

EASTERN HUB - Homeless Assessment Form

Referral to:		Assessment Date and Time:	
Agency completing referral		Completed By & Contact Details	
Client Forename AKA		Surname	
Date of Birth		Gender	
National Insurance No.		Contact number	
Next of Kin & Contact details		Single or couple? If couple, who is your partner	
Current situation:			How long?
Is the client new to rough sleeping? (i.e.-Is this the first time they have ever rough slept?)			Yes No
If NO: - Is this the first time that the client has slept rough in this area?			Yes No
- Has the client returned to rough sleeping in this area after sustaining accommodation for longer than 6 months?			Yes No
Do you have a local connection?	Yes (Please circle one) Exeter East Devon Mid Devon		No Where?
	Details:		
What date and time did you arrive here?		Why and how did you come here?	
Where previously have you engaged with services?		Are you equipped for rough sleeping?	
		Where are you rough sleeping?	
Do you have a pet/pet's? If Yes details:		Is it/they registered, chipped, vaccinated? If not please refer to the Dogs Trust *	Yes* No
			<i>*A copy of the relevant Documentation is required. Please attach.</i>
Are you Ex Services? Service Number: Squadron Info:		Have you been in LA care? If Yes, when and where	
Do you have ID? Birth certificate, Adoption papers, Marriage certificate, passport, driving licence, utility bill etc If No, would you like support to get some?			

HOUSING/ROUGH SLEEPING HISTORY							
Last settled accommodation	Hostel <input type="checkbox"/>	B&B <input type="checkbox"/>	Squat <input type="checkbox"/>	Private Rented <input type="checkbox"/>	Family/Friends <input type="checkbox"/>		
Detox/Rehab <input type="checkbox"/>	Prison <input type="checkbox"/>	Supported Housing <input type="checkbox"/>	Council / Housing Association <input type="checkbox"/>	Hospital <input type="checkbox"/>	Other <input type="checkbox"/>		
Accommodation History (last 5 years if possible)							
Date from	Date to	Type & location of Accommodation	Reason for Leaving i.e eviction, family breakdown, discharge etc				
Any additional Information	Is the client registered on Devon Home Choice: Y/N (What band)						
Income and Benefits							
Are you in receipt of any benefits or income? (weekly, fortnightly, monthly)	Income £..... W/F/M	ESA £..... W/F/M	JSA £..... W/F/M	INS £..... W/F/M	DLA £..... W/F/M	Big Issue £..... W/F/M	Other £..... W/F/M
Location of Benefits office							
Date of last payment		Paid into Bank Account or GIRO?					
Priority Debt	Priority Debt outstanding to:						Amount £
Non Priority Debt	Outstanding to: Amount £		Do you have any difficulties with money, budgeting, gambling?				

Physical Health Information		
Are you registered with a GP?	Yes	No
If yes, where and contact number and/or address		
Do you have any current physical health problems and/or are on prescribed medication?	Yes	No
Brief Details		
Any Blood Born Virus information: e.g. Hep B/C, HIV		
Mental Health Information		
Have you experienced Mental Health Difficulties?	Yes	No
If yes brief details		
Has this been diagnosed?	Yes	No
Are you involved with Mental Health Services/CPN?	Yes	No
Details:		
Are you currently receiving any medication and/or treatment for mental health difficulties?	Yes	No
Details:		
Have you ever been under a Mental Health section? If yes, please provide details, where and when?		
Substance Misuse Information		
Do you use drugs and/or alcohol?	Yes	No
Do you use legal highs?	Yes	No
If yes, please give details such as type, quantity, regularity, combinations etc		
Any problematic behaviour whilst under the influence?		
Are you working with any drug/alcohol support services?	Yes	No
If yes, details, if no do they want to be?		
Do you have a history of the above? Dates:		

Legal Information	
Any warrants Outstanding?	Yes No
Details:	
Are you on Bail, Supervision Order or due to appear in court?	Yes No
Details:	
Are you registered with probation?	Yes No
Details:	
Are you registered with MARAC or MAPPA?	No Yes: Details
Total Number of convictions	
Have you ever been convicted of a serious violent offence?	No Yes: Details (incl. dates)
Have you ever been convicted of an Arson Offence?	No Yes: Details (incl. dates)
Have you ever been convicted of a sexual offence?	No Yes: Details (incl. dates)
Most recent conviction and general detail of Previous Convictions	
Number of custodial sentences	
Brief outline of these	
Prison Number and Release date (if applicable)	Prison Number: Release Date:

Outcomes and Close down

Reason for Closedown		Date of Closedown	
Accommodated	Hostel	Supported Accom	Private Rented
	Hospital	HMP	With Employment
Moved on to another area	Details:		
Reconnected	Details:		
Returned to previous situation i.e. Family/relationship reconciliation	Details		
Employment/ volunteering			
Prevention i.e. NTQ rescinded/evoked			

Profile Information
(please tick)

Male <input type="checkbox"/>	Under 26 <input type="checkbox"/>	UK Client <input type="checkbox"/>
Female <input type="checkbox"/>	Over 50 <input type="checkbox"/>	EEA Client <input type="checkbox"/>
		Non-EEA Client <input type="checkbox"/>
Mental Health Difficulties <input type="checkbox"/>	Drug Misuse <input type="checkbox"/>	Criminal Justice History <input type="checkbox"/>
Physical Health Difficulties <input type="checkbox"/>	Alcohol Misuse <input type="checkbox"/>	Employment History <input type="checkbox"/>

1. Interagency Consent to Share

It has been explained to me that information about me such as health, welfare and housing needs, may need to be shared between different agencies in order to help me access appropriate services. I understand that any information divulged will not be shared outside the authorised organisations, *unless* there is an identified risk to yourself, others or property.

DWP / Benefits Agency / Employment	YES	NO
Your GP / Health Services	YES	NO
Mental Health Services	YES	NO
Voluntary & Statutory Drug and Alcohol Agencies	YES	NO
Your Local Authority Housing Advice Team*	YES	NO
*please state where you are currently registered		
Shilhay / Esther Community / BCHA (Acc. Providers)	YES	NO
Probation Services / PORCH / Police	YES	NO
St Petrock's	YES	NO

Other (please list and ask client to counter sign).....

.....Client signature:

Where we are informed of additional agencies at a later date, a new consent form must be completed and signed.

Name.....

Signature.....

Date.....

2. Consent to share information on INFORM database

The INFORM database has been explained to me, and that information may be recorded and shared between different agencies across Devon and Cornwall in order to help me access appropriate services.

Name.....

Signature.....

Date.....

Risk Assessment

GENERAL INFORMATION

Full Name:		D.O.B.	
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A1. Risk of Harm to Others (Violence & Abuse):	Yes	No	Don't Know	FURTHER COMMENTS (inc. known triggers)
1. Current behaviour/demeanour is threatening or abusive				
2. Previous incidents of violence or physical aggression				
3. Expressing intent to harm others				
4. Evidence of intent to harm others (e.g. keeps weapons or knives etc)				
5. Poor engagement with services and/or concern expressed by others.				
6. Poor engagement with care plan				
7. History of drug/alcohol misuse				
8. Custodial sentences or arrest for violent behaviour				
9. Previous history of abusing others (see also section A2).				
10. Close associates/pets known to be aggressive				
RISK	Significant & Volatile (High)		Significant but Stable (Medium)	Low/Minimal (Low)

A2. Risk of Harm to Others (Sexual Offences)	Yes	No	Don't Know	FURTHER COMMENTS (inc. known triggers)
1. Previous History of Offending or Sexually Inappropriate Behaviour				
RISK	Significant & Volatile (High)		Significant but Stable (Medium)	Low/Minimal (Low)

B. Risk of Self-Harm/Suicide:	Yes	No	Don't Know	FURTHER COMMENTS (inc. known triggers)
1. Current suicidal thoughts				
2. Current self-harming behaviour				
3. Feelings of Hopelessness/Helplessness/Loss of Control/Isolation				
4. Recent significant life events				
5. Alcohol use				
6. Drug use				
7. Poor engagement with statutory services/concern expressed by others				
8. Previous self-harming behaviour				
9. Previous suicide attempts				
10. Mental Health issues				
RISK	Significant & Volatile (High)		Significant but Stable (Medium)	Low/Minimal (Low)

C. Risk of Damage to Property	Yes	No	Don't Know	FURTHER COMMENTS (inc. known triggers)
1. History of arson				
2. History of Vandalism or significant damage to buildings				
RISK	Significant & Volatile (High)		Significant but Stable (Medium)	Low/Minimal (Low)

D. Risk of Self-Neglect/Vulnerability to Abuse	Yes	No	Don't Know	FURTHER COMMENTS (inc. known triggers)
1. Failure to eat/drink properly (inc eating disorders)				
2. Socially/Culturally Isolated				
3. Poor Personal Hygiene				
4. Inappropriate clothing				
5. Lack of daily occupation				
6. Evidence of failure to seek medical attention for ill health/addiction or concerns about ability to look after health needs				
7. Financial difficulties in meeting basic needs				
8. Learning Difficulties/Disabilities or other inability to express needs				
9. Poor awareness of personal safety/safety of valuables				
10. Poor ability to look after cleanliness and safety of home				
12. Poor engagement with services and/or concern expressed by others				
13. Previously subjected to violence, harassment, abuse or death threats from close family/others or weapons have been used against them				
14. Subject of current/recent MARAC (domestic violence)				
RISK	Significant & Volatile (High)		Significant but Stable (Medium)	

Client's & workers perceptions of any risks identified	
Section	Summary of Client's Perception of Risk

DECLARATION					
Signature of Person Completing Form:				Date:	
Name		Organisation		Signature	
Signature of Client (if applicable)					
Name		Signature		Date	
Tick if the Client refuses to sign or is not present to sign this assessment and give brief reason below:					

EQUAL OPPORTUNITIES

To help monitor equality and access to housing, would you please provide the following information:

1. Are you:

Male: Female: Transgender:

2. Do you consider yourself to have a disability?

Yes / No

If yes, what is the nature of your disability?

Physical Impairment	Wheelchair User	<input type="checkbox"/>
	Mobility Impairment	<input type="checkbox"/>
	Other	<input type="checkbox"/>
Sensory Impairment	Sight	<input type="checkbox"/>
	Hearing	<input type="checkbox"/>
	Other	<input type="checkbox"/>
Mental Impairment	Learning disability	<input type="checkbox"/>
	Other	<input type="checkbox"/>
Are you registered disabled?	Yes / No	<input type="checkbox"/>

3. How would you describe yourself? (please tick one box)

White:	British	<input type="checkbox"/>
	Irish	<input type="checkbox"/>
	Any other White background	<input type="checkbox"/>
Asian or Asian British:	Bangladeshi	<input type="checkbox"/>
	Indian	<input type="checkbox"/>
	Pakistani	<input type="checkbox"/>
	Any other Asian background	<input type="checkbox"/>
Black or Black British:	African	<input type="checkbox"/>
	Caribbean	<input type="checkbox"/>
	Any other Black background	<input type="checkbox"/>
Chinese:		<input type="checkbox"/>
Mixed:	White and Asian	<input type="checkbox"/>
	White and Black African	<input type="checkbox"/>
	White and Black Caribbean	<input type="checkbox"/>
	Any other mixed background	<input type="checkbox"/>
Any other Ethnic Group:	<input type="checkbox"/> Please specify	

4. Please indicate the main religion of your household:

Baha'i	<input type="checkbox"/>	Hinduism	<input type="checkbox"/>	Scientology	<input type="checkbox"/>
Buddhism	<input type="checkbox"/>	Islam	<input type="checkbox"/>	Shinto	<input type="checkbox"/>
Christian	<input type="checkbox"/>	Jainism	<input type="checkbox"/>	Sikhism	<input type="checkbox"/>
Confucianism	<input type="checkbox"/>	Judaism	<input type="checkbox"/>	Zoroastrian/Parsi	<input type="checkbox"/>
Daoism	<input type="checkbox"/>	Rastafarianism	<input type="checkbox"/>	Other	<input type="checkbox"/>

5. How would you describe your sexual orientation

Opposite sex
 Same sex
 Both sexes

6. Declaration

I agree this information may be kept and used to help you to monitor and develop services that ensure full equality of opportunity.

OR

I would prefer not to give this information

Signed

Dated.....

This assessment has been developed in partnership with the following organisations



Exeter City Council



The Shilhay Community would like to thank all agencies involved in developing this assessment.

Please return your completed forms (if applicable) by post, email or fax to;

The Street Homeless Outreach Team (SHOT) BCHA
C/O Gabriel House
10 Smythen Street
Exeter
EX1 1BN

Email: AdrianStaegemann@bcha.org.uk (please mark 'Confidential FAO SHOT')
Telephone: 01392 278551 **Fax:** 01392 438326

Homelessness Risk Impact Assessment Version April 2013

Name:

Category	0	1	2	3	4	5	Score
Homelessness	No Issue	Sofa surfing	Notice to quit/possession notice issued. Asked to leave by parents/friends.	Sofa surfing and rough sleeping. Move on from supported accommodation. Landlord has initiated bailiff action. In temporary accommodation.	Discharge from hospital or release from prison	Rough Sleeping	
Income and financial status	No Issue	Working/claiming all entitlements with non-priority debt issues requiring agency intervention.	Not claiming all entitlements. May have non-priority debt requiring agency intervention.	No income, no claims in situ. Needs urgent help to maximise income.	Priority debt(s), requiring agency intervention	Priority debt(s) needing urgent agency intervention, which includes rent arrears – putting tenancy at risk	
Mental and emotional health (MH)	No issue	Current or recent MH difficulty and/or prescribed meds but currently stable&managed by GP or other service. Stress of situation affecting ADL.	Current or recent MH not currently stable but engaged with GP or MH service. Low risk of harm to self/others. Stress of situation significantly affecting ADL++	Current MH difficulty, not currently engaged or patchy engagement with GP or other MH service. MH deteriorating, MH intervention would be helpful. Low/med risk of harm to self/others.	Current or recent MH (within last 12mths) behaviour suggests med/high risk to others. Recent inpatient hosp. admission or discharge. Engaged with services& care co-ordinator	Current MH difficulty. Behaviour suggests a med/high risk of harm to self/others. Not engaging with health services, with or without a care co-ordinator. Regular user of A&E, crisis health services.	
Physical Health (PH)	No Issue	Recent or current PH issues maybe prescribed meds, currently stable and managed by GP or other services	Chronic PH issues, managed by GP and or secondary care	Acute or chronic PH not stable requiring intervention from GP/Outpatient/Hospital	Regular user of A&E, Crisis or Inpatient Services for acute /chronic PH problems Low self-care/poor diet	Requires treatment or hospitalisation for physical health problem.Failure to seek attention or not engaging with services or early self-discharge	
Learning, understanding or Communication difficulties	No Issue	Require some support in understanding forms/agency roles&available assistance. Some advocacy required.	May require support in keeping/attending appointments or help in articulating needs to other agencies.	Difficulty reading/writing or comprehending documents/forms. Dyslexia or supported by Special Ed facility in past – may only seek help with paperwork when in a crisis	May lack insight into learning or communication difficulties.No formal diagnosis made or sought.Reluctance or inability to engage with supportive interventions	Diagnosed LD e.g. (Autism, Asperger’s, ADHD or other). Communication or behaviour requires additional support or presents a risk to others	
Substance Misuse or other addiction	No Issue	History of drug, alcohol (substance misuse) or other addiction =< last two years	History of addiction/misuse =< 12mths or move on from supported/rehab accomm. Currently stable & engaged with services	History of or current addiction/ misuse =< 12mths or move on from supported/rehab accomm. Not engaged with services, w/wo problematic behaviour	Current/recent misuse in past 6 months, requiring intervention, occasional lapses and/or problematic behaviour but engaged with services.	Current/recent misuse, not currently engaged with services, chronic dependency/history of non-engagement with services and/or Dual diagnosis	
Offending and/or Anti-Social Behaviour	No Issue	Historical police cautions, criminal convictions etc as an adult or significant juvenile offences	Historical police cautions or convictions within last 5 years for less serious offences, drunk and disorderly/incapable, section 5 public disorder act.	Difficulties in securing accommodation or loss of accommodation due to anti-social behaviour, criminal convictions, prison sentences or historical violent related incidents within last 5 years	Current or recent (within last five years) Probation/Supervision order ABC/ASBO Problematic street behaviour,known violent behaviour/convictions	Recent prison sentence (within last year)/conditions on release - Tag/curfew/order. Schedule 1, prolific offender, any arson or drug supply conviction (within last ten years	
Engagement with frontline services	No issue	Usually keeps appointments and routine activities; usually complies with reasonable requests; involved in tenancy/treatment	Usually keeps appointments and routine activities; usually complies with reasonable requests; involved in tenancy/treatment but needs support, reminding and encouraging	Follows through some of the time with daily routines or other activities; usually complies with reasonable requests; is minimally involved in tenancy/treatment	Non-compliant with routine activities or reasonable requests: does not follow daily routine, though may keep some appointments.	Does not engage at all or keep appointments	
Risk to self/others or form others	No issue		Minor concerns about risk of self-harm/suicide. Minor concerns about unintentional/accidental risk to self. Minor ASB. Minor concerns about risk of abuse/exploitation from others/society	Definite indicators of risk of deliberate self-harm/suicide attempt. Definite indicators of unintentional/accidental risk to self.Risk to property and/or minor risk to physical safety of others. Definite risk of abuse/exploitation from others/society	High risk to physical safety as a result of deliberate self-harm/suicide attempt. High risk to physical safety of self as a result of self-neglect, unsafe behaviour or inability to maintain a safe environment.High risk to physical safety of others as a result of dangerous/criminal/offending behaviour	Immediate risk to physical safety of self as a result of deliberate self-harm or suicide attempt.Immediate risk to physical safety as a result of self-neglect, unsafe behaviour or inability to maintain safe environment.	
Total score 0-15 LOW Total score 15-25 MEDIUM Total score 25 + HIGH A score of 4 or 5 in two or more of the above categories would indicate an individual experiences complex needs and requires a multi-agency approach							Total score

Name:

Guidance

There is some guidance below to help you complete the document but once you are familiar with the categories it is incredibly easy to complete. Can all those who complete the assessment remember that this document should be reviewed regularly. It is far easier to complete this document about a client you know well than someone you have only met once. An individual's score will change based on, the honesty of a client, access to good information from good investigatory work, the interventions that take place and subsequent meetings with a person.

Homelessness

- 1) Sofa surfing at one address for less than 6 months. These clients are likely to have access to a roof via friends and family.
- 2) Notice to quit or possession order issued. Asked to leave by family/friends.
- 3) Sofa surfing and/or rough sleeping and/or rough sleeping history. Move on from supported accommodation. Landlord has bailiff date for removal from premises. These clients are less likely to have friends or family support. People in temporary accommodation with the council, these individuals may be imminently homeless if a non-priority decision is expected/reached.
- 4) Discharge from hospital or release from prison.
- 5) Rough sleeping.

Income and financial status

- 1) Working part-time or full-time, claiming all supplementary income entitlements (tax credits, housing benefit etc) may have non-priority debt requiring intervention.
- 2) Individual is not claiming full entitlements and income can be maximised. May have non-priority debt requiring agency intervention.
- 3) No income from work, statutory sick pay or welfare benefits. Needs immediate help to access monies.
- 4) Priority debt(s) needing agency intervention
- 5) Priority debt(s) needing urgent intervention, including rent arrears which are putting tenancy at risk.

Mental and emotional health

- 1) Current or recent MH difficulty and/or prescribed meds but currently stable & managed by GP or other service (this might include those currently receiving help from the anxiety and depression service). Stress of situation affecting activities of daily living (ADL). Basic ADLs consist of self-care tasks, bathing and showering/personal hygiene, bowel and bladder management, dressing, eating, feeding, functional mobility, sexual activity etc Also consider, Instrumental activities of daily living which are not necessary for fundamental functioning, but they let an individual live independently in a community for example housework, taking medication, managing money, shopping, using the telephone or other technology, transportation etc
- 2) Current or recent MH difficulty, not currently stable but engaged with GP or MH service. Low risk of harm to self/others. Stress of situation significantly affecting Activities of daily living. These individuals may have difficulty co-ordinating or accessing prescriptions, or intermittent adherence with medication.
- 3) Current MH difficulty, not currently engaged (but would like to) or patchy engagement (due to difficulties) with GP or other MH service. MH deteriorating, MH intervention would be helpful. Low/med risk of harm to self/others. Intermittent or non-adherence to prescribed medication.
- 4) Current or recent MH (within 12mths) behaviour suggests med/high risk to others. Recent inpatient hosp. admission or discharge. Engaged with services & care co-ordinator

Name:

- 5) Current MH difficulty. Behaviour suggests a med/high risk of harm to self/others. Not able to or not wanting to engage with health services, with or without a care co-ordinator. Regular user of A&E, crisis health services.

Physical Health

- 1) Examples – asthma, high blood pressure, tab controlled diabetes etc diagnosis made and individual managed by primary care
- 2) Chronic physical health issues, arthritis, hep c, cirrhosis of the liver but stable and managed by GP and/or secondary services
- 3) Acute or chronic physical health problem, not currently stable requiring intervention from GP/outpatients/hospital. May need encouraging to make/keep appointments and to engage with health service.
- 4) Physical health problems (acute or chronic) which individual only manages by use of A&E, crisis or inpatient services. This person may not engage with follow up appointments or care plans regarding their physical health.
- 5) Requires treatment or hospitalisation for physical health problem. They may fail to seek help at all, not engage with help that is available or discharge self early due to complexity of other needs.

Learning and Communication

- 1) Require some support in understanding forms/agency roles & available assistance. Some advocacy required. These people may/may not be new to homelessness and are unaware of help or wider services available to prevent homelessness etc. They may be very skilled but lack service knowledge or find it difficult to access help.
- 2) May require support in keeping/attending appointments or help in articulating needs to other agencies. May be low in mood, may lack confidence, may be young/shy, chaotic etc. These individuals may require support in reminding of appointments, attendance at initial assessments, property viewings etc
- 3) Difficulty reading/writing or comprehending documents/forms. This individual may have troublesome dyslexia or have been supported by a special education facility in the past – may ignore post, bury head in sand and may only seek help with paperwork/situations when in a crisis.
- 4) May lack insight into learning or communication difficulties. No formal diagnosis made or sought. Reluctance or inability to engage with supportive interventions. This is when an individual and/or worker or other services recognise there are learning and/or communication difficulties. This may be some of our older individuals who never had access to support with learning/behaviour when younger.
- 5) Diagnosed Learning Difficulty/Disability e.g. (Autism, Asperger's, ADHD or other). Communication or behaviour requires additional support or behaviour presents a risk to others

Substance misuse

- 1) History of drug and/or alcohol (substance) misuse or other addiction within the last two years. Although doing well, ongoing support with these difficulties maybe necessary/accessible to the individual. Substance misuse can include the misuse of over the counter medication, street brought prescription medication or 'legal highs.'
- 2) History of addiction/misuse in the last year. Or move-on from supported or rehabilitation accommodation. Remembering the risk factors around transition times. Currently stable and engaged with services.

Name:

- 3) History of or current addiction/ misuse equal to or less than 12months or move on/eviction from supported or rehabilitation accommodation. Not engaged or referral only just gone in to drug/alcohol services. These individuals may or may not display problematic behaviour which is of concern to statutory services, but this problematic behaviour may also include or affect family, friends, society, financial status, voluntary agencies etc
- 4) Current/recent misuse in past 6 months, requiring intervention, occasional lapses and/or problematic behaviour but engaged with services. This individual is probably not new to addiction or receiving treatment/support for substance misuse. May have long periods of stability with occasional lapses and requires support with changing general lifestyle.
- 5) Current/recent misuse, not currently engaged with services, chronic dependency/history of non-engagement with services and/or Dual diagnosis. Dual diagnosis can be poly-drug/alcohol use or mental health and substance misuse. These individuals are the most isolated in society and require active outreach and engagement.

Offending and antisocial behaviour

- 1) Historical police cautions, criminal convictions etc as an adult or significant juvenile offences. As always the time elapsed and severity of crime would need to be considered along with if it was relevant to current homelessness/risk.
- 2) Historical police cautions or convictions within last 5 years for less serious offences, drunk and disorderly/incapable, section 5 public disorder act.
- 3) Difficulties in securing accommodation or loss of accommodation due to anti-social behaviour, criminal convictions, prison sentences or historical violent related incidents within last 5 years. This is sometimes easier to score when a client is well known to you or you have been able to access good information from investigative work.
- 4) Current or recent (within last five years) Probation/Supervision order ABC/ASBO. Problematic street behaviour.Known violent behaviour/convictions.
- 5) Recent prison sentence (within last year)/conditions on release - Tag/curfew/order. Schedule 1, prolific offender, any arson or drug supply conviction (within last ten years

Engagement with front line services

Risk to self/others or from others

These next two categories were taken directly from the New Directions Team (or chaos index) which was developed for residents from a

London Borough who were not engaging with frontline services, resulting in multiple exclusion, chaotic lifestyles and negative social outcomes for themselves, families and communities. This index was also used in a larger project called 'Making Every Adult Matter' which was piloted across several locations in the UK, more details can be found at <http://www.meam.org.uk/service-pilots>