



FLOATING SUPPORT SERVICE POLICY & PROCEDURE

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CONTENTS	PAGE NUMBER
Service Description	3
Statement of Rights & Responsibilities of Service Users	6
Procedure	7
Flow Chart	9
Proformas	
1. Referral Form for Tenancy Support	10
2. Tenancy Support Risk Assessment Form	11
3. Risk Assessment Management Plan	12
4. Tenant Assessment	15
5. Support Plan	20
6. Service Level Agreement	26
7. Visit Form	27
8. Review Form	28
9. Equal Opportunities Monitoring Form	29
10. Evaluation Form	31

FLOATING SUPPORT SERVICE

SERVICE DESCRIPTION

1. **Aims and Objectives**

The essential aim is to develop individual's and families' capacity to live independently in the community by sustaining, supporting and increasing their capacity to do so.

We will seek to do this by making available resources which will encourage people to learn the skills needed to maintain successful tenancies.

2. **Client Group**

The Association has identified the following client groups for which the majority of the service would apply, namely:

- Homeless families
- Families at risk of homelessness
- Young single people
- People with learning or physical disabilities.

However, the Association recognises that other tenants outside these client groups may need help and assistance in order to maintain their tenancy and each case for support would be considered on its own merits. This will include the client groups which the Association has contractual liabilities with the appropriate Supporting People Authority. There are therefore no specific client group exclusions.

3. **Access to Service**

The service is an offer to new or existing tenants of the Association. Referrals for floating support will be usually triggered via the following sources :-

- a. Internally – via housing officer, housing management or ASB team
- b. Externally – referrals from statutory or voluntary agencies
- c. Self-referral – via word of mouth or Group's promotion of the service

4. **Form of Support Offered**

Practical help and support will be offered in the following areas:-

Maximisation of income, budgeting, household tasks, furnishing/heating, harassment, neighbour relations, social isolation, health and education and emotional support. We do not offer specialist services such as substance misuse, counselling/assistance or long term counselling or befriending. Outcomes must be focussed, agreed and achievable within the remit of the Associations support service.

5. **Delivery of the Service**

The service is usually delivered face to face in a Service Users (SU) property by the Tenancy Support Officer (TSO). The support is defined as being short-term and therefore less than 2 years in duration. The TSO's work from 9.00am to 5.00pm, Monday to Friday and are usually accessible at these times. There is no emergency or weekend cover for out of hours problems other than those provided for by emergency maintenance cover. The TSO's will usually have a case load of around 10 to 15 clients and will be able to give an average time of 3½ hours per client per week. This includes visits and work generated at the office. It is understood that this hourly level of support may be variable up or down, dependant on each Service Users need and the service will reflect this need. The TSO will be supervised by the Special Initiatives Manager. The Association understands that, with the agreement of the Service User, the service may be offered from a meeting place other than the tenant's home.

6. **Components and Essential Elements of the Service**

Following a referral it is anticipated that a needs assessment visit will be required in order to fully explore the reasons and need for support. This is undertaken by the TSO, who may be accompanied by the Housing Officer or another colleague from within, or external to, the Association. If the need for support is accepted by both parties then written confirmation and a service level description will be forwarded. This will then be explained fully by the TSO when next visiting. Advocates or a translation service will be utilised if necessary in order to ensure that the Service User has a full understanding of the service.

The Association will require the Service User's co-operation and agreement to work on their behalf. This will include regular meetings, reviews and agreed goals. Also, signatures and/or agreements on support plans will be needed if Service User's problems are to be dealt with. The Association expects its employees and the Service User to have a good working relationship, which is built on mutual trust, honesty and integrity. Professional boundaries should be respected by all parties and no gifts or monetary benefit should be offered to any member of staff. The Service User has a right to redress via the Association's Complaints Procedure specified in the Tenants' Handbook. The service can be terminated at any juncture after 28 days' notice by either party.

The Association will actively promote Service User involvement in the provision and development of the service and we will actively encourage participation in these areas whilst respecting the rights of Service Users to choose whether or not they wish to be involved in this particular area. A questionnaire will be sent to Service Users on termination of the service.

7. **Achievements/Goals of the Service**

The Association is committed to providing a high quality effective and outcome related service. The overall goal is to sustain and support a tenancy in order to ensure that the Service User can live independently in the community and carry out a successful tenancy. These outcomes will be formally monitored at an individual Service User level and also for the service as a whole. It is hoped that

by utilising experience and Service User views, the service can be developed and improved to ensure that any goals and targets set by the Service User and the Association are achieved.

FLOATING SUPPORT SERVICE

STATEMENT OF RIGHTS AND RESPONSIBILITIES OF SERVICE USERS

The Association recognises that all tenants are individuals and have the usual rights associated with living independently, as written or implied in their tenancy agreement. The Association will respect all the legal rights of the tenancy, which will work alongside and as part of the floating support agreement. All tenants are provided with a Tenants' Handbook and Tenancy Agreement as well as added information regarding racial harassment, nuisance and confidentiality. The Association respects the rights of tenants with regard to privacy, choice and personal freedom.

Information regarding Service Users will only be discussed with relevant parties after full agreement has been obtained from the Service User. The needs of our tenants are paramount and will be respected and viewed alongside involvement with family, friends and the wider community.

In return, the Association will expect the tenant/service user to conduct their tenancy in an appropriate manner and within acceptable behaviour boundaries. This applies to all aspects of their tenancy, including their conduct towards staff, tenants and members of the community. Any breach of the above could result in the Tenancy Support Service being withdrawn and/or legal remedies being followed under a breach of the tenancy agreement, statute, either implied or implicit.

A full description of the service will be supplied and explained to any potential Service User in order that they are fully aware of its implications for them. They can then make an informed choice as to whether the service can be of assistance. The Association will respect the right of tenants to refuse or take up the service.

FLOATING SUPPORT SERVICE

PROCEDURE

1. Referral

It is anticipated that most referrals will come via the Housing Officer (HO) and/or housing management. Standard proformas should be completed by the Tenancy Support Officer (TSO). Referrals can be received from statutory or non-statutory agencies or self-referrals. The service is available to new or existing tenancies.

2. Visit/Assessments

Once a referral has been received, the TSO should make appropriate enquiries via the HO or any other relevant person. Application forms, files and other documentary evidence should be viewed prior to visit in order to obtain a more detailed knowledge of the Service User (SU) and minimise risk to all concerned. A visit to the SU should then be undertaken, either accompanied or unaccompanied, in order to complete a standard assessment form and a risk assessment form. If English is the second or other language, it may be appropriate to ensure that there is access to translation services, either via Language Line, friends, relatives or advocates. A full description of the service and its implications for the SU should be discussed in order to ascertain the suitability of the service for all parties concerned. A description of the service should be forwarded and discussed at interview.

3. Decision to Accept/Reject

After ascertaining the full details of the SU's background and any other relevant circumstances, a discussion with the line manager must ensue **before** a decision to accept or reject is made. This may well involve the HO and/or other agencies. The decision to accept or reject will be recorded and signed.

If an SU is not accepted for the service, then a letter of explanation will be sent by the TSO stating the full grounds for rejection and the right of appeal. It may also be appropriate to find the SU alternative or more specialist support and the TSO should try to ensure that the best needs of the SU are fully explored and assisted.

Once accepted, the SU will be notified in writing. If there is no immediate capacity available then they should be informed that a waiting list system is in operation and that they will be updated as and when there is any capacity available.

If immediate service provision is available then the TSO should forward details of the service level agreement and arrange a visit. At the visit, the service level agreement should be explained and signed by both parties, as should a support plan. TSO's will have to complete an equal opportunities form, which should be kept in a separate file, as well as a Core form, which should be forwarded to the relevant agency. The Special Initiatives Administrator should also be informed of any new SU's in order that the SP software package can be updated.

4. **Support Package and Review**

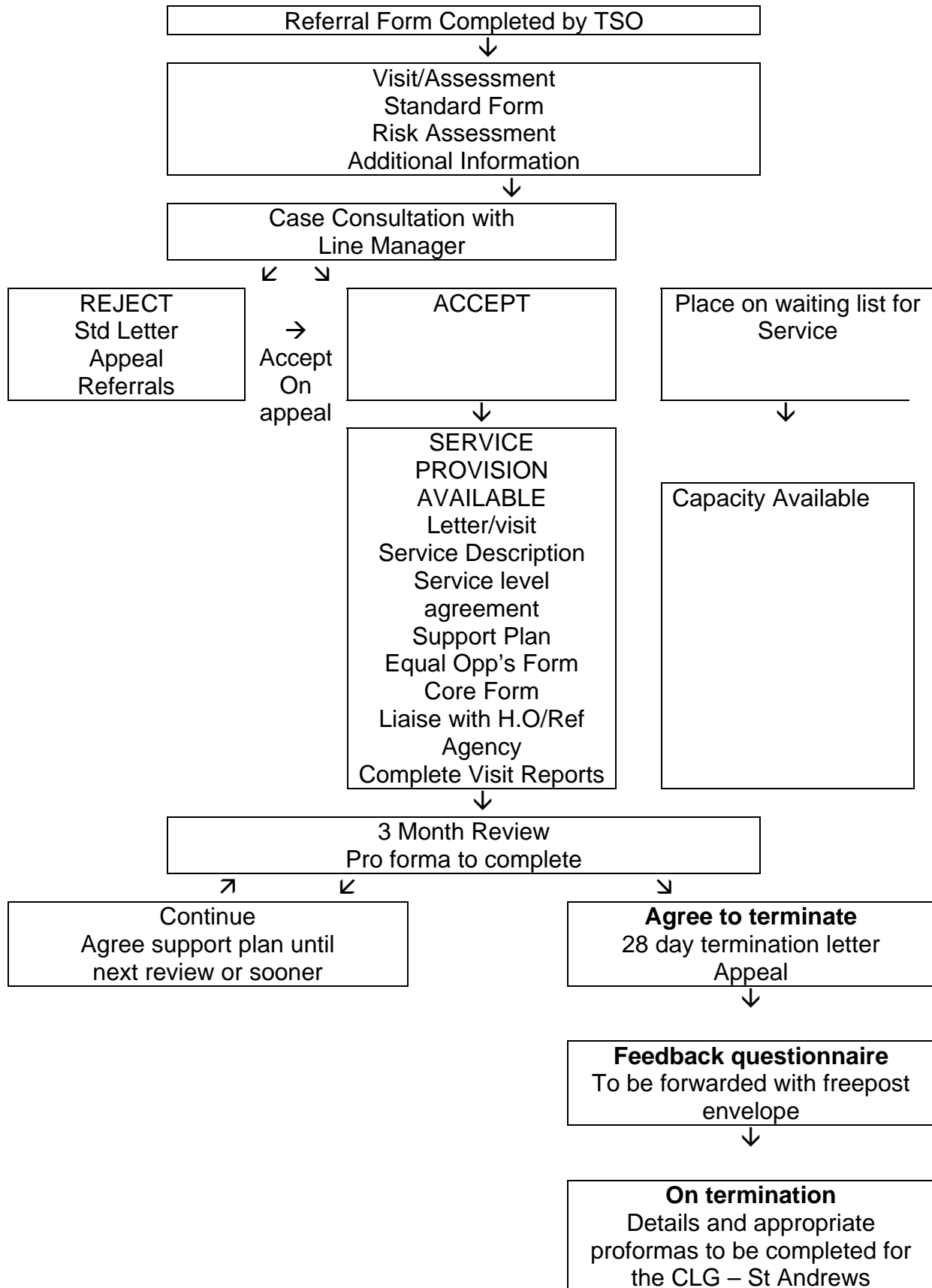
This will be agreed at the first and subsequent meetings, as will the dates and times of future meetings. Meetings should be outcome focussed and visit reports must be agreed and signed by both parties whenever possible. Review dates for support plans will be done at three monthly intervals, but can be done before if mutually agreed. Regular meetings will be undertaken between TSO's and their line manager in order to discuss each particular SU and caseloads. Any terminations of the service will be undertaken after full consultation between all parties concerned. Notice of service termination should be given in writing by either party and will take effect 28 days from the date on the letter. The SU will be able to appeal through the Association's policy if they do not wish to have the service terminated.

5. **Consultation and Joint Working**

The Association, via the service, will actively encourage joint working with all other parties pertaining to each individual case. This may include statutory or voluntary agencies and will be done with the consent of the SU.

With regard to consultation and tenant involvement, it is Association policy to encourage active feedback in relation to the service and, in order to encourage this, varying methods of contact will be used. This may include meetings, questionnaires, telephone surveys and focus groups. Feedback obtained will be used to further develop the service in order to achieve customer focussed outcomes. SU's will be kept informed at all times of any proposed changes in service delivery.

FLOATING SUPPORT SERVICE FLOWCHART



CHEVIN HA REFERRAL FORM FOR TENANCY SUPPORT

Name:	Applicant Ref No:
Address:	Tenant Code:

Age:	If younger than 18, has a 'friend in litigation' been appointed?	Yes/No
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Brief description of case and referral source

Completed by:	Date:
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**CHEVIN HOUSING ASSOCIATION
RISK ASSESSMENT
TENANCY SUPPORT**

Name: Address:					
Date of Assessment:					
Information Regarding Applicant					
<p>Areas of Concern/Risk</p> <ul style="list-style-type: none"> • Resident to self • Resident to property and surroundings • Resident to staff/neighbours and visitors • Resident from visitor/neighbours • Other areas of concern <p>Any problems highlighted above need to be fully assessed on the attached proforma</p>					
Any Other Agency Involvement					
Evidence					
Decision	Accept		Reject		Defer
Signed:.....(TSO)			Agreed:..... (Supervising Officer)		
Date:			Date:		

RISK ASSESSMENT MANAGEMENT PLAN

Name and Address of Service User
Date of Risk Assessment :-
Has the Service User agreed to the risk assessment:- YES / NO
If no, have the implications for not completing a risk assessment been explained:- YES / NO
Interviewing Officer:-

This Is A Confidential Document

This means that the only people who can have access to this information are YOU and the staff on a “need to know” basis. We will only share information on this risk assessment with others where you agree that we can. You have the right to discuss matters with the TSO in confidence and the right to be treated fairly, equally and in the knowledge that your cultural beliefs will be respected.

Why Do You Need A Risk Assessment?

It will help us to identify things that you need assistance with. It will also help us to provide you with the most appropriate assistance to help you stay independent and look after your health and well being.

What If Your Circumstances Change?

We will review your risk assessment annually, along with your support plan. If you would like to discuss your needs more frequently or sooner please speak to your TSO. If you have any major changes in your circumstances we will review your support plan and risk assessments sooner. Any reviews will be held at a time and place that is convenient to you.

In Case Of Complaint

- Please ask your TSO for a copy of our Complaints leaflet.
- It is your right to ask for a re-assessment if you feel that your needs have not been met.
- It is your right to ask for another member of staff to conduct a re-assessment if you feel that your needs have not been met.

Name & Address:-		Assessed By:-	
Assessment Date:-		Review Date:-	

Activity / Hazard	Risk	Person (s) at Risk	Existing Control Measures / Monitoring Adequate?	Action Required	When & By Whom

Signed client:	Date:
Signed TSO:	Date:

Risk Assessment Review

Risk Identified	Risk Increased / Decreased / No Change	Action Required	When & By Whom
Signed Service User:		Date:	
Signed TSO:		Date:	
Date of next review:			

**CHEVIN HOUSING ASSOCIATION
FLOATING SUPPORT SERVICE
TENANT ASSESSMENT**

Date of Assessment	
Name	
National Insurance Number	
Date of Birth	
Address	
Phone Number (s)	
Tenancy Reference Number:	
Current Rent:	
Partner	
National Insurance Number	
Date of Birth	
Other Occupiers / Children (including DOB)	

INCOME, EXPENDITURE, DEBT & BUDGETING

<p>Do you receive any benefits including Housing / Council Tax benefit, if so what benefits and at what rates.</p>	
<p>Are you / your household in paid employment? If so, what is the income.</p>	
<p>Are you or your partner in any debt at the moment? If so please give details of creditors and any arrangements made.</p>	
<p>Do you need assistance in applying for benefits?</p>	
<p>Do you need assistance with budgeting?</p>	

HOUSING HISTORY & MANAGEMENT ISSUES

Do you have any rent Arrears at your current address? If so how much and has anything been done to resolve them?	
Have any complaints ever been made against you at your current address?	
Have you ever made any complaints since being at this address?	
If yes to either of the above, have these issues now been resolved?	
Do you require any other assistance – for example help to get Furniture for the property or help to move into more suitable accommodation?	
Have you ever been evicted from or abandoned any previous accommodation? If so what was the reason for this?	

HEALTH & SOCIAL CARE

<p>GP Name, Address and Telephone number</p>	
<p>Any other medical profession or Social Service involvement? If so please list.</p>	
<p>Do you consider yourself to have a disability? Wheelchair user Hearing impaired Sight impaired Learning difficulty Mental health problem Alcohol/substance misuse Other</p>	
<p>Are you taking any medication, if so are do these cause any side affects? (please list medication if necessary)</p>	
<p>Do you need any help or advice to access any other services relating to your health including adaptations to your home?</p>	
<p>Do you have any specific communication preferences i.e. – Braille, large print, other language</p>	

WORK & EDUCATION

Are you in paid or voluntary employment? If the answer is no, do you need any help to access work opportunities?	
Are you currently doing any training or attending any courses? If the answer is no would you be interested in doing training or attending courses? If so, would you like any help in accessing these services?	

Any further information that you wish to give.

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Signed by Service User:	Date:
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Signed by TSO:	Date:
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CHEVIN HA SUPPORT PLAN AND ASSESSMENT

**1. Achieve economic wellbeing
Money and Work**

Date	Support Need *(Current scale of assessment 0-10)	Action required to address support need	By Whom (please tick)		
			SU	SW	Agency
Please list below +ve and –ve outcomes and the date achieved. This will help you complete the CLG outcomes form.					
List +ve outcomes		Date	List -ve outcomes		Date

* Scale 0-10 is based on the level of support the service user thinks they may need with each issue, 10 being 'no need', 0 being 'full support'. When the review is carried out the service user should be asked again regarding the level of support they need on the original issues identified. Ideally we should be working towards increasing the scale achieved for each particular need.

2. Enjoy and Achieve Education and training, social and leisure, help in the community					
Date	Support Need *(Current scale of assessment 0-10)	Action required to address support need	By Whom (please tick)		
			SU	SW	Agency
Please list below +ve and –ve outcomes and the date achieved. This will help you complete the CLG outcomes form.					
List +ve outcomes		Date	List -ve outcomes		Date

3. Be healthy
Health, including mental, physical and substance misuse

Date	Support Need *(Current scale of assessment 0-10)	Action required to address support need	By Whom (please tick)		
			SU	SW	Agency

Please list below +ve and -ve outcomes and the date achieved. This will help you complete the CLG outcomes form.

List +ve outcomes	Date	List -ve outcomes	Date

**4. Stay safe
Risk, independent living skills**

Date	Support Need *(Current scale of assessment 0-10)	Action required to address support need	By Whom (please tick)		
			SU	SW	Agency

Please list below +ve and -ve outcomes and the date achieved. This will help you complete the CLG outcomes form.

List +ve outcomes	Date	List -ve outcomes	Date

**5. Positive contribution
Emotional well being, parenting skills**

Date	Support Need *(Current scale of assessment 0-10)	Action required to address support need	By Whom (please tick)		
			SU	SW	Agency

Please list below +ve and -ve outcomes and the date achieved. This will help you complete the CLG outcomes form.

List +ve outcomes	Date	List -ve outcomes	Date

Record of your Support Plan & Assessment

I have taken part in the making of my support plan and I am signing to say that I agree with its content and the joint agreed assessment.

I consent to Chevin HA contacting any person that they deem necessary in order to facilitate meeting my support plan needs. I also consent to allow the appropriate Local Authority Supporting People Officers to view my details when undertaking a service review or contract management process.

Key issues to be recorded and addressed through your support plan:

Signed by TSO:

Date:

Signed by Service User and/or advocate:

Date:

Review date:

If tenant refused to sign, state reason:

**SERVICE LEVEL AGREEMENT
CHEVIN HA FLOATING SUPPORT AND THE TENANT (SERVICE USER)**

This document is an **agreement** between the Tenant and Chevin HA regarding the provision of a Floating Support Service. It should be fully explained by the Tenancy Support Officer. Translation/interpretation services are available if English is not your first language. It will be issued along with the service description and the Statement of Rights and Responsibilities of Service Users.

You have been provided with a service description, which outlines the service being offered. In order for the support to be a success, the Association would like you to:-

1. Be honest and open regarding your needs and requirements.
2. Provide as much information as you can regarding the areas in which you wish the Association to help you.
3. Make yourself available for visits at regular, pre-arranged mutually convenient times.
4. Agree and sign support plans and/or other documentation pertaining to your support.
5. Work in a civil and courteous manner with your support officer and ensure that professional boundaries are not crossed.
6. Give 28 days' notice should you wish to terminate the service.
7. Participate wherever possible in service reviews or customer feedback exercises, which are carried out periodically by the association as part of their service improvement and tenant participation policies.

As part of the service, the association agrees the following:-

1. Provision of a Tenancy Support Officer who will be willing to work with you or on your behalf for approximately 3½ hours per week. This time allocation is flexible and can be discussed with your Tenancy Support Officer.
2. To respect your rights and wishes as a tenant and an individual. We will respect your legal entitlements regarding confidentiality and data protection.
3. Work with you and on your behalf in order to provide help, advice and support with regard to your tenancy or matters that relate to your ability to sustain a tenancy.
4. Provide a professional and goal orientated service within the boundaries of a client and provider relationship.
5. Involve you fully in the provision of support plans and subsequent support reviews. Reviews will be undertaken at **least** every three months or at a mutually agreed time.
6. Consult you on the provision or future development of every aspect of the service at least once per year or on the termination of the service, whichever comes first.
7. Give at least 28 days' notice of termination of the service and upholding any right of appeal/complaint as given in your Tenants' Handbook.

Signed (Tenant) **Date**

Signed (TSO) **Date**

**TENANCY SUPPORT OFFICER
VISIT FORM**

Name of Service User:	
Address:	
Date and Time of Visit	
Issues Discussed:	
Outcome:	
Date and Time of Next Visit:	
Signed:	Tenancy Support Officer
Agreed:	Service User

TENANCY SUPPORT - REVIEW

Date of Review	
Name	
Address	
Support to Continue Y/N	
Next Review Date	
New Support Plan Y/N	

Has support achieved the aims set out in the last support plan? <i>Also update the scale of support if applicable.</i>

Does Service User/ Tenancy Support Worker feel support needs to continue for further period of time? If yes, how long and in what areas?

Are there any areas of risk that have become apparent since the last assessment? If so, please give information.

Signed by Service User:	Date:

Signed by TSO:	Date:



EQUAL OPPORTUNITIES MONITORING FORM

The Chevin Housing Group is committed to ensuring and promoting equality and diversity in all areas of activity and responsibility including employment, housing and service provision. This form is not considered in any selection process or decision but is designed to assist us in monitoring our commitment. You are not obliged to give us this information, but by filling in the form, you will be helping us by giving us a better understanding of your individual needs. All of the information that you give to us will be treated in confidence and in accordance with the Data Protection Act 1998.

Gender: Male Female **Date of Birth:** / /

Ethnicity

I would describe myself as (*please place a 'x' in one box*):

White	<input type="checkbox"/> British	<input type="checkbox"/> Irish	<input type="checkbox"/> Any other White background *
Mixed	<input type="checkbox"/> White & Black Caribbean	<input type="checkbox"/> White & Asian	
	<input type="checkbox"/> White & Black African	<input type="checkbox"/> Any other Mixed background*	
Asian or Asian British	<input type="checkbox"/> British	<input type="checkbox"/> Bangladeshi	
	<input type="checkbox"/> Indian	<input type="checkbox"/> Any other Asian background*	
	<input type="checkbox"/> Pakistani		
Black or Black British	<input type="checkbox"/> British	<input type="checkbox"/> Any other Black background*	
	<input type="checkbox"/> Caribbean		
	<input type="checkbox"/> African		
Chinese or other Ethnic Group	<input type="checkbox"/> Chinese	<input type="checkbox"/> Any other *	

* If you have ticked 'other' please state how you describe yourself:

My religion is:

- | | | |
|--------------------------------|--|-------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Christian (including Church of England, Catholic, Protestant and all other Christian denominations) | <input type="checkbox"/> Buddhist |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Jewish | <input type="checkbox"/> Muslim |
| <input type="checkbox"/> Sikh | <input type="checkbox"/> Any other religion (please specify)
..... | <input type="checkbox"/> Don't know |

Disability:

Section One of the Disability Discrimination Act defines disability as a physical or mental impairment, which has a substantial and long-term adverse effect on the ability to carry out normal day-to-day activities.

Using the above definition, do you consider yourself to have a disability?

Yes No

If yes, please give details.

My sexual orientation is:

- | | | |
|--|----------------------------------|--|
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Gay man | <input type="checkbox"/> Gay woman / lesbian |
| <input type="checkbox"/> Heterosexual / straight | <input type="checkbox"/> Other | <input type="checkbox"/> Prefer not to say |

THANK YOU FOR PROVIDING THIS INFORMATION.

TENANCY SUPPORT SERVICE END OF SUPPORT EVALUATION FORM

These evaluation forms are used to measure and improve the service we provide. Please complete this form and return it in the envelope provided as soon as possible. The information provided will be PRIVATE & CONFIDENTIAL. Your Tenancy Support Officer will help you complete the form if you require assistance.

Q1 How did you find out about the support service?

Housing Officer	
Chevin Views Newsletter	
Chevin Leaflet	
Internet	
Friend or Family	
Other Tenant	
Other <i>please specify</i>	

Q2 What did you receive support with?

Claiming benefits	
Managing debt/budgeting	
Internal transfer/new tenancy	
Anti-social behaviour/harassment	
Getting furniture	
Organising education/training	
Finding a job	
Accessing leisure activities	
Accessing other services	
Mental health issues	
Drug/alcohol problems	
Other <i>please specify</i>	

Q3 In your opinion, were the support issues you ticked above successfully resolved?

Yes	
No	

Q4 Are there any outstanding issues? If so, please state in the box below.

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Q5 Please state why the support service was terminated?

I no longer wanted the service	
All support plans issues were dealt with	
Other <i>please specify</i>	

Q6 Were you happy for the support service to end?

Yes	
No	
If no, why not?	

Q7 Overall, how satisfied are you with the support service you received?

Very satisfied	
Fairly satisfied	
Neither satisfied or dissatisfied	
Fairly dissatisfied	
Very dissatisfied	

Q8 Have you any comments or suggestions on how we may improve our Tenancy Support Service?

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Thank you for completing this evaluation form. All information will be treated in the strictest confidence.

If you would like to personally discuss any aspect of this form or the support service (in confidence), please contact the Special Initiatives Manager on 0113 2021268

