

Kent Housing Group is a partnership of the Local Housing Authorities and Registered Providers of Housing in Kent and Medway.

Each of the partner organisations is a Data Controller for the purposes of the Data Protection Legislation.

Before you continue please ensure that your client reads the **Data Protection Statement** on page 11 carefully.

If the client does not consent to his/her details being held in this way please contact your Local Council directly to discuss this.

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| 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.

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| 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)**

**RAPt (East Kent)) and Change Grow Live (CGL) (West Kent) 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.

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| GUIDANCE NOTES |

Examples of situations where you could use Kent Agency Assessment

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| 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.

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| **Data Protection –see Page 11** |

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| 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.

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

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| 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 |
|  |  |  |  |
|  |  |  |  |

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**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.**

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**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 in accordance with the GDPR statement on Page 11.

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

 Allocations@dover.gov.uk

**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

**Data Protection**

Each Local Housing Authority needs to process personal data in order to deliver their services to you:

* To assess whether you are eligible and qualify for the housing register
* To determine your level of housing need
* To determine what type and size of property you are eligible to bid for

They are committed to treating your information securely, with respect and in line with data protection law.

This privacy notice tells you what to expect when your personal information is processed. It is important for you to read this in full to understand what information is held about you, how it may be used and your rights in relation to your data.

Personal information is held in accordance with each District and borough council’s document retention scheme.

For independent advice about data protection, privacy, e-privacy and data sharing issues, you can contact the Information Commissioner:

**Information Commissioner,**

Wycliffe House, Water Lane,

Wilmslow,

Cheshire SK9 5AF

Phone: 0303 123 1113

Email: casework@ico.org.uk

Website: [www.ico.org.uk](http://www.ico.org.uk/)

[What Information is collected about you and how is this used?](https://www.kenthomechoice.org.uk/choice/content.aspx?pageid=170)

We will collect personal information when we need this with most information being collected when you submit your housing application as this enables us to make a full assessment of your housing needs and determine whether you qualify and are eligible and what size and type of property you would be best suited to. The additional information collected on the Kent Agency Assessment is to enable housing to assess and determine any additional health/support needs for your housing application..

Most information we hold will be collected from you but we may also obtain this from third parties such as your doctor (or other health professional/key worker) or a previous landlord.

**To prioritise and assess the Kent Agency Assessment we may ask you some or all of the following question types:**

|  |  |
| --- | --- |
| **What do we ask** | **Why do we need to know this** |
| Personal details | So that we can verify who you are and contact youTo see if you already have another application |
| Date of birth | To help us to work out what properties you are eligible for |
| Basis of referral | To work out the most appropriate property that would be best suited to hyour needs. |
| Previous landlord details | We may need to ask your landlord for a reference to support your application |
| Whether you have pets | Some properties will have a no pets policy |
| Details of your household | To work out what size of property you are eligible and to find out whether they have any other housing applications registered and to determine if anyone else has health/support needs |
| National Insurance Number | To check for duplicate applications |
| Email address | For verification purposes |
| Reason for Move | To assess your level of housing need  |
| Accommodation Needs | To assess the most appropriate accommodation for your needs |
| Medical questions | We will only ask for medical information where your medical situation is affected by the housing that you are currently living in. |
| Details about your current home | This helps us to work out if and how your current accommodation may affect your health/support needs |
| Details of your household | To assess |
| Financial Questions | Some properties will be less affordable than others and this information will help us to work with you to determine which properties are affordable. |

The right of access

You have a right to ask what personal information is held about you and to request a copy of your information. This is known as a ‘subject access request’ (SAR).

SARs need to be made in writing and we ask that your written request is accompanied by proof of your address and identify.

If you are seeking to obtain specific information (e.g. about a particular matter or from a particular time period), it helps if you clarify the details of what you would like to receive in your written request.

If someone is requesting information on your behalf they will need written confirmation from you to evidence your consent for us to release this and proof of ID (both yours and theirs).

We have 30 days within which to provide you with the information you’ve asked for (although we will try to provide this to you as promptly as possible).In response to SARs, we will provide you with a copy of the information we hold that relates to you.

For a SARs request or to access the relevant privacy policy, contact your Local Authority directly via the following emails:

Ashford Borough Council  foi@ashford.gov.uk

Canterbury City Council – dataprotection@canterbury.gov.uk

Dartford Borough Council - <https://www.dartford.gov.uk/by-category/council-and-democracy2/subject-access-rights-data-protection-act-1998>

Dover District Council – dataprotection@dover.gov.uk

Folkestone & Hythe District Council - Information.Officer@folkestone-hythe.gov.uk

Gravesham Borough Council – gdpr@medway.gov.uk

Maidstone Borough Council – kenthomechoice@dover.gov.uk

Sevenoaks District Council – dataprotection@sevenoaks.gov.uk

Swale Borough Council – sar@swale.gov.uk

Thanet District Council – foi@thanet.gov.uk

Tonbridge & Malling Borough Council – foi@tmbc.gov.uk

Tunbridge Wells Borough Council – dataprotection@twells.gov.uk