your daily life?	.
Do you receive support for your mental health?	
Please provide details:	.
How are you managing to get through on a day-to-day basis?	.
On a scale of 1-10, how much does your mental health impact your daily life?	
Have you ever experienced suicidal thoughts or feelings?	
Are you currently experiencing suicidal thoughts or feelings?	
Have you ever self-harmed?	
Are you currently self-harming?	

Learning Disabilities	
Do you consider yourself to have a learning disability?	
Please provide details about your learning disability:	.
How does this affect your daily life?	.
Do you receive support for your learning disability?	
Please provide details:	.
How are you managing to get through on a day-to-day basis?	.
On a scale of 1-10, how much does this impact your daily life?	

Physical Health	
Do you have any physical health problem?	
Please provide details about your physical health problem(s):	.
How does this affect your daily life?	.
Do you use any mobility aids or equipment?	
Do you receive support for your physical health problem(s)?	
Please provide details:	.
How are you managing to get through on a day-to-day basis?	.
On a scale of 1-10, how much does this impact your daily life?	

Other Health Conditions	
Do you have any other health conditions that you would like to disclose that impacts your daily life?	
Please provide details about any other health conditions:	.
How does this affect your daily life?	.
Do you receive support for these health conditions?	
Please provide details:	.
How are you managing to get through on a day-to-day basis?	.
On a scale of 1-10, how much does this impact your daily life?	

Drugs and Alcohol

Do you consider yourself to have issues with drugs and/or alcohol that affect your daily life?	
Are you accessing any support surrounding this?	

Alcohol	
On a scale of 1-10, how much does this impact your daily life?	
Please provide details:	.

Drugs	
On a scale of 1-10, how much does this impact your daily life?	
Please provide details:	.

Additional Information	
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Have these issues caused you problems with friends, family, or police?	
Have these issues caused you financial difficulties?	
Do these issues ever cause you to be aggressive or violent?	
Please tell us a little more about how the above issues affect you:	.

Offending History

Have you ever been convicted of a criminal offence?	
Please provide details of the offence(s) of which you were convicted:	.
Was your conviction for an act of arson?	
Please provide details of the offence and if it resulted in a risk to life:	.
Are you subject to any form of supervision either on license or as part of a community order?	
Please provide details:	.
Do you have an Offender Manager (previously known as a probation worker)?	
Please provide their name and contact details:	.
Are you subject to Multi Agency Public Protection Arrangements (MAPPA)?	
Please confirm category of MAPPA offender:	
Please confirm level of management for dealing with MAPPA offender:	
Are you a person that has committed a sexual offence?	
Please provide details of the name and contact number of your public protection officer:	.
Are you subject to a Sexual Harm Protection Order (SHPO)?	
What restrictions are in place?	.
Are you currently on bail?	
Please provide details of your bail conditions:	.

Contact Details

Who is the main point of contact?	
Alternative Contact Details	
Name	.
Relationship	.
Contact Telephone number(s)	.
Email	.
Do you, or your Alternative Contact, have any special communication requirements?	
Details:	.

Area Choice (Accommodation Preferences)

Do you have any pets you wish to be housed with you?	
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What type of pet(s) do you have?	.
Are there any supporting housing services that you have been evicted from?	
What services have you been evicted from?	.
Are there any restrictions in place to prevent you from entering a particular location?	
Please provide details of these restrictions	.

Where would you like the accommodation to be?	
Area	Preference Order
Bury St Edmunds	1st
Haverhill	2nd
Ipswich	3rd
Lowestoft	4th
Stowmarket - over 18s only	5th
Sudbury	6th

Additional Information

Please use this section to tell us of any other information that will support your application, or that you feel we should know	.
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Risks to Lone Workers

Is meeting the applicant likely to pose any risk to a lone worker?	
Important - please provide as much information as possible below regarding the types of risks and who they might affect:	.

Referrers details

Name	.
Role	.
Contact Telephone number(s)	.
Email	.

Declaration

Privacy Notice and Confidentiality

Is there anybody who you would prefer that information is not shared with?	
Details:	.

Confidentiality and Data Protection Statement

I understand that the information I have provided will be used to assess my eligibility, priority and need for housing related support services, and for monitoring purposes in accordance with the UK General Data Protection Regulations (UK GDPR) and the Data Protection Act 2018.

I understand that the information on this form may be shared with other relevant agencies and organisations for the purpose of providing housing related support services.

I can confirm that the information I have provided is correct to the best of my knowledge, and I understand that submitting false information may lead to my application being declined or an offer of supported accommodation being withdrawn.

Click this box to confirm you have read the above statement and would like to proceed with submitting your application.

Submit

Supported Housing Type	No. Providers	No. Services
HRS	9	21
MHPF	3	27
Other Supported Housing / Living	40	241

Information fields held
Category
Referral Pathway
Contract Officer
Provider
Service Name
Street
Town
County
Postcode
Area
CQC Registration
District & Borough
Property Age
EPC Rating
Accessibility
Property Origin
Listed Property
De-registered
Type of accommodation
Accommodation type
Number of Beds
Shared / Single Unit Accommodation
Service Level Type
Service Contact Details (Email)
Service Contact Details (Telephone)
Pricing Model
Staffing Model
Core Hours
1:1 Hours
Night-time Support
Sleep In Hours
Waking Night Hours
Core Hour Rate
1:1 Rate
Sleep In Rate
Waking Night Rate
Landlord
RSL
Exempt Accommodation
Landlord Key Contact (Contracts)
Housing Officer

Note, some fields are new and data is in the process of being collected

Rented / Shared Ownership
Type of Tenancy
Copy of Draft Tenancy Received
Weekly Rental Cost
Weekly Service Cost
RAG Landlord - Exempt Criteria Concerns
Contract Type (Framework / SPOT)
Full Referral Rights
Nomination & Void Agreement
A4 Profile (Link to)



Who can Refer in to HRS?

- You can complete a referral form for anyone that you think is appropriate for the service in relation to a statutory need (Care Act or Children's Act). This form captures the needs of the individual to support matching to available or upcoming vacancies within services. That includes housing risks and opportunities that might inform where it would be suitable for somebody to live.
- The service is not suitable for young people in care. 16 to 17 years old people not looked after will only be considered where the 16 to 17 Year Old Protocol has been followed. There are a limited number of services that can support individuals whilst pregnant or with very young children.
- You can make a referral for someone up to three months before the earliest time you would expect the service to be needed.
- Once you've identified a need, you'll need to submit a referral to enable the HRS Gateway team to identify potential matches to services.
- **You should not contact providers directly to make an initial referral**

Making a Referral

- Practitioners can find this referral form here: [Redacted]
- You don't need to do anything, including contacting providers, until you've heard back from the **HRS Referral Panel**.
- This panel receives the referral form and will match it appropriately to existing or upcoming vacancies. The panel meets **every Thursday** and referrals to be considered that week need to be submitted by **Tuesday close of play**.
- Managers are encouraged to attend to support the discussion.

Referral for Mental Health Supported Accommodation and Related Support in Suffolk

This application form is for Mental Health supported accommodation and housing related support within the pooled fund for people with a severe & enduring mental illness. Service users must have an eligible Care Act support need and/or be in receipt of input from the secondary mental health services.

The aim of these services is to enable people to recover, sustain that recovery, be socially included and develop/maintain independent living skills. These services are firmly embedded within recovery principles and cannot be viewed as long term solutions.

Once the providers have received all the necessary information an assessment will be arranged. Following assessment, the Providers will advise the Allocated Social Worker of their recommendations before taking to the Supported Housing Panel which meets on a monthly basis. The role of the Panel is to offer advice and guidance to Allocated Social Workers regarding housing and support solutions that will best meet the need of the individual and agree the allocation of supported housing when appropriate.

Once the service user has been allocated a supported accommodation placement, they will be subject to a review every 12 months. The Panel will also regularly review all service users.

The following should be submitted with this application form

Care Act Assessment **(Mandatory)** ☐

The referral form is signed off by your manager ☐

The above documents must accompany the referral otherwise the application will not be considered, and assessment will be delayed

Referral Checklist

What signposting has been offered?	
Has a direct payment and community catalyst been tried?	
Total Weekly hours being requested for support?	
What are the intended goals for this support?	
What are the potential barriers to achieving goals?	
What other support is available or in place for the individual?	
Is the service user emotionally and mentally ready for the rights and responsibilities for the accommodation that is being referred to?	

Supported Housing

Service	Location	Accommodation Type	Model Of Support	Please Tick
Cricket Meadow	Stowmarket	Self contained	24 hour staff on site (waking night)	☐
Kirkley Cliff	Lowestoft	Shared	24 hour staff on site (waking night)	☐
Gippeswyk Avenue	West Ipswich	Shared	24 hour staff on site (waking night)	☐
Birkfield Drive	West Ipswich	Self contained	24 hour staff on site (waking night)	☐
Hospital Road Hostel	Bury St Edmunds	Shared	24 hour staff on site (waking night)	☐
Hospital Road Flats	Bury St Edmunds	Self contained	24 hour staff on site (waking night)	☐
Harry Ley House	Beccles	Self contained	24 hour staff on site (sleep in)	☐
Riverside Road	West Ipswich	Self contained	24 hour staff on site (sleep in)	☐
Gipping Court	West Ipswich	Self contained	24 hour staff on site (sleep in)	☐
Bramford Road	West Ipswich	Self contained	24 hour staff on site (sleep in)	☐
Jankyns Place	Bury St Edmunds	Self contained	24 hour staff on site (sleep in)	☐
Lucas Road	Sudbury	Self contained	24 hour staff on site (sleep in)	☐
Eastwood Terrace	Woodbridge	Shared	24 hour staff on site (sleep in)	☐
Spinney Close	Saxmundham	Shared	24 hour staff on site (sleep in)	☐
Robson House	East Ipswich	Self contained	24 hour staff on site (sleep in)	☐
The Cornerhouse	East Ipswich	Shared	24 hour staff on site (sleep in)	☐
Upper High Street	East Ipswich	Self contained	24 hour staff on site (sleep in)	☐
The Hollies	Lowestoft	Self contained	Staff on site during the day	☐
Larkhill Way	Felixstowe	Self contained	Staff on site during the day	☐
Melrose Gardens	East Ipswich	Self contained	Staff on site during the day	☐
Normanston Drive	Lowestoft	Self contained	Visiting support	☐
Portman Road	West Ipswich	Self contained	Visiting support	☐
The Hawthorns	Newmarket	Self contained	Visiting Support	☐
Verneuil Avenue	Stowmarket	Self contained	Visiting support	☐
Jameson Place	Sudbury	Self contained	Visiting support	☐
Rye Hill	Sudbury	Self contained	Visiting support	☐
Manwick Road	Felixstowe	Self contained	Visiting Support	☐
Old Bell Yard	Saxmundham	Self contained	Visiting Support	☐
Pembroke Avenue	Woodbridge	Self contained	Visiting Support	☐
Orchid Close	East Ipswich	Self contained	Visiting support	☐
Canterbury Close	East Ipswich	Self contained	Visiting support	☐

Short Stay Beds

Service	Location	Type / Duration	Please Tick
Eastwood Terrace	Woodbridge	Assessment Bed / 8 weeks	☐
Kirkley Cliff	Lowestoft	Respite Bed / 2 weeks	☐
Kirkley Cliff	Lowestoft	Homelessness Bed / 12 weeks	☐
86 Hospital Road	Bury St Edmunds	Flexi Bed / 6 weeks	☐

What is the main goal for the short stay bed?

What is the service user exit plan?

Personal Details	
First Name	
Middle Name	
Surname	
Gender	
Date of Birth	
Marital Status	Choose an item.
NHS Number	
National Insurance Number	
Mobile Number	
Email Address	
Are you open to secondary mental health services?	
Do you have a mental health diagnosis?	
Do you have a learning disability?	
Do you have any long-term conditions?	
Do you have any physical / sensory issues?	
Do you have mobility issues?	
Do you have a mental health condition which affects your ability to communicate?	
Do you have dyslexia?	
Do you have aphasia?	
Do you have neurodiversity?	
Are you blind or have visual loss?	
Are you deaf or have hearing loss?	
Are you deafblind?	
Are you an asylum seeker?	
Are you currently pregnant?	
Are you employed?	
History of mental health and therapy, intervention and support?	
Frequent use of emergency services?	
Referrer Information	
Name	
Organisation	
Team	
Telephone Number	
Email Address	
Social Worker Information	
Name	
Organisation	
Team	
Telephone Number	
Email Address	
Frequency of contact?	

Good relationship?				
Next of Kin / Emergency Information				
Name				
Address				
Telephone Number				
Email Address				
GP Information				
Name				
Address				
Telephone Number				
Email Address				
Frequency of contact?				
Good relationship?				
Other Mental Health professionals involved with service users care and treatment				
Name	Job Title	Organisation		
Significant others who provide care and support to the service user				
Name	Job Title	Organisation		
Housing - Current and Previous Addresses within the last 5 years				
Address	Date From	Date To	Type of Housing	Reason for Leaving
	Click or tap to enter a date.	Click or tap to enter a date.		
	Click or tap to enter a date.	Click or tap to enter a date.		
	Click or tap to enter a date.	Click or tap to enter a date.		
	Click or tap to enter a date.	Click or tap to enter a date.		
Risk Information - Suicide / Self Harm Indicator				
If YES, please provide detailed description				
Has the service user made a previous attempt on their life?				
Has the service user got any thoughts of suicide and/or intent?				
Is there any history of Safeguarding / Domestic / Physical / Sexual / Emotional or Financial abuse?				
Does the service user self-harm?				
Does the service user have a history of self-harm?				
Risk Information - Behaviours Displayed				
If YES, please provide detailed description				
Is the service user at risk of being harmed or exploited by another person?				
Has the service user had any hallucinations or delusions that we should be aware off?				
Are there known triggers for violent behaviours?				

Is there evidence / reports of sexually inappropriate behaviour?	
Has the service user ever harmed, or exploited another adult or child?	
Does the service user have any offending history?	
Has the service user been accused of anti-social behaviour in the last 3 years?	
Does the service user have any criminal proceedings outstanding?	
Does the service user subject to Public Protection Arrangements and/or MAPPA?	
Does the service user pose any risk to staff?	
Does the service user pose any risk to other tenants?	
Does the service user pose any risk to those in local community?	
Does the service user have any CBT (Cognitive Behavioural Therapy) / DBT (Dialectical Behaviour Therapy) ongoing?	
Is the service user currently receiving trauma therapy?	
Risk Information - Neglect Indicator If YES, please provide detailed description	
Is the service user failing to drink properly?	
Is the service user failing to eat properly?	
Does the service user self-neglect / hoard?	
Is the service user without electric / gas for heat / light?	
Is the service user unable to adequately manage physical health problems?	
Does the service user regularly experience financial difficulty?	
Is the service user deprived of positive social contact?	
Is the service user living in adequate accommodation?	
Is the service user unable to adequately communicate their needs?	
Risk Information - Medication / Substances If YES, please provide detailed description	
Does the service user drink alcohol to excess?	
Does the service user smoke?	
Does the service user use substances?	
Is the service user prescribed medication?	
Does the service user refuse/forget to take their prescribed medication?	
Does the service user misuse the prescribed medication?	
Does the service user have any known allergies?	

Risk Information - Service User Safety If YES, please provide detailed description	
What is the service users strengths and what keeps them safe?	
Has anything happened in the past to make the service user or others feel or be less safe?	
Is anything happening now to make the service user, or others feel or be less safe?	
What stops the service user from moving forwards towards their goals?	
SUPPORTED HOUSING ONLY Tenancy / Property Management Information If YES, please provide detailed description	
Does the service user currently live in Supported Housing accommodation?	
If yes, please detail the reason why you are applying for alternative accommodation?	
If no, where is the service user currently living?	
Does the service user own or part share a property?	
Does the service user need to move by a certain date?	
Is the service user at risk of losing their accommodation?	
If yes, please detail the reason why the service user is at risk of losing their accommodation?	
Has the service user been registered homeless?	
Is the service user currently on any housing registers?	
Does the service user have savings of less than £16,000?	
Will anyone else be residing with the service user at the property with them?	
Does the service user have any animals? Will they be moving in with them?	
Can the service user live in shared accommodation?	
Does the service user have any concerns living in shared accommodation with either females or males?	
Has the service user ever damaged property or possessions?	
Has the service user ever set fire to property or possessions?	
Does the service user have a history of difficulties regarding previous tenancies?	
Does the service user have the capacity to sign a tenancy agreement?	

Does the service user have difficulties understanding and / or making decisions relating to a tenancy?	
Does the service user have a vehicle?	
Does the service user receive housing benefit?	
Does the service user receive housing element of universal credit?	
Does the service user require any adaptations to the property?	
Does the service user require / benefit from digital technology in the property?	
Has the service user received a court order regarding a housing related issue?	
Does the service user have any outstanding rent arrears?	
Does the service user have any impending legal action being taken against them by their current landlord?	
Has the service user ever received a Notice of seeking possession?	
Has the service user ever been evicted from rented accommodation?	
Has the service user ever had an injunction been sought against them?	

Equal Opportunities

For equal opportunities and service improvement purposes only, it would be helpful if you would give the following information:

Ethnicity (Please tick one only)

Do not wish to disclose

☐

White

British

☐

Irish

☐

Other white background

☐

Asian or Asian British

Indian

☐

Pakistani

☐

Bangladeshi

☐

Chinese

☐

Other Asian background

☐

Mixed

White & Black Caribbean

☐

White & Black African

☐

White & Asian

☐

Other mixed background

☐

Black or Black British

Caribbean

☐

African

☐

Other black background

☐

Other Ethnic/Minority Group

Gypsy/Romany/Irish Traveller

☐

Arab

☐

Other

☐

Sexual Orientation (Please tick one only)

Heterosexual/Straight	☐	Bisexual	☐
Gay Man	☐	Other	☐
Gay Woman/Lesbian	☐	Does not wish to disclose	☐

Do you consider yourself transgender?

Yes ☐ No ☐ Don't Know ☐ Does not wish to disclose ☐

Religion (Please tick one only)

None	☐	Muslim	☐
Christian (all denominations)	☐	Sikh	☐
Buddhist	☐	Any other religion	☐
Hindu	☐	Not known	☐
Jewish	☐	Does not wish to disclose	☐

Do you have a disability? Yes ☐ No ☐ Don't know ☐

If Yes, please record the nature of the disability (Please tick all that apply)

Mobility	☐	Mental Health	☐
Visual Impairment	☐	Learning Disability	☐
Hearing Impairment	☐	Autistic Spectrum Condition	☐
Progressive disability/Chronic	☐	Does not wish to disclose	☐
Illness (e.g. MS, Cancer)	☐	Other	☐

Economic Status

Full time work (24hrs/week)	☐	Not seeking work	☐
Part time work (24hrs/week)	☐	Full time student	☐
Govt training /Work Programme	☐	Long-term sick/disabled	☐
Job Seeker	☐	Other adult	☐
Retired	☐		

DATA PROTECTION STATEMENT (to be completed by the service user NOT the referrer)

I understand that the information I have provided will be used to assess my eligibility, priority and need for housing related support services, and for monitoring purposes in accordance with the UK General Data Protection Regulations (UK GDPR) and the Data Protection Act 2018.

I understand that the information on this form may be shared with other relevant agencies and organisations for the purpose of providing support housing services.

I can confirm that the information I have provided is correct to the best of my knowledge, and I understand that submitting false information may lead to my application being declined or an offer of supported accommodation being withdrawn.

Signed: **Date:**

Please forward this form and supporting documentation to:

mhvoidsinbox@suffolk.gov.uk

Do not send direct to services – Please see Referral Process Below

Time Scales for Referral Process

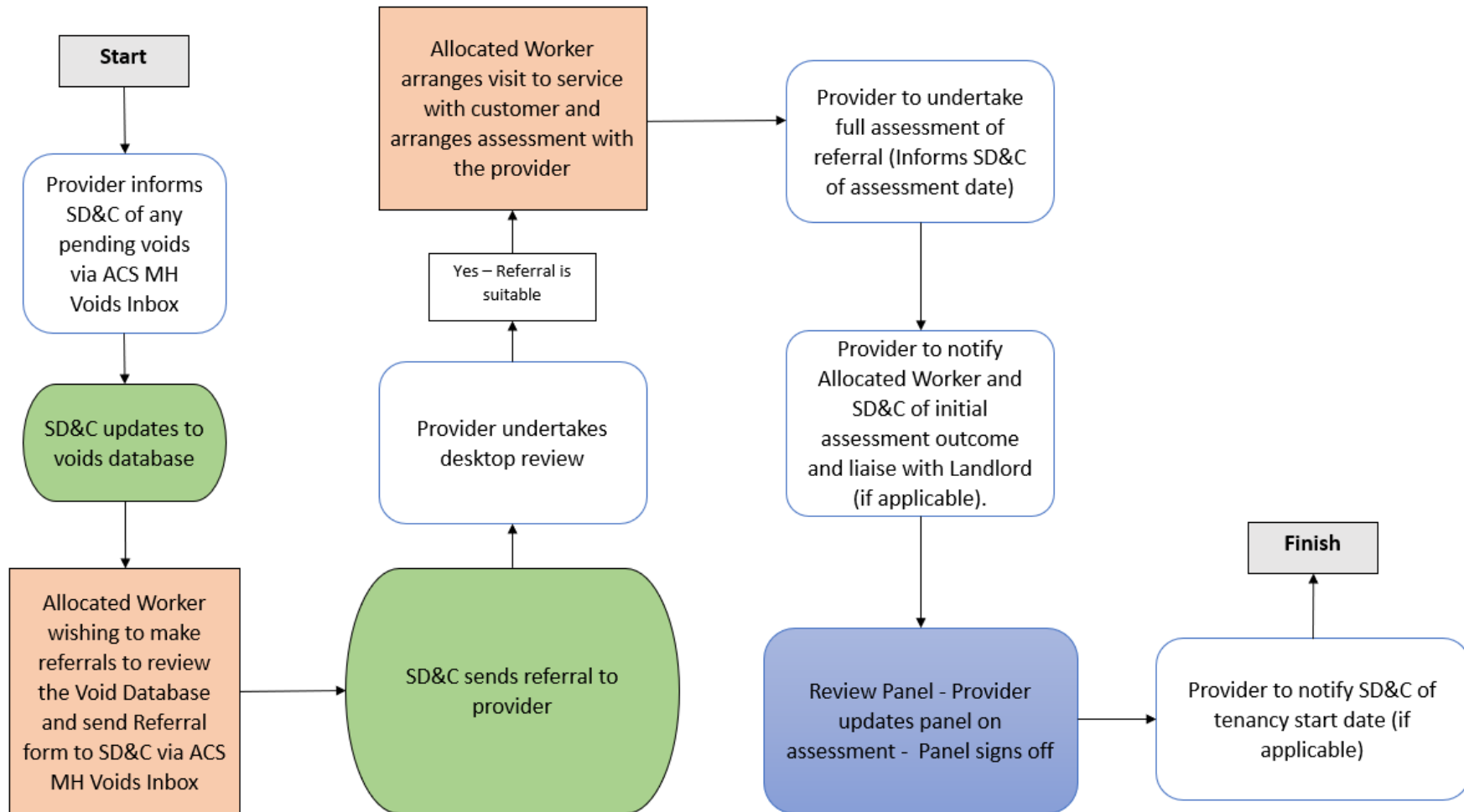
Provider and Landlord same

- Up to 1 week - Provider to complete a desktop review and arrange full assessment and service visit.
- By the end of week 2 - Provider to have completed full assessment, service visit, received approval from panel and confirmed move in date.

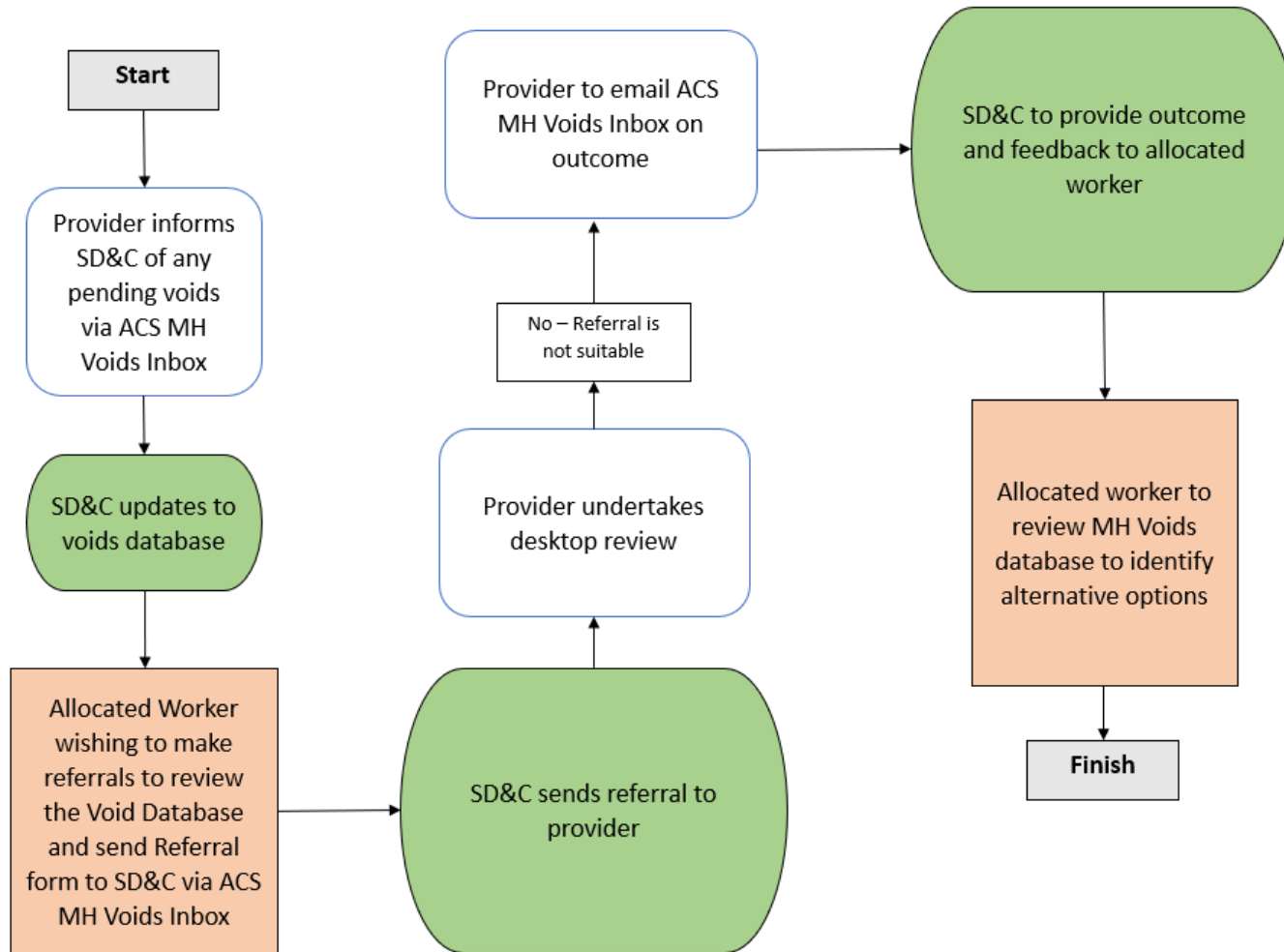
Provider and Landlord not the same

- Up to 1 week - Provider to complete a desktop review and arrange full assessment and service visit.
- By the end of week 2 - Provider to have completed full assessment, service visit and shared with landlord.
- By the end of week 3 - Provider to have received approval from landlord and panel and confirmed move in date.

Referral Process – Suitable Referral Flow Chart



Referral Process – Not Suitable Referral Flow Chart



Service	Contact Name	Email
Kirkley Cliff	Lisa Brant	lisa-brant@together-uk.org
Harry Ley House	Lisa Brant	lisa-brant@together-uk.org
The Hollies	Lisa Brant	lisa-brant@together-uk.org
Normanston Drive	Lisa Brant	lisa-brant@together-uk.org
Upper High Street	Kathy Stagg	kathy.stagg@homegroup.org.uk
Robson House	Kathy Stagg	kathy.stagg@homegroup.org.uk
Melrose Gardens	Ellouise Hynes	ellouise.hynes@homegroup.org.uk
The Cornerhouse	Ellouise Hynes	ellouise.hynes@homegroup.org.uk
Gippeswyk Bungalow	Syreeta Cooper	syreeta-cooper@together-uk.org
Birkfield Drive	Syreeta Cooper	syreeta-cooper@together-uk.org
Bramford Road	Syreeta Cooper	syreeta-cooper@together-uk.org
Riverside Road	Mapfumo Musonza	mapfumo-musonza@together-uk.org
Gipping Court	Mapfumo Musonza	mapfumo-musonza@together-uk.org
Eastwood Terrace	Andrew Garnham	andrew@onecare-uk.com
Pembroke Avenue	Andrew Garnham	andrew@onecare-uk.com
Spinney Close	Andrew Garnham	andrew@onecare-uk.com
Manwick Road	Andrew Garnham	andrew@onecare-uk.com
Larkhill Way	Andrew Garnham	andrew@onecare-uk.com
Old Bell Yard	Andrew Garnham	andrew@onecare-uk.com
Hospital Road	Lisa Hardman	lisa-hardman@together-uk.org
The Hawthorns	Steve Powter	steve-powter@together-uk.org
Jankyns Place	Steve Powter	steve-powter@together-uk.org
Cricket Meadow	Mandy Grenfell	mandy-grenfell@together-uk.org
Verneuil Avenue	Mandy Grenfell	mandy-grenfell@together-uk.org
Jameson Place	Sally-Ann Hunt	Sally-hunt@together-uk.org
Rye Hill	Sally-Ann Hunt	Sally-hunt@together-uk.org
Lucas Road	Sally-Ann Hunt	Sally-hunt@together-uk.org

Suffolk County Council

PEN Picture for Accommodation and or Care and Support

The Council uses this Pen Picture Template to put forward information on requirements for Housing and Support for individuals.

This Pen Picture Template will be used to support Void Referrals and Individual Service requirements where no immediate options are available, and a bespoke package may be required.

Guidance notes when completing this form:

- Review the entire form before entering any details
- **The form must be returned completed, any sections in white are mandatory. Incomplete forms will be returned automatically.**
- Guidance notes are provided ahead of each section (in light blue)
- Any examples or content drawn from other documents should only be used where relevant. Heavily recycled, or copy and paste, submissions are not effective.
- Text boxes will expand automatically, and no word/character limit is imposed

The Individual <i>(Please give details of the individual being referred for the service(s))</i>	
Individuals LAS ID:	Click or tap here to enter text.
Individuals Initials:	
Individuals Age:	Click or tap here to enter text.
Individuals Gender:	Female ☐ Male ☐
Outline Care and Support Needs: <i>Please provide a brief explanation for free text with enhancement on need detailed within the PEN Picture.</i>	Physical/mobility disability: ☐ Learning Disability: ☐ Sensory disability: ☐ Autistic Spectrum Disorder: ☐ Dementia: ☐ Acquired Brain Injury: ☐ Challenging Behaviour: ☐

	Epilepsy/Diabetes:	☐
	Mental Health needs:	☐
	Communication needs:	Click or tap here to enter text.
	Mobility:	Click or tap here to enter text.
	Personal Care:	Click or tap here to enter text.
	Medical Conditions:	Click or tap here to enter text.
	Other:	Click or tap here to enter text.
Allocated Social Work Team:		
Allocated Social Worker / IWP:	Click or tap here to enter text.	
Allocated Social Worker / IWP Phone Number:		
Allocated Social Worker / IWP Email Address:	Click or tap here to enter text.	
Current Housing Status:	Other	
Current Support Arrangements: <i>Include details on direct support at home / Supported Living Setting (Day and Night-time), the Community and Day Services.</i>	Direct Support at Home:	YES ☐ NO ☐
	Supported Living Setting:	YES ☐ NO ☐
	Day Time Support at Home:	Hours: Click or tap here to enter text.
	Night-time Support at Home:	Click or tap here to enter text.
	Day Service Attendance:	
	Community Support:	Click or tap here to enter text.
Reason for move:	Click or tap here to enter text.	
Type of Support and Accommodation required: <i>i.e. Single unit, Shared accommodation</i>	Click or tap here to enter text.	
Timeline for desired / required move:	Immediate / Urgent / Routine <u>Delete those not required.</u>	

Current Accommodation:

Reason for move:	Please provide a comprehensive account on the reasoning for the move as this will add in prioritisation at panel. Click or tap here to enter text.
Has the individual previously held a tenancy:	YES ☐ NO ☐
Does the individual currently hold a tenancy agreement that requires them to provide a period of notice for termination:	YES ☐ NO ☐ Please provide details on the notice period if applicable. Click or tap here to enter text.
What level of Housing Benefit does the individual currently receive:	Please provide details if known
Will the individual require higher rate housing benefit to cover additional room costs:	Please provide details if known
Does the individual currently have any outstanding rental charges and or debt that needs to be declared and or paid before moving into a new property:	YES ☐ NO ☐ Please provide details if applicable. Click or tap here to enter text.
Is the individual currently receiving support that requires them to provide a period of notice on termination:	YES ☐ NO ☐ Please provide details on the notice period if applicable. Click or tap here to enter text.

Additional information:	
Does the individual have an existing MCA for Housing and Support?	YES ☐ NO ☐ Please provide details of MCA, the reasons for which it was undertaken, including the date of assessment and how it supports the decision making for the referral. Click or tap here to enter text.
Does the individual have an existing Dols in place?	YES ☐ NO ☐ Please provide details of Dols Click or tap here to enter text.
Has the individual been assessed as being able to share with others:	YES ☐ NO ☐

	Please provide details and any risks associated and that may need to be mitigated if shared accommodation was sourced. Click or tap here to enter text.
Has the individual been assessed as requiring single person accommodation:	YES ☐ NO ☐ Please provide details and reasons why shared accommodation isn't suitable. Click or tap here to enter text.
Has the individual been assessed as having capacity to sign a tenancy?	YES ☐ NO ☐ Please provide details of any tenancies currently held. With whom and who is the signatory? Click or tap here to enter text.
Property and Financial Affairs: Does the individual have a PoA or Deputyship for the above?	YES ☐ NO ☐ Please provide details of CoP Deputy and the involvement in decision making for the referral. Click or tap here to enter text.
Advocacy: Does the individual have an existing / will require an advocate?	YES ☐ NO ☐ Please provide details of advocacy and the involvement in decision making for the referral. Click or tap here to enter text.
Will the individual require a Best Interest decision to be made where they have been assessed to lack capacity to make decisions:	YES ☐ NO ☐ Please provide details to support this and who will be involved in the Best Interest decision making. .
Criminal Convictions: Does the individual hold any current criminal convictions?	YES ☐ NO ☐ If yes, please provide details. Click or tap here to enter text.
Currently Open to NSFT:	YES ☐ NO ☐ Please provide details of NSFT Involvement.

	Click or tap here to enter text.
Does Section 117 Apply?	YES ☐ NO ☐
If No to the above, has an AF1 been completed?	YES ☐ NO ☐
Has the individual had a welfare benefits check?	YES ☐ NO ☐ Please provide details if applicable. Including any additional benefits to support higher level need(s). Click or tap here to enter text.
Does the individual have a up to date, completed, Care and Support Plan?	YES ☐ NO ☐ Please provide details. Click or tap here to enter text.
Does the individual have a completed EDR?	YES ☐ NO ☐ Please provide details. Click or tap here to enter text.
Are there any other organisational involvements with the individual?	YES ☐ NO ☐ Please provide details of those involved and the input they will have / will be required to have with any future support arrangements. Click or tap here to enter text.
Does the individual have a EHCP plan and do you have a copy?	YES ☐ NO ☐ Click or tap here to enter text.
Will the individual require any specialist adaptations to a property in addition to the facilities already in place?	YES ☐ NO ☐ Please provide details if applicable. This will be used to support discussions with the Housing provider on the practicality and ability to be able to make those adaptations. Click or tap here to enter text.
Will the individual require any specialist equipment to support them to live at home that does not require adaption but will need to be accommodated?	YES ☐ NO ☐ Please provide details if applicable. Click or tap here to enter text.

PEN Picture:

Include:

Enhancement on the Outline Care and Support Needs from the check list at the beginning of this document. Delete those not required.

Physical/mobility disability:

Learning Disability:

Sensory Disability:

Autism Spectrum Disorder:

Dementia:

Acquired Brain Injury:

Challenging Behaviour:

Epilepsy/ Diabetes:

Mental Health needs:

Communication needs:

Mobility:

Personal care:

Medical conditions:

Other:

Managing and Maintaining Nutrition:

Personal Hygiene:

Toilet Needs:

Being Appropriately Clothed:

Being Able to make use of the Home Safely:

Maintaining a Habitable Home Environment:

Relationships:**Accessing work/training:****Community:****Next Steps.**

Click or tap here to enter text.

Accommodation Needs:

Desired Location(s):

Click or tap here to enter text.

Brief reasoning behind the desired location detailed in the above:

Click or tap here to enter text.

Accommodation, Environmental and Community access requirements:

Single accommodation: ☐

Supporting Info: Click or tap here to enter text.

Self-Contained accommodation: ☐

Supporting Info: Click or tap here to enter text.

Night Support: ☐

Supporting Info: Click or tap here to enter text.

Increased / Enhanced spaced: ☐

Supporting Info: Click or tap here to enter text.

Ground Level: ☐

Wheelchair accessible: ☐

Garden/outside space: ☐

Close to town centre: ☐

	Quiet location ☐ Other: <u>Supporting Info:</u> Click or tap here to enter text.
Any other information to support the request for accommodation and enable any potential provider to identify the most appropriate source of accommodation suited to the individuals assessed need. <i>If requested to do so.</i>	

Disclosure:
I understand that the information provided at the time of writing is correct to the best of my knowledge. I understand that additional information may be requested to support the referral through an allocation panel or to be provided to a potential provider should support be sourced via a competitive process. I understand and, have made the referred individual aware, that such information provided within this document will be shared with third parties <i>i.e.</i> Housing Associations, Support Providers and other colleagues with ACS to decide upon suitability, compatibility and prioritisation at Void Allocation Panels to best support the decision on priority and suitable individuals for those services. <i>(if applicable to application)</i> and or with any potential provider should the support be sourced via a competitive process. I understand that this documentation does not guarantee that the individual will be approved at a panel for a Void and have managed expectations with this individual, family / representatives <i>i.e.</i> Advocates or POA's. <i>(if applicable to application)</i>. I understand that approval at a Void Allocation Panel does not conclude approval at any funding panel and application to the funding panel must be made separately once confirmation on decision making has been made. <i>(If applicable to application)</i> or approval for funding should support be sourced via a competitive process.

YES ☐ NO ☐

Signed: Click or tap here to enter text.

Dated: Click or tap here to enter text.

Authorised (via Team Manger): Click or tap here to enter text.

Supported Housing Voids Process – April 2026

This includes Supported Housing for Learning Disabilities, Mental Health, Acquired Brain Injuries and Physical Disabilities

SCCM – Notification of Void

This is required once SCCM are made aware of a void

- Email LDAvoids@suffolk.gov.uk with an expected date the void will go live
- Include a copy of a completed service profile (including photos of void room and communal areas (if applicable))



Service Profile
Template

