

Service Specification

Housing First Service for
entrenched rough sleepers with
complex and multiple needs

1st May 2018

1. Introduction and context

Rough sleeping in Haringey has continued to rise over the past years. In November 2018, the official rough sleeper count figure was forty-three; in 2015 it was one. From our CHAIN data, we have seen an increase in numbers of rough sleepers in the Living on the Streets cohort. In 2016-17, Haringey saw 79% of rough sleepers having needs in drugs, alcohol and/ or mental health. This service will operate initially as a one-year pilot to meet the needs of this entrenched cohort with multiple and complex needs.

2. The purpose of this document

This document provides detail and requirements relevant to the service. The provider must comply with this specification.

3. Core principles

The providers must:

- Promote the dignity, independence and self-determination of service users
- Promote opportunities for services to be delivered in a more personalised way
- Consult with and involve service users in aspects of service development and delivery
- Work with service users to set and achieve goals and outcomes and support them to realise their potential
- Respond flexibly to changes in service user's circumstances
- Ensure the service meets the needs of residents regardless of race, gender, religion, sexuality or disability
- Be committed to developing and maintaining positive relationships with stakeholders and the local community

4. Housing First Principles, Homeless Link, Housing First toolkit

The provider must ensure they deliver a service, which is true to these principles.

I. People have a right to a home:

- Housing First prioritises access to housing as quickly as possible
- Eligibility for housing is not contingent on any conditions other than willingness to maintain a tenancy (and eligibility for housing and recourse to public funds)
- The housing provided is based on suitability (stability, choice, affordability, quality, community integration) rather than the type of housing
- The individual will not lose their housing if they disengage or no longer require the support

- The individual will be given their own tenancy agreement

II. Flexible support is provided for as long as it is needed:

- Providers commit to long-term offers of support which do not have a fixed end date; recovery takes time and varies by individual needs, characteristics and experiences
- The service is designed for flexibility of support with procedures in place for high/ low intensity support provision and for cases that are 'dormant'
- Support is provided for the individual to transition away from Housing First if this is a positive choice for them
- The support links with relevant services across sectors that help to meet the full range of an individual's needs
- There are clear pathways into, and out of, the Housing First service. The individual will be able to stay in the tenancy after the Housing First support ends

III. Housing and support are separated:

- Support is available to help people maintain a tenancy and to address any other needs they identify
- An individual's housing is not conditional on them engaging with support
- The choices they make about their support do not affect their housing
- The offer of support stays with the person – if the tenancy fails, the individual is supported to acquire and maintain a new home

IV. Individuals have choice and control:

- They choose the type of housing they have and its location within reason as defined by the context. This should be scattered site, self-contained accommodation. This needs to be balanced with a realistic view on what is possible.
- They have the choice, where possible, about where they live
- They have the option not to engage with other services as long as there is regular contact with the Housing First team
- They choose where, when and how support is provided by the Housing First team
- They are supported through person-centred planning and are given the lead to shape the support they receive. Goals are not set by the service provider

V. An active engagement approach is used:

- Staff are responsible for proactively engaging their clients; making the service fit the individual instead of trying to make the individual fit the service
- Caseloads are small allowing staff to be persistent and proactive in their approach,

- doing 'whatever it takes' and not giving up or closing the case when engagement is low
- Support is provided for as long as each client requires it
 - The team continues to engage and support the individual if they lose their home or leave their home temporarily

VI. The service is based on people's strengths, goals and aspirations:

- Services are underpinned by a philosophy that there is always a possibility for positive change and improved health and wellbeing, relationships and community and/ or economic integration
- Individuals are supported to identify their strengths and goals
- Individuals are supported to develop the knowledge and skills they need to achieve their goals
- Individuals are supported to develop increased self-esteem, self-worth and confidence, and to integrate into their local community

VII. A harm reduction approach is used

- People are supported holistically
- Staff support individuals who use substances to reduce immediate and ongoing harm to their health
- Staff aim to support individuals who self-harm to undertake practices which minimise risk of greater harm
- Staff aim to support individuals to undertake practices that reduce harm and promote recovery in other areas of physical and mental health and wellbeing

5. Aims and objectives

Housing First is an approach to successfully support rough sleepers with complex and multiple needs, and histories of entrenched rough sleeping to live in their own homes. Housing First should provide a stable, independent home together with intensive personalised support and case management to individuals.

The following philosophies should underpin the service:

- Housing is seen as a human right. There are no conditions around 'housing readiness' before providing someone with a home
- Secure housing is viewed as a stable platform from which other issues can be addressed
- Housing First provides housing 'first' as a matter of right, rather than 'last' or as a reward

Housing First is a choice-led approach, which fully respects the choices of each person and

supports their self-determination. The Housing First approach allows for people to be rapidly rehoused in instances of housing loss.

The outcomes framework encompasses the following:

Strategic outcomes

- Contribute to the reduction of rough sleeping in Haringey
- Enable individuals to maximise their potential for independence and to sustain accommodation
- Minimise admissions to institutions such as hospitals, prisons or residential care
- Work within the Housing First principles
- Develop new approaches to working with people with multiple and complex needs
- Reduce repeat homelessness
- To enable service users to have a say and influence the services they are receiving

Individual outcomes:

- Percentage of service users sustaining accommodation
- Improvements in health and wellbeing
- Reduction in use of emergency health services such as Ambulance call-outs and A & E
- Increased social, family and community networks
- Reduced anti-social behaviour and offending

6. Service details

- The service will support 5 individuals with active cases plus any dormant cases (as detailed below)
- The scheme will be staffed with one full-time Housing First Worker supported by a Service Manager
- The service will ensure service users have requisite ID
- The service will develop a personalised risk assessment / safety plan with each service user
- Service users will stay in the service for as long as they require support. If there comes a time where support is not required, they will not be booked out of the service; instead they will be transferred to the 'dormant' client list. All 'dormant' clients will continue to have quarterly check-ins from the Housing First team. At this time, further support should be given as required. In the case of a client being transferred to the dormant list a further referral should be accepted by the team in consultation with the commissioner
- It is vital that the service is delivered within strategic partnerships with other agencies, in order to provide coordinated and flexible support to individuals. These partners may include:
 - Housing Officers
 - Substance misuse services
 - Mental health services
 - Voluntary sector agencies

- National Probation Service & Community Rehabilitation Companies
- Youth Offending Teams
- Integrated Offender Management
- Metropolitan Police
- Rough Sleeping Outreach Teams
- Community Safety & Enforcement
- Public Health
- NHS Trusts
- Adult Social Care
- Children's Social Care
- Other Single Homeless Accommodation Providers
- Her Majesty's Prison Service

7. Service user eligibility criteria

- Aged 35+
- Where an individual is aged 18-34 years, one of the shared accommodation rate exemptions must be met
- Where the individual is aged 18-34 years and none of the shared accommodation rate exemptions are met, the case should be discussed with the commissioner and Homes for Haringey. Discretionary housing payments may be considered in exceptional circumstances
- Have a Haringey connection as defined by the Housing Act 1996. If an individual does not meet this criteria, but they are rough sleeping in Haringey, they may be considered on a case-by-case basis, in consultation with the commissioner, Housing First and the referrer
- Have multiple and complex needs; defined as persistent and interrelated health and/ or social care needs, which impact an individual's life and ability to function in society. These may include:
 - Entrenched street homelessness, repeat service use or being otherwise vulnerably housed
 - Mental, psychological or emotional health needs
 - Drug and/ or alcohol dependency
 - Contact with the criminal justice system
 - Institutional history (care, prison, armed forces, secure hospitals etc.)
 - Physical health needs
 - Experience of domestic violence and abuse
- History of childhood trauma Have experienced multiple periods of rough sleeping and homelessness. Living an entrenched street lifestyle, they may have been excluded from multiple services
- Demonstrate a willingness to adhere to the terms of occupancy

8. Housing criteria

The FEANTSA guidance on Housing First emphasises that tenants' involvement in community and neighbourhood is an important part of maintaining a home, highlighting the 'distinction between being provided with accommodation and having a real home.'

A property fit for occupation includes:

- Security of tenure
- Privacy
- Control over space (who can enter the home and when)
- Physical safety and security
- Affordability
- Access to amenities
- Choice of furnishings
- A private kitchen and bathroom
- Working lighting, heating and plumbing

Housing should avoid areas characterised by high crime rates, nuisance behaviour and low social cohesion/ weak social capital and where the individual might be subject to bullying or persecution. There is clear evidence that the wrong location can inhibit or undermine the recovery that Housing First services seek to promote. This does need to be balanced with the supply of properties available.

The option of the Social Housing Quota through Housing Associations will always be explored initially when a new client is referred. If this is not available or unsuitable, accommodation through the private-rented sector will be secured. Where the private-rented sector is the option, the rent deposit scheme will be used to enable this move.

9. Service user referral and access arrangements

- Where an individual is accepted onto the Housing First service and there is a time period before a property is available, the client should be placed in either the Assessment Centre, an alternative service within the Single Homeless Pathway accommodation, or the Rough Sleeping Non-Eligible Emergency Accommodation
- A multi-agency approach will be used to decide on eligible referrals through the monthly Rough Sleeping Task & Targeting meeting
- Referrals can be made directly to Housing First once approved by agencies during the Task

& Targeting Meeting. The Pathway team should be cc'd into these referrals

- The Housing First Worker must process referrals and carry out a pre-admission meeting within 24 working hours of receiving a referral
- Any decision of refusal should be sent to the commissioner for monitoring. This is to ensure that no blanket exclusions are made to referrals
- All service users should sign a written consent form which complies with General Data Protection Regulations and Information Sharing Protocols

There is a general requirement to:

- Ensure that the service is targeted at those most in need of support
- Work collaboratively and flexibly with the council and referral agencies to ensure the most appropriate placement for the service user
- Use information provided by referrers and on the referral form to inform their own pre-admission meetings with service users, contacting relevant external organisations for information where appropriate
- Ensure fair access to services and ensure that individuals are not unfairly treated based on their gender, sexual orientation, race, disability or religion

10. Move on from the scheme

- As the support offer is open-ended, individuals will remain on the caseload in subsequent years (provided that the contract is extended), but the intensity of the support may vary (including the capacity to have 'dormant' cases). Where this happens there will be potential to take on new clients, but this should be discussed with the commissioner
- The provider should acknowledge that service users might struggle to maintain a tenancy. They should however, reinforce the message that they will always be there to support the person to try again should something go wrong. If a tenancy does break down, the provider should work to ensure that individuals are supported to find another tenancy
- The provider should however, be aware that there may be situations where after repeated attempts to support service users to maintain tenancies, the tenancies continue to break down. For example, where problematic behaviour continues and leads to eviction in a second tenancy with little evidence of a willingness to change behaviour. Where there is a high risk of this scenario re-occurring, it may be considered that Housing First is not the right option and that another tenancy would be setting the person up to fail. In this situation, the case should be brought to the attention of the commissioner at the earliest opportunity and brought to the Task & Targeting Meeting where an alternative plan can be made

11. Risk assessment, management and safety planning

The Housing First Worker should provide a systematic and thorough approach to risk management that enables the scheme to:

- Identify risk issues for each service user
- Identify the hazard from each risk issue, who is at risk and the possible harms
- Ensure risk is assessed following an incident or change of circumstance
- Decide on a course of action 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
- Develop and review strategies to reduce risk and maintain safety whilst giving service users as much independence as possible
- Have robust lone working procedures and risk assessments in place that are reviewed at least annually

The Housing First Worker should regularly update the risk assessment and any subsequent risk management / safety plan for each service user. If the service user's needs or circumstances change, the Housing First Worker shall review the existing risk assessment and if appropriate, undertake a further one.

If a risk assessment identifies any risks to staff or others (including members of the public), then appropriate steps should be taken to manage the risk. If necessary, the provider should discuss how to manage any such risks with the commissioner.

12. Support planning

There will be no stipulation that the service user must engage in support in a typical way. Housing First attempts to move away from traditional methods of supporting people, which have not helped these individuals in the past. Therefore, the provider should document support needs and progress, in a way that the service user wants. This should be sufficient to monitor soft outcomes, and will not necessarily give timeframes of when an individual will achieve their goals.

13. Service user/ host involvement

The scheme should be flexible, creative and user-led, with the needs, views and aspirations of service users at the centre of all aspects of service delivery and development. Service users should be encouraged and supported to be involved in decision-making processes regarding the support service as a whole (i.e. staffing, governance, activities). Service users should have

full choice and control over the support they individually receive (i.e. frequency, location, topic etc).

The provider should develop and adopt a variety of creative and innovative approaches to service user involvement. These may include focus groups, resident meetings, service-user produced newsletters, one-to-one interviews and satisfaction surveys. The provider should be committed to producing written follow-up reports on ideas and feedback given by service users, and sharing these with service users and council officers.

All service users must be given the following information in plain English:

- General health and safety, including emergency procedures
- How to make a complaint
- Details of any Safeguarding Vulnerable Adults and Children 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
- Information on local amenities (social, cultural, faith, leisure) how these can be accessed and how they can be supported to attend
- A copy of their risk safety plan and any other documents that are being worked on

Providers must assist those who require language translation or alternative methods of communication to receive these.

Service users (or nominated relatives or representatives) should be able to see their personal files kept by the service provider in accordance with General Data Protection Regulations 2018, and should be informed in writing that these files may be reviewed as part of the monitoring process.

14. Monitoring and performance

The provider should supply the council with evidence of the progress of service users against the outcome measures defined in the outcomes framework below. This should be compiled and submitted to the commissioner in an agreed format on a quarterly basis, within 3 weeks of the end of the previous quarter. The commissioner will make comments on return to the provider within 2 weeks of receipt.

The provider should attend quarterly contract monitoring meetings with the commissioner.

The provider should ensure that the service is carried out in compliance with the following legislation and statutory guidance, as may be amended from time to time:

- Carers and Disabled Children's Act 2000
- Care Act 2014
- Children Act 2004
- Health and Safety at Work Act 1974
- Homelessness Act 2002
- Homelessness Reduction Act 2017
- Human Rights Act 1998
- Mental Health Act 2007
- NHS Act 1977
- NHS and Community Care Act 1990
- Public Interest Disclosure Act 1998
- Safeguarding Vulnerable Groups Act 2006
- Rehabilitation of Offenders Act 1974
- Equality Act 2010

15. Business continuity

The provider must ensure business continuity plans are in place to address how the scheme will be delivered in the event of a major incident. These plans should be tested and reviewed regularly.

16. Serious/notifiable incidents

The provider should record in writing any serious incident, accident or near miss that occurs in any part of the scheme and report the incident to the commissioner. Serious incidents include (but are not limited to):

- Physical harm to a service user, host, member of staff or member of the public
- Safeguarding concerns (that should also be raised to the Safeguarding Team within the appropriate Local Authority)
- Arson
- Outbreak of serious infection or disease
- Serious anti-social behaviour
- Likelihood of eviction

17. Safeguarding Vulnerable Adults and Children

The provider has a duty to protect vulnerable adults, children and young service users from abuse, and has a responsibility to act on actual or suspected cases of abuse with prompt, timely and appropriate action in line with Pan-London and local policies and procedures for the safeguarding of adults and children.

The main safeguarding policies and procedures are contained in the Pan-London Procedures. These should be followed along with the London Borough of Haringey Policy and Procedures (all shown below).

Adults (aged 18+)

- Pan London Policy and Procedure
<https://www.scie.org.uk/publications/reports/report39.asp>
- LB Haringey Safeguarding Adults Policies and Procedures
<http://www.haringey.gov.uk/social-care-and-health/safeguarding-adults/safeguarding-adults-policies-and-procedures>
- LB Haringey Incident and Safeguarding Reporting Procedure (available from Housing Strategy & Commissioning Team)

Children (aged 16-17)

- London Child Protection Procedures <http://www.londonscb.gov.uk/procedures/>
LB Haringey Child Protection
<http://www.haringey.gov.uk/children-and-families/childrens-social-care/child-protection>
- Working Together to Safeguard Children - statutory guidance on inter-agency working to safeguard and promote the welfare of children.
<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

These procedures apply to all providers in Haringey and to all vulnerable adults, children and young people who remain the responsibility of the council (service users don't need to be open to Adults' or Children's Services, but may have social care needs which mean the council would open a safeguarding concern). In addition, each provider should have an internal operational policy to ensure its implementation. These should incorporate the requirement to immediately bring to the attention of the safeguarding and commissioning teams any allegation, complaint or suspicion of abuse by or regarding any service user, whether the suspected abuser is employed by the provider, by the council or by any other person.

Providers must also have a clear safeguarding policy available for inspection, regarding confidentiality of information about service users and the protection of service users, which is known, understood and adhered to by the staff employed or engaged by the provider (including volunteers).

In addition:

- All staff should be trained to meet the safeguarding requirements. The training provided must meet standards to effectively implement a comprehensive policy for the safeguarding of service users. The package of training must be regularly reviewed.

18. Whistle blowing

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

Providers should produce internal guidelines for their 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 council or a relevant regulatory body in situations where they have concerns about operations and the service provided.

19. Quality assurance

All providers should comply with relevant legislation and deliver services within clearly written procedures including the following:

- Care Act 2014
- Children and Families Act 2014
- Equal Opportunities Policy and Procedures
- Safeguarding of vulnerable adults
- Child Protection Policy
- Confidentiality Policy
- Complaints Policy
- Staff Disciplinary and Grievance Procedures

- Health and Safety Policy and Procedures
- Quality Assurance Policy
- Conflict of Interest Policy and Procedures
- Financial Management Policy
- Recruitment Policy and Procedures
- Mental Capacity Act 2005
- General Data Protection Regulations 2018

In addition, providers should:

- Ensure that the views of service users are sought when evaluating service delivery and service development.
- Ensure that the views of service users are taken into consideration and utilised where appropriate when developing action/improvement plans.
- Internally review the performance of their service in meeting its key objectives and ensure that policies, procedures and eligibility criteria are reviewed and adjusted in the light of changing needs and directives.
- Demonstrate that they have up to date policies and procedures available to the Council at all times and that these documents are fully implemented in practice.
- Monitor their quality assurance policy ensuring that their service is efficient and effective in meeting the needs of service users throughout the contract period.
- Demonstrate their commitment to quality, by formally reviewing all of their management and work practices on a regular basis during the contract period, and modify work practices where needed to improve service delivery.
- Acknowledge funding sources in promotional material.

20. Confidentiality and data protection

Providers must present a Confidentiality Policy to service users at service commencement and must provide a copy to the council upon request. The policy must also be available to service users in a service user's handbook or information pack in an appropriate format.

Service users and staff should be advised of the type of information the provider 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. A service user 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 service user's consent must be obtained as the need arises. This includes passing information to other agencies.

Providers must ensure that everyone engaged in the support 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.

The procedure must comply with the Data Protection Act 1998, General Data Protection Regulations 2018 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.

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 policy should also cover actions to be taken if a staff member breaches confidentiality by unnecessarily passing on information about a service user.

All providers must have access to a secure email system and ensure that staff use secure email in all correspondence containing personally identifiable information on service users.

21. Complaints and compliments by service users

Providers should have an accessible, user friendly Complaints and Compliments Policy which is included as part of the service user's handbook or information pack. The policy should be available to the council upon request. Complaints should be monitored and regularly reported to the provider's governing body. Outcomes from complaints should be included within the report. Service users should be supported in their decision to make a complaint, with an alternative support worker or an external agency provided if appropriate.

22. Staffing

Providers must ensure that:

- Disclosure and Barring Service (DBS) Enhanced Disclosure applications are submitted prior to the commencement of permanent employment in respect of all employees.
- DBS Enhanced Disclosure applications are submitted prior to the commencement of volunteer activities in respect of all volunteers.

- DBS Enhanced Disclosures are updated every three years.
- Staff can begin working prior to the receipt of DBS Enhanced Disclosure certificates provided a risk assessment is completed and they have limited and supervised contact with vulnerable service users
- All vacancies are advertised for and recruited in line with Equal Opportunities Policies and any other relevant legislation
- Staff and volunteers are recruited to reflect the cultural diversity of the borough.
- All staff employed will receive supervision at appropriate intervals.
- All staff receive an annual appraisal.
- All staff receive a period of planned induction appropriate to their skills and experience and the requirements of their post.
- All staff receive training and education as appropriate to their role and the needs of the service
- Staff and volunteers sign a confidentiality agreement relating to client and service information prior to commencing their duties.

23. Outcomes framework

Standard quarterly monitoring reports will be submitted in addition to the following:

Sustaining accommodation

Number of service users in accommodation at the end of the quarter
Number of service users booked out of the Housing First service during the quarter
Number of service users who have moved accommodation during the quarter and reasons
Which accommodation the service users are in e.g. Sanctuary, Homes for Haringey, PRS
Number of service users whose tenancy is at risk, reasons and action plan

Health and wellbeing

Number of service users admitted to hospital during the quarter
Number of service users who presented to A & E during the quarter
Number of service users who slept rough during the quarter
Service user surveys on their health and wellbeing reviewed every 6 months
Completion of the Health Needs Audit upon entry to the service and reviewed every 12 months

Offending behaviour

Number of service users who were taken into custody during the quarter
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Number of service users who were charged with an offence during the quarter and for what offence

Social, family and community networks

Service user surveys on their satisfaction with social, family and community networks reviewed every 6 months

Case studies

Case studies on how you are ensuring fidelity to the Housing First principles

Case studies of new approaches to working with people with multiple and complex needs