

Social Impact Bond Delivery Guidance

This guidance has been developed to provide commissioners, providers and investors with more information on the outcomes which will be eligible for payment as part of the Single Homelessness and Complex Needs funding programme. This document is not exhaustive, and any questions should be directed to RoughSleeping@communities.gsi.gov.uk.

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Cohort

Outcome payments can only be claimed for individuals who meet the below criteria:

- **Aged over 18, and;**
- **Single or not living with their family and;**
- **Not pregnant and without dependent children , and;**
- **Homeless as defined in the homelessness legislation,**
- **A history of rough sleeping (seen rough sleeping at least 6 times over the last 2 years or have spent at least 3 years interacting with homelessness services, including hostels), and**
- **Has at least two other complex needs, including but not necessarily limited to:**
 - Substance misuse or
 - A history of offending (5+ offences in the last five years or 1 offence in the last year)
 - A history of anti-social behaviour
 - Mental health problems (including self-reported)
 - A history of rough sleeping (seen rough sleeping at least 6 times over the last 2 years), and;

- Are currently not being adequately or effectively supported through existing service provision, including supported housing residents at risk of eviction where support from this programme would help them to sustain the placement or make a planned move to more suitable accommodation.

Outcome payments cannot be claimed for any of the below groups:

- Those with no recourse to public funds
- People aged under 18
- Current supported housing residents not at risk of eviction as outlined above

Outcomes

DCLG will make payment only on the achievement of the following outcomes at the following rates, as reported by the lead local authority:

	Outcome	Rate
Accommodation	Entering accommodation	£600
	3 months in accommodation	£1,500
	6 months in accommodation	£1,500
	12 months in accommodation	£2,600
	18 months in accommodation	£2,500
	24 months in accommodation	£1,800
Better managed needs	General wellbeing assessment x3	£100
	MH entry into engagement with services	£200
	MH sustained engagement with support	£600
	Alcohol misuse entry into alcohol treatment	£100
	Alcohol misuse sustained engagement with alcohol treatment	£1,100
	Drug misuse entry into drug treatment	£120
	Drug misuse sustained engagement with drug treatment	£2,600
Entry into employment	Improved education/training	£500
	Volunteering/self-employed 13 weeks	£400
	volunteering/self-employed 26 weeks	£800
	Part time work 13 week	£1,900
	Part time work 26 week	£1,800

Full time work 13 weeks	£2,400
Full time work 26 weeks	£2,200

Local authorities are able to agree to pay different rates for outcomes through their procurement processes (e.g. to pay outcomes at either a higher or lower rate). However this will not impact on the rates paid out by DCLG, and Local Authorities should consider any financial risk associated with doing so. Where a Local Authority does make changes to the rates this will not have any impact on the outcomes themselves, which must still meet the definitions outlined below.

The average cost expected to be paid out for an individual is £9,000. A maximum cost per individual (or CAP) will be set at £19,000 per individual.

Where a Local Authority wishes to add and fund an outcome(s) not included in the published rates card, this will be considered by exception where the new outcome(s):

- Would not impact on any of the definitions outlined below (e.g. adding in additional interim sustainment measures)
- Would not undermine an existing outcome (e.g. effectively defining a lower or higher threshold for payment)
- Relates to a result or product rather than an activity
- Is clearly defined and measurable

Such requests must be agreed with DCLG in writing prior to the start of the delivery of the SIB.

Accommodation Outcomes

Suitability

All accommodation provided must be suitable. The statutory homelessness guidance provides guidelines on considering suitability and we would recommend providers use these guidelines in securing accommodation.

The following do not count towards accommodation at any stage:

- Hospitals¹. This includes
 - emergency admission for treatment
 - planned admission for treatment
 - admission into an acute psychiatric hospital²

¹ Where an individual retains their eligible stable accommodation whilst in hospital, then they should be treated as living in stable accommodation.

² Where admission is part of a treatment plan for a mental health condition then this may be eligible for a ‘sustained engagement with mental health services’ outcome.

- Prison³

Couples housed together will be eligible for separate outcomes payments as long as each partner independently meets the criteria for cohort and outcome.

Sustaining accommodation

An individual is considered to be sustaining accommodation as long as they have a tenancy agreement.

Individuals can move from one accommodation option to another, with this arrangement being treated as continuous, provided the moves are planned, there is a gap of no more than 14 days between departure and arrival at the new tenancy, and the type of accommodation is applicable for the outcome. For instance, if an individual moves from a six month fixed term AST to another stable accommodation option, then the period of sustainment should be combined.

Where either:

- the client makes any unplanned moves during the sustainment period (e.g. following an eviction), or;
- the client moves and there is a gap of more than 14 days between departure and arrival at the next tenancy.

Then the period of sustainment between the previous and the next outcome would then need to be achieved from the start of the new accommodation. For example, if the 6 month sustainment of accommodation outcome was achieved in January 2016, and there was then a 4 week gap in accommodation from 1 March to the 28 March, then the new start date would be the 28 March. The 12 month accommodation outcome could therefore be claimed 6 months from the 28 March.

Move into Accommodation

The outcome is achieved by an individual moving into any accommodation.

This outcome can only be achieved once. If an individual abandons accommodation, or the start date otherwise resets (see below), before achieving the 3 month sustainment period then they must achieve an additional 3 months sustainment in any subsequent accommodation before being eligible to claim the 3 month sustainment accommodation outcome.

This outcome cannot be claimed for accommodation in which the individual was living prior to the start of the programme.

³ Where an individual is taken into custody, but retains their eligible stable accommodation, then they should be treated as living in stable accommodation.

The date of achievement of this outcome will be treated as the date of the start of the tenancy agreement, written agreement or license, or where the individual is living with family or friends, the date they move in to the accommodation. In either case, in claiming this outcome the provider must declare that the individual has actually moved into the accommodation, and that it was suitable accommodation.

3 and 6 month sustainment of accommodation

This outcome is achieved by an individual sustaining accommodation for three months in any accommodation.

12 month sustainment of accommodation

This outcome is achieved by an individual reaching 12 months in accommodation where at the 12 month point they are in one of the following accommodation types:

- Housing First accommodation
- general needs social housing
- private rented sector housing (including shared accommodation/HMOs, where the individual has their own room and a tenancy agreement of at least six months).
- tied accommodation
- properties on contractual tenancies issued by fully mutual co-ops
- living with friends (where the individual is not treated as a tenant)
- living with family (parents or other family members) where they have their own room, and the household is not overcrowded
- lodgings, where the individual has a room of their own, and a written agreement with the landlord, and where the arrangement is for at least six months
- Specialised supported housing, where this is an appropriate option.
- a care home, where this provides a home for life, and is not for emergency or short-term care (e.g. rehab for substance misuse, or an inpatient treatment centre)
- assisted living accommodation
- a hospice where an individual moves into a hospice as their permanent home, as it is intended to provide a home until the person dies

The following types of accommodation can be counted provided that they are located on a fixed site (e.g. caravan park or mooring) and there is a written agreement between the individual with the landlord/owner:

- mobile home
- boat

In order to achieve this accommodation the individual therefore needs to have been in accommodation for 12 months, and have moved into one of the accommodation types outlined above at any point.

18 and 24 month sustainment of accommodation

This outcome is achieved by an individual who has been in accommodation for 18 or 24 months, where months 12 onwards are in one of the following accommodation types:

- Housing First accommodation
- general needs social housing
- private rented sector housing (including shared accommodation/HMOs, where the individual has their own room and a tenancy agreement of at least six months).
- tied accommodation
- properties on contractual tenancies issued by fully mutual co-ops
- living with friends (where the individual is not treated as a tenant)
- living with family (parents or other family members) where they have their own room, and the household is not overcrowded
- lodgings, where the individual has a room of their own, and a written agreement with the landlord, and where the arrangement is for at least six months
- Specialised supported housing, where this is an appropriate option.
- a care home, where this provides a home for life, and is not for emergency or short-term care (e.g. rehab for substance misuse, or an inpatient treatment centre)
- assisted living accommodation
- a hospice where an individual moves into a hospice as their permanent home, as it is intended to provide a home until the person dies

The following types of accommodation can be counted provided that they are located on a fixed site (e.g. caravan park or mooring) and there is a written agreement between the individual with the landlord/owner:

- mobile home
- boat

Better Managed Needs Outcomes

General Wellbeing Assessment

Three wellbeing payments will be paid out following the completion of a wellbeing assessment using the Warwick Edinburgh Wellbeing Scale. Achievement of this outcome will not require an improvement in reported wellbeing, but considering changes in reported wellbeing alongside achievements in other outcomes, may form part of the evaluation of the project, and this information should be recorded.

As part of a successful programme of intervention, on-going assessment of clients' needs will be key and there should be continual assessment and monitoring of client's progress.

The first assessment must take place and be claimed within three months of the client's acceptance into a cohort/the start of the programme (whichever is later), and there must be a minimum of six months between each assessment.

Entry into engagement with mental health services

An outcomes payment will be paid out following an initial assessment with either a GP or a mental health specialist (such as a psychiatrist). This can include a psychiatrist or psychologist within a drug and alcohol treatment service. Self-diagnosis, or diagnosis by a non-health professional will not be eligible for an outcomes payment.

In achieving this outcome an individual should also be registered with a local GP.

This outcome can only be claimed once.

Sustained engagement with mental health support

An individual will be eligible an outcomes payment after a 6 month continuous period of engaging with mental health support. This could include

- Inpatient treatment
- Psychological therapy service
- Specialist mental health service
- Community Mental Health Services
- Cognitive behavioural therapy (CBT)
- Peer support
- Social prescribing

Due to the diverse nature of mental health conditions there is no set definition for 'support'. Providers should work with individuals to develop a plan. Providers are then responsible for ensuring that individuals are continuing to engage with their plan across the 6 months. Where possible providers should look to engage with relevant local health services, so that a clinical perspective can be incorporated into the approach taken. Local Authorities are responsible for ensuring they are satisfied with the quality of plans.

Where an individual has been diagnosed with a mental health condition which requires formal treatment, then this should be the basis of their plan. In such cases providers should ensure that individuals are attending their appointments, and taking medication as required.

Where an individual has been discharged from mental health services earlier than the 6 month point, but were up to that point being supported through the SIB, then they are still eligible for an outcome payment where a GP appointment or discharge confirms they are do not need further medical care for a mental health issue.

Entry into alcohol treatment

The entry into alcohol treatment outcomes payment will be paid out following starting a structured treatment intervention for an individual diagnosed with an alcohol misuse problem.

This outcome can only be claimed once, and cannot be claimed where an individual has already completed a drug outcome. If an individual enters into treatment, but then subsequently drops out before achieving the 3

month sustainment outcome, then they would need to be supported to sustain treatment for a further three months before being eligible for an outcome.

The definition of 'structured alcohol and drug treatment' is that it consists of a comprehensive package of pharmacological and/or psychosocial interventions provided as part of keyworking or case management approach. Structured treatment should be reported to the National Drug Treatment Monitoring System (NDTMS). It requires a comprehensive assessment of need, and is delivered according to a recovery care plan, which is regularly reviewed with the client.

Alcohol support services such as drop-in, peer support and outreach advice are not structured treatment and are therefore not eligible to trigger the outcome payment.

Where individuals receive treatment for both alcohol and drug problems, outcomes payments will only be made for the drug treatment outcomes.

Sustained engagement with alcohol treatment

The sustained engagement with alcohol treatment outcomes payment will be paid out following 3 months of continuous engagement with an alcohol treatment programme. This payment can only be claimed once.

If an individual successfully completes alcohol treatment within the 3 months, then the SIB provider is also eligible for payment.

Entry into drug treatment

An entry into drug treatment outcomes payment will be paid out following starting a treatment intervention for an individual diagnosed with a drug problem.

This outcome can only be claimed once, and cannot be claimed where an individual has already completed an alcohol outcome. If an individual enters into treatment, but then subsequently drops out before achieving the 3 month sustainment outcome, then they would need to be supported to sustain treatment for a further three months before being eligible for an outcome.

The definition of structured treatment is provided above, and applies to both alcohol and drug treatment.

Drug or alcohol services and support such as drop-in, needle exchange, peer support and outreach advice services are not structured treatment and are therefore not eligible to trigger the outcome payment.

Sustained engagement with drug treatment

The sustained engagement with drug treatment outcomes payment will be paid out following 3 months of continuous engagement with a drug treatment programme. This payment can only be claimed once.

If an individual successfully completes drug treatment within the 3 months, then the SIB provider is also eligible for payment.

Entry into Employment Outcomes

Improved Education or Training

An outcome payment will be paid on the completion of any vocational or academic qualification recognised in the Ofqual Regulated Qualification Framework. This includes Awards, Certificates and Diplomas at Entry level or above.

The qualification must entail a minimum of 20 guided learning hours (GLH).

Where an individual was enrolled on an eligible course prior to joining a cohort any units already completed cannot be counted towards the 20 GLH.

This outcome can only be claimed once.

All qualifications must be accredited and have a Qualification Accreditation Number (QAN) that can be checked on Ofqual Register of Regulated Qualifications database. This includes qualifications delivered by a provider or a partner organisation.

Where a client is enrolled on an apprenticeship the provider can claim both the employment/volunteering outcomes and the training outcomes if they each meet the relevant outcome requirements.

Volunteering/self-employed 13/26 weeks

To claim this outcome the individual must volunteer an average of at least six hours a week across the respective period (e.g. to achieve the 13 week volunteering outcome an individual must have volunteered 78 hours within a 13 week period). Where the individual was volunteering prior to being referred into a cohort then this cannot be counted towards an outcome.

Normally an individual will volunteer for a charity or a not for profit organisation (e.g. registered social landlord). However, there may be circumstances where an individual is placed with a company to receive work experience, which can also be treated as volunteering. Any placement must conform to the recognised volunteer good practice code and must include:

- a clear role description
- supervision by a paid member of staff
- paid expenses.

Consideration must be given to the requirements of claiming JSA and other welfare benefits where relevant.

Self-employment:

It is also possible to claim the sustainment of volunteering outcomes for periods of self-employment.

Employment 13/26 weeks

Where the individual was employed prior to being referred into a cohort then this employment cannot be counted towards an outcome. However outcome payments can be claimed where an individual's employment situation is improved. (E.g. an individual working part-time is supported into full-time work).

A payment can be made for each employment outcome, but each employment outcome can only be claimed once. This means that an individual can move from voluntary work to part time employment and then onto full time employment. However, once both the 13 weeks and 26 weeks Full Time Employment outcomes have been claimed, it is not possible to claim any further Full Time Employment outcomes.

It will be possible to claim outcomes for employment and volunteering concurrently, provided these are different activities. So where an individual is volunteering, and is employed, then two outcome payments can potentially be claimed.

It will not be possible to claim for employment and self-employment independently as they are the same outcome; where both are being undertaken concurrently or alternately then the hours of each can be combined to achieve the hours and weeks necessary for the sustained employment outcome payment.

Payments can be claimed upon completing 13 and 26 weeks, with the relevant hours.

Full time employment: minimum 25 hours/ week

Part time employment: between 8-25 hours/ week.

If an individual leaves one job to start another, and there is no gap in employment, then both jobs can count cumulatively. If an individual is made redundant and has been made, and has accepted, another offer of employment within 31 days, then this can also count towards an outcome cumulatively. The individual does not need to have started the new employment within 31 days, but during the time they are unemployed the count of time towards outcome measures will be frozen, and will not restart until they start the new employment.

If there is a gap of more than 31 days between leaving one job and accepting a new job then the sustainment period will reset to the previous outcome achieved (or to the start of the first outcome). For example if an individual was employed for 20 weeks and was then unemployed for 2 months before starting a new job they would need to be employed for another 13 weeks before they would be eligible for the 26 week employment outcome.

Contracting and Procurement

Lead local authorities are responsible for procuring and contracting providers to deliver their SIB, and there is no requirement for this to be undertaken in a specific way.

Local authorities may want to make use of resources available from the Department of Media, Culture and Sport's Centre for Social Impact Bonds.

Referral and registration

Lead local authorities are responsible for ensuring all individuals referred into the cohorts are eligible for support. Individuals should be referred through a formal process, with a clear audit trail. Providers may be involved in the process, but cannot select who they work with, or refuse to support an individual, except where an individual does not meet the cohort criteria. In such cases providers must maintain a clear record of each referral which is refused, together with justification.

The lead local authority must register all referrals onto a database owned by DCLG. This will include providing demographic information and baseline information on the individuals' needs. This may include sensitive personal data. At the point of referral the local authority, or a provider acting on their behalf, must make contact with the individual, and gain the necessary data sharing consent, using the template provided by DCLG. A record should be kept of all referrals where the local authority is unable to record an individual onto the database, (i.e. due to inability to contact, or lack of consent). In such cases the individual cannot then be supported through the scheme.

Individuals can only be referred into the SIB during the first year of the programme, and must accordingly all be registered with DCLG before October 2018 (Q2 2018/19), or 12 months from the start of delivery, whichever is earlier⁴. It will not be possible to add additional clients after this date, and accordingly will be impossible to submit outcome claims for anyone not registered with the scheme in the first year. The final date to report outcomes will be January 2021 (Q3 2020/21). This means that it will not be possible to achieve 24 month accommodation outcomes for anyone placed into accommodation after January 2019 (Q3 2018/19), and providers and commissioners are encouraged to consider the final six months of the programme as a 'tail-off' period.

Commissioners are not directly limited to the cohort size stated in their bid. However there is a general expectation that providers will work towards the delivery of outcomes for all individuals referred. Some drop out is likely (and should have been profiled in the bid) but we expect commissioners to keep, broadly, to the proportion of outcomes/individuals (outcome ambition) they profile. The maximum cohort size is 350 individuals.

Data sharing

We expect that lead local authorities and any partner agencies may want to share data on individuals as part of the delivery of the programme, and are interested in how the SIB can enable better data sharing for this group.

Where data matching is used to identify or verify outcomes then this should be clearly indicated to participants, and carried out securely by individuals used to handling sensitive information.

Personal data will be held and used by DCLG only for the purposes of administering and evaluating the SIB programme - including data matching with other administrative data sets - subject to the provisions of the Data Protection legislation. The evaluation team may approach providers to seek separate permissions to work with specific individuals for the purpose of case study work.

DCLG have provided consent form with forms of wording that are compliant with data protection requirements in each of these scenarios.

Outcome Payments

Payments will be made quarterly on the basis of all evidenced outcome claims submitted over the quarter. All delivery must have started by October 2017 at the latest, with the final date to report outcomes being January 2021.

DCLG will pay local authorities for outcomes the quarter after they have been submitted.

⁴ The latest date for the start of delivery is October 2017.

Evidencing Outcomes

DCLG will pay lead local authorities for outcomes achieved based on a quarterly declaration of outcomes. Lead local authorities therefore have responsibility for undertaking appropriate verification that the outcomes they declare have been achieved, and that they have been achieved by activity that was genuinely additional. How this is accomplished will need to be considered by commissioners during the procurement stage, but as a minimum lead local authorities will need to check and verify 10% of the outcomes and associated evidence submitted by providers. This could be achieved through (for example):

- reviewing physical evidence on a 10% sample using the database provided by DCLG
- reviewing outcomes achieved and associated evidence at a regular case meeting with providers
- using local data sharing agreements to monitor outcomes and evidence

Some specific considerations or suggestions have been outlined below. These are a suggestion only, and should not restrict local authorities from taking their own approach.

Where local areas use data matching to identify or verify outcomes then this should be highlighted to participants, and carried out securely by individuals used to handling sensitive information.

It is suggested that local authorities may also want to make use of the guidance provided by DCLG to providers as part of the Fair Chance Fund, which is available on GOV.UK.

Accommodation Outcomes

We suggest that a signed tenancy agreement, or letter from property owner where staying with friends and family, be evidence of entry into accommodation. Local authorities may then want to carry out spot checks into sustained accommodation outcomes.

General Wellbeing Assessment

We suggest that submission of the wellbeing assessments be evidence of their completion.

Mental Health outcomes

Due to the complex and confidential nature of health data, we expect that local authorities may have to rely on evidence from providers on whether or not the outcome has been achieved.

Where local NHS or CCG partners are included as a partner agency in the delivery of the programme then local data sharing may be possible, and this would be strongly recommended as a source of evidence.

It is DCLG's aspiration that as part of the evaluation we can compare mental health outcomes data to national data sets, which will help us understand the broader impact of the outcome.

Substance Misuse outcomes

Where possible this will be monitored in conjunction with PHE who hold information on all individuals in structured treatment, collected through the National Drug Treatment Monitoring System.

Evidencing Improved Education or Training

We suggest using a certificate of completion as evidence of achieving the outcome.

Evidencing volunteering/self-employed 13/26 weeks

It is suggested that local authorities may want to use letters from voluntary agencies as evidence of sustained volunteering.

Evidencing sustainment of employment

Where Job Centre Plus are included as a partner agency in the delivery of the programme then local data sharing arrangements may be able to be used to evidence this outcome. Alternatively local authorities may want to use signed contracts as evidence of employment start dates, or payslips as evidence of continued employment, whilst considering the impact this may have on employers and individuals.

Audits

As outlined above, DCLG (or contractors working on their behalf) reserve the right to validate a sample of payments on a regular basis.