**SPECIFICATION FOR COMPLEX SUPPORT FOR ROUGH SLEEPER ACCOMMODATION PROGRAMME PROPERTIES**

**The Initial Term of the Contract will be for 1 year 7 months commencing on the 1st September 2022 to 31 March 2024, but with a proviso in the Contract documentation for the LCRCA to have an option to extend the Contract by 12 months and a further extension of 3 years, subject to funding availability. The Contract will be monitored throughout the Initial Term and extension period of the Contract.**

# Introduction and Context

## The Liverpool City Region Combined Authority’s (LCRCA) area is that covered by the local government areas of the principal councils of Halton, Knowsley, Liverpool, Sefton, St. Helens, and Wirral. The Combined Authority is a local authority in its own right. It has eight members, being:

* A directly elected Mayor
* A councillor (elected member) appointed by each of the ‘Constituent Councils’, being the principal councils for Halton, Knowsley, Liverpool, Sefton, St. Helens and Wirral; and
* A member, who is non-voting, appointed by the Local Enterprise Partnership.

## The Combined Authority is subject to overview and scrutiny and also audit by statutory committees made up of councillors from the Constituent Councils and others. The Combined Authority will also appoint officers, some directly employed and some seconded from the Constituent Councils, to whom delegated authority is granted to help fulfil the Combined Authority’s functions. A small number of the Combined Authority’ officers are required to be appointed by law to fulfil certain governance or statutory functions in relation to the Combined Authority. Merseytravel, as the Passenger Transport Executive, is a body corporate that holds the status of an officer of the Combined Authority when fulfilling its delegated functions.

## The Combined Authority works together to make investments in areas that have a real impact on communities, such as transport, employment, homelessness, culture and digital, Households into Work, skills, and apprenticeships. The Combined Authority is committed to reducing homelessness and rough sleeping across the region.

# Purpose of Document

## This document provides details and requirements relevant to the service. The provider will comply with this specification.

# SCOPE

## The LCRCA wishes to appoint a supplier to provide a support service for complex individuals with a history of, or those at risk of, rough sleeping. The service will provide direct support to those individuals to enable tenancy sustainment and secure appropriate move on accommodation. This service will operate seven days a week, and the provider will ensure that Service Users have access to on-call support. The provider will need to deliver support across the Liverpool city region, which is made up of Halton, Knowsley, Liverpool Sefton, St Helens, and Wirral.

# Service Context

## The Rough Sleeper Accommodation Programme (RSAP) is provided through the Department of Levelling, Housing & Communities (DLUHC), and it includes funding for capital and revenue-based accommodation schemes, including funding for support services to enable individuals accommodated to move on from rough sleeping.

## The Combined Authority has been successful in securing capital funding from RSAP fund to invest in a social investment company: Resonance. Resonance work with social enterprises to raise capital and create and manage impact investments funds which deliver a financial return and social impact. Alongside the RSAP capital funding award, the Combined Authority is investing in the Resonance NHPF2 fund for purchasing properties urgently needed for homelessness provision.

## Resonance have successfully delivered this type of model in multiple areas of the UK in to order address housing supply challenges for lower income households. They also have experience of Housing First, having successfully delivered a similar model in Greater Manchester.

## All properties purchased through this model will then be leased to a Housing Association for a 10-year period and available specifically for homeless cases.

## In addition to the capital available to purchase properties, part of the funding that has been secured for this proposal includes revenue funding to provide intensive support for individuals who are housed. Revenue funding for support services is intended to provide support for individuals with complex and multiple support needs who require intensive support to sustain their tenancy.

## Liverpool City Region Combined Authority will be securing a minimum of 60 properties across the City Region through capital investment. The properties will be made available to individuals who are eligible for RSAP and will be located in all areas of the City Region but with predominance in the Liverpool City Council area. The support service being requested is to provide support to a maximum of 30 individuals in those properties.

# Support Service Required

## The funding and the staff ratio sizes are designed to ensure that support can be provided to individuals with complex support needs. The service will be required to have a ratio of 1 support worker to 6 Service Users and support a maximum of 30 Service Users with a direct line manager solely for this service.

## The provider will be required to deliver a flexible and responsive service as Service Users will need to be on-boarded to the programme when a property has been secured. Hence, the service will need to be ready to provide support 8 weeks prior to the completion of the purchase of the property.

## The eligible cohort are rough sleepers or those with a history of rough sleeping currently in emergency accommodation or may include those at risk of rough sleeping and homelessness).

## Those eligible will be required to have a connection to one of the Local Authority areas within the Liverpool City Region as defined by the Housing Act 1996. Statutory housing duties will not apply to eligibility.

## If an individual does not meet these criteria, but they are rough sleeping in one of the City Region Local Authority areas, they may be considered on a case-by-case basis, in consultation with the commissioner, Local Housing Authority and where applicable through a relevant allocation panel such as Rough Sleeping panels.

## An individual may be considered if they 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. This will be assessed through the Complex Needs Assessment tool and must score over 20 *[see appendix A].*

## Complex needs may include:

* Entrenched street homelessness, repeat service use or being otherwise vulnerably housed
* Have experienced multiple periods of rough sleeping and homelessness
* Living an entrenched street lifestyle, they may have been excluded from multiple services
* 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
* Living an entrenched street lifestyle, they may have been excluded from multiple services

# Core Principles of Service Delivery

## The service will be expected to adhere to the core principles set out below:

* Promote the dignity, independence and self-determination of Service Users using a strength based and trauma informed approach
* Promote opportunities for services to be delivered in a more personalised way with service users taking control of their choices and their decisions.
* 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 by delivering a responsive, flexible approach to support.
* 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

# Referral Process

## Local Housing First panels in each Local Authority area will prioritise Service Users for the properties and determine who would most benefit from the intensive support offered by this service. The service will be required to attend Panel meetings. If for any reason Panels are not generating adequate referrals, the service will liaise with local authorities and rough sleeping services.

## Service Users will then be accepted onto the service, with support in place from the provider and Regenda Housing Association (as the main property provider for this scheme).

## Resonance will work with the LCRCA Strategic Lettings Lead and Regenda Housing Association to obtain the properties. Regenda will be responsible for securing the properties, the pipeline of which will inform the number of Service Users who require support, and thus be on-boarded onto the programme. Payment for support will be based on a price per-person per-week over the length of the contract.

# Service Expectations

## The service will provide a 7-day service which with out of hours on call support for emergency situations.

## The service will develop a personalised risk assessment / safety plan with each Service User with the service user leading on this whilst ensuring all risks are identified and managed appropriately.

## Intensive, face to face support is to be provided. Issues affecting this, such as pandemic activities, will be discussed with commissioners.

## Flexible and responsive services are to be provided which meet the needs of Service Users.

## It is vital that the service is delivered within strategic partnerships with other agencies, the provider will be expected to understand the system they are working in and foster shared accountability with partners in order to provide coordinated and flexible support to individuals. These partners may include:

* Housing Association operational staff
* Substance misuse services
* Mental health services
* Voluntary sector agencies
* National Probation Service & Community Rehabilitation Companies
* Youth Offending Teams
* Integrated Offender Management
* 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

## Service Users should have 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 for Service User involvement especially in their understanding of tenancy sustainment and move on. These could 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 commissioners. The provider will be expected to share with the commissioners learning around delivery and how the system can be improved.

## 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.

# 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 cultural diversity.
* 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.

# PRICING

## This contract will be paid on a per-person supported on a per-week basis, working with LCRCA and Regenda to on-board and support Service Users.

## Attached to each Service User housed will be a personalisation budget of £2,000.

# Value and Length of Contract

## The estimated value of the contract is £430,000 for 1 year 7 months (1st September 2022 – 31st March 2024). However, subject to funding, we may wish to extend by an extra 12 months.

# Move On from the Scheme

## RSAP’s objective is to deliver Move-On homes rather than long term supported housing. Tenancies will therefore be awarded for a maximum of two years. There may be exceptions to the two-year limit made on a case-by-case basis as part of the assessment of Service User needs. It is important that planning for the next accommodation pathway for the Service User are robustly considered and prepared for throughout their support planning.

# 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 local policies and procedures for the safeguarding of adults and children.

# Risk Assessment, Management and Safety Planning

## The provider should record in writing any serious incident, accident or near miss that occurs in any part of the service 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 public
* Safeguarding concerns (that should be raised to the Safeguarding Team within the appropriate district)
* Arson
* Outbreak of serious infection or disease

## The provider will need to deliver a systematic and thorough approach to risk management which should:

* 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.

## Support staff should regularly update risk assessments and any subsequent risk management / safety plans for each Service User. If the Service User’s needs or circumstances change, the existing risk assessment should be reviewed 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.

## Support planning - There will be no stipulation that the Service User must engage in support in a typical way. 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.

## Within this, providers should be able to evidence how engagement has been approached and next steps should a Service User refuse support.

# 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

# Emergency Accommodation

## Emergency Accommodation for Service Users will not be funded through this contract.

# Location of Support Over the City Region

## The model of the capital investment in properties is such that properties are being purchased throughout the whole of the Liverpool City region over several months. Support for Service Users will be expected to be delivered in each Local Authority area but with a predominance in the Liverpool City Council area.

# Monitoring & Performance

## LCRCA are developing a Human Learning System approach to commissioning and monitoring. This approach recognises that outcomes are produced by whole systems rather than individuals, organisations, or programmes. Consequently, to improve outcomes, the service will need to strive to create healthy systems in which services are able to co-ordinate and collaborate more effectively.

## The contracting and monitoring of the service will place a strong emphasis on putting learning at the heart of monitoring. Monthly meetings will take place between the service and partner representatives and the CA to ensure the service is responding to local needs.

## Regular reviewing and communication will happen, the provider will need to make available to the Combined Authority evidence of the progress of Service Users and how a flexible, creative approach to support is developing.

## LCRCA recognise that performance measurements, indicators are emergent properties that need to able to adapt and respond to changing need. Performance indicators/measurements will be developed in partnership with the commissioner as part of the learning approach to ensure the service has measurements/ indicators that are realistic and relevant to the service and enable a process of continuous learning and reviewed on a quarterly basis or as when required.

## DLUHC monitoring requirements

## A six-monthly report sent to Department of Levelling Up, Housing and Communities. The report will be created in collaboration with the provider and Contract and Review Lead to assist in embedding a learning approach utilising qualitative case studies alongside quantitative data.

## The Contract and Reviewing Officer will report any performance issues initially to the Commissioning Lead and if not resolved will then be reported to the Strategic Lead on Homelessness and if still not resolved they will be escalated to the Head of Programme.

# Governance

## The Commissioner requires that the quality of the service provided is of a consistently high standard and all professionals abide by the guidance of their regulatory body. The Provider will be expected to outline governance mechanisms to be applied when concerns about the quality of the service is raised. The Provider is required to have in place:

* An organisational structure that provides managerial leadership for all professions and disciplines involved in the delivery of the services.
* Clear organisational and integrated governance systems and structures with clear lines of accountability and responsibilities for all functions.
* Ensure they have effective systems in place for handling information securely and confidentially and that they have appropriate sharing agreements in place with all partner organisations. These systems should help facilitate effective integrated working with partner providers in support of providing seamless support to the Service User.
* Provide clear escalation route for safeguarding, performance, governance and business continuity issues.
* Robust procedures relating to all Serious Untoward Incidents and Safety Incident reporting.
* Provider should also be able to demonstrate robust contingency plans for unexpected leave, telephone or IT system failures, failure of electronic equipment or other infrastructures.

# Continual Improvement

## The service will be required to strive for continuous improvement through:

* Strong Service User engagement and evidence of service provision by co-production with lived experience groups and forums across the LCR.
* Internal and external audit of service.
* Peer review and key meetings.
* Evidence of good practice and success elsewhere to drive and support service change where required.
* Complaints, compliments and other patient feedback mechanisms will also be utilised as drivers towards improved service delivery.
* Striving to ensure equity and access to services for the 6 local populations.

#  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.

# 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.

## 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

# 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 Commissioners 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.

# Confidentiality and Data Protection

## Providers must present a Confidentiality Policy to Service Users at service commencement and must provide a copy to the commissioner 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.

## 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.

## Types of Personal Data:

* Service Username
* Service User DOB
* Service User address
* Service User telephone number
* Service User email address
* Service User clinical/medical information

## Categories of the Data Subject:

* The Data Subjects shall be the Service Users.

# Complaints and Compliments by Service Users

## Providers should have an accessible, user friendly Complaints and Compliments Policy which is easily accessible for Service Users. The policy should be available to the Combined Authority 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.

# Appendix A: Eligibilty Criteria

**Eligibility Criteria**

**Liverpool City Region Housing First**

Housing First is a person-centered, evidence-based approach to supporting homeless people with complex needs, including a history of rough sleeping, to live in their own home. First developed by Sam Tsemberis, and Pathways to Housing in New York in the early-1990s, it has since been adopted to the national homelessness strategies in Canada, Finland and France.

Successful Housing First is unpinned by fidelity the 7 key principles:



Housing First is based on the fact that housing is a human right and stable housing is given first rather than ‘last’ or as a reward. Housing First is for people with a high complexity of need, and who require a high intensity of support.

This eligibility criteria will sit within a wider referral process for Housing First in the Liverpool City Region.

The following particulars outline the eligibility criteria for Housing First in the Liverpool City Region:

* Repeat homelessness with multiple and complex needs
* Individuals known to Housing Options and outreach services who might not be captured within MainStay data.
* Recourse to public funds
* Capacity to make their own decisions
* Score of over 25 on the Housing First Chaos Index

|  |  |
| --- | --- |
| **Service Username:** | **DOB:** |
| **Current address:****(If currently not in accommodation, where is the person sleeping at present?)** |  |
| **Telephone No/s:** |
| **Referrer details;**Name: | Email address: | Telephone No/s: |
| **Service /Agency:** |  |
| **Are you currently in contact with the Service User?** | Yes or No (please highlight)? |
| If ‘NO’, who is the best person to contact in relation to this referral? | Name:Service:Email:Phone number: |
| **Please briefly tell us why this referral is being made?** |  |
| **Does the Service User know about this referral?** | Yes or No (please highlight)? |
| If ‘NO’, why does the Service user not know about the referral? |  |
| **Does the service User consent to this information being shared with Housing First Staff?** | Yes or No (please highlight)? |
| **Does the service user agree to Housing First contacting them to discuss this referral?** | Yes or No (please highlight)? |
| **Does the service user have any communication needs that they may require support with to complete an assessment, eg hearing, vision, language?** | Yes or No (please highlight)? |
| If ‘YES’, please give a brief overview of issue and any support required. |  |

|  |
| --- |
| **As part of the Housing First referral process, a Multi-disciplinary Team meeting (MDT) will be held to enable all associated parties to contribute to the referral and any support plan that may follow. Please list below any relevant parties you feel should be invited to an MDT meeting.** |
| **Name** | **Service** | **Email address** | **Telephone no:** |
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**Housing First Chaos Index:**

To be completed either by the referring agent, alongside the service users, or directly by the service user.

The items in the assessment are rated on a 5-point response format with 0 being a low score and 4 being the highest score. There are two criterion where 0 is the lowest score and 8 is the highest. There are 10 criterions in total each with 5 anchor points. Criterion 1, engagement with frontline services, tests the basic eligibility for a service, if a score of 0 - 2 is achieved then the person is not eligible to complete the assessment or be considered for the team.

Select **ONE** statement that best applies to the person being assessed. Base all scores on the past **one month**.

**1. Engagement with frontline services**

0 = Rarely misses appointments or routine activities; always complies with reasonable

requests; actively engaged in tenancy/treatment;

1 = Usually keeps appointments and routine activities; usually complies with reasonable

requests; involved in tenancy/treatment;

2 = Follows through some of the time with daily routines or other activities; usually complies

with reasonable requests; is minimally involved in tenancy/treatment;

3 = Non-compliant with routine activities or reasonable requests; does not follow daily

routine, though may keep some appointments;

4 = Does not engage at all or keep appointments.

**If score for ‘co-operation with frontline services’ is 0 – 2 please stop, end of assessment. If score is 3 or 4 please continue 2.**

**2. Intentional self-harm**

0 = No concerns about risk of deliberate self-harm or suicide attempt;

1 = Minor concerns about risk of deliberate self-harm or suicide attempt;

2 = Definite indicators of risk of deliberate self-harm or suicide attempt;

3 = High risk to physical safety as a result of deliberate self-harm or suicide attempt;

4 = Immediate risk to physical safety as a result of deliberate self-harm or suicide attempt.

**3. Unintentional self-harm**

0 = No concerns about unintentional risk to physical safety;

1 = Minor concerns about unintentional risk to physical safety;

2 = Definite indicators of unintentional risk to physical safety;

3 = High risk to physical safety as a result of self-neglect, unsafe behaviour or inability to

maintain a safe environment;

4 = Immediate risk to physical safety as a result of self-neglect, unsafe behaviour or inability

to maintain a safe environment.

**4. Risk to others**

0 = No concerns about risk to physical safety or property of others;

2 = Minor antisocial behaviour;

4 = Risk to property and/or minor risk to physical safety of others;

6 = High risk to physical safety of others as a result of dangerous behaviour or

offending/criminal behaviour;

8 = Immediate risk to physical safety of others as a result of dangerous behaviour or

offending/criminal behaviour.

**5. Risk from others**

0 = No concerns about risk of abuse or exploitation from other individuals or society;

2 = Minor concerns about risk of abuse or exploitation from other individuals or society;

4 = Definite risk of abuse or exploitation from other individuals or society;

6 = Probable occurrence of abuse or exploitation from other individuals or society;

8 = Evidence of abuse or exploitation from other individuals or society.

**6. Stress and anxiety**

0 = Normal response to stressors;

1 = Somewhat reactive to stress, has some coping skills, responsive to limited intervention;

2 = Moderately reactive to stress; needs support in order to cope;

3 = Obvious reactiveness; very limited problem solving in response to; stress; becomes

hostile and aggressive to others;

4 = Severe reactiveness to stressors, self-destructive, antisocial, or have other outward

Manifestations.

**7. Social Effectiveness**

0 = Social skills are within the normal range;

1 = Is generally able to carry out social interactions with minor deficits, can generally engage

in give-and-take conversation with only minor disruption;

2 = Marginal social skills, sometimes creates interpersonal friction; sometimes inappropriate;

3 = Uses only minimal social skills, cannot engage in give-and-take of instrumental or social

conversations; limited response to social cues; inappropriate;

4 = Lacking in almost any social skills; inappropriate response to social cues; aggressive.

**8. Alcohol / Drug Abuse**

0 = Abstinence; no use of alcohol or drugs during rating period;

1 = Occasional use of alcohol or abuse of drugs without impairment;

2 = Some use of alcohol or abuse of drugs with some effect on functioning; sometimes

inappropriate to others;

3 = Recurrent use of alcohol or abuse of drugs which causes significant effect on functioning

aggressive behaviour to others;

4 = Drug/alcohol dependence; daily abuse of alcohol or drugs which causes severe

impairment of functioning; inability to function in community secondary to alcohol/drug

abuse; aggressive behaviour to others; criminal activity to support alcohol or drug use.

**9. Impulse control**

0 = No noteworthy incidents;

1 = Maybe one or two lapses of impulse control; minor temper outbursts/aggressive actions,

such as attention-seeking behaviour which is not threatening or dangerous;

2 = Some temper outbursts/aggressive behaviour; moderate severity; at least one episode of

behaviour that is dangerous or threatening;

3 = Impulsive acts which are fairly often and/or of moderate severity;

4 = Frequent and/or severe outbursts/aggressive behaviour, e.g., behaviours which could

lead to criminal charges / Anti-Social Behaviour Orders / risk to or from others / property

3 Drugs include illegal street drugs as well as abuse of over-the-counter and prescribed medications.

**10. Housing**

0 = Settled accommodation; very low housing support needs;

1 = Settled accommodation; low to medium housing support needs;

2 = Living in short-term / temporary accommodation; medium to high housing support needs;

3 = Immediate risk of loss of accommodation; living in short-term / temporary accommodation; high housing support needs;

4 = Rough sleeping / "sofa surfing".

**Scoring**

Please insert the assessed score against each criterion point and add up the total score.

**Criterion Score**

**1. Engagement with frontline services -**

**2. Intentional self-harm -**

**3. Unintentional self-harm -**

**4. Risk to others -**

**5. Risk from others -**

**6. Stress and anxiety -**

**7. Social Effectiveness -**

**8. Alcohol / Drug Abuse -**

**9. Impulse control -**

**10. Housing -**

**TOTAL SCORE: / 48**

**Outcome**

Referral accepted: YES / NO

If not accepted what advice guidance has been given to referrer?

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