

	<p><b>Housing Committee</b></p> <p><b>23 October 2017</b></p>
<p><b>Title</b></p>	<p><b>The Housing Allocations Scheme and families with disabled children and children under 2 years old.</b></p>
<p><b>Report of</b></p>	<p>Deputy Chief Executive</p>
<p><b>Wards</b></p>	<p>All</p>
<p><b>Status</b></p>	<p>Public</p>
<p><b>Urgent</b></p>	<p>No</p>
<p><b>Key</b></p>	<p>No</p>
<p><b>Enclosures</b></p>	<p>Appendix 1– Medical Self-Assessment Form Appendix 2 – Medical Questionnaire Appendix 3 – Suitability Questionnaire</p>
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## Summary

The Housing Allocation Scheme provides a fair and transparent system by which people are prioritised for housing in the borough. In Barnet the demand for social housing is very much greater than the number of homes available and the Scheme sets out the Bands that determine the level of priority and need of each applicant. The Scheme operates using 4 bands; Band 1 is for those with the most urgent need to move and Band 4 for applicants who have had their preference reduced under the Scheme. The Scheme allows for additional preference to be given to households who have a community contribution (often through working or volunteering) and to applicants who have resided in the borough

continuously for the previous 5 years.

The Band in which a household is placed is determined following a detailed housing assessment where extensive enquiries are made after an interview with the applicant. Each member of the family is holistically assessed; this includes looking at the family's needs in relation to employment, education, medical, care and support, childcare and child welfare. The Allocations Scheme allows for discretion to be exercised in determining the Band in exceptional circumstances. Where medical information has been assessed recommendations from the Medical Assessment Team inform the banding decision. This assessment process has been designed to ensure that any offers of accommodation meet the requirements of the Scheme, statute and case law.

## Recommendations

1. That the Committee note the contents of the report and appendices 1, 2 and 3.

### 1. WHY THIS REPORT IS NEEDED

- 1.1 On the 26 June 2017, the Housing Committee resolved that a report be submitted to a future meeting on how the Housing Allocations Scheme is impacting families with disabled children and families with children under the age of 2 years. It was requested that the report includes the following:
  - Details of how the needs of disabled children are taken into account when offering/allocating properties to families
  - Whether evidence is requested from disability experts in addition to medical experts when assessing cases
  - Whether the needs of children with disabilities are taken into account when deciding what number of bedrooms are appropriate for a family
  - Whether children are expected to share a bedroom where one or both have a disability
  - How families who have children with autism are assessed when allocating properties
  - The number of families with one child under 2 years that have been permanently placed in one bedroom flats
- 1.2 Barnet Homes receives a large number of requests for assistance where either the applicant, or a member of their household, has serious medical conditions. These conditions can be exacerbated if the applicant becomes homeless, or if they continue to live in unsuitable accommodation.

- 1.3 When advising and assisting applicant's front-line officers within Barnet Homes require support in being able to identify complex medical conditions and the impact they can have on an applicant's health and housing need.
- 1.4 The role of the Medical Assessment Team is to provide an expert and informed recommendation on the medical needs of an applicant that can help to inform an officer's decision on their case. The same process is followed for all applicants who have medical needs, including those who have a disabled or autistic child within their household.
- 1.5 Barnet Homes collects and records information relating to the housing needs of all household members. This includes the details of any medical needs or disabilities that the applicant or member of their household may have. However, this information is currently not captured in a way that enables us to report on individual household members, including identifying housing needs of children with disabilities. The new requirements under the Homeless Reduction Act will require Local Authorities to capture individual household data from the implementation of the Act in April 2018.
- 1.6 The recommendation for banding will be based on information from a range of sources that will be appropriate for an individual case. The tools used to gather this information are included in Appendix 1- 3:
- Medical Self-Assessment Form
  - Medical Questionnaire
  - Holistic Assessment including suitability assessment
- 1.7 The initial source of information is from the applicant themselves, or a parent on behalf of the child being assessed. A Medical Self-Assessment Form is completed to explain the medical condition that needs to be assessed. From this, the Medical Assessment Team can decide what further enquires will be appropriate to be able to make an informed assessment. These may include further enquires with GPs, Schools, Health care services, Social Care and/or the Medical Assessor visiting the applicant in their home. On some occasions it is necessary for more detailed information to be obtained from the relevant medical professional through the completion of a further Medical Questionnaire.

### **Case Study**

Ms R approached Barnet Homes following receiving notice that her landlord was seeking possession of their property where she lived with her husband and 2 children. Their son was under the care of the Child Development Clinic and was diagnosed with a genetic condition XYY syndrome. This resulted in their son having developmental delays and learning and behavioural difficulties. He was receiving regular support from a number of professionals including a speech and language therapist, a child psychologist and additional support at his current school. Following a medical Self-Assessment Form being completed, further information was

sought from his consultant paediatrician, GP, and his school. Following the assessment in-borough recommendations were made for future offers of accommodation to ensure that he was able to remain at his current school, preventing the significant distress that a move would cause. It was also recommended that each child had their own bedroom and for there to be access to a garden access or nearby park. This family have now been housed in a Housing Association property.

- 1.8 Barnet Homes recognise that the medical recommendations should fully reflect the housing needs of our applicants. For some more complex cases, or when there is legal challenge to our decision, an external expert medical advice is sought to obtain an additional independent medical opinion.
- 1.9 The Medical Assessor can make recommendations on a number of suitability issues including:
- The Band the applicant is placed into by the investigating officer
  - Whether the applicant is vulnerable and in priority need under the homeless legislation
  - Suitability of the applicant's current accommodation
  - Suitability of offers of accommodation made to the applicant by Barnet Homes
  - The applicant's need to move to give or receive support
  - Most suitable type and location of accommodation to be offered
  - The outcome of appeals and reviews of decisions made by Barnet Homes in relation to homelessness applications, transfer applications and offers of accommodation.

In the context of any disabled children within a household the following are the most applicable:

- 1.10 **Banding Recommendation** - The Medical Assessment Team can recommend that due to the medical condition(s) of the applicant or a member of their household e.g. disabled child, they should be placed into a certain Band of the Council's Housing Allocations Scheme. This could be a recommendation to be placed in Band 1. This Band is for households who have a very urgent need to move, for example when the applicant or a

member of their household has a life threatening condition and their existing accommodation is a major contributory factor.

- 1.11 **The most suitable type and location of accommodation to be offered** – This takes into account the disruption that a move would cause to the household member, including for children the impact that a change in schools would have on them, if they are receiving support for Special Educational Needs and their current caring arrangement.
- 1.12 **Size of accommodation** - The Medical Assessor will consider a request for an extra bedroom (over and above the Council's Allocations Scheme) in certain circumstances. This includes whether sharing causes severe disruption to one of the room occupiers, for example the disruption that a child's disability has on their sibling should they share a bedroom. Barnet Homes do not automatically allocate an extra bedroom (for their sibling) if a child has a disability because of the range of factors that could interplay and it is based on an assessment of need.
- 1.13 In addition, the Housing Allocations Scheme is clear that any decision on suitability must take into account the welfare of children as under the Children's Act 2004.

#### **Case Study**

Mr and Ms T approached Barnet Homes because their current 1<sup>st</sup> floor flat had become unsuitable for their son who has a progressive neuro-degenerative condition. Their son could no longer go up and down the stairs and he had been given a wheelchair by the hospital but he could not use it in their current property because of insufficient space. In addition to the medial Self-Assessment Form, further information was gathered from relevant professionals including his consultant neurologist, school and reports including Enzymology and discharge summaries. Due to the mobility and functional difficulties and the progressive nature of their son's condition, the Medical Assessment Team recommended that the household be placed in Band 1 with the additional recommendations that future offers of accommodation should be wheelchair accessible and have a level access shower.

- 1.14 There is no direct right for an applicant to appeal against a recommendation made by the Medical Assessment Team. The recommendation will be used by the Housing Needs Officer that referred the case and their manager to come to a decision on an application for housing assistance.

- 1.15 If the applicant is not happy with their banding position, bedroom entitlement or the properties suitability they can follow the appeals procedure as set out in Section 5 of the Council's Housing Allocations Scheme.
- 1.16 The Committee also requested details on the number of families with one child under 2 years that have been permanently placed in one bedroom flats under the Scheme. Councillors should be reassured that no households with a child aged 1 or above has been nominated to a one bedroom property. In line with the Council's Housing Allocations Scheme, children aged 1 or above (including those who are 2 years old) are allocated their own room, or a shared one with a sibling, when determining bedroom size and therefore these households would be at least a 2-bedroom housing need. The Council's Housing Allocations Scheme does state that children under the age of 1 are not taken into account when determining bedroom size. This is because at such a young age they would share with their parent(s). Since the start of this financial year (2017/2018) Barnet Homes have started to track the number of 1-bedroom properties that have been let to households with children under 1. In quarter 1 of 2017/18, 9 one-bedroom properties, out of a total of 84 one-bedroom social housing lets, were allocated to households with a child under 1.

## **2. REASONS FOR RECOMMENDATIONS**

- 2.1 The Committee is asked to note the contents of this report and Appendices 1, 2 and 3 which explain how each family member including children are holistically assessed to determine their housing need. This includes a Medical Self-Assessment form for each household member, Medical Questionnaire for healthcare professionals, medical recommendations from our Medical Assessment Team and further enquires as appropriate which will inform the Housing Needs Officer's decision. This will inform where they are placed in the Council's Housing Allocation Scheme, and what additional housing recommendations which will determine what would be regarded as a suitable offer of accommodation.

## **3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED**

- 3.1 Not applicable.

## **4. POST DECISION IMPLEMENTATION**

- 4.1 Not applicable.

## **5. IMPLICATIONS OF DECISION**

### **5.1 Corporate Priorities and Performance**

- 5.1.1 The Council's Corporate Plan 2015 to 2020 is based on the priorities of Fairness, Responsibility and Opportunity. The Housing Allocations Scheme

provides a fair and transparent system by which housing is allocated in the borough, to meet the needs of its residents.

5.1.2 Through the growth and regeneration programme the Council is building more than 20,000 new homes by 2025. This will include more affordable homes which will be allocated to housing applicants.

5.1.3 Preventing and tackling homelessness is a key priority in the Council's Housing Strategy 2015 to 2025.

## **5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)**

5.2.1 There are no resource implications presented by the recommendation.

## **5.3 Social Value**

5.3.1 Having consideration to the Public Services (Social Value) Act 2013, there are no specific social value considerations arising out of this report.

## **5.4 Legal and Constitutional References**

5.4.1 The Housing Allocations Scheme enables the Council to meet its homelessness duties under Part VI and Part VII of the Housing Act 1996. The holistic assessment that takes place for each family member ensure that any offer of accommodation made to end the Council's duty is suitable for all members of the household.

5.4.2 Constitution, Part 3, Responsibility for Functions, Appendix A sets out the terms of reference of the Housing Committee. This includes Housing Strategy (Incorporating Homelessness Strategy) and working with Barnet Homes to ensure the optimum provision of housing and associated facilities for those who require social housing.

## **5.5 Risk Management**

5.5.1 This report seeks no decision from the Committee and the recommendation does not present any additional risks.

## **5.6 Equalities and Diversity**

5.6.1 In August 2017 a full Equality Impact Assessment was undertaken on the Council's Housing Allocations Scheme. In light of its findings, minor amendments were made to the Housing Allocations Scheme to ensure that the Council has paid "due regard" to:

- Eliminate unlawful discrimination, harassment and victimisation and any other conduct prohibited under the Equality Act 2010,

- Advance equality of opportunity between people who share a protected characteristic and people who do not share it; and
- Foster good relations between people who share a protected characteristic and people who do not share it.

5.6.2 The Equality Impact Assessment found that there are sufficient mitigations in place for applicants, or members of their household, with one or more of the nine protected characteristics who may be directly or indirectly discriminated against by the Housing Allocations Scheme. As part of the Council's public sector duty we must have specific due regard to individuals with protected characteristics – including people with a disability, pregnancy and maternity (regarding parents with children under 1).

5.6.3 Examples of special consideration include discretion being applied to give the flexibility to place applicants in a higher band in exceptional circumstances, including when an applicant has housing recommendations. For example when Barnet Homes' medical team recommend a fully accessible wheelchair property which is unlikely to be met in general needs housing. In addition, parents who have recognised caring responsibilities for their disabled child will be awarded with a Community Contribution that gives the households additional preference for housing by being banded in Band 2.

## 5.7 **Consultation and Engagement**

5.7.1 No consultation is required.

## 5.8 **Insight**

5.8.1 Not applicable.

## 6. **BACKGROUND PAPERS**

6.1 None





## Appendix 1: Self-assessment form for medical and special needs

Housing Needs Officer:	QL number:
Applicant's Name:	Date of Birth:

Barnet Homes takes ill health and disability into account when deciding priority for housing. Priority indicates the extent to which your current housing or homelessness adversely affects your health. Priority is not automatically awarded because of ill health or its severity.

Please complete this form if you think that your health or the health of someone living with you is affected by your housing. Use a separate form for each person whose health or development is being affected. **If you do not have a housing needs officer, please contact the housing needs team on 0208 359 4797 to discuss your case before proceeding.**

Our Medical Advisers will consider all the information you provide. Please do not at this time ask your GP to write a supporting letter. Please send us copies of any hospital discharge letters, therapy reports or specialist letters you may have received in the last 12 – 18 months where possible. If the Adviser needs more information we may contact you or any of the professionals involved in your care. We need your permission to do this, which you can give by completing and signing the declaration on the last page of this form.

**Name of person needing medical assessment:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Postcode:** \_\_\_\_\_

**Contact number:** \_\_\_\_\_

### Data Protection Act 1998

Under the terms of the Data Protection Act 1998 you have the right of access to your personal information, and where appropriate to have them corrected or deleted. In order to protect public funds, we may use information provided on this form to prevent and detect fraud. We may also share this information with other public bodies administering funds solely for this purpose. We are registered with the Office of the Information Commissioner and comply with all Data Protection principles in relation to the personal data we hold.

**1. Please describe your current medical problems**

<b>Medical condition[s]:</b>	
<b>When did it/they start?</b>	
<b>Tell us what treatment you receive.</b> <b>Tell us what medicines you are on and the dosage.</b> You may find it easier to give us a copy of your prescription. If you do so, please say 'see attached prescription'.	

Please add extra pages if you need to.

**2. Please briefly describe how your problems affect your life: (please write clearly)**

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**3. Special needs:**

<b>Do you have special needs due to: (Please tick and write any comments)</b>			
	<b>Yes</b>	<b>No</b>	<b>Comments:</b>
Disability?			
Sensory impairment?			
Are you registered disabled/blind/partially sighted?			If so, since when and with which local authority?
Mental illness/Mental health problems?			
Are you/have you been in hospital under a section of Mental Health Act?			If so, when and where?
Drug and alcohol addiction?			
Learning disability?			

Please add extra pages if you need to.

**4. Mobility problems** *(Please tick and write any comments)*

	Yes	Comments [including who gave you the equipment and when]
Do you need to use a wheelchair indoors?		
Do you need to use a wheelchair outdoors?		
Do you need to use a wheelchair all the time?		
Do you need to use a wheelchair occasionally?		
Do you use any other mobility equipment?		Please tell us the type of equipment you have and when you use it.

<b>Do you have any problems with walking?</b> <i>(Please tick one box only and write any comments)</i>		
		Comments:
I do not have a problem		
I have a slight problem		
It is difficult for me to walk		
I cannot walk at all		Why?

<b>Do you have any problems with walking up/down stairs?</b> <i>(Please tick one box only and write down any comments)</i>		
		Comments:
I do not have a problems with stairs		
I have a slight problem with stairs		
Stairs are difficult for me		
I cannot walk up/down stairs		Why?

On an average day, how many stairs can you manage?				
How many stairs are there to the front door where you live now?			Is there a lift?	
Is your accommodation all on one level?	Yes	No	How many levels?	
What rooms are on the ground/lowest floor?				
What rooms are on the next floor?				
What rooms are on the top floor?				
If more than one level, how many stairs are there to the following rooms from the ground/lowest floor?				
Toilet		Kitchen		Your bedroom
Bathroom		Living room		Other [please tell us]

**5. Do you have any problems using a lift due to your medical condition?** Supporting information is usually required. *(Please tick and write any comments)*

Yes	No	Comments:

**6. Do you receive Disability Living Allowance or Personal Independence Payment?**

Yes  No

If yes, please tell us what component you receive and at what rate.

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**7.**

**Do you have any problems with height due to your medical condition?** Supporting information is usually required. *(Please tick and write any comments)*

Yes	No	If yes, what treatment are you on if any?

**8. Daily activities:**

**For us to assess how your medical condition affects your daily life, please tick the appropriate column and write any supporting information, where:  
0= on my own. 1= on my own but with difficulty. 2= I need assistance. 3= unable to do.**

Daily activities	0	1	2	3	Comments: e.g. type of equipment
Going to work					
Going to school/college					
Going outside					
Using public transport					
Shopping					
Managing family responsibilities					
Handling bank/finance/benefits					
Doing housework (laundry, cooking, cleaning)					
Using kitchen & preparing meals					
Getting into & using the bathroom					
Getting into & using the toilet					
Getting into & using the lift					
Getting in/out of a car					
If you receive assistance, please tell us who assists you.					

Are you in employment? \_\_\_\_\_

What is your current occupation? \_\_\_\_\_

**9. Please explain how your present accommodation or homelessness affects your health:**

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10. If you have a physical disability would any repairs or adaptations to your home make it suitable for you to remain there? For example bathroom aids, wheelchair ramps, heating, shower, stair rail, stair lift.

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11. Do you drive a car? (Please tick appropriate column)

Yes – Regularly	<input type="checkbox"/>
Yes - Occasionally	<input type="checkbox"/>
No	<input type="checkbox"/>

12. Do you have access to a car? (Please tick appropriate column)

Yes – Regularly	<input type="checkbox"/>
Yes - Occasionally	<input type="checkbox"/>
No	<input type="checkbox"/>

13. Please tell us about your GP and hospital doctors [use extra paper if necessary].

<b>GP's name:</b>	
Address of surgery:	
Surgery telephone number:	
How often do you see the GP?	

<b>Hospital</b>	
Which hospital:	
Which department:	
Doctor's name:	
Date of last visit:	
Date of discharge:	
How often do you visit the hospital	
<b>Hospital</b>	
Which hospital:	

Which department:	
Doctor's name:	
Date of last visit:	
Date of discharge:	
How often do you visit the hospital	

**14. Please complete all sections for each support service you receive.**

<b>Support Services</b>	<b>Contact Name</b>	<b>Address/Telephone</b>	<b>Frequency of Contact</b>
Psychiatrist			
Psychologist			
Community Psychiatric Nurse/ Mental health Social Worker			
District Nurse /Health Visitor			
Physiotherapist			
Occupational Therapist			
Social Worker			
School Contact [please specify occupation]_____			
Support officer			
Home Care Worker			
Welfare Officer			
Counsellor			
Relative/Carer			

**15. Are there any exceptional circumstances we need to consider as we assess your housing need? Please tell us about any special care arrangements, or any need to live near particular medical facilities. Please provide as much detail as you can.**

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**16. Care plan**

Do you have a care-plan? <i>(please tick)</i>	<b>Yes</b>		<b>No</b>		If yes, please provide a copy of your current care plan.
Care Plan Co-ordinator's name:					
Care Plan Co-ordinator's address and telephone number:					

**17. Please explain how you feel re-housing will help improve your health:**

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**18. Declaration – [This section must be completed].**

I declare that the information given here is true to the best of my knowledge. I also understand that if I have deliberately made a false or misleading statement, legal action could be taken against me. I hereby give consent for my GP/hospital or other health/social care worker to release information to Barnet Homes.

\_\_\_\_\_  
Name: \_\_\_\_\_ *(Please print your full name)*

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If you are completing this form on behalf of someone, please give your details below:**

\_\_\_\_\_  
Name: \_\_\_\_\_ Mr/Mrs/Miss/Ms/Dr: \_\_\_\_\_

Relationship to the applicant: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



2. If applicable, peak flow values taken in the last 6 – 12 months:

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Please tell us if your patient or anyone in their household is a smoker:

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3. If the patient is attending hospital or seeing a specialist, please give the name, department and hospital.

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4. In your opinion, is the patient's present physical/mental health/development or welfare affected adversely by their present accommodation or by their homelessness? *It is important that you explain your reasons, e.g. danger of falling, danger to self and/or others, disorientation/wandering*

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5. **Complete only if homeless or threatened with homelessness.** The test for whether an applicant is **vulnerable** is:

'Whether the applicant is, when homeless, less able to fend for him/herself than an ordinary homeless person so that injury or detriment to him/her will result when a less vulnerable person would be able to cope without harmful effects'.

**In your opinion is the patient vulnerable? Please give your reasons.**

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6.

Does the medical condition cause any problems for the patient walking on flat ground? (Please tick <b>one only</b> and write down any comments)		
		<b>Comments:</b>
Does not have a problem		
Has a slight problem		
It is difficult to walk		
Cannot walk at all		

Does the medical condition cause any problems for the patient walking up stairs? (Please tick <b>one only</b> and write down any comments)		
		<b>Comments:</b>
Does not have a problem with stairs		
Has a slight problem with stairs		
It is difficult to climb stairs		
Cannot walk at all up stairs		

7.

Does the patient have any problems using a lift due to the medical condition? (Please tick and write any comments including treatment they are on)		
Yes	No	Comments:

Does the patient have any problems with heights due to their medical condition e.g. vertigo? Supporting information is usually required. (Please tick and write any comments)	
Yes	Comments:

8. **Daily Activities:**

**In your medical opinion does your patient have difficulty in undertaking daily activities? Please complete the table below where:**

(0) = He/she can perform the activity on their own. (1) = He/she is able to carry out the activity on their own but with difficulty. (2) = He/she needs assistance from other people. (3) = He/she is unable to carry out the activity even with assistance.

Daily Functions	0	1	2	3	Comments
Going to work					
Going to school/college					
Going outside					
Using public transport					
Shopping					
Managing family responsibilities					
Handling financial responsibility [rent/bills/benefits]					

Doing housework (laundry, cooking, cleaning)					
Ability to use kitchen & preparing meals					
Getting into & using the bathroom					
Getting into & using the toilet					
Getting into & using the lift					

**9. Does your patient have a Care Plan? Please give details and any known service involvement.**

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**10. Has your patient been recently involved with any therapy or rehabilitation service? Please tell us where, when and why.**

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**11. If you are able to attach copies of any relevant reports, please do so and tell us here. If you wish to make further comments e.g. on a significant need to be housed near a particular hospital/clinic or care provider, please do so here. Thank you.**

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Applicants may have access to personal information held about them on their file unless disclosure would serious harm to their physical or mental health or that of another person. Can you advise us whether disclosure would cause serious harm?

**Declaration 1** This information **can** be released to the applicant without serious risk to their health or the health of another. \_\_\_\_\_ (*tick*)

**Declaration 2** This information **cannot** be released to the applicant as to do so would constitute a serious risk to their health or that of another \_\_\_\_\_ (*tick*)

**Declaration 3** I cannot at this stage determine whether disclosure would cause risk. Please ask again if patient requests access to information. \_\_\_\_\_ (*tick*)

Signature:

Date:

Print Name:

Stamp:

Position and Organization:

**Thank you.**

# Suitability

Client Name:						
<b>Employment</b>	<input type="radio"/> 0	<input checked="" type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
<b>Education</b>	<input type="radio"/> 0	<input checked="" type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
<b>Medical</b>	<input type="radio"/> 0	<input checked="" type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
<b>Care Giving</b>	<input type="radio"/> 0	<input checked="" type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
<b>Care Receipt</b>	<input type="radio"/> 0	<input checked="" type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
<b>Childcare</b>	<input type="radio"/> 0	<input checked="" type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
<b>Other</b>	<input type="radio"/> 0	<input checked="" type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
<b>Child Welfare</b>	<input type="radio"/> 0	<input checked="" type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
<b>Affordability</b>						

Employment	<input type="checkbox"/> Weekly	Details	<input type="checkbox"/> Monthly
Who in the household is in employment?			
Occupation			
Contract Type			
Name of Employer			
Employers Address			
Employers Contact Number			
Earnings	£		
What hours do they work?			
How do they get to work?			
How long have they worked in this position?			
What is the significance of rehousing on this employment?			

Education	Details
Who is the household in education?	
Name and Address of School	
School Contact Number	
Type of School?	
What school year are they in?	
Is it an exam year?	
Do they do extra curricular activities?	
Do they have special educational needs?	
How do they get to school?	
Other relevant information?	
What is the significance of rehousing on this persons education?	

Medical	Details
Who in the household has a medical condition?	
What medical condition?	
Do they receive specialist treatment?	
What other support do they receive?	
How often do they receive this support?	
Support Contact Details	
Other relevant information?	
How does rehousing affect this persons health?	

Care Giving	Details
Who in the household provides care for someone else?	
Who do they care for?	
What is the address of the person they care for?	
Contact Details of Care Receiver	
What type of support do they give?	
How often do they support them?	
Who else is involved in the care?	
Other relevant information?	
How does rehousing affect this persons ability to provide care?	

Care Receipt	<input type="checkbox"/> Statutory	<input type="checkbox"/> Non-Statutory	Details
Who in the household receives care?			
What support are they receiving? (please select)			
Who cares for them?			
What is the address of the person who cares for them?			
Phone number of carer			
What type of support do they receive?			
How often do they receive care?			
Is anyone else involved in their care?			
How does rehousing affect the care this person receives?			
Is it reasonable / possible to receive the support out-of-Borough?			
Does anybody receive caregivers allowance on your behalf?			

Childcare	Details
Are there any childcare arrangements? (i.e. After School Clubs, Child Minder (please specify paid or unpaid), Family etc.)	
Other	Details
Are there any other issues that may impact on the suitability of any offer of property? (E.g. Religion, Domestic Violence, Harassment, MAPPA)	No
Child Welfare	Details
Are there any Social Services involvement? If so, please state if Child in Need / Child Protection and length of involvement.	
Is the child subject to supervised contact or custody arrangement? If so, please give details.	
Are there any other factors that are in need of consideration in regards to the child / children's welfare?	
Is there any detrimental impact on the welfare on the child if they were to move out of the borough?	
Managing Expectation	Details
Are you aware that you may need to move out of the Borough (please state the current availability of housing to manage the clients expectations)	<input type="checkbox"/> YES <input type="checkbox"/> NO