

PN12: Case assessment sheet to determine if a single person applicant (or couple without children) are in priority need through being vulnerable (*The Hotak Test*).

If the caseworker reaches a negative decision on priority need use the relevant not in priority need letter from the 2022 letter pack - numbers 73 – 76 depending on which stage of the relief duty the not in priority need decision is made (i.e. at the start, during or at the end of the relief duty).

G: The case officer must assess whether the applicant is in priority need for being vulnerable as a result of old age, mental illness or physical disability or other special reason.

G: Remember, it might not be the applicant who might be in priority need it could be a person who lives with them (for example, if a couple apply, or a family with children but are adult children).

G: Use the priority need assessment sheet for:

- Single people
- A couple without children
- A family with non-dependent adult children include identifying a household member who may be considered to be in priority need)

Priority need vulnerability test explained

You should take the following actions and use this assessment sheet to take and record these actions:

1. You need to obtain from the applicant details of all of their difficulties starting with their mental illness or physical disability, old age or other special reason plus any other problems the applicant may be experiencing.
2. Then assess and decide how will those difficulties combined, affect the applicant's ability to deal with the consequences of homelessness
3. This means considering the impact of those problems on the applicant's ability to find accommodation and, if they cannot find it, their ability to deal with/manage/cope with being homeless - meaning their ability to deal with/manage day to day essential activities when homeless.
4. You are looking at the relationship between the applicant's problems and their housing difficulties
5. This assessment of the impact of the applicant's difficulties includes assessing the applicant's ability by themselves to manage homelessness despite their difficulties, and the applicant's ability to manage homelessness with the help and support of others. You are able to consider what assistance, services and support are available to the applicant to help them cope with being homeless or could be made available to the applicant to remove or reduce any impact you have identified.

6. Support could be support that they currently receive from family friends and other agencies, or support can be something you can arrange to help address the things they can't cope with in their daily activities. Support needs to be more than just signposting
7. Finally, having taken steps 1-6 you need to decide whether they are in priority need? To answer this final question, you need to decide whether any difficulties identified combined affect their ability to find their own accommodation and, if they cannot find accommodation, affect their ability to manage daily essential tasks when homeless.
8. To do this you need to decide whether the applicant would suffer more harm in managing their daily activities than an ordinary person would if they were to be homeless. If you decide they would suffer more harm the applicant would still only be in priority need if you are satisfied that the 'more harm' they would suffer would make a noticeable difference to their ability to deal with the consequences of being homeless compared to an ordinary person's ability to manage when homelessness

G: Gather information from the applicant and any other agency helping or representing them by working through the questions set out below.

You do not need to answer every question. You should select the questions you think are relevant to your applicant's circumstances that will give you the information you need to help you to make a decision as to whether the applicant is, or is not, in priority need.

G: The questions are arranged in logical blocks

G: You could make short notes under each question, or if that is too much then instead summarise your considerations/findings under each section. Make sure you attach the assessment sheet to the applicant's case file, so you have the evidence/audit trail for the decision that you reach on priority need

G: Considering of any representations received

If representations have been received, are they advocating or making factual statements? (There can be a natural tendency for GPs, some bodies/solicitors/etc to support applications and repeat what the applicant has told them. It is important to ensure you evaluate the facts in any representations in respect of the applicant's condition/problems and how these impacts on the applicant ability to manage day to day).

G: Even if you have made a not in priority need decision you still have a power to provide temporary accommodation if you want to, as part of your reasonable steps owed under the relief duty. This power comes from section 205(3) Housing Act 1996 as inserted by s.6 Homelessness Reduction Act 2018. Any TA provided under this power would be entirely in your 'gift' re length of time and conditions of occupancy.

Section 1: Questions to obtain details for any physical or other health condition and how, or whether, anything identified may impact on the applicant's ability to carry out essential daily activities when homeless.

Ask questions that focus in on the impact that homelessness would have on that person, rather than the condition or problem the person claims to have.

1. When was the last time they saw their G.P.?
2. In the last year how often have they seen their GP?

G: (The answer may indicate frequent contact due to an ongoing health issue, or little of no contact due to not having a health condition or that condition is under control. Bear in mind some people may be so chaotic that they don't see or access their GP)

G: To decide whether or not you need to contact the applicant's GP for further information, use the 'do I need to contact the GP' checklist below in this assessment kit

3. Are they receiving any treatment from their GP – *If so list*
4. Are they receiving treatment from a hospital or other health specialist on an ongoing and continuous basis? – List and describe
5. If they are being treated by a hospital or health specialist? Is it continuous and chronic condition and how will it impact on their ability to manage daily activities when homeless?
6. Is the applicant taking any medication and if so for what condition?
7. Is any medication proscribed by their GP, or a clinical professional, or do they buy it at a chemist
8. What do you know about the particular medication – Checking medical drug websites (link below) does the drug issued indicate a severe and on-going condition?
9. Are there any known side-effects of taking their medication and, if so, what are they and how do these impair the applicant's ability to manage daily essential tasks if they are or were to be homeless?
10. How does any medication help them to manage daily essential tasks?
11. If they were homeless what would prevent them from continuing to access their GP or hospital, or to continue to comply with any treatment program including taking medication?
12. Are you satisfied the condition is being dealt with by medication and satisfied that the person would continue to be able to receive that medication and take it?
13. Are they claiming to have been homeless for a month or more at the point of presentation. If yes, is there evidence that being homeless this affected them in respect of the taking of their medication or complying with a treatment program.

G: You can refer to professional websites such as the BNF – National Institute for Health and Care Excellence (NICE) website to help you obtain advice on any medical condition, treatment and drugs taken by the applicant. However, you should not over rely on such sources when gathering your evidence to help you to make your decision on priority need. The 2 links below cover:

a) Treatment summaries for every condition – very useful in that it covers how the condition needs to be managed and what is considered a serious level of medication

<https://bnf.nice.org.uk/treatment-summary/>

b) Drugs – description of every drug and information relevant to dosage and side effects

<https://bnf.nice.org.uk/drug/>

14. Have they ever spent any time on a psychiatric ward?
15. How long have they had any physical or other health problem and, if it is for some time how does it affect their ability to manage daily activities?
16. If they have a physical health problem/disability what is it?
17. How does it impact on their ability to perform daily activities such as catching a bus, attending appointments, etc. How long have they had the condition?
18. If they have a mental health condition what is it? How does it impact on their ability to perform daily activities?
19. If it a claim of depression/anxiety/mental health has any treatment been prescribed? Medication or CBT or similar? If yes is this considered to be a standard dose when referring to a professional medical website?
20. Has their condition required a referral to a hospital or mental health team?
21. Is there evidence that the person is likely to die in the next 6 months or is in receipt of treatment that can reasonably be considered to be palliative care? *(Code 8.41 advises that in such circumstances applicant is likely to be in priority need).*

Considerations where there is a claim of depression, anxiety or claimed mental health

22. What are their symptoms both physical and psychological? *(Establish the impact ranging from feelings of sadness, anxiety and hopelessness, feeling constantly tired, sleeping badly, having no appetite, and complaining of various aches and pains).*
23. What is the severity of the symptoms? *(At its mildest, a person may simply feel persistently low in spirit, while at its most severe depression can make a person feel suicidal and that life is no longer worth living).*

24. Have these symptoms been reduced by the treatment recommended? If not, is further treatment pending or recommended from the person's GP?
25. Is their depression recent and linked to the anxiety of facing homelessness?
26. How does their depression affect them in carrying out daily tasks? Can they get out? Catch a bus, wash, shop, etc.?

COVID specific issues to consider regarding potential harm when homeless

27. Have they been identified by their GP, or a specialist, as clinically extremely vulnerable to Covid 19?
28. If yes why are they considered to be clinically extremely vulnerable?
29. Have they been vaccinated and if yes how many times and when were they last vaccinated?
30. Have they already had covid 19 and if yes how did it affect them?
31. Are they recovering from Covid 19 where there have been evidenced significant medical complications that would impact on their ability to manage being homeless?

Section 2: Questions relating to employment or training, or benefits? *If employed or in training they are likely to be demonstrating routine daily skills such as getting to work, performing set tasks, etc.*

32. Are they employed or in training?
33. If yes what type of job do they do? *(The ability to manage work despite being homeless may, depending on the facts gathered, indicate that they may have the ability to manage daily activities required if homeless).*
34. If not employed, when did they last work and for how long? Why did they leave?
35. If not working are they currently seeking employment as evidence through being on Universal Credit (UC) with a 'Claimant Commitment' and a work coach?
36. If yes have they applied for a job recently?
37. How do they claim their benefits?
38. Did they claim on-line by themselves or with help of others?
39. Are they managing their benefit claim by themselves or are managing g their claim with the help of others?
40. Have they been sanctioned whilst on UC and if so how many times?

41. If they had a problem with their benefits ask them how they would go about sorting it out?
Do they know who they could go to locally to help them if they needed help?

42. **PIP** – If the applicant is on PIP they must have a health condition or disability where it is recognised that they have difficulties with daily living or getting around. PIP is relevant for the vulnerability test but there must still be a link with the health condition or disability and the person's ability to deal with the consequences of homelessness. Having a PIP allowance may mean that an applicant who cannot use public transport because of their health condition has money to take Taxis to attend appointments, etc.

If on PIP at what level standard or enhanced

- PIP Daily Living Enhanced Rate
- PIP Daily Living Standard Rate
- PIP Mobility Enhanced Rate
- PIP Mobility Standard Rate

43. **Employment and Support Allowance (ESA)** is payable if a person has a disability or health condition that affects how much they can work. The purpose of ESA is to give the person:

- Money to help with living costs if they are unable to work
- Support to help them get back into work if they are able to

For the priority need assessment ESA may show an inability to work or limited ability to work, but there still has to be a link with the disability or health condition and the person's ability to deal with the consequences of homelessness.

A person will be placed into one of 2 groups if they are entitled to ESA. If they are able to get back into work in the future, they will be put into the work-related activity group. Otherwise, they will be put into the support group.

44. **Are they receiving a Disability Premium or a Severe Disability Premium?**

Being in receipt of a disability premium does not automatically make an applicant priority need. You need to consider the link between the disability and the person's ability to deal with the consequences of homelessness. Clearly applicants receiving a severe disability premium may be far more likely to struggle in coping with being homeless than an ordinary person

Section 3: Questions about practical matters and if they impact on the applicant's ability to manage homelessness such as carrying out essential daily tasks such as attending appointments, looking for accommodation, etc.?

45. Do they have a mobile phone?

46. Can they read and write?

47. How do they budget their money from work or benefits? “So you get your money by bank account payment/ cheque for the week?” – “Tell me how you budget that money, so it lasts the week”?
48. How do they get around the area including how do they get to appointments such as their GP? Do they walk, use buses or trains, cycle or does someone take them?
49. Is there anything that physically prevents them from being able to use public transport to get around for example if they couldn't walk to their GP.
50. How do they manage to feed themselves?

G: Go through what they ate in the last 2/3 days and how they fed themselves i.e. cooked their own food at friends or relatives, went to friends or relatives for meals, rely on takeaways, relied on food bank, charity food centres, or rough sleeper food run

51. If you have interviewed them face to face rather than by telephone during Covid 19, how did they present in terms of cleanliness and hygiene despite being homeless?
52. How do they say they manage to keep themselves clean?
53. How do they wash their clothes?
54. What does the applicant say to the question how would you do to try and keep yourself safe, warm and dry if you had to sleep on the streets?

Section 4: Questions to assess whether they are homeless now or have been homeless in the recent past and, if so, whether it is or has impacted on their ability to manage daily essential tasks. (For recent homelessness take the last 12 months to 2 years as anything before that is unlikely to be relevant)

55. Are they currently homeless or about to be made homeless?
56. If currently homeless how long have they been homeless?
57. Get the applicant to take you through the last 24 hours/48 hours and describe how they have gone about managing essential daily tasks by themselves or with the help of others. For example ask – “Take me through your typical day. Let’s pick a day this week say yesterday? (E.g. How did you feed yourself, did you have to attend any appointments, did you have to fill in any forms on-line, did you look for accommodation or work, visit friends etc.)”
58. If they are currently homeless, are they sleeping rough or sofa surfing with relatives or friends or a mix of both? - *If mix what is the % on the streets v % sofa surfing in the last month? (More time sofa surfing might mean more access to things like cooking, warm place to stay, able to manage health condition better)*

59. Have they been homeless in the past and when? If they were homeless before were they able to find accommodation, where did they sleep, what did they do for food, washing, where did they go to for help?
60. If they had been homeless in the recent past and managed to cope despite being homeless, has there been a deterioration in their ability to manage since they were last homeless?
61. Do they know where to go for help when homeless locally (do they know the day centres, charities, food banks?)
62. Ask the applicant to list any appointments in person or by telephone they had been asked to do in the last month. Did they go to these appointments
63. If currently homeless when did they last have accommodation?
64. How did they find that accommodation? (Did they look online, go to a support agency)
65. How long did they have it?
66. Why did they lose it?

Section 5: Questions to assess whether the applicant has a significant drugs/drink/substance misuse problem and if so how it impacts on their ability to manage daily tasks and on their health?

67. Do they currently take any drugs that are not prescribed? (*If yes, what drugs do they take and how often?*)
68. Do they drink alcohol? (*What do they drink and how much per day/week?*)
69. If the applicant excessively drinks or takes class A drugs or similar, are there any secondary complications due to that drug or alcohol use, for example impact of drinking on physical health such as severe liver damage, or impact of drugs and or drink on mental health such as psychosis.
70. Are they receiving any medication or treatment for their drug/alcohol misuse? If yes, what medication and treatment plan are they receiving?
71. If receiving treatment are they complying with that treatment/program
72. Are there any agencies/professionals assisting with treatment. If so obtain details

Section 6: Other possible issues/problems that need to be assessed as to whether they may be vulnerable as a result

73. Have they ever been in care? If so, how does the experience of being in care impact on them

G: Assessment sheet PN10 has specific questions to assess whether someone is vulnerable as a result of having been looked after, accommodated or fostered

74. Have they been in prison or custody recently?

75. If so, is there any evidence that they have become institutionalised through having been in prison such that they cannot manage daily activities?

G: Assessment sheet PN8 has specific questions to assess whether someone is vulnerable as a result of having served a prison sentence or remanded in custody.

76. Was the applicant a member of the armed forces?

77. If yes are they vulnerable as a result of having been a member of the regular armed forces?

G: Assessment sheet PN7 has specific questions to assess whether someone is vulnerable as a result of having been a member of the regular armed forces.

78. Is there evidence that they may be at greater risk of being sexually exploited if homeless?

79. Are they old and frail?

80. Do they have a learning disability which impacts on their ability to manage daily activities and have no effective support?

81. Have they been homeless due to domestic violence or abuse in the past? If so how has that impacted on their ability to carry out daily tasks? For example, is the person isolated, withdrawn, as a result of the domestic abuse and unable to perform ordinary day-to-day tasks? *(Remember, if an applicant is homeless due to being a victim of domestic abuse priority need is automatic)*

82. Have they ever deliberately tried to hurt themselves? *(What did they do? When did they do it? Were they treated for their self-harm?)*

83. Is the applicant a victim of trafficking and if so is she or he more at risk of being re-trafficked if they were to remain homeless?

Section 7: Support – Consideration of the support currently available to the applicant or could be made available to reduce the impact of the applicant’s difficulties in managing when homeless

The assessing officer can take into consideration help and support given by third parties, such as family or other statutory services such as hospitals, GPs and social services and ‘third party’ support such as charities as long as that support is provided on a consistent and predictable basis,

84. Do they see family/friends and if so what practical things do family or friends do help them?

85. Do they currently receive any type of support from charities, or any other organisation for example a social worker or mental health worker?

86. If yes what practical help do they receive from that charity, body that helps them managing daily activities? E.g. help with making benefit claims, counselling, attending appointments.

87. If you have identified any gaps in the applicant's ability to manage being homeless is it possible to arrange for the support (or refer to an agency that can provide support) to plug the gaps in their ability to manage being homeless?

G: E.g. the applicant needs help to manage their benefit claim and you can refer or arrange the help that they need.

Details for any agency/body dealing with the applicant

Agency	Contact name of Person dealing with you	Address of Agency or person	The telephone number (including mobile) for the person or agency	The e mail contact details for the person or agency
Social Worker				
Support worker				
Charity or any other help or advice service				
Probation				
Solicitor				
GP				
Mental Health Service				
Any Hospital Consultant				
Other (Name)				
Other (Name)				

G: There follows a **checklist** to help you decide whether you need to seek more information from the applicant's GP, or health professional or can make the decision on the day of presentation based on the evidence gathered.

Checklist to help the caseworker decide whether they need to make inquiries of the applicants GP	✓ Tick
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<i>If all are ticked you should not need to make enquires of the applicants GP and should be able to make a decision on priority need based on the interview and information already obtained</i>	
The caseworker is satisfied of all of the following:	
1. You have asked the questions in this assessment sheet relating to their physical or mental health	
2. You have considered how any medical condition impacts on their ability to manage day-to-day tasks.	
3. From the questions asked there is no outstanding referral to any hospital or consultant.	
4. That they are not under any treatment from a hospital for any condition that may significantly impact on their ability to carry out daily essential tasks.	
5. You are clear on what medication or medical treatment they are receiving and for what condition and what dosage	
6. The applicant is taking their medication and complying with their medical treatment.	
7. That from the clear answers they have given to the questions you have asked about their health and treatment it is unlikely that they are receiving treatment that you are not aware of	
8. That their medical care from your GP is of a fairly low-level treatment or medication that would not be unusual for an ordinary person facing the same problem of homelessness as the applicant.	
9. Are there facts that are unclear about the applicant's medical condition, the treatment they are receiving and whether there is any outstanding referral or treatment that would require a GP inquiry? Y/N	
Conclusion after considering the checklist - Does the Case officer need to make inquiries of the applicant's GP Y/N	

Final assessment as to whether the applicant is vulnerable:

Action 1: List below all of the applicant's problems and difficulties

For example: *Old Age, physical health or disability, mental health, depression, offending history; care history; lack of financial resources drugs, drink, substance misuse, learning disability, immaturity, risk of sexual exploitation, impact of domestic abuse*

List

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8

Action 2: Ask the relevant questions from the assessment sheet above.

Action 3: Your decision on whether the applicant is or isn't in priority need.

Would the applicant suffer more harm than an ordinary person, in looking for accommodation and managing daily essential activities if homeless and you are satisfied that the 'more harm' they would suffer would make a noticeable difference to their ability to manage and cope with being homeless compared to an ordinary person's ability to manage and cope with being homeless if they were homeless.

Issues considered by the caseworker	Any caseworker comments
List any medical or non-medical problems experienced by the applicant?	
Are they able to look for work?	
Are they able to look for accommodation?	
Able to use public transport?	
Able to feed themselves?	
Able to attend appointments?	
Able to make, attend appointments?	
Are they able to access food?	
Are they able to claim benefits by themselves or with the help of others and maintain their claim?	
Able to manage their money reasonably well by themselves or with the help of others?	
Are they able to maintain hygiene and wash themselves and clothes when homeless as well as an ordinary person in the same position would be able to maintain hygiene and wash themselves and clothes?	
Health – No medication or treatment?	
Health - applicant on medication or other treatment and condition controlled despite being homeless? Yes/No	

If not controlled how does it impact on their ability to manage and cope with being homeless?	
Mental health or other medical condition that is relevant in the sense that being homeless would impact on that condition. Is their medical condition serious, continuous, and chronic so that the facts indicate that the applicant is likely to suffer more harm than an ordinary person when homeless because of the negative impact homelessness will clearly have on their condition.	
Does the applicant have the ability to maintain treatment if they become or remain homeless? Yes/No	
If you have identified 'gaps' in their ability to manage be met by support they receive or support that could be put together to specifically plug the 'gap' identified?	
Evidence that they have been able to manage being homeless now, or in the recent past, despite their difficulties. Yes/No	
Other issues considered	
Conclusion – Is the applicant in priority need	Yes/No

Action 4: Reasons

List your reasons here for your decision that the applicant is or isn't in priority need:

Reason:

- 1
- 2
- 3
- 4
- 5
- 6
- 7