Supporting People Programme

in partnership with the Welsh Assembly Government.
1. INTRODUCTION

1.1. The Supporting People Programme funds, monitors, reviews and commissions housing-related support services which are high quality, strategically relevant, cost effective and reliable.

1.2. The aim of the Supporting People programme and therefore housing-related support services is, through the provision of support, to:
   - enable vulnerable people to increase or maintain their independence,
   - prevent people from becoming homeless,
   - meet the needs of people who have experienced homelessness,
   - meet the needs of people who may be threatened with homelessness in the absence of housing-related support and to
   - maintain individuals tenancy and accommodation.

1.3. Housing-related support services are complementary to a variety of existing care, support, mediation and advice services; they should work alongside and co-operate with these services but also recognise that they are unique in the support they provide.

1.4. Housing-related support services will be lead by the service users identified needs and outcome focused. This service specification describes the service that will be delivered, the desired outcomes that are expected and the processes that will be followed.

1.5. This service specification applies to housing-related support services which are funded by Supporting People Revenue Grant only.

2. SERVICE TYPES

2.1. This service specification applies to housing-related support services which include, but are not limited to:
   - direct access accommodation
   - shared temporary accommodation
   - supported housing
   - shared housing
   - floating support
   - preventative work
   - crisis intervention
   - low level and ongoing support

2.2. Service providers will comply with the Welsh Assembly Governments Supporting People Revenue Grant Conditions and criteria (YEAR) in relation to eligible client groups for each service type.

3. CLIENT GROUPS

3.1. This service applies to housing-related support services which are delivered to the following client groups:
   - People fleeing domestic abuse (female service users)
   - People fleeing domestic abuse (male service users)
   - People with a learning disability
   - People with mental ill-health
   - People with an alcohol dependence
   - People with a drug dependence
   - Refugees with support needs
   - People with physical disabilities
   - Young people
   - Ex-offenders and those at risk of offending
   - People who are homeless or potentially homeless
- People with chronic illness
- Vulnerable parents
- Older People
- Gypsy Travellers

3.2. The guidance in Section 7 of the Home Office publication ‘Immigration Directorate Instructions’ (Nov 2008) in relation to an individual’s eligibility for public funds will be followed.

3.3. The service will have a specific eligibility criteria developed by or in partnership with the Supporting People Team.

4. WHO CAN ACCESS THE SERVICE

4.1. The service is accessible by:
- vulnerable people who have an assessed housing support need that would be likely to lead to the user becoming or remaining homeless, or who live in an institutional residential environment
- vulnerable households or individuals aged 16+
- vulnerable people who have or will secure as part of the service, an identified property which is their sole or main residence, and which they have a legal right to occupy, including:

4.2. Supporting People funded housing-related support services exclude those individuals seeking leave to enter and / or remain in the UK.

4.3. The contract may specify additional access or exclusion criteria that are specific to the service.

5. SERVICE AIMS

5.1. The Welsh Assembly Governments Supporting People Revenue Grant Conditions and criteria (2009) state that housing-related support is provided in order to:

“Help vulnerable people to develop, or maintain, the skills and confidence necessary to live independently. That is, the skills and the confidence necessary to perform the normal tasks associated with the management of the rights and responsibilities commensurate with the right and ability to occupy one’s own home”

These tasks would be those that, if not performed adequately, would lead to a breakdown in the individual’s right or ability to continue living in that home, for example:
- The ability to pay one’s housing costs, (rent, mortgage etc) in order to avoid losing possession,
- the ability to pay one’s utility bills and arrange for the proper provision of services which keep the home fit for habitation,
- the ability to maintain the security of the home, such as maintaining technical devices or controlling visitor access,
- the ability to maintain health and safety in the home, including the safe condition of the building, the safe use of appliances, and hygiene,
- the practical living skills necessary to live independently, such as cooking, and knowledge of nutrition or domestic chores such as laundry,
- the ability to establish a stable place within the community, for example use of community facilities or the resolution of disputes with neighbours.

5.2. SPRG funded housing-related support services which are commissioned by the Vale of Glamorgan Council will meet the 6 services aims set out in the Welsh Assembly Governments Supporting People Revenue Grant Conditions and criteria (YEAR) which are underpinned by a number of mandatory and non mandatory practice options, see Appendix 1.
5.3. In addition, the service will:

5.3.1. Deliver housing-related support which reduces:
- Occurrences of tenancy breakdown and/or individuals losing their homes,
- individuals presenting as homeless,
- incidences of repeat homelessness,
- inappropriate use of temporary accommodation,
- crisis which lead to admissions to hospital,
- delayed hospital discharges,
- inappropriate use of residential and institutional care and the use of intensive, crisis and emergency services.

5.3.2. Deliver housing-related support which promotes:
- Maximising and maintaining independent living,
- a choice of housing and tenure options,
- living within a suitable environment which meets the individuals needs,
- developing skills to maintain their tenancy/accommodation,
- safety and security of accommodation,
- access to health care both planned and emergency,
- a stable lifestyle,
- social inclusion,
- community cohesion,
- employment, training and education opportunities,
- financial management, inclusion and awareness and access and / or sign posting to other local services.

5.4. The service will be flexible in order to respond to the diverse range of needs presented by individuals.

5.5. The service provider will ensure appropriate staff and support hours are available to meet individuals identified needs.

5.6. The service will work in partnership with other agencies.

5.7. The service will be professional and responsive.

5.8. To service will consider equal opportunities in all its activities, policies and procedures.

6. OUTCOME FRAMEWORK

6.1. This service specification reflects the outcomes required by the Vale of Glamorgan Council Supporting People Team.

6.2. The outcomes outlined below are those achieved as a result of the housing-related support provided to the individual. Whilst also important, it should be noted that outcomes are not merely outputs or service user satisfaction.

6.3. There are a number of tasks included in Appendix 2 as examples of the support and activities that could be provided to achieve the desired outcomes. The list is not exhaustive but indicative of the types of tasks the Supporting People Team would expect to be provided.

6.4. The key principles of the Outcome Framework are that:

6.4.1. People have the right to aspire to safe, independent lives within their community and the financial security and health to enjoy that community.

6.4.2. People differ in the barriers they face in achieving these aspirations. Housing related support seeks outcomes for people that are steps on the way towards these ultimate aspirations.
6.4.3. Outcomes should be person centred, purposeful, negotiated and agreed with the individual and, if appropriate, with their advocates, supporters or carers through the support planning process.

6.4.4. Outcomes will be achieved through support interventions that resolve identified need and enable maximum possible control, involvement and understanding for an individual across the outcome areas.

6.4.5. The following points should be noted in relation to outcome measurement:

6.4.6. Specific core outcomes will be achieved when all the identified needs relating to that outcome have been successfully addressed and individuals are independent of support in that area or when an individual has reached their optimal capacity in that outcome area but continue to receive support to maintain their independence.

6.4.7. Outcomes will be evidenced through clear support planning processes which evidence that assessed needs have been met or are being met.

6.4.8. The following guidance is not exhaustive and individual services, groups of services or organisations may focus their support activity in different ways. Services may therefore develop their own service specific set of outcome indicators in discussion with the Supporting People team.

6.4.9. It is also accepted that for some services the threshold for achieving an outcome may not be at the point where an individual no longer requires support but at a point when they are as independent as they are able to be with continuing support to maintain their independence.

6.4.10. Many individuals will not have support needs in all the outcomes areas identified in the core set. Where an individual does not have needs identified in a particular outcome area then this should be reported as not relevant to their needs.

6.4.11. Where individuals have a number of needs relating to a specific outcome then the overall outcome is only achieved when all of those needs have been addressed. Where support is still actively working to achieve support plan aims based on identified needs then the outcome is only partially achieved.

6.5. The nationally developed Supporting People Outcome Framework requires housing-related support services to:

6.5.1. Promote personal and community safety, by evidencing that people are:
  - feeling safe and
  - contributing to the safety and well-being of themselves and of others

6.5.2. Promote independence and control, by evidencing that people are:
  - managing their accommodation,
  - managing relationships and
  - feeling part of the community

6.5.3. Promoting economic progress and financial control, by evidencing that people are:
  - managing money,
  - engaging in education/learning and
  - engaged in employment / voluntary work
6.5.4. Promoting health and wellbeing, by evidencing that people are:
- physically healthy,
- mentally healthy and
- leading a healthy and active lifestyle

7. DURATION OF SERVICE
7.1. The service will assist progress to independence and will not provide ongoing support.
7.2. The length of time a support service is received will be based on individual needs and progress and must be based on cycles of support planning.
7.3. Service users should not access the service beyond two years.
7.4. However flexibility is allowed in order to best meet the needs of the individual being supported. In the event that a service users access to support needs to be extended beyond 2 years this will be agreed by the Supporting People team and the service provider on a case by case basis.

8. ACCREDITED SUPPORT PROVIDER
8.1. The Vale of Glamorgan Council will be the Accredited Support Provider.

9. SERVICE DETAILS
9.1. The service provider will complete an INAM form (Appendix 3) for each service user to assist the Supporting People team in the planning and development of future services.
9.2. The service provider will access or signpost service users to other local services and work with them in order to achieve positive outcomes for the service user.
9.3. The following service requirements are not included in this generic service specification, but all or a number of them will be included in either the contract between the service provider and the Vale of Glamorgan Council or in an additional service specification for the specific service required. These include:
- Specific client group/s
- Service type
- Level of support; low, medium or high
- Number of units of support / support hours available
- Pre and post service support
- Reserving places in accommodation based services
- Specific requirements dependent on service type

10. REFERRAL AND RESPONSES
10.1. Referrals to the service can be made by statutory services, voluntary and charitable agencies, private sector service providers or by the individual themselves.
10.2. Unless the service is a floating support service which forms part of the Councils Tenant Support Scheme (TESS), in this case the services will receive referrals from the Supporting People Team.
10.3. A risk assessment will be completed by the service provider for each service user accepted onto the service.
10.4. An initial assessment of need will be completed by the service provider for each service user accepted onto the service. This will be done in partnership and agreement with the service user.

10.5. The service provider will carry out the initial assessment of need in the individuals own home, unless a risk has been identified in doing this or if the individual is in institutional care (i.e. hospital, prison).

10.6. The initial assessment of need will identify and record the service users’ needs, including those which arise from specific ethnic, religious, cultural, gender, sexuality, disability or age requirements.

10.7. The following service requirements are not included in this generic service specification, but all or a number of them will be included in either the contract between the service provider and the Vale of Glamorgan Council or in an additional service specification for the specific service required. These are detailed below:

- Access criteria
- Referral routes
- Referral policy and procedure
- Procedure for providing additional hours of support, supporting additional clients and exceeding the 2 year period of support
- Exclusions

11. ACCESSIBILITY AND PROMOTION OF THE SERVICE

11.1. The service provider will maximise the accessibility of the service for minority and hard to reach groups.

11.2. Information about the service will be easily obtainable and accessible. Information about the service will be made available to prospective and current service users, their families, professionals and other relevant parties upon request.

11.3. The service provider will consider providing information about the service in Welsh and other language in line with the Equal Opportunity Policy.

11.4. Where possible, information will be available in a variety of ways to ensure that the needs of service users with specialist needs (e.g. language, sensory impairment, accessibility) are met.

11.5. Support will be provided to the service user at a convenient time, within agreed service hours.

11.6. Support will be provided to the service user in their own home upon completion of a satisfactory risk assessment.

11.7. If it is deemed unsafe or unsuitable to support an individual in their home an alternative location will be named and agreed by the service provider and service user. Support can be provided at an alternative location (e.g. Job Centre) for practical support; however it is not anticipated for every support visit. The location should be suitable for confidential discussions.

11.8. The service will not support service users to live in unsuitable accommodation.

11.9. The service will demonstrate a commitment to multi-agency and partnership working within the requirements of the Freedom of Information and Data Protection Acts.

11.10. The following service requirements are not included in this generic service specification, but all or a number of them will be included in either the contract between the service provider and the Vale of Glamorgan Council or in an
additional service specification for the specific service required. These are detailed below:

- The days of the week and hours of the day that support will be accessible.
- Requirements for ensuring minorities and hard to reach groups are able to access and benefit from the service.
- Requirements for managing risk.
- Which relevant partners and professionals need to be made aware of the needs of the individual and the outcomes achieved.

12. PROVIDING AND REVIEWING SUPPORT

12.1. A support plan will be in place for each service user. Support plans will:

12.1.1. Be carried out in collaboration with and agreed by the service user,

12.1.2. Identify and record the service users identified needs, including those which arise from specific ethnic, religious, cultural, gender, sexuality, disability or age requirements,

12.1.3. Be reviewed and documented in a consistent and systematic manner,

12.1.4. Be reviewed formally every 3 months and informally after each support session,

12.1.5. Be reviewed if requested by the service user and

12.1.6. Be available to all relevant staff.

12.2. Outcomes will be reviewed and documented in a consistent and systematic manner.

12.3. Quantitative and qualitative information relating to outcomes will be reported to Supporting People as per the requirements of the Outcomes Framework.

12.4. Where outcomes are prevented from being achieved or when there are barriers to achieve them caused or related to statutory Council run services this should be reported to the Supporting People Manager.

12.5. Where the same outcomes are regularly prevented from being achieved or there are barriers to achieve them due to a recurring issue or problem this should be reported to the Supporting People Manager.

12.6. The following service requirements are not included in this generic service specification, but all or a number of them will be included in either the contract between the service provider and the Vale of Glamorgan Council or in an additional service specification for the specific service required. These are detailed below:

- Number of hours of support each service user can / will receive per week.
- Number of support visits / sessions each service user can / will receive per week.
- Policy and procedures relating to the Outcome Framework.

13. ACCOMMODATION BASED SUPPORT

13.1. If the support provider is a Housing Association or has a landlord role the most secure form of occupancy should be offered; usually this will be an Assured Shorthold Tenancy. Any alternative will have received prior approval from the Minister.

13.2. Licence Agreements will only to be used with tenants under the age of 18 unless approved by the Supporting People team and the Minister.
13.3. A risk assessment will be completed prior to referral into an accommodation based service as part of the referral process.

14. CONSULTATION AND SERVICE IMPROVEMENT

14.1. The service provider will ensure that service users actively participate in the support planning process.

14.2. The service provider will conduct meaningful and appropriate consultation and participation exercises with service users to maintain and continuously improve service delivery.

14.3. The service provider will consult at least annually with service users about the service provision. Service users will be selected by random and findings will be reported to the Supporting People Manager. It is expected that a Senior Manager or the Line Manager of the support worker/s will do this.

14.4. All service users will be given a copy of the service providers complaints, comments and compliments policy and procedure.

14.5. All service users will be given a copy of the Vale of Glamorgan Councils complaints, comments and compliments policy and procedure as the service commissioner.

14.6. The service provider will publicise the complaints procedure and that ensure it is accessible to service users and efficient at addressing the issues raised. Where the issue is not resolved to the satisfaction of the complainant they will be given the opportunity to appeal to the Vale of Glamorgan Council in their role as the ASP.

14.7. If a complaint is received that relates directly to the quality of the service or the support provided the service provider must inform the Supporting People Manager.

14.8. If the support provider is a Housing Association complaints will be dealt with in line with the statutory obligations.

14.9. Where appropriate service users will be supported to make a complaint.

15. ENDING SUPPORT

15.1. Each service will have a process in place in order for support to be withdrawn from the service user.

15.1.1. If the floating support service forms part of the Councils TESS service, support will be withdrawn if:

A. Continual support has been received for 2 years,
B. the service user is unwilling to engage with the service provider and / or the support planning process,
C. the service user has failed to meet the service provider and efforts have been made by the service provider and the Supporting People Team to resolve this,
D. the risk to support staff is unmanageable,
E. the service no longer meets the service users needs,
F. the service user has been referred to a more appropriate service or
G. the service user no longer requires support.
15.1.2. If the service user does not engage with their allocated TESS floating support service then the service provider should liaise with partners involved with the individual, including statutory agencies and support workers to agree a way forward. The Supporting People Team will attempt to contact the service user twice (writing and / or in person). If non-engagement continues, support will be withdrawn.

15.1.3. If upon leaving the TESS floating support service the service user is still assessed as vulnerable, an offer or referral to an appropriate alternative support service should be made by the support provider.

15.2. The following service requirements are not included in this generic service specification, but all or a number of them will be included in either the contract between the service provider and the Vale of Glamorgan Council or in an additional service specification for the specific service required. These are detailed below:

- Reasons why support can / will be withdrawn from a service user in an accommodation based service.
- Process for non engagement in an accommodation based service.
- Process to end support in an accommodation based service.
- Process to refer on to a more suitable service.

16. REVIEW AND MONITORING REQUIREMENTS

16.1. The service provider will undertake their own internal service reviews, at least annually, the aim of which is to establish whether:

16.1.1. All mandatory practice options are being pursued in order to meet service aims,

16.1.2. any relevant non-mandatory practice options are also being pursued in order to meet service aims,

16.1.3. any service variation options for which funding is being received is undertaken.

16.2. The Welsh Assembly Government will monitor and evaluate SPRG funded housing-related support services (see the Welsh Assembly Governments Supporting People Revenue Grant Conditions and criteria 2010 section 9).

16.3. The Vale of Glamorgan Council Supporting People Team, in their role as ASP will:

16.3.1. Monitor service provider compliance with the Welsh Assembly Governments Supporting People Revenue Grant Conditions and criteria (2009),

16.3.2. conduct an enquiry in response to any allegations of mismanagement or abuse and address identified issues,

16.3.3. assess the strategic relevance of the service provided,

16.3.4. review the service annually as part of the Annual Return to the Welsh Assembly Government.

17. STAFFING AND MANAGING THE SERVICE

17.1. The service provider will establish a dedicated team that will deliver the housing-related support service.

17.2. Staff will be recruited according to the service providers Recruitment and Selection Policy, including the requirement for:

17.2.1. satisfactory references,
17.2.2. a probationary period

17.3. All staff who come into contact with service users, will be subject to an Enhanced Criminal Record Bureau (CRB) or Independent Safeguarding Authority (ISA) check on their appointment to the post and ongoing checks as part of their contract of employment. Staff awaiting a CRB/ISA check will not be able to commence work in the service.

17.4. All staff will:
   17.4.1. Have the appropriate skills and experience to fulfil their role,
   17.4.2. have a clear understanding of the their roles and responsibilities,
   17.4.3. know to whom they are accountable,
   17.4.4. receive an induction within 3 months of employment commencing,
   17.4.5. have access to appropriate training and specialist training as appropriate to enable them to undertake their responsibilities effectively. Staff who line manage staff should receive all relevant training to enable them to support front line staff,
   17.4.6. receive regular formal supervision and an annual appraisal,
   17.4.7. identify training and support needs as part of their supervision and appraisal

17.5. Systems used to manage the service can be audited independently in order to ensure the confidentiality of service user.

17.6. The management structure will be organised appropriately to ensure the service is run safely and effectively.

17.7. Arrangements will be in place to cover staff absence and for the level of service to be maintained at all times.

17.8. In the event of a significant disruption that would limit or prevent the service being provided the service provider will inform the Supporting People Manager.

17.9. The following service requirements are not included in this generic service specification, but all or a number of them will be included in either the contract between the service provider and the Vale of Glamorgan Council or in an additional service specification for the specific service required. These are detailed below:
   ▪ Staffing provision and team structure.
   ▪ Specific training requirements.

18. HEALTH AND SAFETY

18.1. The service provider will have a Health and Safety Policy that:
   18.1.1. Is under 3 years old or has been reviewed within the last 3 years and
   18.1.2. includes arrangements for lone workers.

18.2. Support workers and staff will:
   18.2.1. Be aware of the Health and Safety Policy and
   18.2.2. act upon the concerns raised by service users.

18.3. Service users will:
   18.3.1. Be made aware of the Health and Safety Policy and
   18.3.2. know how to report Health and Safety concerns.
APPENDIX 1: SERVICE AIMS

Service Aims - There are six mandatory service aims from which all providers must select practice options to fulfil each aim.

Practice Options - These provide choice for how the support provider fulfils the service aim.

Mandatory Practice Options – These are highlighted in bold and refer to a 'system' or 'process' being in place there is an expectation that these should be supported by policies. A range of written evidence may be used to illustrate compliance with these and the other practice options through the Ongoing Inspection Process.

'Other' Practice Options - The ‘other’ heading which features in each of the list of practice options creates an opportunity for support providers to meet the aim in ways other than those listed. Where there are no mandatory practice options listed under an aim, the provider must select a set of the non mandatory service options, because the fulfilment of the service aim remains a requirement.

Services to Children - Organisations that receive funding for children under the ‘Children’s Allowance’ service variation option will need to provide services to children within the options listed. Some of the practice options are specific to children - the majority can be interpreted towards and apply to both adults and children. The needs of children should be individually assessed and planned for.

SERVICE AIM ONE: That occupants feel safe and secure in their home and within the community

Practice Options:
- Systems for risk assessment
- Processes for managing risk
- Systems for dealing with crises that pose a risk to safety
- Staff training relating to management of risk
- In fixed-site schemes, ensure the appropriate physical design of building and equipment
- Resolving problems and disputes within the project and externally
- Liaison with other statutory voluntary partners in relation to this area of work
- Liaison with the courts, solicitors, community police
- Other

SERVICE AIM TWO: That occupants have opportunities to extend their skills, interests and friendships

Practice Options:
- Support to access to training and employment opportunities
- Support to improve self-esteem
- Support to access opportunities for adult education
- Liaison with schools in respect of children
- Opportunities to access to mutual support
- Support to access volunteering opportunities
- Support with leisure/hobbies
- Support with personal relationships and friendships
Support in relation to parenting and looking after children
Liaison with other agencies and professions in relation to this area of work
Other

**SERVICE AIM THREE:** That occupants feel more able and better equipped to manage a home and live in a community as a result of receiving support

Practice Options:
- Pre-service support
- Post-service/resettlement support
- Support with maintenance identification and reporting
- Ensuring understanding of the occupancy agreement and handbook
- Negotiating additional facilities or redesign of property relating to mobility
- Support with money and/or debt management
- Liaising with the landlord
- Liaison relating to utilities and services (water, gas, electricity, telephone)
- Managing relationships with neighbours
- Accessing general advice
- Other

**SERVICE AIM FOUR:** That occupants access the project and have their needs assessed and met in a planned way through direct (project) and indirect (other parties) support.

Practice Options:
- Systems for referral and needs assessment
- Within the above a statement relating to equal opportunities and on what basis people may be excluded from accessing services
- An assessment process which identifies needs
- An individual support planning system which identifies goals, sets out how these will be achieved within specified timescales and evaluates service users progress
- Processes for risk assessment as part of the referral process
- Contact and liaison with other services and professions to tackle issues of poor physical health
- Liaise with other individuals and organisations in order to plan for and meet peoples needs
- Accessing advocacy
- Accessing general advice
- Other

**SERVICE AIM FIVE:** That occupants feel consulted, informed and able to participate in the project

Practice Options:
- Making information available about the project
- The occupancy agreement is explained and the occupant understands it
- Any tenancy handbook is explained and the occupant understands it
- Eviction processes/arrangements for withdrawal of support are explicit and understood
- Complaints process
- Consultation processes and opportunities
- Opportunities to participate (formal and informal) are explicit in policy and explained to all service users
- House rules
- Other
SERVICE AIM SIX: That occupants feel supported by staff who have been appointed, recruited, trained and supported by the support provider.

Practice Options:
- Recruitment processes
- There is induction training, which equips staff to effectively, and efficiently support service users
- A system of regular support and supervision of staff
- An annual staff appraisal process
- The organisation appropriately evaluates staff training needs and implements a training programme to meet these needs
- An equal opportunities policy in relation to staffing
- Disciplinary and grievance processes
- Police checks for staff and volunteers (where required)
- Recruitment of Ex-Offenders Policy and Procedures
- Other
APPENDIX 2: OUTCOME FRAMEWORK

Promote Personal and Community Safety, by evidencing that people are:

Feeling safe:
Support needs in relation to improving or maintaining safety & security of accommodation have been met or needs of those experiencing violence, discrimination or abuse have been addressed. Examples of outcome indicators may include:

- Completion of a home fire safety check,
- Provision of fire safety equipment,
- Completion of a home security check,
- Completion of security improvements to the service user's home,
- Supported to develop routines that improve safety.
- Enabled access to local residents organisations e.g Neighbourhood watch.
- Supported to relocate in order to feel safer.
- Enabled access to community alarms or warden services
- Enabled an individual to feel safer by providing support that builds their confidence and control.

Contributing to the safety and well-being of themselves and of others:
Support needs in relation to addressing or reducing offending or anti social behaviour have been met or needs relating to substance misuse and the care of themselves and other family/household members have been addressed. Examples of Outcome indicators may include:

- Enabled engagement with probation services,
- Obtained legal advice and representation
- Supported to reduce anti social behaviour or comply with anti social behaviour orders.
- Supported to ensure the wellbeing of other family members,
- Assisted to identify schools and enrol children,
- Obtained travel passes
- Supported to identify appropriate childcare, family centres, playgroups etc.
- Accessed parenting advice, support groups
- Addressed anti social behaviour of children.
- Supported in relation to legal issues with children, Child Protection or Child In Need status.
- Supported to address the impact of domestic abuse on individuals and their children.
- Assisted in identifying problem alcohol or drug use and accessed information and advice relating to substance use.
- Assisted to identify and engage with substance misuse advice and treatment agencies.
- Supported to act on advice provided by professionals regarding substance misuse.
- Assisted in following and maintaining a programme of reduction or abstinence.

Promote Independence and Control, by evidencing that people are:

Managing accommodation
Support needs in relation to preventing or addressing homelessness have been met or support has enabled people to better manage their home and improved their ability to maintain their home. Examples of Outcome indicators may include:

- Accessed local authority homelessness and prevention services.
- Supported through the homelessness application process and helped to ensure compliance with information / documentation requests.
- Supported to access specialist advice,
- Supported to apply for housing and housing benefit.
- Assisted to identify appropriate sustainable accommodation and arrange/attend viewings.
- Ensured understanding of tenancy/occupancy agreements.
- Supported to meet their tenancy obligations,
- Assisted to acquire suitable furniture and household goods,
- Supported to identify local services/facilities
- Helped to arrange utilities and payment mechanisms or manage household budget and bills.
- Supported in developing their skills in order to manage and maintain their home.

Managing relationships
Support needs that relate to developing sustained relationships with family, support networks, neighbours and professionals have been addressed. Examples of Outcome indicators may include:

- Supported to establish contact and build relationships with other people,
- Supported to build confidence in their interactions, access advice and communicate effectively.
- Established awareness of the need to change behaviour and accessing services that can assist in making a change to develop healthy relationships.
- Enabled access to mediation and advocacy services to improve communication and address areas of dispute or conflict.
- Assisted in dealing with officials, correspondence and administration to ensure effective communication.

Feeling part of the community
Provision of support to ensure people do not become isolated in their home and are able to integrate successfully within their community. Examples of Outcome indicators may include:

- Supported to identify personal aspirations and areas of interest,
- Developed hobbies/interests and improved life skills in their chosen area.
- Supported to access social situations, support or specific interest groups.
- Supported to improve self-confidence in social settings or establish and sustain social and support networks.
- Helped to ensure they are able to access their community and the services they need.
- Identified transport options,
- Addressed mobility issues,
- Increased confidence in accessing community services and the use of public transport.

Promoting Economic Progress and Financial Control, by evidencing that people are:

Managing money
- Support needs in relation to managing personal and household finances have been met so that individuals have optimal control and understanding. Examples of Outcome indicators may include:
  - Supported to claim appropriate benefits and understand entitlements,
  - Supported to access benefits/debt or other advice and act on that advice,
  - Supported to make regular bill payments or set up direct debits,
  - Ensured effective communication with creditors and agreed payment plans
  - Established and managed a personal or household budget,
  - Developed a person’s ability to live within their budget or reduced their debts to manageable levels.

Engaging in education/learning
Support is provided to enable individuals to meet their lifelong learning needs and aspirations. Examples of Outcome indicators may include:

- Supported to identify education or skill needs, aspirations and career plans.
- Helped to establish and access learning options.
- Supported to address financial costs relating to accessing learning.
- Supported to build a person's confidence in their ability to learn.
- Assisted to access learning opportunities.
- Supported to access specialist services that provide peer mentoring, skills training or other initiatives that aim to improve literacy and numeracy.

Engaged in employment / voluntary work

Support is provided to enable people to access paid or voluntary employment opportunities. Examples of Outcome indicators may include:

- Assisted in identifying individuals' skills, experience and interests.
- Supported to access specialist career and employment advice.
- Supported to access work experience, volunteering advice and services.
- Assisted in developing a CV.
- Identified work available and completed job applications.
- Helped prepare to enter work.
- Assisted to arrange childcare or obtain financial and benefits advice.

Promoting Health and Wellbeing, by evidencing that people are:

Physically healthy

Support enables an individual to successfully address their physical health issues, ensure that their health conditions are managed successfully and that they have optimal control and understanding over their health issues. Examples of Outcome indicators may include:

- Assisted to engage with primary and specialist health services or social services.
- Supported to register with a GP or dentist, make appointments and referrals.
- Supported to ensure effective communication with health professionals and access prescribed medication.
- Supported to act on the advice of health professionals.
- Enabled to manage their health conditions in line with specialist advice.
- Supported to access OT advice.
- Supported to access mobility equipment, aids and adaptations to their home and better manage their day to day needs.
- Helped to ensure continued engagement with health or related services.
- Accessed support groups/organisations that may help better manage and understand their health conditions.
- Supported to reduce their incidence or likelihood of hospital admission through better health management.
- Supported to ensure an individual's home environment is appropriate to their needs.

Mentally healthy

Support has enabled an individual to maintain good mental health or access the services they need to improve or better manage their mental health and have optimal control and understanding over their mental health issues. Examples of Outcome indicators may include:

- Supported to engage with primary and specialist mental health services.
- Supported to communicate with mental health professionals and access prescribed medication.
- Supported to act on the advice of health professionals.
- Enabled to address or manage their mental health conditions in line with specialist advice.
- Helped to ensure continued engagement with mental health and related services
- Accessed support groups/organisations that may help better manage and understand their mental health conditions.
- Supported to reduce their incidence or likelihood of hospital admission through better mental health management
- Supported to ensure an individual’s environment is appropriate to their mental health needs.

**Leading a healthy and active lifestyle**

Support provided has improved individuals’ ability to lead a healthy and active life or has enabled an individual to achieve their optimal health and activity. Examples of Outcome indicators may include:

- Supported to access facilities and equipment that aids mobility and increases independence.
- Established the importance of self-care and ensured that services are accessed to enable independent self-care.
- Received advice and support to maintain hygiene of their home and improved their ability to maintain their home.
- Supported to shop independently or plan and prepare meals independently.
- Assisted to access the services required to lead a healthy active lifestyle like leisure/fitness groups and services.
- Developed interests in lifestyle activities and hobbies.
- Accessed the health, social care and other services they require to lead a healthy and active lifestyle.
## 1. Initial Contact Assessment

### Have you been asked this information in this format before?

- Yes [ ]
- No [ ]

### If so, has your situation or personal details changed since then?

- Yes [ ]
- No [ ]

### Completion Date

- D [ ]
- D [ ]
- M [ ]
- M [ ]
- Y [ ]
- Y [ ]

### Worker Name

[ ]

### Agency Name

[ ]

## 2. Service User Basic Details

### Title:

- Mr [ ]
- Mrs [ ]
- Miss [ ]
- Ms [ ]
- Dr [ ]
- Other [ ]

### Forename/s

[ ]

### Surname

[ ]

### NI Number

- L [ ]
- L [ ]
- N [ ]
- N [ ]
- N [ ]
- N [ ]
- N [ ]
- N [ ]
- L [ ]

### Date of birth

- D [ ]
- D [ ]
- M [ ]
- M [ ]
- Y [ ]
- Y [ ]

### Gender:

- Male [ ]
- Female [ ]
3. Current Accommodation

Is your accommodation:

- [ ] A fixed Abode
- [ ] Temporary accommodation
- [ ] No fixed abode
- [ ] Armed forces
- [ ] Hospital (medical)
- [ ] Hospital (psychiatric)
- [ ] Prison
- [ ] Local authority care
- [ ] Other
- [ ] Other, please specify:

If you have ticked ‘a fixed abode’ please provide the following information:

Name of the Agency / Landlord / Provider

Your home address

Ward if known

Telephone Number

Date moved in

If you have ticked ‘no fixed abode’ please provide the following information:

Were you sleeping rough prior to approaching this agency? Yes [ ] No [ ]

If ‘YES’, when did this period of sleeping rough begin?

Where did you usually sleep? Include a description and location (e.g. disused building, Barry):

If you have ticked ‘temporary accommodation’ please provide the following information:

Please select the type of temporary accommodation that are you living in below:

- [ ] Bed and breakfast (in the Vale)
- [ ] Bed and breakfast (outside the Vale)
- [ ] Council hostel
- [ ] Refuge
- [ ] Vale Assisted Tenancy (VATs) property
- [ ] Licensed temporary accommodation
- [ ] Non secure temporary accommodation
- [ ] Leased temporary accommodation
- [ ] Other, please specify:
4. Previous Accommodation

Please indicate where you lived last, prior to your current accommodation:

A Fixed Abode       ☐  Temporary Accommodation       ☐  No Fixed Abode       ☐
Armed Forces        ☐  Hospital (Medical)           ☐  Hospital (Psychiatric) ☐
Prison              ☐  Local Authority Care        ☐  Other                    ☐

If other, please specify: 

Name of the Agency / Landlord / Provider

Your previous address

What was your reason for leaving this accommodation?

Entered an institution ☐  Specify / describe 
Period in institution ceased ☐  Specify / describe 
Loss of accommodation ☐  Specify / describe 
Positive move ☐  Specify / describe 
Harassment or victimisation ☐  Specify / describe 
Returned to home area ☐  Specify / describe 
Left the area ☐  Specify / describe 

5. Relationships

Do you currently live with a partner?       Yes ☐  No ☐  

If ‘YES’ please provide the partners details below:

Title:  Mr ☐  Mrs ☐  Miss ☐  Ms ☐  Dr ☐  Other ☐
Forename/s
Surname
NI Number  L  L  N  N  N  N  N  N  N  L
Date of birth  D  D  M  M  Y  Y  Age ☐
Gender:  Male ☐  Female ☐
6. Dependents

Do you have any dependants who need to be accommodated with you?  Yes  No

If ‘YES’ please provide details below:

<table>
<thead>
<tr>
<th></th>
<th>1st Dependent</th>
<th>2nd Dependent</th>
<th>3rd Dependent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relationship to you</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agencies / professionals involved?</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
</tr>
<tr>
<td>Do you have parental responsibility?</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
</tr>
<tr>
<td>Does the dependent live with you?</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
</tr>
<tr>
<td>If ‘NO’ where do they live?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>On the Child Protection Register?</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
</tr>
</tbody>
</table>

If there is any further relevant information, please provide details below:


7. Admission Criteria

Do you have any other issues that are relevant to your housing and support needs, which are not already covered?

Restricted mobility

Any particular health issues

Issues to do with sexuality

Safety and a confidential address

If particular details are relevant please describe below:


Did you refer yourself to this agency?  Yes  No

If ‘NO’, please provide the name of the agency that referred you:
8. Community Care Issues

Have you ever been assessed by Social Services?  
Yes [ ]  No [ ]

If ‘YES’, were you eligible for funding?  
Yes [ ]  No [ ]  Don’t know [ ]

When was the assessment done?________________________

9. Areas of Need

There are a number of issues which you may feel have added to the fact that you have housing and support needs. These issues are listed below (e.g. domestic abuse or mental health). For each of these issues please think about:

1. Whether the issue/s is/are relevant to the reason you are homeless or threatened with homelessness (if applicable) or have support needs?

2. Whether you need or would benefit from support with regards to addressing the issue/s?

If you have answered ‘yes’ to either or both of the above questions then please indicate the issues relevant to you on the table below. Circle a number from 0 (no issue) to 10 (serious issue):

<table>
<thead>
<tr>
<th>Issue</th>
<th>NO ISSUES</th>
<th>MILD ISSUES</th>
<th>MODERATE ISSUES</th>
<th>SERIOUS ISSUES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic abuse (E1)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Learning disability (E2)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Mental health (E3)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Alcohol issues (E4)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Drug use (E5)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Refugee (E6)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Physical mobility (E7)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Young and vulnerable (E8)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Criminal justice issues (E9)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Homeless/potentially homeless (E10)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Chronic illness (E11)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Vulnerable parent/s (E12)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Vulnerable older person</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
10. Lead Issue

Of the issues you have indicated above, please tick the one most important issue to you in the table below, i.e. the issue that is the most relevant to the type of support and housing that you need:

<table>
<thead>
<tr>
<th>Domestic abuse (E1)</th>
<th>Young and vulnerable (E8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning disability (E2)</td>
<td>Criminal justice issues (E9)</td>
</tr>
<tr>
<td>Mental health (E3)</td>
<td>Homeless/potentially homeless (E10)</td>
</tr>
<tr>
<td>Alcohol issues (E4)</td>
<td>Chronic illness (E11)</td>
</tr>
<tr>
<td>Drug use (E5)</td>
<td>Vulnerable parent/s (E12)</td>
</tr>
<tr>
<td>Refugee (E6)</td>
<td>Vulnerable older person</td>
</tr>
<tr>
<td>Physical mobility (E7)</td>
<td></td>
</tr>
</tbody>
</table>

11. Length of Support

How long do you think that you would need support for?

- Up to six months
- Between 6 – 18 months
- Longer than 18 months

12. Location of Support

Where would you like to receive support?

- In your own home
- Supported housing
- Refuge
- Hostel
- If other, please specify

Where would you like to live and receive support?

- In this area (Vale of Glamorgan)
- In a different area (outside the Vale of Glamorgan)
- If you would like to live in a different area, please state which area below:

13. Other Support

Are you supported by any other agencies? If so, please detail below:
14. Equality Monitoring

Gender Identity
Do you consider yourself transgender?  Yes  No
Do you live in the gender opposite to that assigned at birth?  Yes  No

Sexual Orientation
- Bisexual  Gay Man  Gay Woman / Lesbian
- Heterosexual  Other
If other, please specify if you wish:

Ethnicity
White:
- Welsh / English / Scottish / Northern Irish / British
- Gypsy or Irish Traveller  Irish
Any other white background, please specify:

Mixed / multiple ethnic groups
- White & Black Caribbean  White & Black African
- White & Asian
Any other mixed/multiple ethnic background, please specify:

Asian / Asian British
- Indian  Pakistani
- Bangladeshi  Chinese
Any other Asian background, please specify:

Black / African / Caribbean / Black British
- African  Caribbean
Any other Black/African/Caribbean background, please specify:

Other ethnic group:
- Arab
Any other ethnic group, please specify below:
Religion
Which religion or faith below do you most identify with?

No religion  □  Sikh  □  Buddhist  □
Hindu  □  Jewish  □  Muslim  □
Christian (all denominations)  □
Any other religion, please specify if you wish:  ____________________________________________________________________

Language
Which Languages do you speak?  ____________________________________________________________________

Impairment
Do you have a physical or mental impairment within the criteria of the Disability Discrimination Act?

Yes  □  No  □
If ‘YES’ please provide details:  ____________________________________________________________________

Information Sharing
I consent to the Local Authority/Agency using this information in order to assess the level of support services required and request that this information is made available to the Service Provider and support staff.

I understand that the information included on this form will be recorded and sent to a central coordinating team so that it can be analysed for strategic purposes only.

Information will not be disclosed to anyone else without consent, except where an agency believes I pose a danger to myself or where my actions may put others at risk.

Signed  ____________________________________________________________________

Date  ____________________________________________________________________