

Mayor's Move-On Programme

Guidelines for delivering support to survivors of domestic abuse

1 Introduction

- 1.1 The Mayor has made available up to £50m of funding (£46.875m of capital and £3.125 of revenue) to develop homes for homeless people moving on from hostels and refuges and provide them with support. This will contribute to meeting the Mayor's aims for a route off the street for every rough sleeper in the capital and for better support for survivors of domestic abuse. This programme will not only help people to move on with their lives, it will also free up valuable spaces in hostels and refuges for those in need, helping to alleviate rough sleeping and other homelessness.
- 1.2 The homes developed will augment the current stock of c3,700 Rough Sleepers Initiative (RSI) units. As under current arrangements for the RSI units, all referrals will be received and assessed centrally by the Clearing House (commissioned by the GLA), and the Clearing House will coordinate and broker relationships between referral organisations, the housing provider and the support provider.
- 1.3 The properties delivered through the Move On Programme will be for former rough sleepers and survivors of domestic abuse, and the overall programme will be developed with the aim that 80 per cent of properties are for former rough sleepers and 20 per cent for survivors of domestic abuse. These are defined as follows:
 - former rough sleepers - people moving on from homelessness hostels or nominated by a GLA rough sleeping service. Their status as a rough sleeper will dependent on verification on the Combined Homelessness and Information Network (CHAIN)
 - survivors of domestic abuse - people moving on from refuges, where the refuge provider is an accredited member of Women's Aid or Imkaan, or a member that otherwise can demonstrate that they meet the Sector Sustainability Shared Standards¹.
- 1.4 These guidelines relate solely to support for survivors of domestic abuse, to be delivered by organisations specialising in supporting this group².

Definition of domestic violence and abuse

- 1.5 Domestic violence and abuse can be defined as any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender and sexuality. This can encompass, but is not limited to, the following types of abuse:
 - psychological
 - physical
 - sexual
 - financial
 - emotional.
- 1.6 Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities

¹ <http://safelives.org.uk/sites/default/files/resources/Shared%20Standards%20Whole%20Document%20FINAL.pdf>

² Parts of this document are taken from Safelives, Standards for community-based domestic abuse services, 2015.

for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

- 1.7 Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim. This includes issues of concern to black and minority ethnic communities such as so called 'honour based' violence, female genital mutilation and forced marriage, and is clear that victims are not confined to one gender or ethnic group.³

2 Service provision

- 2.1 Effective domestic abuse services have a clear remit and offer a risk and needs-led response to each service user that proactively addresses risk and safety, supports a service user's practical needs, empowers them and provides effective referral pathways where appropriate. This is typically delivered in partnership with other agencies.
- 2.2 Where the service is provided in partnership with other agencies or organisations, a lead organisation must be nominated. The lead organisation will be responsible for ensuring the overall delivery of the service and will assume the responsibilities attached to the term 'service provider' in this document.
- 2.3 The service provider will be in a position to coordinate and oversee provision of support from other agencies to meet the aims of the programme.
- 2.4 The service must:
- deliver services at a pan-London level and complement local provision
 - provide service users with a specialist pro-active, risk-led response that reflects their individual risks and needs
 - provide effective and comprehensive safety and support planning work
 - have a robust case management and supervision process in place, ensuring effective recording practice and appropriate staff support from intake to closure
 - ensure that all aspects of casework and case file recording meet their legal and best practice duties to the service user
 - encourage and support service users to act for themselves and engage with services that can help them
 - be clear about to whom it offers a service and what that service provides
 - work proactively to ensure that a non-discriminatory service is equally accessible to all eligible service users
 - have clear and accessible referral pathways into and out of the service
 - regularly review its practice to ensure continuous improvement.

3 Support needs

- 3.1 Most survivors of domestic abuse moving into the properties will have support needs, which will vary in type, intensity and complexity. However, not all will require long term ongoing support (other than to prepare to move on during the second year of their tenancy). They are eligible for

³ <https://www.gov.uk/domestic-violence-and-abuse>. This is not a legal definition, but is helpful in creating a universal and uniform understanding of what is meant by domestic violence and abuse.

this programme irrespective of the anticipated length of their support requirement, and at the very least will be considered to have minimal support needs.

- 3.2 The Clearing House will assess all clients moving into the properties to determine the level of support the client will require. This will require the service provider to work in partnership with the Clearing House to agree the assessment, and to discuss any clients where there is a disagreement. Any disputes that cannot be resolved at service level will be discussed with the GLA.
- 3.3 The level of support need should not dictate the type of support delivered by the service provider – this should be individually tailored to each client’s specific needs. The levels of assessed support need across the whole client group (20 per cent low, 80 per cent medium) will be used to manage the service provider’s capacity and workload.
- 3.4 The service provider’s support will address a range of needs, including:
 - safety: safety planning, including child contact
 - finance: budgeting, debt advice, benefit applications, income maximisation, rent, Council Tax and utilities payments etc and other issues relating to income
 - employment, training and education: literacy, language and basic skills; college applications, CVs and applying for work, and support to obtain work
 - parenting and children: support with schools, parenting and child’s behaviour relating to trauma; support with social services and schools where necessary schools
 - mental and physical health
 - substance misuse
 - social or daily living skills needed to manage an independent tenancy
 - accessing other support services
 - future accommodation options, e.g. the return to the former home or move on to a long-term home.
- 3.5 The service provider will act in an advisory capacity to the Clearing House at the point referrals are being assessed for the waiting list, to ensure that there is provision within the support provider’s service to meet the service user’s support needs. The service provider will ensure fair process in advising on the assessment of all referrals, including transparency around advising to accept or turn down an individual. In particular, where a referral is submitted to Clearing House by the service provider’s own organisation, a process must exist to ensure objective advice is offered, where necessary by a different organisation.

4 Outcomes, outputs and activity

- 4.1 The service provider will ensure that all service users are supported:
 - to manage the transition from a refuge or other emergency accommodation into maintaining their own tenancy and avoiding negative impacts on their neighbourhood
 - to live as independently as possible while in that tenancy
 - in due course and where appropriate, to move on to more suitable accommodation, such as a return to their former home, into general needs social housing, via management transfer with their former social landlord or into private rented sector accommodation.
- 4.2 The service provider will be able to make this support offer to all survivors of domestic abuse and at the minimum refer male survivors of domestic abuse to appropriate service providers for male survivors.

4.3 The service provider will develop different support offers for low and medium support needs service users. The expected long-term outcomes will differ according to the level of a service user's support needs, as follows:

low support needs service users

- report improved mental and physical health, well-being and resilience
- are safer and better resourced to remain safe
- have increased access to justice
- whose children are at risk, those children are identified and referred appropriately
- sustain employment beyond 12 months
- achieve educational qualifications or accredited training
- benefit from financial inclusion and independence and are debt free
- secure move-on to safe housing
- have increased knowledge of service providers specializing in domestic abuse/sexual violence

medium support needs service users

- report improved mental and physical health, well-being and resilience
- are safer and better resourced to remain safe
- have increased access to justice
- whose children are at risk, those children are identified and referred appropriately
- are engaged with relevant treatment
- are engaged with ETE, volunteering or meaningful activity
- have their support needs reduced to low in some cases
- benefit from increased financial inclusion and independence including moving towards being debt free
- secure move-on to safe housing if this is realistic based on need
- have increased knowledge of service providers specializing in domestic abuse/sexual violence.

Outcomes and measures

4.4 Service providers will record outcomes based on:

stability and independence

- number of service users who have stayed in their tenancy for 12 months+
- number of service users in employment
- number of service users who have become employed since moving into their property
- number of service users in training/ education
- number of service users who have entered training or education since moving to property
- number of service users with safety plan

- number of service users accessing legal advice and/or with increased understanding of the law
- number of service users registered with a GP
- number of service users who have bank account (or other financial inclusion measures)
- number of service users who have email address (digital inclusion)
- number of service users who have had positive move on (and type of accommodation secured)

specific needs

- number of service users supported to access other services including Health and Children's services
- percentage of service users who needed language services and accessed them
- number of service users accessing specialist BAME services
- number of service users accessing specialist LGBTQ services
- number of service users accessing specialist disability services

wellbeing and resilience

- service users with increased knowledge of options to exit prostitution, if applicable
- people from the protected characteristics report increased safety/knowledge of their rights
- people from the protected characteristics report satisfaction with services
- service providers are better informed of beneficiaries' needs and service users are enabled to communicate their needs and views to service providers/decision makers
- service providers are better equipped to support service users with VAWG and/ or legal issues
- number of service users reporting reduced fear/ greater feelings of safety
- number of service users reporting reduced risk, reduced repeat victimization, prevention of escalation
- service users have improved self-esteem, motivation, confidence and are able to rebuild their lives, moving to independence
- service users have improved emotional health and wellbeing and physical health and are able to rebuild their lives, moving to independence

Range of support

- 4.5 The service provider will support the tenant from the time a property offer is made, including:
- providing a single named point of contact for both landlord and referring service
 - meeting the service user
 - developing an offer which includes a support plan and safety plan
 - attending viewing and tenancy sign up as agreed with referring service
 - agreeing property modifications as determined in an individual's safety plan.
- 4.6 The service provider will support all residents by enabling and encouraging them to access support around education, training and employment, substance and/or alcohol misuse,

addressing and managing their physical and mental health conditions and maximising their income and reducing their debt.

- 4.7 The service provider will work with new tenants to make all practical arrangements for the establishment of the tenancy (e.g. benefit claims, setting up utilities, getting to know local area, equipping/furnishing the flat, registering with GP, understanding local and community support groups and, where they have children, schools).
- 4.8 The frequency of home visits will be determined by the individual's support needs and will vary from service user to service user. For those with low support needs, they will be at least quarterly and for those with medium support needs they will be at least monthly. This will allow the service provider to gain a fuller sense of how well the tenant is managing their accommodation than being restricted to office visits. Other contact will take place more frequently.
- 4.9 Service users with minimal support needs may only need resettlement support when moving into the property, phone contact during the tenancy (at least quarterly) and move-on support to access future safe housing.
- 4.10 The support provided will be responsive to individual needs, outcome-focused, multi-disciplinary in nature and vary in delivery, intensity and duration depending on need and circumstance. This may include group support sessions, workshops, counselling or specialist advice services.
- 4.11 The service provider will provide support to low and medium support needs tenants to develop social and independent living skills which will enable them to make positive changes in their life, sustain their tenancy and decrease any negative impact within their neighbourhood.
- 4.12 Support will be provided to tenants for as long as they need it and are occupying the property. Tenancies will, in the main, be offered on a two-year fixed term, which may be extended. The service provider will assess, through regular review of the service user's support needs, that the service user continues to require the support provided.
- 4.13 The service provider is expected to employ or partner with a suitably qualified staff members to support service users with needs including but not limited to parenting support, legal issues, language barriers, housing advice, substance misuse, mental health, offending and support specific to individuals that are LGBTQ, BAME and/or disabled. The staff will also need to provide specialist move-on and employment support.
- 4.14 The service provider will provide support for low and medium support needs service users to find and sustain full time or part-time employment, and volunteering opportunities.
- 4.15 The service provider will ensure financial inclusion (tenants to have a bank/credit union/other accounts that allows service users to save and access monies) and digital inclusion (set up of service user email address) of service users.
- 4.16 The service provider will develop adequate and varied communication to ensure service user engagement through face-to-face contact, telephone calls, texts, and emails.

Moving on

- 4.17 An important part of the role of the service provider will be preparing, encouraging and motivating tenants to consider how and when they will be able to move on from the properties into safe, appropriate, (usually) non-supported accommodation.

- 4.18 The service provider will assist move-on from the properties. This should be a key focus for the service and work alongside the other outcomes.
- 4.19 The service provider will ensure that the discussion of, and preparation for, move-on is an integral part of the support planning process and that tenancies are reviewed at the appropriate times to identify both a need and an opportunity to begin the process of move-on with a tenant.
- 4.20 The service provider should manage service user expectations and, where private renting is the likely next step, prepare service users for a move into that sector. The service provider should assist with applications for social housing and, where appropriate, the pan-London reciprocal or bidding through choice-based lettings schemes.
- 4.21 The service provider will provide adequate move-on support for a minimum of four weeks for low support needs service users and three months for medium support needs service users after the person has moved. Service user expectations should be managed for when support is withdrawn. If it is expected that support may be required for a longer period, then it is the responsibility of the service provider to support the tenant to access a relevant service or otherwise put this in place prior to the move.
- 4.22 The service provider must ensure that move-on support includes developing relationships with landlords and funding towards rent deposits.
- 4.23 Where practical, the service provider should contact people who have moved on at six- and 12-month periods and record the data to improve longitudinal data collection for this group.
- 4.24 The service provider should also form links with the private rented sector, the relevant local authority housing departments, and all relevant partners and agencies in order to maximise the number of move-on places they are able to obtain.

Service provision

- 4.25 Every tenant supported by the service provider will have a named caseworker/lead worker who will ensure that they or the designated partner agencies are delivering the agreed support plan and that there are arrangements for cover in the event of absence.
- 4.26 The service provider will support tenants to work directly with housing providers or, if needed, advocate for tenants with housing providers around preventing tenancy loss, in dealing with anti-social behaviour affecting tenants (or caused by tenants) and to ensure that any maintenance issues are dealt with.
- 4.27 The service provider will work with the housing provider so that they understand the needs of the particular client group and where appropriate assist them to produce tailored 'welcome' literature for the tenant.
- 4.28 The service provider will arrange access to interpreting services, where necessary, and ensure that those tenants with special communication needs are able to access the support they need to make full use of the service offered.
- 4.29 The service provider will ensure that tenants are supported to maintain and maximise income and deal with any issues around debts and financial inclusion.
- 4.30 Where appropriate the service provider shall act, or arrange for an appropriate third party to act, as an advocate for the service user in assisting them to access additional services should they require it.

- 4.31 The service provider will review the needs of the service user six months before the end of the tenancy. Where there is an absence of or delay to specific required move-on accommodation or a support need continues to exist, and that support need will prevent the individual from living independently, the service provider will work with Clearing House and the housing provider to arrange the extension of the tenancy for an appropriate period of time (six months, one year or two years). This will be dependent on there being continuity of secure funding for support provision for the length of the extension. The service provider will inform the Clearing House of tenancy extensions in a timely manner.
- 4.32 Conversely, in the unlikely event that there is a gap or pause in funding for support, or the funding arrangements are scheduled to end within the next 12 months, only individuals who no longer need support will be recommended for tenancy extension.
- 4.33 Where the decision has been made that a service user's tenancy should not be extended the service provider will work with the service user in accessing move-on options and with the housing provider to bring the tenancy to an end.
- 4.34 If the service provider has reason to believe that a property is being sublet, they should report this information immediately to the housing provider and Clearing House. Reasons to suspect a property of being sublet would include:
- a different tenant residing in the property when visited by the service provider
 - a different tenant consistently answering the tenant's landline telephone
 - mail from the service provider to the service user is returned to sender
 - the service provider receives reports from neighbours or other support workers.
- 4.35 If it is suspected that the tenant has lost control of their property due to influence, coercion or violence from the perpetrator of their domestic abuse, the provider should put in place urgent measures and enact their policies and relevant multi-agency working for dealing with this. The provider should notify Clearing House and the housing provider immediately.

Partnership engagement

- 4.36 Effective domestic abuse services form part of a multi-agency response to survivors of domestic abuse and contribute to strategic partnerships and multi-agency forums, including the MARAC.
- 4.37 The service provider will be committed to the following multi-agency working standards where they apply to the person they are supporting:
- proactively engaging with multi-agency responses to domestic abuse, all the while ensuring service user safety remains central
 - proactively engaging with multi-agency responses to child safeguarding and fulfilling its legal duty in relation to this
 - engaging with its local MARAC, in line with its remit. This includes prior contact, attendance and engagement at the meeting and continued service user support
 - working with other agencies to promote, support and improve their response to adult and child survivors of domestic abuse accessing those agencies.
- 4.38 The service provider will work with the referring service to ensure that they understand the support on offer.

- 4.39 The service provider will act in an advisory capacity to Clearing House to ensure that referrals are suitably assessed and those accepted to the service can be fully supported.
- 4.40 The service provider will meet regularly with the housing provider to share information about any difficulties being experienced by tenants, blocks or areas, build a good relationship and discuss performance and tenure issues.
- 4.41 Where appropriate, the service provider will work with VAWG or domestic abuse specialist groups or staff members employed by the housing provider.
- 4.42 The service provider will, where necessary, raise awareness with housing provider staff responsible for the property, of the tactics used by perpetrators of domestic violence to gain information about survivors. The service provider should share how to guard against perpetrator manipulation of professionals and also set expectations about notifying the service provider of perpetrator concerns.
- 4.43 Where difficulties exist in relationships with housing providers, the service provider should seek to deal with this locally by involving more senior managers on both sides. If difficulties persist after these discussions have taken place, the Clearing House should be informed, and more serious issues should be raised with GLA.
- 4.44 The service provider should develop and maintain strong working links with the borough within which each tenant is housed so that tenants can be supported to make use of local community organisations, other support agencies and appropriate statutory services.
- 4.45 The service provider should work in partnership with statutory and voluntary sector organisations in order to provide more comprehensive and effective support to service users by facilitating access to these services.
- 4.46 The service provider should work closely with adult social care services, children and family services, health services, probation, substance misuse agencies, housing services, JobCentrePlus, employment agencies and health care partners across London in assessing needs and risk, in developing support plans and attending case conferences.
- 4.47 Specifically, the service provider manager(s) must commit time to attend partnership forums with housing associations, the Clearing House and the GLA.
- 4.48 The service provider should also, where appropriate, work in partnership with the police and anti-social behaviour teams.
- 4.49 All properties will be offered on two-year fixed term tenancies. The service provider should work with housing providers to ensure that tenancies are appropriately issued.

Staffing

- 4.50 The service provider will ensure that staff are available to provide the support service during normal office hours (9am-5pm, Monday to Friday) and that arrangements are in place for tenants to know how to access out of hours support in an emergency.
- 4.51 The service provider will work flexible hours to enable access by tenants who cannot legitimately access support at other times. It is expected that this additional cover will be provided by exception and that tenants will be encouraged to plan their time so that they can access the service during office hours where possible.
- 4.52 The service provider will be contactable by tenants during office hours to deal with emergencies.

- 4.53 The service provider will ensure that a safe and practical lone working policy is in place and clearly understood.
- 4.54 The service provider will provide accessible fit for purpose office bases in locations that makes sense given the boroughs it covers. These need not be the service's main office, or offices used exclusively by the service provider, but they should be appropriate environments for individuals they are supporting to visit safely and feel comfortable in doing so.
- 4.55 The service provider will manage staffing resources and staff caseloads so as to cope with the changing numbers of tenants requiring support. The numbers will change as more properties are introduced and tenants move on and new clients are referred.

Monitoring and record keeping

- 4.56 The service provider will ensure that appropriate systems are in place to allow for complete and accurate record-keeping, including referrals, casework, partnership work, and outcomes. The service provider will also ensure that staff are suitably trained to complete recording.
- 4.57 In addition to the use of internal recording systems, the service provider will use the Clearing House system to record key information and to complete quarterly monitoring reports and support need assessments.
- 4.58 Quarterly and annual reports including the total number of clients worked with, move-on and tenancy end reports, demographics and service outputs will be provided in partnership with Clearing House.
- 4.59 To ensure good quality service delivery and improvement of services (where required), the provider will conduct surveys and feedback requests at service entry and exit to improve qualitative data collection of the service.
- 4.60 The service provider will be monitored regarding the activities specified above and will be required to report to the GLA according to agreed criteria, against the targets, milestones and service information contained in Appendix A and supported by the evidence also specified in this appendix.

5 Access and eligibility, referral and support planning

Access and referral

- 5.1 Referrals will originate from partners providing emergency accommodation for survivors of domestic abuse (mainly refugees). The referrals will have been submitted to and assessed by Clearing House. The assessment will have been undertaken in partnership with the support provider.
- 5.2 All referrals to this service will come from the Clearing House. As part of their assessment, they will categorise applicants as having either medium or low support needs. The expected ratio of referrals from the Clearing House to the service will be roughly:
- medium – 80 per cent
 - low – 20 per cent
- 5.3 Referrals will be made electronically via the Clearing House online system and the service provider will need a process to ensure that they are effectively responded to within 72 hours.

- 5.4 All service users will be offered an assessment by the service provider, with the expectation that a support service will be offered in the vast majority of cases. In the unlikely event that an inappropriate referral has been made from the Clearing House, such as the client presenting an unmanageable risk, new information coming to light during the service provider's assessment, or the placement at a specific property being unsuitable, the referral may be rejected following discussion with Clearing House.
- 5.5 Assessments are to take place within five working days of the nomination to property (and referral to service).
- 5.6 Referral decisions made by the service provider (i.e.: to not accept a client thought suitable by the Clearing House) must be transparent and will be monitored by the GLA. The service provider must ensure – and be able to demonstrate – that individuals are not unfairly treated as a result of any protected characteristic.
- 5.7 Service users should be informed of the expectations regarding move-on when signing up to their tenancy.
- 5.8 Every potential new service user will be given an initial needs and risk assessment before being made an offer of support. The needs assessment will ensure that the service can provide the necessary level and appropriate type of support for the service user and the risk assessment will ensure that the health and safety of the potential service user, staff and the local community is protected.
- 5.9 The service provider is expected to have a fair, robust and transparent appeals process to be available in cases of refusal of service.
- 5.10 New service users nominated to a property by the Clearing House will be expected to attend an interview with the potential housing provider. It is expected that the service provider will meet with the potential tenant prior to the housing provider interview in order to introduce themselves to the service user and begin the resettlement process.
- 5.11 The service provider will have access to the information submitted in the referral form when the service user joined the Clearing House list, and this can be used to inform the service provider's assessments.
- 5.12 Once an individual is assessed and accepted to the service, the service provider is expected to take over from the referring agency as the lead agency for the service user.

Full assessments

- 5.13 Following acceptance onto the caseload of the service provider, the service provider will enhance the needs and risk assessments completed during referral by completing a more detailed assessment. These assessments should feed into the support planning process.
- 5.14 The service user must be involved in their own support needs assessment, along with any other organisations that may be involved (e.g. legal services, counselling, social services, GP, probation, carer, etc).
- 5.15 The aim of the needs assessment should be to identify how to meet those needs that prevent the service user from being able to maintain a tenancy without support. The service provider will make use of appropriate assessment tools to achieve an accurate assessment and produce an appropriate support plan.

- 5.16 Each client should have a full support needs assessment completed within two weeks and a support plan in place within four weeks of being accepted onto the service provider's caseload.
- 5.17 Support needs assessments, risk assessments, safety plans and support plans should be updated at least every six months, or whenever there are substantial changes to a client's support needs, environment, or available support services.
- 5.18 The aim of the risk assessment is to assure the safety of the service user being worked with, gain the benefits of a safer working environment for staff, protect neighbourhoods from any anti-social behaviour and reduce the possibility of negative outcomes for service users.
- 5.19 The risk assessment should:
- identify risk issues for the service user and/or those coming into contact with that service user
 - identify the hazard from each risk issue, who is at risk and the possible harms
 - decide on a course of action for each identified risk and prioritise it
 - have access to information and pass the information on to others if necessary, having regard to issues of data protection and confidentiality
 - be clear about responsibilities for managing identified risks
 - develop and review strategies to reduce identified risk.
- 5.20 The service provider is required to regularly review and update the risk assessment for each service user at least once every six months. However, if the service user's needs or circumstances change significantly in the interim the service provider is required to review and update the risk assessment immediately and where necessary inform the Clearing House.
- 5.21 If the risk assessment identifies any risks to the individual, their family, the service provider's staff or others (including members of the public and other service users) then appropriate steps should be taken to manage the risk via a written risk management plan. If necessary, the service provider should discuss how to manage any such risks with the GLA.
- 5.22 An initial risk assessment should be completed within one week of the client moving into the new property.

Support planning and safety planning

- 5.23 Risk assessments, including risks posed by others e.g. the perpetrator of domestic abuse, should inform the safety plan.
- 5.24 Support planning and safety planning will follow on from the support needs and risk assessments conducted as part of the referral and detailed assessment processes, and should extend to cover children, if relevant. The document should identify the staff member leading on the delivery of the support plan and include arrangements for cover if they are ever absent.
- 5.25 An interim support plan and safety plan must be agreed with the service user within seven days of first contact to be used until the full needs and risk assessment has carried out.
- 5.26 The support plan should set out the agencies and activities that will enable the service user to sustain their tenancy and move towards being able to manage their tenancy without support. The content and coverage of the support plan should be determined by the service provider with this in mind.

- 5.27 Both the support plan and safety plan must be recorded in writing or electronically and signed and dated by the relevant support worker. The service user should be offered a copy of the support plan and, where appropriate, sign it off.
- 5.28 The support plan and safety plan should be regularly reviewed, at least once every six months, to take account of the changing needs and circumstances of the service user. Any significant changes to either plan must be recorded in writing and dated by the support worker.
- 5.29 Support plans should include SMART (specific, measurable, achievable, realistic and time-bound), outcome-based targets for individuals being supported.

Support co-ordination

- 5.30 Where support is provided in partnership with other organisations, the service provider will have fair processes for allocating funds and selecting which organisation will be the primary support organisation. The process will be transparent and meet client's needs and service aims.
- 5.31 The service provider will be responsible for ensuring all partners, particularly the primary support organisation, adhere to their responsibilities under the grant agreement.
- 5.32 The service provider will take responsibility for building networks of support around the service user from local statutory, specialist and voluntary organisations. The service provider will lead in organising case conferences, ensuring the attendance of key agencies (e.g. mental health teams, local authorities, Probation, substance misuse agencies, etc.) and keeping notes of the meetings and progressing agreed follow up work.
- 5.33 In order to maintain the links with and cooperation of local services which will be required in order for the service provider to offer its service users access to a wider network of support the service provider will be responsive to concerns, issues and enquiries raised by partners and proactively manage the relationship with them.
- 5.34 Difficulties co-ordinating support in this way in any local authority area should be brought to the attention of the GLA who may be able to assist with brokering relationships.
- 5.35 Where individuals will benefit from support from specialist BAME or LGBT domestic abuse agencies, the support provider should broker relationships to meet this need.

6 Workforce

Staffing

- 6.1 The service provider will at all times ensure sufficient and specified numbers of staff are available to deliver the service throughout the year.
- 6.2 The service provider will ensure that those employed have the appropriate skills, qualifications and competencies to deliver a quality service to individuals they are supporting who have a range of support needs. Where these needs do not fall inside the expertise of the organisation e.g. a language, culturally specific, disability support need, the service provider should facilitate access to these services through coordination with other agencies as set out above.
- 6.3 The service provider will ensure that staff and volunteers are recruited, inducted, trained and supported appropriately for work with those who are experiencing domestic abuse.
- 6.4 The service provider will effectively manage the risks that staff face through their work.

- 6.5 The service provider is appropriately prepared to address the situation of employees as survivors and as perpetrators. The service provider will ensure that staff are properly supported, supervised and trained.
- 6.6 The service provider will ensure that all staff are paid at least the London Living Wage.
- 6.7 The service provider will be expected to actively take steps to employ a proportion of former service users in the delivery of the service.
- 6.8 The service provider will be responsible for all employment issues and will ensure that they:
- comply with any legislation prohibiting discrimination in any form
 - carry out DBS checks, and other appropriate vetting procedures, in advance of the engagement of relevant staff under the service
 - ensure that staff are not on the Safeguarding Vulnerable Adults/Safeguarding Children register
 - ensure that a minimum of two written references, one of which is from the last employer, is obtained and that the person is legally entitled to work in the UK.
- 6.9 As well as all appropriate professional training, all staff (including management) must be trained in:
- safeguarding children (Children Act 2004)
 - safeguarding vulnerable adults (Safeguarding Vulnerable Groups Act 2006)
 - risk management
 - information governance and data protection
 - health and safety
 - equal opportunities and diversity.

Conduct of staff

- 6.10 The service provider shall enforce codes of conduct and disciplinary procedures for its staff.
- 6.11 The service provider shall take appropriate disciplinary action against any person employed by the service provider who transgresses such codes and procedures.
- 6.12 The service provider shall inform the GLA of any serious or persistent transgressions by staff members and shall regularly update them on the progress and outcome of actions taken.
- 6.13 The GLA reserves the right under the safeguarding procedures to request the service provider to immediately remove a staff member from the service if:
- that staff member has failed to disclose any previous criminal convictions (unless exempted from doing so under the Rehabilitation of Offenders Act 1974);
 - the GLA receives a complaint that the staff member has acted in a discriminatory manner in the provision of the service; or
 - the staff member has acted in a manner that has put a service user or other vulnerable person at risk of harm (whether physical, emotional, financial or other harm).

7 Governance

- 7.1 The service provider will ensure that the service is delivered in compliance with the relevant legislation, including the following list which may be amended from time to time, and has appropriate policies in place to guide staff in working within these laws:
- Equality Act 2010

- Disability Discrimination Act 1995, 2005
- Human Rights Act 1998
- Homelessness Act 2002
- Race Relations Amendment Act 2000
- Police Act 1997/Criminal Records Bureau
- Civil Contingencies Act 2004
- Health and Safety at Work Act 1974
- Safeguarding Vulnerable Groups Act 2006
- The Children Act 2004
- Freedom of Information Act 2000

7.2 The service provider will have a range of policies and procedures in place, including but not limited to:

- Complaints
- Appeals
- Data protection and information sharing
- health and safety
- staff appraisal, supervision, induction, training
- staff grievance, disciplinary and capability
- recruitment
- lone Working
- managing conflict
- bullying/harassment/whistle blowing
- safeguarding
- incident reporting, including RIDDOR
- confidentiality
- service user involvement/consultation
- assessment and support planning
- equality and diversity.

7.3 The service provider will have a written business continuity plan.

8 Grant monitoring and performance management

8.1 The service provider will ensure that online quarterly monitoring submission for each individual receiving support is completed, using the Clearing House system.

8.2 The service provider will be required to make sure that all required information about service users is entered onto the Clearing House system in a timely manner.

8.3 The service provider will be required to submit performance management information, supporting evidence and financial statements in advance of grant monitoring meetings at the level agreed at the award of the grant.

8.4 Grant monitoring meetings will be held quarterly – but the GLA may vary the frequency of these meetings at any time. During the first year of the grant monitoring meetings may be held on a monthly basis if the GLA deems this to be appropriate.

8.5 The service providers will be required to submit performance management information and supporting evidence within fourteen calendar days of the end of the quarter (or the revised reporting period if this has been varied). Grant monitoring meetings will occur within 6 weeks of this date.

- 8.6 The GLA may also request performance management information outside of these times. These requests must be responded to within fourteen calendar days.
- 8.7 Performance management and monitoring information will be submitted in the format set out in a format to be agreed. Performance management information must be submitted together with the supporting evidence.
- 8.8 The service provider will supply a financial statement from their management accounts at each monitoring meeting detailing the spend over the previous quarter and to date against agreed budgetary headings in a format to be agreed. The service will also be required to report on staff vacancy rates, if relevant.
- 8.9 It is expected that all information supplied will be complete and accurate.
- 8.10 Agreed grant payments will be subject to satisfactory production of performance management information and other required supporting evidence. Low performance indicated in a monitoring return will result in further investigation by the GLA until a satisfactory outcome can be achieved. Consistently low performance against grant outcomes and measures is considered a default and will trigger a service review.
- 8.11 It will be a requirement that the appropriate level of senior management will attend grant monitoring meetings. As a minimum the service manager and a member of senior management will attend.
- 8.12 As a condition of the grant, GLA will have the right to audit all performance management information, supporting evidence and financial statements at any time.

9 Data protection and confidentiality

9.1 Data protection

- 9.1.1 Both the GLA and the provider have a duty to ensure that information held by the service is held securely and used appropriately in line with the General Data Protection Regulation (EU) 2016/679
- 9.1.2 The GLA and the service provider will act as joint data controllers in respect of all personal information collected and recorded through the delivery of the service.
- 9.1.3 The service will be able to satisfy the GLA of its compliance with the standards set out in the GLA's Information Governance and Data Protection Standards at any time.
- 9.1.4 The service (and any other third parties) will be expected to demonstrate accountability for the appropriate assurance of privacy issues involving the processing and sharing of service users' personal and sensitive information.
- 9.1.5 The service will sign up to and comply with the GLA's Rough Sleeper services Information Sharing Protocol.
- 9.1.6 The service must have policies in place to manage any loss of data, accidental or otherwise. These policies must include details on how the service provider would:
- implement a recovery plan, including damage limitation
 - assess the risks associated with the breach
 - inform the appropriate people and GLA that the breach has occurred
 - review their response and update their information security.

9.2 Record keeping

- 9.2.1 The service must keep accurate records of the clients using the service and of clients who have previously used the service.
- 9.2.2 Records may be stored electronically and/or as hard copies but the service provider must be able to demonstrate that they have policies in place to ensure that records are held securely and staff and volunteers are properly how to handle and store records.
- 9.2.3 The service will ensure that any case management system and other electronic record management system it uses complies with relevant security and data protection standards and that records are regularly backed up.
- 9.2.4 These policies must be consistent with the information contained in the GLA's Rough Sleeper Services Information Sharing Protocol.
- 9.2.5 The service will record relevant information on the CHAIN system as standard and will ensure the quality of the data it enters onto CHAIN.
- 9.2.6 The service will ensure that its staff and any volunteers are properly trained on use of the CHAIN and any other records or case management system it uses.
- 9.2.7 The service will ensure that users of CHAIN and any other case management system used maintain the security of the systems through not sharing passwords or leaving a record of them in a place easily visible to others.
- 9.2.8 Generally, and in respect of other records kept by the service, the service provider must have information management policies governing the secure storage of records. These policies must be consistent with the information contained in the GLA's Rough Sleeper Services Information Sharing Protocol.

9.3 Confidentiality

- 9.3.1 The service must have a confidentiality policy and must provide a copy to the GLA upon request. The policy must also be available to clients in an appropriate format and must be explained to them upon entry into the service.
- 9.3.2 The confidentiality policy must be compatible with the GLA's Rough Sleeper Services Information Sharing Protocol.
- 9.3.3 Clients and staff should be advised of the type of information the service keeps on record, what can or must be disclosed without their consent, when their consent is needed for disclosure and their rights to see information recorded about them.
- 9.3.4 Clients should not be asked to sign a blanket, wide ranging consent to disclosure. The confidentiality policy should set out areas where information will be shared and under what circumstances and serves as a record of their consent within these areas. In other cases, the user's consent must be obtained as the need arises. This includes passing information to other agencies.
- 9.3.5 The service must ensure that everyone engaged in the service with access to personal information understands their responsibilities and can demonstrate evidence of compliance with their procedures. This includes employees, volunteers, self-employed workers, consultants or contractors.
- 9.3.6 The procedure must comply with the General Data Protection Regulation (EU) 2016/679 and any contractual requirements. It should also cover accuracy and consistency of record keeping, security of data, information to service users, and consent for disclosure requirements and identify responsible persons.
- 9.3.7 Contracts of employment, volunteering agreements, contracts with consultants and others should include a clause making explicit the person's responsibilities for

confidentiality and data protection. The confidentiality policy should also cover actions to be taken if a staff member breaches confidentiality by unnecessarily passing on information about a client.

9.4 Whistle blowing

9.4.1 The Public Interest Disclosure Act 1998 provides for the protection of individuals who make certain disclosures of information in the public interest and to allow such individuals to bring action in respect of victimisation following such a disclosure.

9.4.2 The service provider shall produce internal guidelines for staff setting out that:

- it is the responsibility of all staff to act on any suspicion or evidence of abuse or neglect and to pass their information to the responsible person/agency
- whistle blowers will receive support and protection in accordance with the Act
- staff can contact the GLA or a relevant regulatory body in situations where they have concerns about operations and the service provided.

10 Safeguarding and serious incidents

10.1 The service provider shall prepare its own internal guidelines to protect adults, children and young people from abuse.

10.2 These guidelines must be consistent with the GLA's Safeguarding and Serious Incidents Policy.

10.3 The service provider shall immediately bring to the attention of the GLA any allegation, complaint or suspicion of abuse by or regarding any service user, whether the suspected abuser is employed by the service provider or by any other person.

10.4 The service provider shall prepare its own internal guidelines and procedures with respect to the handling of serious and untoward incidents that occur within or around the service or relate to staff, service users or any other person associated with the service. These must be compatible with the GLA's Safeguarding and Serious Incidents Policy.

10.5 The service provider shall record in writing any serious incident that occurs in the provision of the service and report the incident to GLA in line with the procedures set out in the GLA's Safeguarding and Serious Incidents Policy.

11 Complaints and appeals

11.1 The service provider should have a Complaints Policy, which is given to tenants at service commencement in a format that is readily understandable to them and their allocated worker should explain the policy to them. The policy should be made available to all enquirers upon request.

11.2 The policy should be available to the GLA upon request.

11.3 The policy should encourage all forms of service user feedback.

11.4 All complaints should be responded to within ten working days.

- 11.5 Complaints should be monitored and regularly reported to the organisation's governing body. Outcomes from complaints should be included within the service provider's quarterly report to the GLA.
- 11.6 The service provider will report to the GLA: the number of complaints and appeals received, the response times and the outcomes during any given grant monitoring period. Any actions or changes to the service provider's processes undertaken as a result of a complaint or suggestion will be included in this report and must be approved by the GLA.
- 11.7 Complaints and appeals should be monitored in such a way that any potential equality issues can be identified.
- 11.8 Service users should be supported in their decision to make a complaint or appeal a decision by any means appropriate. Service users should be supported in their decision to make a complaint, with an alternative support worker or other advocate provided if appropriate.
- 11.9 The service provider must adhere to the GLA's Safeguarding and Serious Incidents policy and every complaint or appeal should be assessed against these.
- 11.10 Complaints which pass through the service provider's complaints and appeals process without resolution should be referred to the GLA.

12 Service user involvement and consultation

- 12.1 It is expected that service users' needs and views should be at the centre of service delivery and development. The service provider will encourage and support tenants to be involved in the decision-making processes regarding the support service they receive.
- 12.2 Service users must be given the following information:
- general health and safety, including emergency procedures
 - how to make a complaint
 - details of the protection of vulnerable adults' policy and how to report any abuse, either received or viewed
 - details of the equal opportunities and diversity policy, including requirements on the way they treat others, as well as their rights
 - a copy of their support plan, safety plan and risk assessment/management plan
 - explanation of whistle blowing and how to make this type of report
 - information on local amenities (social, cultural, faith, leisure), how these can be accessed and how they will be supported to attend
- 12.3 The service provider will need to demonstrate how they will encourage and support service users to be involved in the decision-making processes regarding the support service they receive.
- 12.4 Service users should be involved in all appropriate decisions that are made about their support, including intensity, frequency of visits and duration of support.
- 12.5 The service provider should be committed to a service model where service users are involved in decisions about staffing, management and governance, for example involvement in recruitment of staff, reasonable choice of key worker and input to staff appraisals.
- 12.6 Service users should be invited to relevant meetings run by the provider.

- 12.7 The service provider should adopt a variety of approaches to user involvement and consultation that may include, but not be limited to:
- service user produced newsletters
 - focus groups based around specific purposes
 - qualitative one to one interviews
 - telephone feedback
 - annual formal service user satisfaction survey.
- 12.8 The service provider will be committed to producing visible follow-up on ideas and proposals from service user involvement.
- 12.9 However, service users should not be obliged to attend meetings and other events (including social events) organised by the service provider.

13 Communications and intellectual property

- 13.1 The service provider will ensure that the service is understood by key stakeholders, specifically:
- service users
 - potential service users
 - agencies which refer to Clearing House
 - key stakeholders, if relevant e.g. local authority commissioners
 - housing providers
 - the Clearing House team.
- 13.2 The GLA will own all intellectual property rights in any documentation created by the service provider. Any third-party intellectual property will be owned by the relevant supplier.
- 13.3 The service provider cannot use material produced as part of the delivery of their support service for publicity purposes without the express consent of the GLA.

14 Cessation of support funding

- 14.1 Where no funding for support is projected to be available after twelve months, an assessment of all tenants' support needs will be made. The GLA, the service provider and the housing provider will work in partnership to develop an exit strategy to ensure that any tenants still requiring support continue to receive it after the end of the twelve-month period (either in their current property or elsewhere).

15 Additional requirements

- 15.1 The service provider may be required to provide the GLA with additional information as requested from time to time.
- 15.2 The service provider is required to work in close partnership with the GLA and be open to new ideas on developing the service throughout the grant period.

Appendix A

Service targets

Information to be gathered and provided by the service provider

100% of nominations are reviewed within 3 working days of receipt
100% of quarterly monitoring reports are submitted within two weeks after quarter end
100% of complaints and appeals dealt with in a prompt way; within 10 working days
Fair split between organisations providing support including which primary support lead

Information to be gathered through Clearing House quarterly monitoring submission

<10% of individuals rejected by the service provider
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Other service information

Information to be gathered and provided by the service provider

Number of service users supported
Number of complaints and appeals received, the response times and the outcomes

Tenant targets

Information to be gathered through Clearing House quarterly monitoring submission

Milestone
95% per quarter tenancy sustainment rate
>75% are planned exits
Unplanned moves <25%
>60% Combined abstinent & formal treatment for clients with drug misuse needs
>60% Combined abstinent & formal treatment for clients with alcohol misuse needs
>80% of clients with mental health diagnoses engaged with statutory services
>95% of those with physical health conditions engaged with statutory services
>97% of clients registered with GP in borough
>12% in accredited training/ formal education
> 6% started accredited training/ formal education since moving into MOP
>10% in paid employment
> 5% started paid employments since moving into MOP property
>95% income maximised
>95% reduced debts & arrears
100% of children that are at risk are referred to appropriate services
>80% in receipt of legal advice for those with legal assistance support need
100% users have a safety plan (reviewed within last 6 months)
100% have bank account
100% have email address

Also gathered through Clearing House quarterly monitoring submission. The following milestones should receive commentary rather than a RAG rating.

Milestone
% accessing language support needs (as a % of those with identified language support needs)
% accessing specialist BME service (as a % of BME tenants)
% accessing specialist LGBTQ services (as a % of those identifying as LGBTQ)
% accessing specialist disability services (as a % of those with disability)