 

|  |
| --- |
| Kent Agency Assessment  |

If you have a client who needs to move home due to a health or support related need that cannot be met in, or is being impaired by, their current accommodation, you can use the Kent Agency Assessment (KAA) process to provide all the supporting information required for the Local Housing Authority (LHA) to assess and prioritise your client’s housing need. Using this form *will not* automatically result in an offer of accommodation.

You must ensure that your client has completed an online housing register application form on Kent Homechoice. Your client must also continue to bid for appropriate properties on the Kent Homechoice website <http://www.kenthomechoice.org.uk> and continue to seek appropriate accommodation in the private sector.

|  |
| --- |
| Please note: The KAA should not be used instead of a homeless application but may be used to provide any supporting information. If you need clarification please check with the local LHA for guidance.  |

The KAA is designed to be used in Kent by statutory partner agencies and their agents, which for the purposes of the KAA are agreed as:

**Community Mental Health Team (managers or team leaders)**

**Early Intervention Teams (managers or social workers)**

**General Practitioners (GPs)**

**Health Visitors**

**Hospitals (not Mental Health)**

**Kent Council for Addiction (KCA) and Change Grow Live (CGL) for Substance Misuse (managers or team leaders)**

**Kent Association for the Blind for Kent County Council, (managers or social workers)**

**Leaving Care Services (accommodation manager or social worker)**

**Mental Health In Patient Services**

**Mental Health Older People Service**

**Occupational Therapists**

**Probation /Community Rehabilitation Company (Offender Managers)**

**Social Services (social workers or managers)**

**Specialist Children’s Services (social worker or manager)**

The 12 Kent LHAs have made a commitment to trust and respect the professional assessment you make of your client’s housing need. There are occasions where individual cases need to be discussed in more detail. As part of this, they are willing to provide guidance and training on the types of case that should be referred this way and how to go about it. Contact your LHA for details.

The KAA should only be signed by the relevant person(s) as shown above.

Please read the notes on page 2 before completing the KAA form.

|  |
| --- |
| GUIDANCE NOTES |

Examples of situations where you could use Kent Agency Assessment

|  |
| --- |
| The client has a critical need to move due to extreme health and support needs that can only be relieved or improved by a move to alternative accommodation.For example: Where adaptations are required to enable a person to live independently and their current accommodation is not suitable for those adaptations.**For example**: Where a client with severe mental health problems is receiving treatment and support from mental health services but is deemed to be at risk of harm in their current accommodation. |

The form must only be completed after a relevant agency has visited the client’s home to assess their circumstances.

The receipt of all KAAs will be acknowledged and the receiving LHA will assess each KAA; any that do not meet the criteria will not be accepted and the notifying agency will be advised. All accepted KAAs will be given the relevant priority under the receiving LHA’s Lettings/Allocations policy.

Note: If an inappropriate KAA is received the LHA will contact the referrer to explain why it is not appropriate and advise how the application will be dealt with.

The LHA will endeavour to contact the referrer when the applicant is offered accommodation.

|  |
| --- |
| **Data Protection act 1988** |

The information or data that you supply on this form will be processed for assessment and registration purposes. This processing may involve storing information electronically or in paper file records. The information may be processed, distributed and shared under the Kent Homechoice Partnership to assess housing need to identify appropriate housing and for the purpose of monitoring procedures, compiling records, generating statistical data and producing records. By signing and returning this form you will be deemed to be giving your explicit consent for the processing, distribution and sharing of any information contained in, or referred to, on the form. This includes any information that may be considered to be sensitive personal data.

Anonymised statistics are collated from all Kent Agency Assessment Forms and used to feed into strategic planning processes.

The electronic transfer of forms must be made via a secure email address.

|  |
| --- |
| How to return the form: |

This form should be completed by the appropriate agency in conjunction with the service user and **must be signed by the service user** or the form will be considered incomplete and be returned.

Please attach all relevant supporting information, e.g. care plan, Occupational Therapist assessment and send the completed Kent Agency Assessment form to the appropriate LHA listed on the back of the form.

|  |
| --- |
| Kent Agency Assessment |

**1**. **Applicant’s details**

|  |  |
| --- | --- |
|  Surname: |  |

|  |  |
| --- | --- |
|  Forenames:  |  |

|  |  |
| --- | --- |
|  Address: |  |

|  |  |
| --- | --- |
|  Phone: |  |

|  |  |
| --- | --- |
|  Date of birth: |  |

|  |  |
| --- | --- |
|  National Insurance number: |  |

 **Type of present tenure**:

 [ ]  Private rented [ ]  Social housing [ ]  Supported

 Accommodation

 [ ]  Other

|  |  |
| --- | --- |
|  (please state) |  |

 **Details of primary carer** (if applicable)

|  |  |
| --- | --- |
|  Name: |  |

|  |  |
| --- | --- |
|  Phone number and E-mail: |  |

|  |  |
| --- | --- |
|  Next of kin/power of  Attorney (please state) |   |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |
| --- |
| Contact details |
| Agency/ contact | Contact name | Daytime phone number | Out of hours/emergency phone number |
|  |  |  |  |
|  |  |  |  |

 |

**2**. **Basis of referral** (please tick all applicable boxes)

 [ ]  Learning disability [ ]  Substance misuse – alcohol

[ ]  Mental health problems [ ]  Substance misuse – drugs

[ ]  Physical disability [ ]  Young person – 16/17

[ ]  Ex-offender/risk of offending [ ]  Young person – 18/24

[ ]  Older person [ ]  Young person leaving care

[ ]  Domestic violence [ ]  Young parent

[ ]  Hospital discharge [ ]  Vulnerable family

[ ]  Prison discharge

[ ]  Other (please describe) ………………………………………………………………..………

|  |  |
| --- | --- |
| Please state any specific diagnosis |  |

|  |  |
| --- | --- |
| Anticipated date of discharge from hospital setting (if applicable) |  |

|  |  |
| --- | --- |
| Anticipated date when applicant must leave supported accommodation (if applicable) |  |

|  |  |
| --- | --- |
| Reason for leaving |  |

**3**. **Recommendation for level of housing need** (see guidance notes on page 2)

The referrer’s recommendation for the urgency of the service users need to be rehoused:

 ***Note: where services are/can be provided in current accommodation there will not be a critical need to be rehoused***

Give reasons for your decision: (continue on a separate sheet if necessary):

|  |
| --- |
|  |

**4**. **Reason for move** (continue on a separate sheet if necessary):

|  |
| --- |
|  Please specify why current accommodation is unsuitable: |

**5.** **Accommodation needs** (tick box) (***Please note that not every option is available in every district)***

[ ]  Supported housing (purpose built accommodation with on site support)

 [ ]  Independent Living Scheme (general needs accommodation with permanent support)

[ ]  Sheltered housing

[ ]  Enhanced/extra care sheltered housing

[ ]  General needs (no support needed to maintain tenancy)

[ ]  General needs accommodation with floating support (if floating support required contact

 08458 247 100 or email **floatingsupport@kent.gov.uk**

**6. Details of household**

|  |  |
| --- | --- |
| Number in household: |  |

|  |  |
| --- | --- |
| Any pets? (Please specify what they are and how many*)* |  |

Any medical reasons why any person on the application requires a bedroom on their own?

[ ]  Yes [ ]  No

If yes please explain why:

|  |
| --- |
|  |

**Mobility**

Able to manage stairs? [ ]  Yes [ ]  No

If no, willing to move to an upstairs flat with lift? [ ]  Yes [ ]  No

Telecare package required? [ ]  Yes [ ]  No

Wheelchair user (outside)? [ ]  Yes [ ]  No

Wheelchair user (inside)? [ ]  Yes [ ]  No

Disabled scooter user? [ ]  Yes [ ]  No

Care assistance animal

e.g. guide dog/hearing dog [ ]  Yes [ ]  No

**Adaptations**

Are specific adaptations likely to be needed?**[ ]** Yes [ ]  No

(If yes, please attach OT assessment form)

**7.** **Details of support/care needs**

(a) Does the service user have any problems communicating?

 [ ]  Yes [ ]  No

If yes please give details:

|  |
| --- |
|  |

(b) At the present time is the service user able to self-administer any medication they are in receipt of?

 [ ]  Yes [ ]  No – Please attach details

(c) Personal care: what assistance is needed and who will be providing this assistance?

|  |
| --- |
|  |

(d) Ability to carry out practical tasks

|  |
| --- |
|  |

(f) Household budget: what assistance will be given? And who will do this?

|  |
| --- |
|  |

(g) Other (please specify)

|  |
| --- |
|  |

 Please attach any supporting evidence/care plan.

**8.** **Please state proposed arrangements for future support/tenancy sustainment**

|  |
| --- |
| **Agencies and contacts** |
| **Agency/ contact** | **Contact name** | **Daytime phone number** | **Out of hours/****emergency phone number** |
|  |  |  |  |
|  |  |  |  |

 **If no further support is to be given to this client, please state how alternative accommodation resolves the issues without ongoing support.**

|  |
| --- |
|  |

**9.** **Risk Assessment**

It is important that you give full information regarding any issues the service users may have experienced in the past or is currently experiencing in the areas listed 1 to 8 below. This information is required to ensure that the service user is rehoused appropriately with the right support. Failure to disclose relevant information under this section may place any tenancy he/she is given at risk. ***(Please see Data Protection statement at the beginning of the form). If a care plan and a risk assessment has been carried out and is current for the next 6 months, please go straight to question 11)***

: **Does the service user have a history of any of the following? If so please give details:**

 Past Present

 1 mental health problems [ ] [ ]

 2 drug/alcohol misuse [ ]  [ ]

 3 suicide/self harm [ ]  [ ]

 4 problems looking after him/herself [ ]  [ ]

 5 Considered to pose a sexual risk to others [ ]  [ ]

 6 vulnerable to exploitation/abuse/domestic abuse [ ] [ ]

 7 anti social and/or aggressive behaviour

 [ ]  [ ]

 8 ever been involved in an incident which

 involved the police? [ ]  [ ]

 9 property damage and/or arson [ ]  [ ]

**10. Additional Information:**

|  |
| --- |
| Is there any other information that is important to include on the application? |

 Is there a care management risk assessment? [ ]  Yes [ ]  No

**Social worker/keyworkers only - Please do not forward without risk assessment**

**11**. **Supporting information attached:**

 [ ]  Care plan [ ]  Risk assessment [ ]  OT assessment [ ]  Other

**12. Declaration and signatures**

 I confirm that to the best of my knowledge, the information provided on this form is correct. I am willing to have the information shown to others involved with my application for care and/or housing

Signed Date

(Service User)

|  |
| --- |
| If the service user does not sign the Kent Agency Assessment, it will be returned for a signature. Please ensure that it is signed before sending. |

By making this referral, I confirm that my organisation will continue to support the client following rehousing, if required. [ ]  Yes [ ]  No

If no, please state reasons at Section 8.

Signed Date

(Referring Agency)

Print name of referrer

Job Title…………………………………………………………………………………………………

Address of Referring Agency

Phone number

E-mail

**NB Please ensure that an online housing register application form has been/is submitted.**

|  |
| --- |
| Local Housing Authority Contact Details: |

**Ashford Borough Council Canterbury City Council**

Housing Services Team Housing Options Team

Ashford Borough Council Canterbury City Council

Civic Centre Military Road

Tannery Lane CANTERBURY

ASHFORD CT1 1YW

TN23 1PL Phone: 01227 862 142

Phone: 01233 330 688 Fax: 01227 453 780

Fax: 01233 330 425

**Dartford Borough Council** **Dover District Council**

Dartford Housing Services Housing Needs Section

Civic Centre Dover District Council

Home Gardens White Cliffs Business Park

DA1 1DR DOVER

Phone: 01322 343 822 CT16 3PQ

Fax: 01322 343 084 Phone: 01304 872 265

 Fax: 01304 872 316

**Gravesham Borough Council** **Maidstone Borough Council**

Housing Needs Team Housing Options Team

Gravesham Borough Council Maidstone Borough Council

Civic Centre Maidstone House

Windmill Street Kings Street

GRAVESEND MAIDSTONE

DA12 1AU ME15 6JQ

Phone: 01474 337 366 Phone: 01622 602 440

Fax: 01474 33 7762 Fax: 01622 602 976

**Sevenoaks District Council** **Shepway District Council**

Social Housing Housing Options Team

Sevenoaks District Council Civic Centre

Council Offices Castle Hill Avenue

Argyle Road FOLKESTONE

SEVENOAKS CT20 2QY

TN13 1HG

Phone: 01732 227 000 - Ask for Social Housing Phone: 01303 853 300

 Fax: 01303 853 502

**West Kent Housing Association**

101 London Road

SEVENOAKS

TN13 1AX

Phone: 01732 749 400

**Swale Borough Council** **Thanet District Council**

Housing Options Housing Options Section

Swale House Thanet District Council

East Street P O Box 9

SITTINGBOURNE Cecil Street

ME10 3HT MARGATE

Phone: 01795 417 511 CT9 1XZ

Fax: 01795 417 610 Phone: 01843 577 277

 Fax: 01843 290 906

**Tonbridge & Malling Tunbridge Wells**

**Borough Council Borough Council**

Housing Options Team Housing Needs Team

Tonbridge and Malling Borough Council Tunbridge Wells BC

Gibson Building Town Hall

Gibson Drive ROYAL TUNBRIDGE WELLS

Kings Hill TN1 1RS

WEST MALLING Phone: 01892 526121

ME19 4LZ Fax: 01892 548 053

Phone: 01732 876 067

Fax: 01732 876 202