**Vulnerability Assessment Tool – Former Members of the Armed Forces**

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, or with whom such a person resides or might reasonably be expected to reside.

The test will be applicable to single people, a couple without children, or a family with non­dependent adult children or other household members.

Please complete the following three sections, in order to fully assess their vulnerability:

1. Establish the Customers support needs.
2. Assess the Customers ability to manage the consequences of experiencing homelessness.
3. What ability do they have to manage by themselves and with the help of others?

Establishing the Customer’s Support Needs and Identified issues

Examples of possible support needs or issues that you need to know about that are likely to be relevant to your assessment of the applicant’s priority need are the applicant’s age, mental health, depression, physical disability, learning disability, immaturity, risk of sexual and financial exploitation, offending history, care history, lack of financial resources, drugs, alcohol use, substance misuse, time spent in the Armed Forces, and low IQ.

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| **Accommodation Status** | |
| Is the customer sofa surfing or sleeping rough, and if so for how long? |  |
| How many nights have they slept rough/sofa surfed over the last week? Where was this and how frequently? |  |

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| If rough sleeping, have outreach confirmed contact and support for the customer? |  |
| **Physical Health** | |
| Does the customer have any physical health issues?  Please list. |  |
| Details of any treatment/medication and from which service?  Provide full names and any dosage/frequency of treatment. |  |
| Contact details of any medical professionals working with the customer |  |
| Details of diagnosis and prognosis. |  |
| Are they currently under investigation or awaiting further appointments? |  |
| **Mental Health** | |
| Does the customer suffer with any mental health issues?  Has this condition been diagnosed and how long has it affected them? |  |
| Any treatment/medication and from which service is this received?  Provide full names and any dosage/frequency of treatment. |  |
| Contact details of any medical professionals working with the customer |  |
| Details of diagnosis and prognosis. |  |
| Are they currently under investigation or awaiting further appointments? |  |
| **Substance Misuse and Addiction** | |
| Does the customer have a history of alcohol or drug abuse? (Including prescribed drugs) |  |
| Are they currently using alcohol/drugs, and if so, how frequently and at what quantities per day/week? |  |
| Are they receiving any treatment of support in relation to the substance misuse? |  |
| Please provide contact details of any support. |  |
| How well are they engaging with support and progress on addressing the substance misuse? |  |
| **Welfare Support and Health Assessments** | |
| Is the customer in receipt of ESA/PIP/DLA currently? How long has this been in payment? |  |
| Have they been assessed by DWP recently?  Request a copy of any DWP assessment such as PIP decisions. |  |
| Does anyone claim welfare support to be their carer? If so, provide details.  Does the customer claim welfare for anyone else? If so, provide full details. |  |
| **Offending History** | |
| Has the customer spent any periods in custody?  Provide details in relation to dates and duration. |  |
| Are they receiving support from any criminal justice agency? |  |
| When were they last released from custody and have they been able to obtain and maintain any accommodation since then? |  |
| What support networks are in place? (formal and informal). |  |
| **History of Armed Forces Service** | |
| Has the customer served in the Armed Forces (Army, Navy, Air Force)? |  |
| Length of time the customer spent in the Armed Forces?  (Although a short period of service does not mean that the applicant is not vulnerable). |  |
| What type of service where they engaged in?  (Those on active service may find it more difficult to cope with civilian life) |  |
| Was any time spent in a military hospital?  (This could be an indicator of serious health problem or post-traumatic stress) |  |
| Did the HM Forces medical and welfare advisers judge them to be particularly vulnerable and issued a Medical Release Form providing a summary of the circumstances causing vulnerability? |  |
| Length of time since they left the Armed Forces and whether they have been able to obtain and maintain accommodation during this period of time. |  |
| What support networks are in place? (Formal and informal) |  |

Assess the Customer’s Ability to Manage/Cope if They Were Experiencing Homelessness

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| **Daily Activities and Social Contact** | |
| What is a typical day like?  (Employment, hobbies, responsibilities, shopping, contact with families, friends) |  |
| Does the customer receive support from any friends and family?  What support is provided and how frequently? |  |
| **Support Services** | |
| Does the customer have any support from any agencies or groups? (This could be drop in meetings, regular appointments, ongoing support)  Please provide details including frequency and describe how the support helps them. |  |
| Any treatment/medication and from which services?  (Provide full names and dosage, and frequency of treatment) |  |

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| **Mobility, Accessing Services, and Managing Finances** | |
| How does any physical or mental impairment impact upon their daily lives?  (Shopping, dressing, bathing, accessing services, seeing friends) |  |
| How do they manage their income?  (Bank accounts, debit card? Does anyone support them with this?) |  |
| If in receipt of benefits is the claim up to date?  Are there any sanctions in place? Why? |  |
| **Reasons for Experiencing Homelessness/Repeat Homelessness** | |
| If currently homeless when did the customer last hold settled accommodation? |  |
| Have they previously accessed hostels or supported accommodation previously?  What were the reasons for leaving/losing this? |  |
| How did they secure accommodation previously? |  |

What Ability Do They Have to Manage by Themselves and With the Help of Others?

Encourage the customer to describe the affect their condition has on them on a day-to-day basis

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| **Their Symptoms, Severity, and Managing the Condition** | |
| What are their symptoms? |  |
| How severe are these symptoms? (Low, mild through to acute, and incapacitating).  How do the symptoms impact their daily life?  Hospital admissions – or referrals to secondary services? |  |
| Does treatment help with symptoms?  If not, have they consulted with a GP? |  |
| Mental health – if suffering with depression how has the current homelessness impact upon the condition?  Are they able to function during a depressive episode? |  |
| Have then become suicidal recently or in the past? |  |
| Have they ever self-harmed?  Is this a current issue? |  |
| Other relevant considerations? |  |