



INTERMEDIATE SUPPORT HOSTELS

ALEXANDER HOUSE, BRIGID HOUSE & OCTAVIA HOUSE
*“providing recovery focused support in a therapeutic
environment”*

REFERRERS GUIDE



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INTRODUCTION

There are 3 Intermediate Support Hostels managed by Community Links; Alexander House based in LS17; Brigid House located in LS15 and Octavia House which is in LS10. Each hostel has space for 6 clients. 4 of the bed spaces are for people who stay with us for a maximum of 8 months; these are called **Resettlement** places.

Resettlement placements are for clients who require more intensive support and need help to find suitable accommodation. Workers help them to gain skills to understand and manage their mental health problems; support them to get into a routine and to have some structure with the overall aim of promoting recovery. They help them to identify and work on any other issues that they require support with so that they can live more independently. Throughout their stay workers will explore what kind of future accommodation is suitable for them and support them to find somewhere to live after their placement at the hostel.

2 of the bed spaces are for those who may require periods of respite or **Relapse Prevention**. The aim of this part of the service is as an alternative to a hospital admission; it is to help prevent clients from becoming unwell or reaching a crisis point. The people who usually utilise the prevention service are often quite independent but benefit from regular and intensive support.

We encourage **Prevention** users to book their stays in advance so that they don't reach crisis point. Although we can work with prevention clients who are in a crisis if they are known to us but we are unable to offer an emergency place for those in a crisis if they have not used the service before.



We support prevention clients to learn about, understand and manage any triggers to what might cause them to relapse. Prevention clients can stay for a minimum of two nights or a maximum of three weeks dependent on their circumstances. Prevention clients can use the service for a maximum of 2 years; during this time our aim is to support clients in their recovery therefore decreasing their long term dependency on mental health services

ADMISSION CRITERIA

To be referred to one of the Intermediate Support Hostels the client should:

- Have a mental health problem & be over the age of 18.
- Be on the Care Programme Approach.
- Reside in a Leeds postcode, BD11 or WF3.
- Have been assessed via the Single Assessment Process (if the client is in hospital) or by a mental health professional (if the client is in the community) and Community Links staff as being suitable for admission.
- Agree to the placement & expect to be re-housed within an 8 month period.
- Be under the care of a Consultant Psychiatrist or Forensic Psychiatrist OR under the care co-coordinated by the Leeds Personality Disorder Network.
- People on Section 17, Community Treatment Orders, Supervised Discharge, Supervision Register or Guardianship Orders are able to access the service.

The Intermediate Support Hostels are not suitable for:

- Those in an acute phase of their illness or requiring the security of an in-patient or forensic service.
- Those who require more intensive forms of support including waking night staff/physical or nursing home care.
- Unknown clients in crisis
- Have a learning disability as a primary problem or have dementia.
- Misuse drugs or alcohol to a level whereby communal living is inappropriate.
- Those whose current level of risk or risk history makes communal living inappropriate.



All the hostels have a ground floor bedroom with disabled access. We cannot provide personal care, but would be happy for this to be provided by an external agency if required.

We welcome referrals from hard to reach groups, clients with diverse backgrounds and complex needs.

If you need further clarification on any issues regarding our admission criteria please contact any of the three hostels for further information.

PREVENTION PLACEMENTS

Prevention clients will fulfil the same admission criteria as resettlement residents except with regards to move on accommodation.

It is envisaged that the prevention (respite) bed will be used for:

- Clients who have regular relapses / frequent hospital admissions to help break the cycle and gain insight and skills to better manage their mental health problems to preventing relapse / future hospital admission.
- Clients who cope poorly in the community and require more intensive and regular input from mental health services.
- Those who are on the Ward or using an ACS and have accommodation to go to but require a period of less intensive support than hospital prior to returning home.
- An observed assessment function; whereby a client may require a more intensive assessment of their support needs and presenting issues in order to provide referrers with a more comprehensive and detailed assessment.

As the management team will work predominantly office hours and there is only one member of staff on sleep in overnight it is not envisaged that there will be any admissions outside 9-5.

INTERMEDIATE HOSTELS & POSTCODES

Each hostel has its own catchment area; to determine which hostel a client should be referred to please refer to the list below. However, if you are unsure then please send the referral to any of the hostels and we will forward it to the right hostel for you.

The three hostels work closely together to ensure bed voids are limited and that once clients are accepted to the service they are able to move in as soon as a bed becomes available. Therefore, sometimes clients may be offered a place at the hostel that did not assess them.

Occasionally the clients' postcode may not match with the Consultant the client sees. In this case they should be referred to the hostel that their Consultant/CMHT would normally refer to.

Clients under the care of a Forensic Consultant or The Personality Disorder Network should be referred to the hostel which works with the clients' postcode. If the client is homeless use the postcode of their last known address / parents' address.

ALEXANDER HOUSE : 272 Wetherby Road, Redhall, LS17 8NE

Tel : 2188095 Email : team.alexander@commlinks.co.uk
Manager : Lise H-Hanson Email : lise.hanson@commlinks.co.uk
Deputy : Micha Miller Email : micha.miller@commlinks.co.uk

CENTRAL LS19; LS20; LS21 & LS29
(Dr. F. McKenzie, Millfield House)

WEST LS16 & LS18
(Dr. D. Yeomans, Clarence House)

NORTH EAST LS7; LS8; LS17; LS22; LS23 & LS24
(Dr. C. Buller & Dr. S. Johnson, St. Marys House)



BRIGID HOUSE : 26 Morrith Avenue, Crossgates, LS15 7EP

Tel : 2649086

Manager : Hazel Burleigh

Deputy : Lisa Simpson

Email : team.brigid@commlinks.co.uk

Email : hazel.burleigh@commlinks.co.uk

Email : lisa.simpson@commlinks.co.uk

CENTRAL LS1; LS2; LS3; LS4; LS5 & LS6

(Dr. J. Dixon, Dr. S. Wright & Dr. R. Baskind, Malham House)

EAST LS9; LS14; & LS15

(Dr. K. DePauw & Dr. P. Hosalli, Moresdale Lane)

EAST LS25

(Dr. R. Owen, Brook House)

OCTAVIA HOUSE : 15 East Grange Drive, Belle Isle, LS10 3EH

Tel : 2715855

Manager : Lise H-Hanson

Acting Deputy : Katie Flynn

Email : team.octavia@commlinks.co.uk

Email : lise.hanson@commlinks.co.uk

Email : katie.flynn@commlinks.co.uk

SOUTH LS10 & LS11

(Dr. J. Pick & Dr. M. Jayaram, Bridge House)

SOUTH LS26; LS27; BD11 & WF3

(Dr.S. Roy, Concourse House)

WEST LS12; L13 & LS28

(Dr. T. Hughes & Dr. N. Venters, Holly House)



OUR PHILOSOPHY

Our philosophy reflects the belief that opportunity for recovery is best achieved in an encouraging and enabling environment.

At the hostels emphasis is placed on communal activities alongside more individual pursuits to encourage participation and inclusion, social responsibility and independence.

A central tenet of the hostels' philosophy is tolerance and acceptance. However, this is within balanced and safe limits and boundaries that are reflected in wider society.

Workers role model desirable behaviour by openness, friendliness and warmth. We believe that by creating an atmosphere that deals with confrontation by being open and honest reflects realistic life experiences and better prepares clients to cope once they move on.

Personal autonomy and empowerment are key to the culture. Workers give timely information, feedback, advice and support to help clients take responsibility for their choices, actions and behaviours.

Anti-discriminatory principles are both explicit and implicit in our practice. Difference is acknowledged and valued and respect given to all regardless of race, gender, age, sexuality, diagnosis, behaviour, size, disability, religion and background.

Although there is structure and routine at the hostel we aim to provide clients with realistic life experiences and responsibilities. We strive hard to ensure that the hostels are not overly protective, institutional or 'parental' therefore preparing clients more readily for living independently.

HOW WE SUPPORT CLIENTS

Central to the environment at the three Intermediate Hostels is the culture of a therapeutic community. Living at the hostel is an ideal opportunity for clients to develop relationships, practice social skills and acknowledge their personal responsibility.

There is an explicit expectation that each individual contributes to the running of the household (with worker support); this involves cooking for others, keeping the surroundings clean, shopping and attending the regular house meetings.

Alongside developing daily living skills, workers also focus on facilitating clients' recovery by providing support in the following areas:-

Clinical & Emotional Support

- Developing insight into mental health issues
- Learning positive coping skills
- Relapse prevention
- Mental health education
- Education and safe management of medication

Practical Support

- Accessing benefits
- Budgeting
- Accessing education
- Securing appropriate move on accommodation
- Securing future support needs



Social activities:

- Building and maintaining relationships
- Outings & holidays
- Exercise
- Building meaningful activity

When someone enters the service their support needs will have been assessed and support plans addressing these needs will be formulated. Support plans are recovery focused and use the strengths model. They provide the structure and focus for any work and are reviewed regularly.



OUR AIMS

- To provide a safe, stable, non-institutional and therapeutic environment where clients can achieve their full potential.
- To support recovery and help reduce the likelihood of relapse and dependency on mental health services.
- To support clients to improve their quality of life and self management skills so they can live more independently.
- To encourage clients to take responsibility for their lives.
- To value and promote diversity.
- Acknowledge and support the role of carers.

HOW WE HOPE TO ACHIEVE THESE AIMS

- By working collaboratively and proactively with other service providers to ensure effective multi- agency working.
- Work within the Care Programme Approach.
- Have a Client / Carer Approach that promotes openness and honesty.
- Empower clients to make choices and decisions in managing their own welfare and the operation of the service.
- By encouraging clients to learn by providing realistic consequences for actions and behaviours.
- By supporting clients to identify and access community resources.
- Support clients to manage conflict and frustration meaningfully by honest feedback and clear boundaries.
- Provide information and education regarding all aspects of their mental and physical well being and in any treatments they receive.



- Proactively work with all sections of the community and monitor accessibility to ensure we are inclusive of all needs and preferences.
- Review our practice through effective supervision, actively seeking feedback and regular monitoring and evaluation.

PRIORITY

Referrals are taken on a priority and date system.

HIGH PRIORITY

The client is in hospital & homeless.

MEDIUM PRIORITY

The client is in hospital & current housing is inadequate / the client is in imminent danger of losing their home / the client is not coping well.

LOW PRIORITY

The client is in the community.

OTHER ISSUES:

The hostel does not provide emergency accommodation. However, we will endeavour to be as helpful as possible in responding quickly to the needs of prevention (respite) clients or clients being assessed where vacancies allow.

DOMESTIC VIOLENCE/CHILD PROTECTION:

The hostel is not a “Safe House” and cannot afford the protection that refuges can. However, we will be sensitive to the needs of people where issues of domestic violence or child protection exist. Referrers need to make issues clear on referral forms and any decision to refer to the hostel outside of the catchment area will be made by the Hostel Manager in consultation with the Director.

HOW TO REFER

- It is envisaged that clients who are in hospital, using a Rehab and Recovery or Forensic service will be referred via the Single Assessment Process (SAP) by submitting a Leeds City Council Housing Options Personal Housing Plan (PHP) and a FACE Risk Profile to one of the Intermediate Support Hostels.
- Referrals for clients who are in the community can be also made via the SAP and PHP or by completing an Intermediate Hostels Referral Form.
- If a client is unsure whether they wish to use the service a visit can be arranged without a full referral being made. Please make this clear when you contact the hostel.
- Referrals can be made by any mental health professional who works with the client. Referrals can be made 7 days a week between 8am-10pm.
- The referrer contacts the relevant hostel in the client's postcode area to make a referral. **If they are unsure which hostel to refer to they can make the referral to any of the 3 hostels: it will then be passed onto the relevant hostel and processed.**
- Referrals can be made immediately over the telephone or you can request that a referral is faxed, emailed or posted out to you.
- Referral forms can also be downloaded from our website www.commlinks.co.uk by clicking on Alexander, Brigid or Octavia Houses' webpage and then following the download link.

- Once a completed referral form (or PHP) and a FACE Risk Profile is received the referral is then processed. Within 5 working days the client will receive a letter to inform them that the hostel has received the referral and an assessment date is offered. A copy of this letter is also sent to the referrer. The client will also receive a handbook about the hostel which they have been referred to.

THE ASSESSMENT PROCESS

- The Hostel Team will assess the client at the hostel but we can also come out to the Ward.
- The assessment is a 2 way process. Clients are encouraged to meet other residents and workers and have a look around the hostel so they can make an informed choice about whether the service is suitable for them.
- The aim of the assessment is to establish the support needs of the client and to take into account their perspective of the issues.
- Areas of risk are discussed with the client so a full assessment will not proceed unless the hostel has a FACE Risk Profile for the client.
- When the client has been assessed a decision will be reached as soon as possible on whether the hostel is suitable. A letter will be sent to the client (and a copy to the referrer) notifying them of the outcome of the assessment.
- If the client **has not** been accepted the letter will give a rationale why, include details of the appeal process and signpost to other services.



- If the client **has been** accepted the letter will offer them a placement. It will outline what support needs were identified at assessment and will stipulate the support that the hostel can provide. This letter forms a 'contract of support' between the hostel and the client.
- If the client agrees with the support being offered and agrees to take an active role in their recovery then they sign a copy of the letter / contract of support and return it to the hostel.
- A client will only be offered a move-in date once the 'contract of support' is signed and returned.
- Move-in dates are dependent on bed spaces becoming available. If the move-in date is some time away then the hostel will maintain contact with the client and referrer in the interim.

FUNDING

Community Links receives block funding to finance the three Intermediate Support Hostels. This falls short of the full cost for running the service.

Part of the contract with the Commissioners is that Community Links will maximize income by charging rent. This means that residents pay this rent out of money they receive from the benefits system.

The funding for the scheme is complicated and has changed annually for the last four years. This is due to changes in legislation.

However, this is the arrangement as it stands at present (April 2010).

ALL CLIENTS

Housing Benefit and Supporting People cover the majority of the cost of a client's stay. Therefore, clients will need to claim Housing Benefit which the hostel staff will support the client to do once they move in.

Clients will also pay between £ 46 and £ 54 per week personal contribution from their own income / benefits. The exact figure is dependent upon how much Housing Benefit will pay and hostel workers will only be able to confirm the exact figure once Housing Benefit has been awarded.

Housing Benefit claims can be complicated if the client is already claiming Housing Benefit on a current property OR is not eligible for Housing Benefit if they have savings, for example. Please inform the hostel staff at referral if this is the case.



CLIENTS WHO ARE SUBJECT TO A SECTION 25, 117 OR GUARDIANSHIP

Clients subject to any of the above may be able to claim a small amount toward their rent from Social Services. This is again dependent on how much Housing Benefit will pay and workers will only be able to confirm this once Housing Benefit has been awarded.

Therefore clients subject to any of the above should also expect to pay a minimum of £ 46 per week.

PREVENTION PLACEMENTS

Clients coming from the community on a Prevention Placement will be expected to pay £46 per week. **We also accept Direct Payments where clients are in receipt of this.**

There currently appears to be no way of financing clients coming from the Ward on a Prevention Placement **unless they pay for their stay themselves.**

In exceptional cases the hostel may waive the cost for a Prevention Placement, but this **must** be negotiated directly with the Manager prior to the client's admission.

SECTION 17 [LEAVE FROM SECTION 3 IN-PATIENT CARE]

In exceptional circumstances a client may come on assessment whilst on Section 17 leave.

The hostel has an agreement with NHS Leeds for a limited number of assessment placements for Section 17 leave patients. It is therefore preferable that clients coming to the hostel on Section 17 leave do so for a minimum amount of time, being officially discharged to the hostel at the earliest opportunity.

Prior to coming to the hostel on Section 17 leave the Hostel Team must be made aware and an agreement reached between the client, their Consultant and the hostel as to the length of the leave. The Hostel Team will inform NHS Leeds and complete the relevant paperwork.

DISABILITY LIVING ALLOWANCE

Clients who receive DLA Care Component will also be charged this as part of their rent.

Community Links understands that the funding system can be complex. Staff will always try to help and work constructively with referrers to ensure clients can access the service as quickly as possible.

We cannot take clients for whom no funding is being provided or agreed.

To avoid potential problems it is advisable that you make the Hostel Team aware as early as possible whether you envisage any issues occurring with regards to Housing Benefit claims.

FREQUENTLY ASKED QUESTIONS

Q. I want to make a referral but don't have all the info to hand. Can I still get the client on the waiting list so they don't miss out?

Yes! But you will need to complete the referral form in full as soon as you can as we won't be able to complete a proper assessment without this info.

Q. I want to refer a client on the ward but I heard the assessment process takes ages and they are going to be discharged next week?

If we have a bed available we will want to fill it as soon as possible. So, if you can give us the referral info we need we can pretty much do the assessment there and then.

Remember, clients on the ward have HIGH priority so as long as you give us the info we need we can assess the client immediately and if the client has been accepted **and** there is free bed then they can move-in straight away.

Q. Why does it take so long for you to assess someone?

In reality it doesn't! Speedy assessment is dependent on a few factors; how long it takes you to return the referral to us; how accurate and thorough your referral information is; what priority the client has; how many people are on our waiting list and how soon a bed space is coming up. Remember, clients can stay with us for up to 8 months on resettlement so it may seem like we never have any spaces but we do and we are constantly assessing for the next free bed.



Q. I haven't got your referral form but I have filled in the Leeds City Council Housing Options Personal Housing Plan; can I use this instead?

Yes! Send it in via post or email or phone the details through. We may need extra information from you to assess the client's priority status but remember its good news if the client is in hospital as they will have HIGH priority. Using the PHP form won't delay assessment or move-in but we may need to contact you for supplementary information.

Q. I heard you don't work with people who have drug or alcohol problems?

We do but the issue is whether their level of drug/alcohol use would mean that living with other people isn't suitable. For example, if someone was consistently drunk/high and their behaviour would make it unpleasant for other residents and they weren't willing to work on this then the hostel is probably not the best place for them. We wouldn't totally rule out offering them a service though as it may be that prevention stays are more manageable for them and other residents. We also have to consider the law and the Misuse of Drugs Act 1971 in relation to clients having or using drugs on the premises as this has serious implications for housing providers. If a client was not willing to work with us within the law then we would not be able to provide a service to them.

Q. I want to refer a client who presents as high risk but I heard you won't be able to work with them?

Not true! You know the client best but we know our service best. Let us assess them and we will go from there. We won't waste your time if once we get the referral and it's obvious the client needs more support than we can provide. However, we are very skilled team with lots of different expertise, qualifications and training and we pride ourselves on being able to support clients with chaotic lifestyles and significant risk issues. Remember, although we don't have waking night staff we work proactively with other agencies and the client to manage risk therapeutically. We have an excellent track record of working in this way. Our aim is the same as yours – to keep people out of hospital and help them learn more constructive behaviours and coping strategies.

Q. I want to refer someone who doesn't have a Consultant Psychiatrist, will you take the referral?

Unfortunately we are unable to offer a service to clients who do not have a Consultant Psychiatrist or their care is not co-ordinated by the Leeds Personality Disorder Network.

Q. Can I refer someone with a learning disability?

The hostel is not an appropriate placement for a client with a primary diagnosis of a learning disability and / or a client who is under the primary care of the learning disability services. However, if the clients primary diagnosis is a mental health issue and they are under the care of mental health services but they also have a mild / borderline learning disability as a secondary issue the hostel may then be suitable. We would accept an assessment for this client group as long mental health was the predominant issue.

Q. Would you be able to work with a client with an eating disorder?

Yes! However we would not be able to provide nursing care and we would not be involved with monitoring diet, weight or food intake. The client would need to be additionally supported by the Eating Disorder Unit for this type of specialist care. Therefore, the hostel is probably not suitable for someone who is not at a safe, target weight and who requires more intensive input around food issues. However, we can and have worked successfully with clients who are ready to be discharged from the EDU and who are ready to look at their mental health issues.

Q. Do you accept clients with a forensic history?

The answer to this is dependent on several factors; what is the nature, length and recentness of the history and what risk factors are currently an issue. If the clients' level of forensic history makes communal living inappropriate then the hostel is not likely to be a suitable place for them.

Q. Will you work with a schedule 1 offender?

Again, the answer to this is dependent upon several factors; the nature, length and recentness of the offence and what factors are currently an issue. Referrers need to be aware that the hostel team cannot 'police' clients nor do we have powers of enforcement. The hostel is sited in a residential area, women lone work at the hostel and clients are free to come and go as they choose. The hostel is also home to other clients who may be vulnerable and may have visiting children.

What can hold things up?

The most common thing that delays an assessment is referrers not providing us with sufficient referral information and / or not providing a FACE Risk Profile.

The most common thing that delays a move-in is usually a funding issue, giving notice on previous accommodation OR us not having a free bed. Unfortunately, there is little we can do if we do not have a bed space other than advise you when the next one is likely to be available and keep in touch with you and the client.

Delays caused by funding issues can be limited by ensuring you provide us with all the benefit / income information we require and ensuring that you are clear with your client how much rent they need to pay.

Delays caused by clients having to give notice on previous accommodation is not in and of itself a major issue. The problem arises when a client wants to move into the hostel whilst still serving notice on their previous address and claiming housing benefit for that address.

ALL clients need to claim Housing Benefit when they move into the hostel so if they already have an existing claim they are unlikely to be awarded Housing Benefit for the hostel until their other claim ends. It is not always possible for them to be awarded Dual Housing Benefit due to eligibility rules so if you think this will be an issue for the client you are referring please let us know straight away. It is not always possible for us to 'hold' a bed for a client. See 'Funding' section of this Referrers Guide for more information.



Key messages:

- Our aims are the same as yours – to minimise delayed discharges & move clients on from hospital quickly and efficiently; to prevent future hospital admissions; to support clients to manage their mental health issues and to re-house them to suitable accommodation.
- Please ask us before making assumptions that we can't work with a certain client group.
- Please ask us before making assumptions that a bed won't be available within the client's timeframe.
- Please don't rule us out - ring us for an informal chat or to discuss any concerns or questions you have.
- We are flexible and will always try to help; our aim is to respond to clients and referrers as quickly as possible.



CONTACT DETAILS

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Downloads available from our website www.commlinks.co.uk :

- Maps & directions to all 3 hostels
- Referral Forms
- Referrers Guides
- Residents Handbook
- Carers Handbook