

Single Homelessness Accommodation Programme

Support Guidelines

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1 Purpose

1.1 The purpose of the SHAP support guidelines is to set out what support service providers are expected to deliver as part of their SHAP support projects, details of which should be included in applications for revenue for support funding. Applicants should refer to this document alongside the [SHAP prospectus](#), both during the bidding stage and during the mobilisation and ongoing service provision once a project is approved.

2 SHAP target client groups

2.1 SHAP will be targeted at two client groups:

- Adults with the longest histories of rough sleeping and/or the most complex needs, including those in the Target 1000 cohort
- Vulnerable young people (aged 18-25) at risk of, or experiencing, homelessness or rough sleeping

2.2 It is recognized that the level and range of needs, as well as support model and provision may vary depending on the client group that the project will target.

3 Support model and needs

3.1 Supported housing, housing first and housing led models are within the scope for SHAP. Other support models (e.g. floating support, on-site support) will also be considered.

3.2 Everyone moving into the SHAP properties will require support to meet their identified needs, maintain their accommodation and subsequently move on, as appropriate. While their support needs will vary in type, intensity and complexity, in broad terms, most new tenants would be unlikely to manage a tenancy in the community without the additional support offered.

3.3 Applicants should explain their approach to providing the support service in their bid, including considering whether a Trauma Informed Care (TIC) or Physiologically Informed Environment (PIE) approach would be appropriate for the target client group.

3.4 The service provider's support will address a range of needs, either directly or by accessing and engaging specialist services. These may include:

- initial resettlement support
- tenancy sustainment
- substance misuse
- mental health
- physical health
- learning disabilities
- physical disabilities
- entering and maintaining employment, training or education
- accessing mainstream support services
- financial living skills, debt or other problems related to income
- social or daily living skills needed to manage an independent tenancy

- social inclusion
- immigration advice

3.5 The service should establish the anticipated referral routes and eligibility criteria for referrals. It is expected that the service considers how fair and appropriate access to referrals can be achieved.

3.6 The service must assess everyone moving into the properties to determine the level of support they will require (see 3.33 onwards for further detail).

4 Outcomes, outputs and activity

4.1 Depending on the target client group and support model, the service provider will ensure that all service users are supported:

- to help them recover from homelessness and its associated traumas,
- to manage their transition from homelessness and/or hostel living into maintaining their own tenancy,
- to engage with specialist services to meet identified health, employment, training, education and/or financial needs or goals,
- in due course and where appropriate, move on (or step down) to more suitable accommodation, including (but not limited to) other supported accommodation, general needs social housing or private rented sector accommodation.

Range of support

4.2 The service provider will support all service users by enabling and encouraging them to access the range of support outlined above.

4.3 The service provider will work with service users and their referring service to make all practical arrangements for their new accommodation (e.g. benefit claims, setting up utilities, getting to know local area, equipping/furnishing a flat, registering with GP) and move in.

4.4 The service provider will deliver support in a variety of modes and settings, dependent on the needs of individual service users. The frequency/level of in-person contact with service users should be appropriate for the level of support needs identified for the service and the type of support setting.

4.5 The chosen tenancy type(s) should balance the operational and management needs of the scheme, whilst seeking to provide the most security for the tenants. Tenancies must be in line with the Regulator of Social Housing's Tenancy Standards.

4.6 Tenancy length should be appropriate to the type of development, and the conditions attached to tenancy (or license) agreements should be designed to support the needs of the individuals. Applicants should demonstrate how the proposed rents and service charges will be affordable to the service users, both when they enter the service and if their circumstances (e.g. employment) change during the course of their stay.

4.7 The service provider will assess, through regular review of the service user's support needs, that the service user continues to require the support, or the level of support, provided.

4.8 The service provider is expected to employ a suitably qualified staffing team to support service users with needs around substance misuse, mental health and offending (either directly or by accessing specialist services). The team will also need to provide specialist move on and employment support. Where appropriate the provider is encouraged to make use of volunteers and peer support workers.

4.9 The service provider will ensure financial inclusion (e.g. tenants to have a bank/credit union/other accounts that allows service users to save and access monies) and digital inclusion (e.g. set up of service user email address) of service users.

4.10 The service provider will develop adequate and varied communication methods to ensure service user engagement through face-to-face contact, telephone calls, texts, and emails. Regular general communications with service users, for example via a newsletter, should be developed.

Service provision

4.11 The service provider will, work with service users to maintain their accommodation and prevent people from returning to rough sleeping.

4.12 The service provider will ensure that there are clear case-working responsibilities and processes for every service user, including arrangements for cover in case of any staff absences or empty posts.

4.13 The service provider will advocate for tenants with housing providers around preventing tenancy loss and ensuring any maintenance issues are dealt with. The service provider will also work closely with housing providers in dealing with rent arrears as well as anti-social behaviour affecting tenants (or caused by tenants).

4.14 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.

4.15 The service provider will ensure that tenants are supported to maintain and maximise income and deal with any issues around debts and financial inclusion.

4.16 Applicants should set out expected contact hours and caseloads in their SHAP revenue for support application, which should reflect the anticipated level of needs of the target client group for the project.

4.17 The service provider will review the support needs of the service user at regular intervals to establish, if required and subject to the aims of the project, whether the service users is ready to step down to a less intensive support service or to move on from their accommodation.

Partnership engagement

4.18 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.

4.19 The service provider should work in partnership with statutory and voluntary sector organisations in order to assess needs and risk and provide more comprehensive and effective support to service users by facilitating access to these services. These should include (but are not limited to): Adult Social Care services, Children and Families services, Health services, VAWG services, Probation, substance misuse agencies, Housing Services, JCP, employment agencies, health care partners, sub-regional and pan-London homelessness and young persons' services.

4.20 The service provider will lead in organising case conferences, ensuring the attendance of key agencies (such as those listed in 3.19 above) and keeping notes of the meetings, progressing agreed follow up work, and work to gain buy-in from other relevant services as required.

4.21 The service provider will maintain links with these organisations and services to ensure their continued cooperation and be responsive to concerns, issues and enquiries raised by partners and proactively manage the relationship with them. This will include having a locality management plan to handle issues that impact on the local community or nearby services.

Moving on

4.22 It is expected that the support service should be designed to meet the aims and needs identified through the SHAP Locality Gap Analysis, in order to make best use of the project for its stated purposes. This means that in some cases, projects will be designed for short stays and rapid move-on, although this will not necessarily be representative of all schemes.

4.23 Applicants should set out their expected length of stay and move-on aspirations as part of their SHAP revenue for support application. Where move-on is a desired outcome of the service, the following guidance may apply (3.24 – 3.29).

4.24 An important part of the role of the service provider will be preparing, encouraging and motivating service users to consider how and when they will be able to move on from the properties into lower-needs or even non-supported accommodation (often in the private rented sector).

4.25 The service provider will assist move on from the properties for people who no longer require support.

4.26 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.

4.27 The provider must ensure that pre-move on support (i.e. preparation of a service user for a move to independent living) includes establishing the service user's relationship with their future landlord, sourcing of necessary furnishings, and consideration of options for rent deposits.

4.28 The service provider should consider whether post move-on support is appropriate or required depending on a service user's needs, and will effectively manage that move-on to ensure there is a smooth transition of support provider where necessary.

4.29 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.

Staffing

4.30 Service providers will ensure that each project is appropriately staffed to deliver the outlined support model and service in a robust and safe way. It is anticipated that most projects will consist of on-site support with a Monday-Friday staff presence at minimum, and 24/7 staffing may be appropriate in many cases. Other types of project, such as housing-led or Housing First may have a floating support model with staff visiting dispersed properties. Applicants will be expected to demonstrate their staffing hours and any out-of-hours and emergency cover and as required.

4.31 The service provider will ensure that a safe and practical lone working policy is in place when required and clearly understood.

4.32 The service provider will need to manage staffing resources and staff caseloads so as to manage any changing demands of the service, and including staff absences or vacant posts.

Needs and risk assessments

4.33 The service user should be involved in their own support planning, along with any other organisations that may be involved (e.g. social services, GP, probation, carer, etc).

4.34 The service provider will make use of appropriate assessment tools to achieve an accurate assessment and produce an appropriate support plan.

4.35 Each service user should have a prompt and full support needs assessment completed and a support plan in place upon entry to the service.

4.36 Support needs assessments, risk assessments and support plans should be updated on a regular basis (which will be outlined in the service model), or whenever there are substantial changes to a service user's support needs, environment, or available support services.

4.37 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.

4.38 The risk assessment should:

- identify risk issues for each 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.

4.39 The service provider is required to regularly review and update the risk assessment for each service user on a regular basis. 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.

4.40 If the risk assessment identifies any risks to 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.

Support planning

4.41 Support planning will follow on from the support needs and risk assessments conducted as part of the referral and detailed assessment processes. The staff member leading on the delivery of the support plan must be clearly identified by the service provider with arrangements put in place for cover if they are ever absent.

4.42 The support plan should set out the activities that will be undertaken to support the service user with their identified needs, such as enabling them to access relevant services (e.g. drug and alcohol, physical and mental health) or helping them to progress towards the agreed outcomes. The content and coverage of the support plan should be determined by the service provider with this in mind.

4.43 The support plan should be regularly reviewed, at regular intervals, to take account of the changing needs and circumstances of the service user. Any significant changes to the plan must be recorded in writing and dated by the support worker.

4.44 Support plans should include SMART (specific, measurable, achievable, realistic and time-bound), outcome-based targets for service users and should be linked to the outcome of ensuring that a rough sleeper is able to sustainably leave the streets.

Monitoring and record keeping

4.45 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.

4.46 To ensure good quality service delivery and ongoing service improvement, the provider will conduct surveys and feedback requests at service entry and exit to improve qualitative data collection of the service.

4.47 The service provider should ensure that all arrivals and departures to and from the project are recorded on the CHAIN database (please contact a GLA officer if staff do not already have access to the system or require training on how to use it).

The service provider will also be required to submit to the GLA monitoring reports and KPI data against agreed outcomes, which will be specified in the grant funding agreement.

4.48 The GLA reserves the right to request additional reporting evidence if required.

5 Workforce

Staffing

5.1 The service provider will at all times ensure sufficient and specified numbers of staff are available to deliver the service throughout the year.

5.2 The service provider will ensure that those employed have the appropriate skills, qualifications and competencies to deliver a quality service to tenants with a rough sleeping background who will have a range of additional support needs.

5.3 The service provider will ensure that all staff are paid the minimum of the London Living Wage.

5.4 The service provider will ensure that staff are properly supported, supervised and trained.

5.5 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.

5.6 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.

6 Governance

6.1 The service provider will ensure that the service is delivered in compliance with the relevant legislation, including the following list which as 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
- Homelessness Reduction Act 2018
- 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 1989 and 2004
- Freedom of Information Act 2000
- General Data Protection Regulation 2016
- Data Protection Act 2018

6.2 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 procedures, including rehabilitation of offenders and Disclosure and Barring Service (DBS) clearance
- lone working
- managing conflict
- bullying/harassment/whistle blowing
- safeguarding
- incident reporting, including RIDDOR
- confidentiality
- service user involvement/consultation
- assessment and support planning
- engagement & non-engagement
- exclusion
- drug & alcohol
- equality and diversity

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

7 Data protection and confidentiality

7.1 Both the GLA and the service provider have a duty to ensure that information held by the service is held securely and used appropriately in line with the Data Protection Act 2018 and the UK general data protection regulation known as UK GDPR.

7.2 The service provider (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.

7.3 The service must have a data protection and 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. It must comply with the Data Protection Act 2018 and any contractual requirements. It should also cover accuracy and consistency of record keeping, security of data, information to service users, disclosure requirements and identify responsible persons.

7.4 The service must keep accurate records of the clients using the service and of clients who have previously used the service.

7.5 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.

7.6 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.

Confidentiality

7.7 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.

7.8 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.

7.9 The service provider 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.

7.10 The procedure must comply with the Data Protection Act 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.

Whistle blowing

7.11 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.

7.12 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.

8 Safeguarding and serious incidents

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

8.2 The service provider shall immediately bring to the attention of the senior management and/or the service commissioner 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.

8.3 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.

8.4 The service provider shall report any serious incidents to the GLA, in line with the GLA's Safeguarding and Serious Incidents Policy

9 Complaints and appeals

9.1 The service provider should have a Complaints Policy, which is given to service users 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.

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

9.3 Complaints should be monitored and regularly reported to the organisation's governing body.

9.4 Complaints and appeals should be monitored in such a way that any potential equality issues can be identified.

9.5 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.

10 Service user involvement and consultation

10.1 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 service users to be involved in the decision-making processes regarding the support service they receive.

10.2 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 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.

10.3 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.

10.4 Service users should be involved in all appropriate decisions that are made about their support, including intensity, frequency of visits and duration of support.

10.5 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.

10.6 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.

11 Cessation of support funding

11.1 When the three years of SHAP grant funding ends, and if no alternative funding for support is projected to be available, an assessment of all tenants' support needs will be made. The service provider and the housing provider will work in partnership to develop a decant and/or exit strategy to ensure that any tenants still requiring support continue to receive it (either in their current property or elsewhere).

11.2 The bidder should demonstrate how they have considered the sustainability of the project beyond the period of SHAP revenue funding, indicating if and how it plans to continue funding the service after this funding ends, or how the project may be used for a different client group in the future.

12 Additional requirements

12.1 The service provider will work in partnership with the housing provider. This is likely to involve the development of separate contract arrangements around the housing management function.

12.2 Depending on any relevant agreement with a landlord, the service provider should ensure building(s) upkeep is of a good standard to maintain a safe, clean and comfortable environment for the service users to achieve the service's targeted outcomes.

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