

Date: 16/05/2019

FREEDOM OF INFORMATION REQUEST FOI/014782 - Homelessness

I am writing to make a request under the Freedom of Information Act 2000.

I have the following questions about the support offered to homeless patients who attend your organisation.

1. How many attendances to your organisation were coded as NFA (no fixed address) per year in 2015, 2016, 2017, and 2018? - Please go to the disclosure log on the Trust website <http://www.dgft.nhs.uk/about-us/freedom-of-information/disclosure-log/> and in the search box type in 014600

Please note if the Trust's system has 'no fixed address/abode' this does not necessarily mean a person is homeless.

2. Does your organisation have :-

(a) a documented pathway for supporting homeless patients; - The Trust has a pathway in place with Dudley Local Authority, see pathway below, we also have an agreed housing referral from hospital

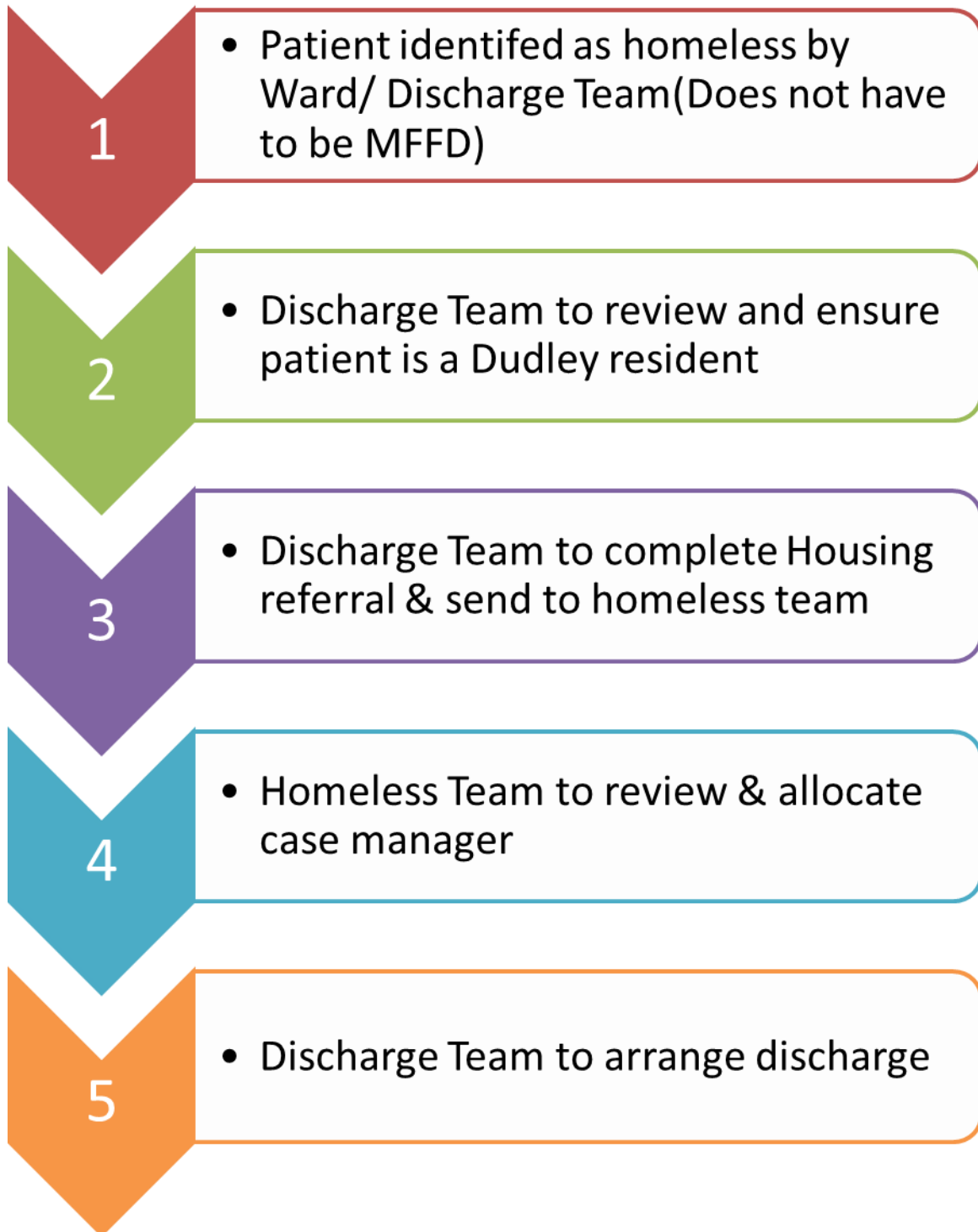
or (b) a housing officer - The Trust does not have a housing officer on site however we have a key contact at Dudley Local Authority homeless team (or similar);

or (c) a supply of clean clothes to offer homeless people? - Yes, the Trust has a clothes bank on site for men/women and children..

3. How many patient referrals to a local housing authority under the Homelessness Reduction Act 2017 has your organisation made since 1 October 2018? - The Trust does not have this data however Dudley Local Authority will

4. What is your organisation doing, or planning to do, to support homeless patients or to comply with the Homelessness Reduction Act 2017? - The Trust has a new pathway in place to support patients who need accommodation from hospital, we also have a key contact in the homelessness team to support housing from hospital. Members of the Trust sit on the Housing & Health Group with Dudley Local Authority to ensure processes and pathways are in place.

## Dudley Housing Pathway



## Homelessness Prevention Team Referral Form

Name:			
Date of birth:		Gender:	
Address prior to admission to hospital:			
Date moved to this address:			
Tenure (including whether sole or joint owner or tenant):			
<b>OR</b> Last settled address (if street homeless prior to admission):			
Dates at this address:		From:	To:
Contact Number for patient:			
Time of day best to be contacted:			
Referring Agency (please delete):		Hospital Social Work Team/Ward Staff	
Name & contact number of SW or Ward Staff			
Ward or Correspondence Address if different from above			
<b>Please provide any information about the patient that would have an impact on the type of accommodation that is required- eg: mobility issues</b>			

**Please give details of everyone who would normally live with the patient**

Title	Surname	Forename	Age	D.O.B	Marital Status	Sex	Relationship to patient

**Ethnicity (please tick)**

White – British		Mixed Other		Black – African	
White – Irish		Asian – Indian		Black – Other	
White – Other		Asian – Pakistani		Chinese	
Mixed – White and Black Caribbean		Asian – Bangladeshi		Other	
Mixed – White and Black African		Asian – Other			
Mixed – White and Asian		Black – Caribbean			

**Nationality (please tick)**

British		Latvia		Slovenia	
Bulgaria		Lithuania		Other EEA National	
Czech Republic		Poland		Non EEA National	
Estonia		Romania		UK National returned in last two years	
Hungary		Slovakia			

What is the patient's first language?
Will an interpreter be needed for interview?

**Disability (yes/no & details):**

**Patient's consent for referral**

- I agree that DMBC will use the information I have provided to process my application for housing/request for housing assistance. DMBC may check the information provided with other sources as allowed by the law.
- I understand that the information provided will be used to deal with my application. It may also be shared with other Council services, data processors acting for the Council, government departments, other councils and private sector organisations (eg credit reference agencies) to prevent & detect fraud and to ensure that our records are accurate.
- I understand that any information provided on this form can be discussed with all parties to my application, where necessary.

**Signed:**

**Date:**

**Please return the completed form and any relevant documents to the following email address;**

[HsgAdvice.Dachs@dudley.gov.uk](mailto:HsgAdvice.Dachs@dudley.gov.uk)