

# **Using the Quality Assessment Framework**

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## 1. Introduction to the revised QAF

The Quality Assessment Framework (QAF) was introduced in 2003 and sets out the standards expected in the delivery of Supporting People services. The QAF also identified methods of evidencing their achievement and has been a successful practical tool for ensuring continuous improvement in services delivering housing-related support over the past five years.

The QAF has become an essential part of the Administering Authorities' (AAs) means of ensuring that providers deliver services to an acceptable standard and in accordance with contractual expectations. When first introduced there was some concern from both the sector and authorities about how rigorous the QAF could be implemented. However, it has, without a doubt, been one of the major successes of the Supporting People programme. Although no longer mandatory, the majority of Administering Authorities continue to use the QAF today and there is also evidence that other areas across authorities, such as Adult Social Care, are also adopting the QAF as the standard tool to measure the quality of services being delivered.

Given that the QAF has now been in use for five years, Communities and Local Government (CLG), along with Sitra and National Housing Federation agreed that it was appropriate to refresh the QAF so that it reflected the aims and aspirations of service delivery in 2008 and beyond. We (CLG, Sitra & NHF) therefore set up a working group made up of a number of local authorities and service providers to produce, what is hopefully, a more streamlined and less process-driven QAF framework.

We have raised the bar in terms of what is expected at all levels of the QAF. The original purpose of the QAF remains: to continue to drive up quality standards across the sector and to ensure that services evolve to meet the changing needs and aspirations of clients.

A refreshed QAF-lite is available. This can be used for community alarm services, sole traders and services delivered by small providers that employ no more than one full-time equivalent member of support staff, and/or have a contract value of less than £5,000 per year.

A separate QAF for Home Improvement Agencies has not been refreshed and can be found at: [www.spkweb.org.uk](http://www.spkweb.org.uk)

The supplementary objectives have not been refreshed and, minus those now incorporated into the core objectives, can be found at [www.spkweb.org.uk](http://www.spkweb.org.uk)

## 2. Summary of revisions to the QAF

The main change to the QAF is that levels A and B no longer have a prescriptive list that providers must evidence themselves against. There are however *indicative examples* of what services might have in place in order to meet either A or B standards. **It is important that authorities do not use the suggested examples as a prescriptive list**, as the aim is not to stifle innovation or emerging good practice. There may be other ways by which a provider might evidence achieving the standard at level A or B. For level C, there remains a 'tick list' of what is expected in order to meet the minimum requirement. There is no longer a level D.

Other changes to the QAF are: a new format (although the language remains largely the same) so that it is now hopefully an easier document to read and understand. Standards have been updated to reflect changes in legislation and good practice. We have also strengthened the importance of client involvement and indicated where the standards contribute to meeting the Outcomes Framework. Further information and guidance on the National Outcomes Framework can be found at: [www.spkweb.org.uk](http://www.spkweb.org.uk)

There are now five core objectives:

- C1.1 Assessment and Support Planning
- C1.2 Security, Health and Safety
- C1.3 Safeguarding and Protection from Abuse
- C1.4 Fair Access, Diversity and Inclusion
- C1.5 Client Involvement and Empowerment

The most significant changes to the core objectives themselves are the broadening of the Protection from Abuse objective to include safeguarding principles and obligations to children, and the inclusion of a new core objective on Client Involvement and Empowerment, which incorporates the previous Complaints objective.

**Please see section 4 for more detailed guidance on interpreting the new standards.**

### 2.1 New format

The most obvious revision to the QAF is the change in format. Specifically, whereas previously each performance level had its own standards, the QAF now differentiates between different levels of performance within each standard. As a result, the number of standards overall is significantly reduced.

Since assessment is no longer cumulative, the scoring mechanism for determining overall performance levels has also changed. **Please see section 3.3 for the rationale behind the scoring system.** A separate excel document is available for this purpose and can be found at: [www.spkweb.org.uk](http://www.spkweb.org.uk)

## 2.2 Performance Levels

Levels A and B denote services that are either striving for excellence or are providing excellent services and are therefore innovative in their approaches to delivering services. **When assessing compliance with level A and B standards therefore, it is acceptable to cite alternatives to the evidence examples where these genuinely demonstrate that the standards are being met by other means.**

**Level A** means excellence and is associated with providers striving to be leaders in their field.

In addition to meeting minimum standards and evidencing good practice, level A requires that the service:

- is flexible and responsive, and able to adapt the service to best meet clients' needs
- is a learning organisation that reflects on its work and uses this information to challenge its own performance
- effectively engages clients and staff in this shared learning
- engages in partnership working at a strategic level to better meet the needs of clients, the service/organisation and commissioners
- demonstrates the achievement of shared outcomes as a result of effective partnership working
- demonstrates vision, leadership and creativity that influences practice beyond the boundaries of the service

**Level B** means the service can evidence good practice.

In addition to meeting minimum standards, level B requires that the service:

- has policies and procedures in place that go beyond statutory requirements to embrace good practice, and that these are followed
- has staff that are confident to take the initiative, and work effectively with other agencies
- has clients meaningfully engaged at a service level
- engages in partnership working at a service level to better meet the needs of clients and the service
- is working towards the achievement of shared outcomes at a service level
- challenges its own performance with internal auditing and the setting and monitoring of targets
- demonstrates a commitment to continuous improvement

**Level C** means that the service meets, and is able to evidence, the required minimum standard but there is scope for improvement.

Level C requires that the service:

- complies with any statutory requirements
- has policies and procedures in place, and that these are followed
- has staff that understand and can explain the policies and procedures
- has clients who understand the nature of the service they are receiving

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- engages in partnership working at a client level to better meet the needs of the individual
- is working towards the achievement of individual client outcomes
- demonstrates a commitment to continuous improvement

**Providers should bear in mind that individual contracts may require them to meet a higher level of performance than these minimum standards.**

## 3. How to use the Quality Assessment Framework

### 3.1 Frequency and Scope

The QAF is intended to be applied to all services in receipt of Supporting People funds other than:

- “Retirement leasehold” or “private sheltered” or “sheltered housing for sale” services – i.e. privately owned sheltered housing where the accommodation is purchased as leasehold rather than being rented.

\* From 1<sup>st</sup> April 2009, the CQC will take over the work of the Commission for Social Care Inspection, the Healthcare Commission and the Mental Health Act Commission.

The QAF should be applied where domiciliary care services are provided alongside Supporting People services; although a provider may be a registered domiciliary care provider, the monitoring requirements for the provision of Supporting People services complement rather than overlap with those for registered domiciliary care providers.

Service providers will use the QAF to self-assess their services. The self-assessments are to be completed by the service provider and sent to the Administering Authority. AAs may also choose to validate additional supplementary objectives, subject to prior agreement with providers in their area. AAs can stipulate how frequently they require a QAF self-assessment from providers as part of their contract monitoring framework, but this will usually be on an annual basis.

The assessment tables are intended for self-assessment by service providers and may be used in two ways:

- to facilitate objective quality assessment of a service which is then subject to external validation by the Administering Authority; and
- as a tool to assist providers in the delivery of continuous improvement.

**Failure to meet level C means that the service is failing to meet the minimum quality standard.** In some instances immediate action will be required to meet legal, statutory or health and safety standards. This is below the minimum requirements for services in receipt of Supporting People Grant and service providers should prioritise achieving level C immediately.

In the cases of objectives C1.1, C1.2, C1.3 and S2.3, failure to meet performance level C represents a potential risk to the safety of clients. **Providers of these services must take immediate action to achieve at least level C.** Unless level C can be achieved in a very short timescale it may be necessary to consider temporary closure of the service.

## 3.2 Interpretation and Flexibility

This guidance is provided to assist Administering Authorities and providers in their use of the QAF and their understanding of some of the principles behind it. Administering Authorities will need to use their discretion and judgement in applying aspects of the QAF to particular services and to take a pragmatic approach in assessing the evidence to comply with the QAF standards.

The QAF is intended to be applicable to a wide range of housing-related support services and so it is inevitable that there will be times when some detailed evidence requirements / examples may not apply to a specific service. This may apply particularly to smaller providers who do not meet all the criteria for assessment under the QAF-lite. In these circumstances **the response of the Administering Authority must be to understand the underlying principle of the QAF by asking what the framework is looking for and then determine a suitable interpretation that can be applied to the service in question.**

## 3.3 Scoring

Providers / AAs should complete the scoring sheet with their assessment for each standard. The spreadsheet contains formulas which will calculate the performance level for each core objective, and an overall performance level for the QAF as a whole, according to the following rationale:

- |   |   |                                    |
|---|---|------------------------------------|
| Failure to reach level C on any standard / objective                            | ➔ | Failure to reach minimum standards |
| Level C on a majority of standards / objectives and no failure to reach level C | ➔ | Performance Level C                |
| Level B or above for a majority of standards / objectives                       | ➔ | Performance Level B                |
| Level A for the majority of standards / objectives and no level Cs              | ➔ | Performance Level A                |

This would mean three As and two Bs would result in an A overall. The presence of a C would bring you down to a B.

## 3.4 Passporting

There are a number of externally validated quality monitoring frameworks that could potentially be used to passport services through the Quality Assessment Framework. For example, the Centre for Sheltered Housing Studies' (CSHS) Code of Practice has been accepted by many local authorities.

Currently, the CHS Code of Practice has a passport to level B of the QAF and the Foyer Federations Accreditation has been passported to level C of the QAF. As passports are approved these will be announced on the Sitra Website. **Agencies responsible for these various frameworks are encouraged to send them to Sitra so a mapping exercise can be undertaken.**

### 3.5 Sheltered Housing, Almshouses and Community Alarms

When using the QAF to assess sheltered housing services (including Almshouses and Abbeyfield services with more than one full-time member of staff and/or contract value of more than £5,000 per year) particular attention should be paid to ensuring that it is used in a way that is appropriate to the service and the evidence required is proportionate to the size of the service and the nature of service delivery.

The standards relating to Community Alarm Services have been removed from the refreshed QAF. The QAF-lite should be used for these services.

### 3.6 Using the QAF for Continuous Improvement

To gain maximum benefit from the QAF, Administering Authorities and providers should embrace it as a tool for improving service quality. Used in this way, in a spirit of partnership, the QAF can be used to promote a shared understanding of services and to create an environment in which informed planning of quality improvements can happen. If used purely punitively, it risks destabilising the provider market and could result in valued providers closing their services through fear of being unable to comply with the standards.

Providers are strongly urged to use the QAF as a continuous improvement tool. Administering Authorities are encouraged to ensure that all providers are aware of the QAF and its role in contract monitoring / service review as well as its value in achieving continuous improvement.

When using the QAF as an internal continuous improvement tool providers may define for themselves the unit of service to which it will apply. That is to say that a provider may choose to group services into larger units or break them down into smaller units than those in the contract.

To use the QAF as a continuous improvement tool the assessments must be carried out as objectively as possible. It is a good idea for assessments to be carried out by staff other than those closely involved in the day-to-day running of the service concerned. In larger organisations this might be someone from a different team or region. Smaller organisations may wish to consider mutual swaps of QAF assessors through their local networks. To increase objectivity even larger providers might wish to enter into arrangements with peer organisations to validate each other's assessments or make use of other organisations, for example, the Service Audit Partnership, which has a quality code that reads across to the QAF. This can be accessed at [www.serviceaudit.org](http://www.serviceaudit.org)

Providers may also want to involve clients in this process.

### 3.7 QAF Validation Visits

The purpose of QAF validation visits is to verify the quality of the service and the provider's QAF self-assessment by talking to the people who receive and deliver it. While much of the QAF, particularly at performance level C, is concerned with policies and procedures, it must be remembered that documents are only one source of evidence for the assessment of quality. Desktop validation can therefore have only limited value. Visiting the service will also allow for observations of accommodation and day-to-day practice, including interactions between clients and staff, clients and managers, between clients, etc. which also constitute sources of evidence.

A QAF validation visit is not a statutory inspection but is instead a 'check' on whether providers achieve particular standards. Administering Authorities can carry out the visits themselves or, where appropriate, they can commission a specialist organisation to carry out visits on their behalf.

Administering Authorities may wish to review policies and procedures and other documentation for the previous three years. Providers should ensure that documentary evidence is available.

Administering Authorities are responsible for checking service quality as part of their ongoing contract monitoring obligations. Each Authority should develop a programme of visits that prioritises services based on an assessment of risk. In addition AAs should carry out random or spot checks.

In the course of validation, providers of services should agree with the Administering Authority a timetable for working towards the next performance level.

Guidance on conducting validation visits can be found at: [www.spkweb.org.uk](http://www.spkweb.org.uk)

### 3.8 Policies and procedures

Reference is made throughout the QAF to the need for documented policies and procedures. It is not the intention of the QAF to dictate the form taken by these and in particular it is not intended that all of these must necessarily comprise separate documents. It is therefore perfectly acceptable that certain policies and procedures are combined and so the same document may be used as evidence for several standards. For example, a policy to embrace diversity could include equal opportunities expectations; policy and practice on needs assessment may encompass areas of risk assessment.

### 3.9 Confidentiality

Reference is made throughout the QAF to the use of client documents (e.g. support plans, case notes etc.) as evidence of approaches to service delivery.

These documents are, of course, confidential to those who have a proper right of access to them.

Administering Authorities and providers are advised to check the wording of their own contracts and to seek advice on the Data Protection Act 1998.

Clients' consent should be obtained before sharing personal information about them with other organisations or individuals. Providers may need to consider entering into information sharing protocols with Administering Authorities and other bodies so that clients are clear about which agencies will see their personal details.

Administering Authorities should consider whether there is a need to view personal information in order to evidence QAF compliance. They should consider whether anonymised information could meet their requirements. Providers should not be penalised for failing to provide personalised information about staff or clients where consent has been refused. Providers should put in place systems for seeking the written or verbal consent of individual staff and clients to share information with Administering Authorities.

References to the need for confidentiality to be respected do not apply where child protection is compromised or where any other legal or statutory responsibility would be compromised. Reference should be made to the Data Protection Act 1998 to ensure compliance.

### 3.10 Evidencing Client Involvement

To achieve the standards set out in the QAF, evidence is required from clients to confirm that standards have been met. In many cases this could be achieved through a straightforward conversation with clients. In other cases, e.g. clients with communication difficulties or those lacking the skills or confidence to provide such feedback, it may be appropriate to involve advocates or to speak to clients' carers or relatives, or providers may provide other evidence to show how clients have been involved.

A Positive Practice Tool 'Involving Clients in Service Reviews and QAF validation visits' contains positive practice developed from research and client feedback. This tool identifies some of the most effective ways an Administering Authority can involve clients to gather feedback, during the service review process. The Positive Practice Tool can be found at: [www.spkweb.org.uk](http://www.spkweb.org.uk)

In some cases the QAF evidence in respect of client involvement may need to be interpreted differently depending on the circumstances. For example, in the case of very short-term services (defined as less than 28 days), involving clients sometimes presents particular challenges and requires different approaches. In such cases providers should be able to demonstrate that there are processes in place which are broadly equivalent to those required by the QAF (i.e. in terms of the results they aim to achieve) but which are more appropriate to the particular clients with whom they are working.

The QAF evidence examples / requirements refer to clients being involved in reviewing policies and procedures, planning the way in which services operate etc. and state that clients ought to be able to confirm their involvement in such activities. In large provider organisations, i.e. those providing many services, it is likely that such reviews take place at a national or regional level rather than in individual services. In these cases it is possible that no clients of the particular service undergoing review will have been involved in such activities. There should therefore be evidence at a local level that there are processes by which clients are offered opportunities to participate and that their participation is encouraged and made realistically possible by measures such as arranging transport, supporting clients in taking part in meetings with strangers etc. as appropriate to the needs of the clients concerned. In most cases it is appropriate to expect that clients of the particular service under review can confirm that they are aware of the opportunities to participate in these processes.

Whilst demonstrating good practice by providing opportunities for clients to be involved in the running of their services, the right of clients not to be involved must also be respected. Where clients have chosen not to be actively involved, it will be sufficient for the provider to demonstrate that there are genuine opportunities for clients to be involved and that the provider has made all reasonable efforts to encourage clients to take advantage of these opportunities. Guidance on involving clients can be found at: [www.spkweb.org.uk](http://www.spkweb.org.uk)

## 4. Interpreting the standards

Each of the following sections will address only significant changes in standards or sources of evidence. Key points are highlighted in yellow in the screenshots of the relevant standards.

### 4.1 C1.1 Assessment and Support Planning

The overall intended outcome of core objective 1.1 is that:

**All clients receive an assessment of their support needs and any associated risks. All clients have an up-to-date support and risk management plan. Assessment and support planning procedures place clients' views at the centre, are managed by skilled staff and involve other professional and/or carers as appropriate.**

This new core objective combines the previous core objectives **C1.1 Needs and Risk Assessment** and **C1.2 Support Planning**. This addresses the somewhat artificial split between activities which commonly overlap and the duplication of standards that resulted. The focus on individual client risk assessment and management has been strengthened.

It now consists of the following five standards.

1. The needs of applicants / clients and any inherent risks are assessed on a consistent and comprehensive basis prior to a service being offered, or very shortly afterwards as appropriate to the needs of the client group.
2. All clients have individual outcomes-focussed support and risk management plans that address the needs and risks identified by the assessment process.
3. Needs / risk assessments and support / risk management plans are reviewed regularly on a consistent and systematic basis.
4. Needs and risk assessment, support planning and reviews involve clients and take full account of their views, preferences and aspirations.
5. Staff carrying out needs and risk assessments and negotiating support and risk management plans are competent to do so.

When considering evidence it is important to recognise that support plans will reflect the service provided and in the case of emergency accommodation and services of very short duration it is likely that support plans will be correspondingly brief and may address only immediate needs rather than longer term plans.

**Standard 1:** The needs of applicants / clients and any inherent risks are assessed on a consistent and comprehensive basis prior to a service being offered, or very shortly afterwards as appropriate to the needs of the client group.

This standard specifically discourages using risk assessment to exclude people from services and instead encourages working constructively with the risks an individual may present. There is an obvious overlap here with core objective 1.4 Fair Access, Diversity and Inclusion.

For example, a service working with individuals who are actively using drugs will focus on ‘harm minimisation’, supporting clients to dispose of dirty needles safely and access clean needles.

Services should also be moving away from blanket bans (where appropriate) on individuals presenting with particular needs or histories, towards a case-by-case needs and risk assessment.

### Standard 1

		<p>and training programmes.</p> <p>Risk assessment procedures address:</p> <ul style="list-style-type: none"> <li>• Risk to self</li> <li>• Risk to others (including staff and the wider community)</li> <li>• Risks from others (including staff and the wider community).</li> </ul> <p>Needs and risk assessments take into account the views of other services as appropriate.</p> <p>Copies of all assessments are securely stored and accessible to relevant staff and clients.</p>	
<i>Evidence examples for Level B and A services are included below to give an indication of what we would expect of services delivered to such standards</i>			
	<b>Level B</b>	<p>The service works constructively with risk and does not use risk assessment to exclude applicants inappropriately.</p> <p>Staff harness individual clients' insight into the assessment of needs and risks.</p> <p>Specialist expertise is sought, where required, when conducting needs / risk assessments.</p>	
	<b>Level A</b>	<p>The needs and risk assessment policy and procedures encourage appropriate risk taking and discourage risk avoidance as the key feature of support delivery.</p> <p>Needs and risk assessments balance promotion of independence with effective risk management.</p> <p>The service can demonstrate that changes have been made to improve service delivery as a result of policy and procedure review.</p> <p>Policy and procedure review can show the</p>	

This standard includes the concept of “appropriate risk taking”, which recognises that supporting clients’ independence may involve the taking of calculated risks to promote personal growth and empowerment. Procedures should not focus exclusively on eliminating and preventing risk, but managing risk creatively and constructively.

For example, a service may wish to support a person with a learning disability to undertake new tasks they have never tried before and may involve some risk, for example, going on public transport to a busy shopping centre.

A service working with people with mental health support needs may support an individual develop other self-management techniques alongside medication within a Recovery Model of service provision.

In sheltered housing for older people, rather than banning the use of rugs, a service should be supporting people to think about less restrictive ways of reducing the risk of slips, trips and falls.

**Standard 2:** All clients have individual outcomes-focussed support and risk management plans that address the needs and risks identified by the assessment process.

‘Control measures’ is the language of H&S legislation and simply means all the actions a provider takes to prevent, minimise or respond to identified risks.

This standard now includes a requirement that support plans incorporate SMART objectives.

Standard	Performance Level	Essential requirements (C) or Indicative evidence (A / B)	Notes
This standard supports the service to meet outcomes in the following outcome domains: <b>Achieve economic well-being, Enjoy &amp; achieve, Be healthy, Stay safe and Make a positive contribution.</b>			
C1.1.2  <b>All clients have individual outcomes-focussed support and risk management plans that address the needs and risks identified by the assessment process.</b>	<i>Basic minimum requirements for an adequate service (Performance Level C)</i>		
	<b>Level C</b>	<p><b>Support and risk management plans identify control measures to eliminate, minimise or respond to identified risks.</b></p> <p>Clear links can be seen between assessments of clients' needs and associated risks, and their support / risk management plans.</p> <p>Support plans incorporate individual outcomes which have been negotiated with clients and, if appropriate, carers, relatives or other advocates.</p> <p>In short-term accommodation based services, move on and resettlement needs are addressed from the start of service delivery.</p> <p><b>Support plans incorporate SMART objectives that are clearly understood by clients, as milestones towards achieving outcomes.</b></p> <p>Copies of all support / risk management plans are securely stored and accessible to relevant staff and clients.</p> <p>The service is aware of, and seeks to take into account, other care and support services provided.</p>	
	<i>Evidence examples for Level B and A services are included below to give an indication of what we would expect of services delivered to such standards</i>		
	<b>Level B</b>	Support planning takes account of the wider needs of the client (beyond those	

There are different interpretations of the SMART acronym, as follows:

- S pecific
- M easurable
- A chievable / A greed
- R ealistic / R esponsible person assigned
- T imebound

The QAF does not prescribe which one is used but services should ensure they use it consistently.

**Standard 3:** Needs / risk assessments and support / risk management plans are reviewed regularly on a consistent and systematic basis.

There is now a requirement at level C that all needs / risk assessments and support / risk management plans are “quality monitored internally”. This does not require a sophisticated internal auditing system, though this may be how some services operate. At its most basic it requires that a senior person within the service or organisation - the manager of the staff member writing the support plan, for example – signs off these documents, or a random sample of documents, and is therefore able to identify any failure to meet standards and address this.

Standard	Performance Level	Essential requirements (C) or Indicative evidence (A / B)	Notes
This standard supports the service to meet outcomes in the following outcome domains: <b>Stay safe</b> and <b>Make a positive contribution</b> .			
<b>C1.1.3</b>	<b>Needs / risk assessments and support / risk management plans are reviewed regularly on a consistent and systematic basis.</b>	<i>Basic minimum requirements for an adequate service (Performance Level C)</i>	
		<b>Level C</b>	The frequency of individual reviews reflects the needs and risks identified by the assessment process. Clients' files show that all clients' needs have been reviewed with appropriate frequency and at least annually. Clients' files show that risk assessments have been reviewed with appropriate frequency, following an incident or significant change in circumstances, and at least annually. Individual support and risk management plans are revised in response to reviews to reflect changing outcomes and objectives. Support and risk management plans record intended review dates. <b>Needs / risk assessments and support / risk management plans are quality monitored internally.</b>
		<i>Evidence examples for Level B and A services are included below to give an indication of what we would expect of services delivered to such standards</i>	
		<b>Level B</b>	Procedures state that reviews can be initiated at any time by a client and clients confirm this is the case. This right is explained within the service description, clients' handbook, etc. Staff are proactive in identifying and reviewing changing need and risk.
	<b>Level A</b>	Reviews are co-ordinated to complement	

**Standard 4:** Needs and risk assessment, support planning and reviews involve clients and take full account of their views, preferences and aspirations.

This standard now includes, at performance level B, the good practice example of support plans being person-centred.

This standard supports the service to meet outcomes in the following outcome domains: <b>Achieve economic well-being, Enjoy &amp; achieve, Be healthy, Stay safe</b> and <b>Make a positive contribution</b> .			
<b>C1.1.4</b>	<b>Needs and risk assessment, support planning and reviews involve clients and take full account of their views, preferences and aspirations.</b>	<i>Basic minimum requirements for an adequate service (Performance Level C)</i>	
		<b>Level C</b>	There is evidence of clients' views being incorporated. Where clients disagree with assessments or reviews their views and reasoning are recorded. Clients have access to their file and are provided with a copy of assessments and reviews if they wish. The service complies with the Data Protection Act. Clients confirm that their views have been listened to and taken into account. Clients confirm that information is made available to them to meet their cultural, religious and/or lifestyle needs. Clients confirm that they are supported to meet their cultural needs and are able to observe their religious and cultural customs.
		<i>Evidence examples for Level B and A services are included below to give an indication of what we would expect of services delivered to such standards</i>	
		<b>Level B</b>	Needs and risk assessments, support plans and reviews seek to involve other professionals, carers, family and/or friends as the client wishes. <b>The support plan is person centred.</b>
	<b>Level A</b>	Needs and risk assessment and support planning procedures balance respect for clients' views, preferences and aspirations with effective risk management.	

Person-centred planning has been most visible in social care services for people with learning disabilities, where a number of different care / support planning tools have been developed. Its underlying principles, however – independence, choice, control, equality and inclusion - are applicable to a much wider range of services. A person-centred approach regards the client as the expert on their own experience. It acknowledges and makes use of their strengths, values, aspirations, and preferences. The support plan that results may not be a document but a visual or oral plan such as a drawing, mind map or DVD that encapsulates what the person wants for themselves and how the service is supporting them to achieve this.

## C1.2 Security, Health and Safety

The overall intended outcome of core objective 1.2 is that:

**The security, health and safety of all individual clients, staff and the wider community are protected.**

It has been updated to take account of recent changes in legislation. The standards relating to Community Alarms have been removed and are included in the QAF-lite. It now consists of the following three standards.

1. There is a health and safety policy which is less than three years old and is in accordance with current legislation.
2. The service has a co-ordinated approach to assessing and managing security and health and safety risks that potentially affect all clients, staff and the wider community.
3. There are appropriate arrangements to enable clients to access help in crisis or emergency.

**Standard 1:** There is a health and safety policy which is less than three years old and is in accordance with current legislation.

All health and safety policies and procedures, *as appropriate to the service*, should meet the requirements of the following legislation: (Up to date as at February 2009)

- Health and Safety at Work Act 1974
- Health and Safety (First Aid) Regulations 1981
- Consumer Protection Act 1987
- Furniture and Furnishings (Fire) (Safety) Regulations 1988 (as amended in 1993)
- Electricity at Work Regulations 1989
- Management of Houses in Multiple Occupation Regulations 1990 (as amended 2006) and local HMO regulations
- Health and Safety (Display Screen Equipment) Regulations 1992
- Manual Handling Operations Regulations 1992 (as amended 2002)
- Electrical Equipment (Safety) Regulations 1994
- Plugs and Sockets etc. (Safety) Regulations 1994
- Disability Discrimination Act 1995 (as amended 2005)
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995
- Food Safety (General Food Hygiene) Regulations 1995 (as amended 2005 and 2006)
- Health and Safety (Consultation with Employees) Regulations 1996
- Gas Safety (Installation and Use) Regulations 1998
- Provision and Use of Work Equipment Regulations 1998
- Employers' Liability (Compulsory Insurance) Regulations 1998
- Management of Health and Safety at Work Regulations 1999
- Control of Substances Hazardous to Health 2002

- Regulatory Reform (Fire Safety) Order 2005
- Smoke-free (Premises and Enforcement) Regulations 2006
- Smoke-free (Exemptions and Vehicles) Regulations 2007
- Smoke-free (Signs) Regulations 2007
- Smoke-free (Vehicle Operators and Penalty Notices) Regulations 2007
- Construction (Design & Management) Regulations 2007

While policies are likely to refer to all the legislation as they relate to staff, implementation through procedures may vary between services. For example, floating support services are not expected to conduct health and safety inspections within clients' own homes. Providers may wish to seek guidance from the HSE on which legislation is appropriate in their services.

Further information can be found at: [www.hse.gov.uk](http://www.hse.gov.uk), [www.food.gov.uk](http://www.food.gov.uk) and [www.smokefreeengland.co.uk](http://www.smokefreeengland.co.uk)

**Standard 2:** The service has a co-ordinated approach to assessing and managing security and health and safety risks that potentially affect all clients, staff and the wider community

This standard makes reference to a “dynamic approach” to risk management and health and safety inspections to monitor risk.

C1.2.2	<b>The service has a co-ordinated approach to assessing and managing security, health and safety risks that potentially affect all clients, staff and the wider community.</b>	<i>Basic minimum requirements for an adequate service (Performance Level C)</i>	
		<b>Level C</b>	<p>A formal procedure exists for conducting risk assessments.</p> <p>The procedure is documented and covers all potential risks (other than risks to individual clients) and appropriate information sharing mechanisms.</p> <p>Staff are able to describe the approach to risk assessment.</p> <p>Risk assessments of the service and any premises within which the service is delivered, are conducted at service inception and with appropriate frequency thereafter, following an incident, and at least annually.</p> <p>There are regular health and safety inspections to monitor risk.</p> <p>There are records of the inspections, participants, key findings and action taken.</p> <p>Where staff work alone, risk assessments specifically address the risks faced by lone workers and clients.</p> <p>There is a lone working policy that sets out procedures to minimise the risks to people working alone and to clients.</p>
		<i>Evidence examples for Level B and A services are included below to give an indication of what we would expect of services delivered to such standards</i>	
		<b>Level B</b>	<p>Clients are involved in risk assessments (other than individual client risk assessments), which record their participation.</p>
		<b>Level A</b>	<p>There is a dynamic approach to risk management and the service proactively looks to reduce risk, but is not risk averse.</p>

A dynamic approach to risk management is one which attempts to pre-empt hazards or incidents through an awareness of potential triggers or risk factors; it proactively responds to changing circumstances and/or environment rather than waiting for incidents to occur and then reacting and reviewing the risk assessment. This approach can apply to both individual client risk assessment and risk assessments of premises and service delivery mechanisms.

The health and safety inspections should be appropriate to both the nature of the service and to the type of risk identified initially. Initial risk assessments must

clearly state the priority attached to the identified risk and the required regularity of resulting risk checks.

The interpretation of this standard will be different for accommodation-based services and floating support services, and the evidence assessed should be proportionate to the nature of the service provided.

**Standard 3:** There are appropriate arrangements to enable clients to access help in crisis or emergency.

Standard	Performance Level	Essential requirements (C) or Indicative evidence (A / B)	Notes
This standard supports the service to meet outcomes in the following outcome domains: <b>Be healthy, Stay safe</b> and <b>Make a positive contribution</b> (at levels A and B only)			
C1.2.3	There are appropriate arrangements to enable clients to access help in crisis or emergency.	<i>Basic minimum requirements for an adequate service (Performance Level C)</i>	
		Level C	<p>Emergency call-out and out-of-hours support arrangements are documented and publicised to clients in ways appropriate to their needs.</p> <p>Clients and staff understand both the emergency call-out procedures and any out-of-hours support procedures.</p> <p>Clients and staff can correctly describe the arrangements.</p>
		<i>Evidence examples for Level B and A services are included below to give an indication of what we would expect of services delivered to such standards</i>	
Level B	<p>The service equips clients and staff to deal with a crisis or emergency.</p> <p>There is a plan for dealing with any disruption to the service.</p> <p>Emergency numbers and other appropriate contact details are well publicised to clients in handbooks, leaflets, posters, etc.</p> <p>There is a periodic (at least annual) review of the effectiveness of emergency call-out or out-of-hours support procedures.</p> <p>Client feedback is actively sought about the effectiveness of current arrangements. (This may not apply to very short-term housing)</p>		

The requirement to provide out-of-hours emergency on-call services is subject to the contractual terms agreed by the Administering Authority and the provider; it is not reasonable for the Administering Authority to require the provision of an out-of-hours on-call service where this was not specified in the contract for the service.

However, by providing clients with contact numbers of other service providers able to respond out-of-hours, providers can comply with the standard.

## 4.3 C1.3 Safeguarding and Protection from Abuse

The overall intended outcome of core objective 1.3 is that:

**There is a commitment to safeguarding the welfare of adults and children using or visiting the service and to working in partnership to protect vulnerable groups from abuse.**

It now consists of the following five standards:

1. There are robust policies and procedures for safeguarding and protecting adults and children, that are less than three years old and in accordance with current legislation.
2. Staff are aware of policies and procedures and their practice both safeguards clients and children and promotes understanding of abuse.
3. Staff are made aware of and understand their professional boundaries and their practice reflects this.
4. Clients understand what abuse is and know how to report concerns.
5. The service is committed to participating in a multi-agency approach to safeguarding vulnerable adults and children.

This is an area where practice and law have changed significantly since the original QAF. There is now a much stronger emphasis on multi-agency working and the role of everyone in alerting authorities about suspected abuse. It is key that agencies working with children and/or vulnerable adults understand their role and the role of other agencies. Local authorities should bear in mind when validating these standards what is appropriate for the type of service and for the client group concerned. Providers should also be aware that procedures may differ from one local authority to another, although the principles should remain the same.

A provider's role can involve more than being an alerter, depending upon the multi-agency strategy that is agreed in response to the alert – for example, it may be decided that the provider should investigate and report back or the provider might suspend or dismiss a staff member or adopt a strategy for managing abuse of one client by another.

A child is defined as anyone who has not yet reached their 18<sup>th</sup> birthday, however certain legislation includes in their reference to duties towards children, young people who are 18,19 and 20 who have been looked after by the local authority after the age of 16 or who have a learning disability e.g Children Act 2004 Part 1.<sup>1</sup>

For child protection issues – it may be helpful to think of services as one of four types:

- Services where children are known to live, eg refuges and teenage parent projects
- Services where children may live, eg floating support, hostels
- Services where children may visit, eg sheltered housing, floating support

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<sup>1</sup> See Children Act 2004, Part 1 (9)

- Services where children neither live or visit, but clients may have access to children, eg services for sex offenders

The concept of “proportionality” is an important one in assessing whether the evidence available is sufficient to demonstrate attainment of individual standards. The nature and detail of the policies and procedures in place to safeguard children will be in proportion to the frequency and/or amount of contact the staff and clients have with children, and the level of potential risk identified.

While all services are expected to have a policy and reporting procedures, the degree of training and involvement in investigations will vary between services.

**Standard 1:** There are robust policies and procedures for safeguarding and protecting adults and children that are less than three years old and in accordance with current legislation.

Standard	Performance Level	Essential requirements (C) or Indicative evidence (A / B)	Evidence
This standard supports the service to meet outcomes in the following outcome domains: <i>Be healthy, Stay safe and Make a positive contribution</i> (at level A only).			
C1.3.1  <b>There are robust policies and procedures for safeguarding and protecting adults and children, that are less than three years old and in accordance with current legislation.</b>	<i>Basic minimum requirements for an adequate service (Performance Level C)</i>		
	<b>Level C</b>	<p>The procedures address both adults and children and comply with good practice. (See guidance)</p> <p>There are recruitment checks, including professional references and CRB checks, for staff and volunteers.</p> <p>There is a whistle blowing procedure in accordance with the Public Interest Disclosure Act 1998.</p> <p>Individual client risk assessments address the potential for abuse from others.</p> <p>Lone working risk assessments address the increased risk to clients.</p> <p>CRB checks are updated in accordance with contractual requirements.</p>	
	<i>Evidence examples for Level B and A services are included below to give an indication of what we would expect of services delivered to such standards</i>		
	<b>Level B</b>	<p>There is a periodic (at least annual) review of the effectiveness of safeguarding and protection from abuse policies and procedures and their implementation.</p> <p>The policy and procedure review seeks to identify and address disincentives to reporting concerns.</p> <p>CRB checks are updated every three years.</p>	
<b>Level A</b>	There is a planned approach to working with other agencies.		

The procedures should:

- address physical, sexual psychological, financial or material and discriminatory abuse and acts of neglect or omission;
- specifically address safeguarding and protecting children;
- be informed by local safeguarding adults and children policies and procedures;
- be in accordance with the Department of Health guidance “No Secrets”, the Safeguarding Vulnerable Groups Act 2006 and the Children Act 2004, and make reference to local authority policies and procedures for safeguarding vulnerable adults and children;
- be in accordance with the Mental Capacity Act 2005 and contain clear guidance on information sharing and disclosure without consent;
- be clear about disclosing to external organisations (such as *Supporting People* or the local authority Child Protection Advisor) and how this relates to your data protection procedures;
- cover both staff and volunteers; and
- designate a trained and supported safeguarding lead.

### **Recent changes in legislation**

The Independent Safeguarding Authority (ISA) was introduced in January 2009 as part of the Act. The ISA will work with the Criminal Records Bureau (CRB) in deciding who will be on the barred ISA lists. The decision to bar a person working or volunteering with vulnerable adults and children will be made by the ISA as opposed to a Ministerial decision, as in the past.

The existing barred lists, List 99, PoCA (Protection of Children Act) and PoVA (Protection of Vulnerable Adults) have been replaced by two separate ISA lists for people working with (1) children and (2) vulnerable adults.

Further information on how the ISA works in practice, and the implications for employers, can be found at: [www.isa.gov.org.uk](http://www.isa.gov.org.uk).

The “No Secrets” guidance on developing multi-agency policies and procedures to protect vulnerable adults from abuse has recently been reviewed by the Department of Health. There are plans to update the guide to multi-agency working, develop a toolkit for the housing sector and introduce new legislation to put safeguarding adults boards on a statutory footing.

“Risk assessments” need to look at the risk that lone working will pose to clients as well as the risk that it poses to lone workers. A lone worker has an increased opportunity of posing a risk towards clients. This needs to be managed.

A “planned approach” simply means that a provider has pre-empted the potential actions it might need to take to respond to suspicions or allegations of abuse.

### Forthcoming changes

In 2008 the Government developed a new Vetting and Barring Scheme as set out in the Safeguarding Vulnerable Groups Act 2006. At present the Vetting and Barring scheme is being reviewed, changes are expected to be announced early 2011.

CRB checks are still expected to be updated, even after people have registered with the ISA (which includes an enhanced CRB on first registration). ISA registration only shows that someone is considered suitable to work with vulnerable groups in general, whereas a CRB check will show if someone has a criminal record and any relevant non conviction information. A person could be registered with the ISA but still have a criminal record that may make them unsuitable for a specific role. However, the government is expected to review the need for repeated CRB updates in the near future.

**Standard 2:** Staff are aware of policies and procedures and their practice both safeguards clients and children and promotes understanding of abuse.

If a client in your service is accused of abuse, an “alleged perpetrator”, the service should support them to seek advice and support, providing you are informed about this.

“Specialist training” may include training, such as mental health or cultural awareness, or responding to different communication needs. This not only reduces the potential for abuse through neglect or acts of omission, but also by addressing risk factors which might make clients more vulnerable to abuse.

For example, staff trained to deal with challenging behaviour may be less likely to slip into potentially abusive treatment of clients.
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It may also mean accessing training by the local authority on its own safeguarding procedures or the Common Assessment Framework (CAF). Administering Authorities are encouraged to make this available to Supporting People service providers.

## Standard 2

C1.3.2	<b>Staff are aware of policies and procedures and their practice both safeguards clients and children and promotes understanding of abuse.</b>	<b>Level C</b>	<p>Support is provided to victims of abuse.</p> <p><b>The service works appropriately with alleged perpetrators.</b></p> <p>A log records details of cases and outcomes and shows that appropriate action is taken, including reporting to appropriate authorities, (including the service commissioner and contract manager.)</p> <p>Safeguarding and protection from abuse policies and procedures are covered in staff induction and training programmes, and integrated into staff management practices.</p> <p>Staff are able to describe the policies and procedures, the reasons behind them and the implications for their work.</p> <p>Staff are able to describe how their practice promotes safeguarding.</p> <p>Staff and volunteers can describe how they would report any actual or suspected abuse or neglect, and who incidents should be reported to.</p>
		<i>Evidence examples for Level B and A services are included below to give an indication of what we would expect of services delivered to such standards</i>	
		<b>Level B</b>	<p>Staff are appropriately supported through supervision in dealing with abuse cases.</p> <p>Staff are aware of the potential impact on themselves and clients of being involved in abuse cases.</p> <p><b>Staff receive specialist training appropriate to the needs of the client group.</b></p>
			The service is proactive in promoting and

**Standard 3:** Staff are made aware of and understand their professional boundaries and their practice reflects this.

Personal benefit could include, for example, through the provision of financial advice, power of attorney, handling clients’ money, managing improvement works or in allocating housing or contracts.

C1.3.3	<b>Staff are made aware of and understand their professional boundaries and their practice reflects this.</b>	<i>Basic minimum requirements for an adequate service (Performance Level C)</i>	
		<b>Level C</b>	<p><b>There is a documented risk assessment addressing the potential for personal benefit through abuse and this has been reviewed in the last three years.</b></p> <p>There are procedures to prevent staff from personal benefit when working with vulnerable people.</p> <p>The nature and limits of relationships between staff and clients, children of clients or children visiting the service are covered in staff induction and training programmes, and integrated into staff management practices.</p> <p>Staff and volunteers are able to describe the policies concerning relationships with clients, children of clients or children visiting the service.</p> <p>Staff and volunteers are able to explain how their practice maintains effective boundaries.</p> <p>A Code of Conduct (or similar document) makes clear appropriate boundaries for staff and volunteers.</p> <p>Information to clients makes clear what are appropriate boundaries for staff and volunteers.</p>
		<b>Level B</b>	<p>Staff receive appropriate training.</p> <p>There is a periodic (at least annual) review of the effectiveness of the policies and their implementation.</p> <p><b>The service has mechanisms in place that reinforce professional boundaries.</b></p>
<i>Evidence examples for Level B and A services are included below to give an indication of what we would expect of services delivered to such standards</i>			

Level B includes the indicative example that “Mechanisms are in place to reinforce professional boundaries”. This may mean that the subject of appropriate

boundaries is revisited or discussed in supervision or team meetings, and/or that specific procedures are in place to facilitate a consistent approach by staff.

For example, a homeless service which routinely admits clients who have no money or belongings may have a system to support clients to access emergency benefit payments, or even provide a few basic toiletries, so that staff are not put in a position where they may be asked to lend money, or feel under pressure to do so.

A service-led response will enable staff to maintain consistent boundaries.

**Standard 4:** Clients understand what abuse is and know how to report concerns.

Standard	Performance Level	Essential requirements (C) or Indicative evidence (A / B)	Notes
This standard supports the service to meet outcomes in the following outcome domains: <b>Be healthy, Stay safe</b> and <b>Make a positive contribution</b> .			
C1.3.4	Clients understand what abuse is and know how to report concerns	<i>Basic minimum requirements for an adequate service (Performance Level C)</i>	
		Level C	The safeguarding and protection from abuse procedure is promoted in ways appropriate to clients' needs. Clients understand what constitutes abuse and know to whom they should report any concerns. Clients confirm they know what support they can expect to receive if they report a concern. Clients know how to report concerns outside the organisation. Clients confirm that they feel confident that concerns will be dealt with appropriately. The service feeds back appropriately on action that has, or has not, been taken, and why.
		<i>Evidence examples for Level B and A services are included below to give an indication of what we would expect of services delivered to such standards</i>	
		Level B	The service promotes safeguarding and protection with clients on a regular basis e.g. through house meetings or key working.
	Level A	Clients are able to influence how they receive information about safeguarding and protection from abuse and the reporting mechanisms for raising concerns. The service can demonstrate that changes have been made in response to client	

A number of standards within the QAF require clients to confirm their knowledge and/or understanding of particular policies or procedures. The nature of the service provided and support needs of clients, should be taken into account when assessing this.

Reporting concerns outside the organisation will include the same “appropriate authorities” referred to in standard 2.

**Standard 5:** The service can demonstrate its commitment to participating in a multi-agency approach to safeguarding vulnerable adults and children

This standard supports the service to meet outcomes in the following outcome domains: <b>Enjoy and achieve, Be healthy, Stay safe and Make a positive contribution</b> (at level A only).		
C1.3.5	The service is committed to participating in a multi-agency approach to safeguarding vulnerable adults and children	Basic minimum requirements for an adequate service (Performance Level C)
		<p><b>Level C</b></p> <p>In services specifically working with children and young people there is a designated, appropriately trained and supported child protection lead.</p> <p>In services specifically working with children and young people, there is an awareness of the Common Assessment Framework (CAF) and how this relates to, and is separate from, child protection.</p> <p>The service works jointly with other appropriate agencies to promote the safeguarding of adults and children.</p> <p>Where appropriate, the service engages with local MAPPAs and MARAC arrangements. (See guidance)</p> <p>The service engages in multi-agency working in response to specific cases of adult or child protection.</p>
		Evidence examples for Level B and A services are included below to give an indication of what we would expect of services delivered to such standards
		<p><b>Level B</b></p> <p>The service engages in multi-agency working to promote safeguarding of vulnerable adults and children.</p> <p>In services specifically working with children and young people, there is an understanding of the implementation of the Common Assessment Framework and the service's potential role within it.</p> <p><b>Level A</b></p> <p>There are information sharing protocols in place and the service proactively engages with local safeguarding partnerships.</p>

It is accepted that providers cannot be held accountable for an effective multi-agency approach as this depends on the actions of other partners. The wording of the standard reflects this. However, housing support providers should make efforts to engage with their local safeguarding arrangements, especially for levels B and A.

The Common Assessment Framework (CAF): The CAF is a standardised approach to conducting an assessment of a child's additional needs, including those aged 16 and 17, and deciding how those needs should be met. It can be used by practitioners across all children's services in all local areas in England. It aims to help early identification of need, promote co-ordinated service provision and reduce the number of assessments that some children and young people go through. All local authorities were expected to have a CAF in place by March 2008.

Further information on the CAF can be found at: [www.everychildmatters.gov.uk](http://www.everychildmatters.gov.uk) and individual local authority websites.

MAPPA (Multi-Agency Public Protection Arrangements) is a process for assessing and managing risks to the community posed by several categories of high-risk offenders, for example, registered sex offenders and serious violent offenders, and is led by the Police, Probation and Prison Services. This information is then shared with other relevant agencies to promote community safety.

The requirement to engage in MAPPA applies wherever an individual client has been identified as a high-risk offender *and the service is made aware of this*; this does not just apply to services for ex-offenders or those at risk of offending.

Further information on MAPPA can be found at: [www.noms.justice.gov.uk](http://www.noms.justice.gov.uk).

MARAC (Multi-Agency Risk Assessment Conferencing) is a process for identifying victims of domestic abuse most at risk from violence in the future, based on a risk assessment conducted by police officers attending an incident of domestic abuse.

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This information is then shared with other relevant agencies to promote the safety of abuse victims and their children.

As with MAPPA, the requirement to engage in MARAC applies where an individual has been identified as being at risk *and the service is made aware of this*; this does not just apply to services for people escaping domestic abuse.

Further information on MARAC can be found at: [www.caada.org.uk](http://www.caada.org.uk).

## 4.4 C1.4 Fair Access, Diversity and Inclusion

The overall intended outcome of core objective 1.4 is that:

**There is a demonstrable commitment to fair access, fair exit, diversity and inclusion. The service acts within the law and ensures clients are well-informed about their rights and responsibilities.**

It now consists of the following three standards. It has been updated to take account of recent changes in legislation:

1. Fair access, fair exit, diversity and inclusion are embedded within the culture of the service and there is demonstrable promotion and implementation of the policies.
2. The assessment and allocations processes have been reviewed in the last three years and ensure fair access to the service.
3. There is a commitment to ensuring fair exit from the service.

**Standard 1:** Fair access, fair exit, diversity and inclusion are embedded within the culture of the service and there is demonstrable promotion and implementation of the policies.

Standard	Performance Level	Essential requirements (C) or Indicative evidence (A / B)	Notes
This standard supports the service to meet outcomes in the following outcome domains: <b>Enjoy and achieve, Be healthy, Stay safe and Make a positive contribution.</b>			
<i>Basic minimum requirements for an adequate service (Performance Level C)</i>			
C1.4.1	Level C	<p>There is a policy (or policies) and procedures that cover:</p> <ul style="list-style-type: none"> <li>• equal opportunity, diversity, anti-discriminatory practice and harassment</li> <li>• discrimination on any grounds that cause a person to be treated with injustice (see guidance)</li> <li>• clients and staff</li> <li>• access to services and employment</li> </ul> <p>and promote community cohesion and social inclusion.</p> <p>The policies and procedures have been reviewed in the last three years and are in accordance with current legislation and the CRE Code of Practice on Racial Equality in Housing.</p> <p>There is a recruitment and selection policy that aims to eliminate discrimination in recruitment processes.</p> <p>There is a planned approach to managing and responding to concerns or incidents.</p> <p>The service has its own Equalities Scheme (which includes the above policies and procedures) or signs up to the local authority one. (See guidance)</p> <p>The service has its own Equalities Action Plan and:</p>	

See Standard 3 below for explanation of the concept of “fair exit”.

All equality and diversity policies and procedures should meet the requirements of the following legislation (Up to date as November 2010):

- Equality Act 2010
- Human Rights Act 1998
- Civil Partnership Act 2004
- Employment Equality (Sex Discrimination) Regulations 2005
- Equality Act 2006

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- Racial and Religious Hatred Act 2006
- Employment Equality (Age) Regulations 2006, Schedules 6 and 8

The Equality Act 2010 has repealed the following pieces of legislation:

- Equal Pay Act 1970
- Sex Discrimination Act 1975
- Race Relations Act 1976 (As amended 2000 and 2003)
- Disability Discrimination Act 1995 (as amended 2005)
- Employment Equality (Sexual Orientation) Regulations 2003
- Employment Equality (Religion or Belief) Regulations 2003
- Civil Partnership Act 2004 (Section 6(1)(b) and (2))
- Equality Act 2006 (Sections: 25; 26; 33; 43, Part 2. Section 81. Part 4. In section 94(3) “and 41 and 56” and “and the Disability Discrimination Act 1995 (c.50)”. In schedule 3 – paragraph (a) 6 to 36 ; (b) paragraph 41 to 56)

For more information on the Equality Act 2010 see:

[http://www.equalities.gov.uk/equality\\_bill.aspx](http://www.equalities.gov.uk/equality_bill.aspx)

Policies and procedures should cover discrimination on the grounds of race, sex, sexual orientation, disability, religion or belief, being a transsexual person, maternity or being pregnant, marriage or civil partnership, and age, but also for any other reason that does not pertain to membership of one of these groups, for example appearance or dress.

The Commission for Racial Equality’s *Statutory Code of Practice on Racial Equality in Housing* was updated in 2006 and is now available from the Equalities and Human Rights Commission website: [www.equalityhumanrights.com](http://www.equalityhumanrights.com)

The standard refers to an Equalities Scheme and Action Plan; the latter simply replaces the “*documented plan for ensuring equality of opportunity and anti-discriminatory practice*” that appeared in the original QAF.

**Standard 1**

		<p>Clients confirm that they are supported to meet their cultural needs and are able to observe their religious and cultural customs.</p>	
		<p><i>Evidence examples for Level B and A services are included below to give an indication of what we would expect of services delivered to such standards</i></p>	
	<b>Level B</b>	<p>There is a periodic (at least annual) review of the effectiveness of the equal opportunities and anti-discriminatory policies and plans.</p> <p>Equality access targets are set for under-represented groups as identified by the Equalities Action Plan, and performance monitored.</p> <p>Equality Impact Assessments are conducted when producing or reviewing any policy, procedure, function, service or strategy.</p> <p>Records show that staff are specifically recruited or trained to ensure their understanding and sensitivity to the diverse needs of clients.</p> <p>The communication needs of clients are catered for.</p> <p>Staff support clients to understand the occupancy agreement and other documents they have signed and to know their rights and responsibilities.</p>	
	<b>Level A</b>	<p>The harassment procedures detail effective management responses when working with victims and alleged perpetrators.</p> <p>There is a co-ordinated multi-agency approach to preventing and challenging bullying, harassment and discrimination.</p> <p>The service can demonstrate changes</p>	

Procurement guidance to local authorities indicates that it is *good practice* for them to pass on their equalities duties to their sub-contractors. For this reason, producing equality impact assessments appears as a good practice example at performance level B. **It is possible, however, that some local authorities have already specified this as a contractual requirement and more may do so in the future.**

Guidance on producing Equality Schemes and Equality Impact Assessments is available on the same website and at [www.idea.gov.uk](http://www.idea.gov.uk)

While the guidance is often geared towards local authorities, the principles are transferable to organisations within the voluntary and private sectors, including small providers. Organisations, particularly small providers, are not expected to reproduce the level of detail given on the EHRC website or in individual local authority schemes.

**Standard 2:** The assessment and allocations processes have been reviewed in the last three years and ensure fair access to the service.

### Standard 2

		<p>formats appropriate to the client group.</p> <p>The communication needs of clients are catered for in helping them to understand the information.</p> <p>Unsuccessful applicants are informed of reasons for refusal and signposted to more appropriate services or back to the referral agency.</p> <p>There is a right of appeal against decisions arising from assessments.</p>	
		<p><i>Evidence examples for Level B and A services are included below to give an indication of what we would expect of services delivered to such standards</i></p>	
	<b>Level B</b>	<p>Particular attention is paid to ensuring fair access to under-represented groups as identified by the Equalities Action Plan.</p> <p>The eligibility criteria and application process are actively promoted to relevant agencies and the wider community.</p>	
	<b>Level A</b>	<p>The service can demonstrate that changes have been made to improve service delivery as a result of policy and procedure review.</p> <p>Policy and procedure review can show the impact of client and stakeholder involvement.</p> <p><b>Fair access is assured by independent audit.</b></p> <p>There is a proactive approach to working with service commissioners in identifying local need and adapting services accordingly.</p>	

“Independent audit” does not necessarily imply that someone external to the *organisation*, must conduct the audit, but simply someone external to the *decision-making process*, and therefore objective. It may be a more senior manager or a manager from another service, or some system of quality monitoring that includes clients.

**Standard 3:** There is a commitment to ensuring fair exit from the service.

This standard introduces a new concept of “fair exit”.

Fair exit is about two things:

- Ensuring that services are terminated in accordance with the law and, wherever possible, good practice. In accommodation-based services, this is about the use of appropriate written notices and notice periods. It may be particularly pertinent for services that use protected licence agreements. Fair exit in floating support services is about transparency in how cases are closed and what arrangements are put in place in order to effectively close a case. This includes situations where clients do not want the service to be terminated.
- In short-term accommodation-based services, ensuring that move-on processes are fair and transparent, and both clients and staff are clear about what move-on options are available, who can access them and when, and how to apply. The expectation of move-on does not apply to long-term services or floating support services provided to people living in permanent accommodation. Some floating / visiting support services are provided to people in temporary accommodation; the expectations around move-on only apply where the service has responsibility to find alternative accommodation.

C1.4.3	There is a commitment to ensuring fair exit from the service.	Basic minimum requirements for an adequate service (Performance Level C)	
		Level C	<p>The service has clear procedures for staff to follow when terminating a service, including ending tenancies or licences.</p> <p>In short-term accommodation based services, move on and resettlement needs are addressed from the start of service delivery.</p> <p>In short-term accommodation-based services, there is a move-on application process which has been reviewed in the last three years and includes:</p> <ul style="list-style-type: none"> <li>• how to apply</li> <li>• the eligibility criteria for move-on accommodation, and</li> <li>• the means of prioritising applications.</li> </ul> <p>The move-on application process is written in plain English and other formats appropriate to the needs of the client group.</p> <p>Staff comply with the law and good practice when terminating the service.</p> <p>In short-term accommodation based services, the service seeks to achieve planned moves wherever possible.</p> <p>Clients confirm that they are given information about possible grounds for termination of the service, including eviction and withdrawal of floating support.</p> <p>Clients are given information on how to get independent advice if they are threatened with termination of service and are signposted to other appropriate services.</p>
		Evidence examples for Level B and A services are included below to give an indication of what we would expect of services delivered to such standards	
		Level B	The service works creatively to improve fair exit and move on outcomes for individual clients into the community.
Level A	<p>In short-term accommodation based services, there is a move on strategy.</p> <p>The service can demonstrate that changes have been made as a result of policy and procedure review.</p> <p>Policy and procedure review show the impact of client and stakeholder involvement.</p> <p>Fair exit is assured by independent audit.</p> <p>The service works with service commissioners in developing strategic solutions to improve fair exit and move on outcomes for clients into the community.</p>		

A “move-on strategy” is a documented approach to accessing move-on that considers the options available to clients within the service (and their limitations), and sets out how these options will be maximised.

This standards recognises that the issue of move-on cannot be achieved by providers alone but requires a strategic response from the local authority.

## 4.5 C1.5 Client Involvement and Empowerment

The overall intended outcome of core objective 1.5 is that:

**There is a commitment to empowering clients and supporting their independence. Clients are well informed so that they can communicate their needs and views and make informed choices. Clients are consulted about the services provided and are offered opportunities to be involved in their running. Clients are empowered in their engagement in the wider community and the development of social networks.**

It incorporates the previous **Core Objective C1.6: Complaints**, together with key elements from the previous following **Supplementary Objectives**:

- S1.1 Informing Service Users,
- S1.2 Consulting Service Users,
- S1.3 Empowerment and Supporting Independence, and
- S1.4 Participation in the Wider Community.

This new core objective consists of the following five standards.

1. People wanting to access a service can make an informed decision before accepting an offer and know about the range of services and support available to meet their needs.
2. Clients are consulted on all significant proposals which may affect their service and their views taken into account.
3. The service encourages clients to do things for themselves rather than rely on staff.
4. Clients are encouraged to consider ways in which they can participate in the wider community.
5. There is a written complaints policy and procedure that has been reviewed in the last three years and is used as a tool for service development.

**Standard 1:** People wanting to access a service can make an informed decision before accepting an offer and know about the range of services and support available to meet their needs.

This Standard focuses on the quality of the information available to clients, both before accepting an offer and whilst accessing the service. It applies in full to all SP-funded services bar very short-term housing (less than 28 days). In services of this nature, it is unlikely to be practicable for clients to visit the service and meet with staff before accepting an offer.

The formats in which information is produced for clients should be appropriate to the needs of the client group. For example, information for people with a learning disability may be available in easy-read or Makaton® format. Information should be available in languages which meet the needs of significant local user groups.

This standard supports the service to meet outcomes in the following outcome domains: <b>Enjoy and achieve</b> and <b>Make a positive contribution</b>			
C1.5.1	People wanting to access a service can make an informed decision before accepting an offer and know about the range of services and support available to meet their needs.	Basic minimum requirements for an adequate service (Performance Level C)	
		Level C	<p>Clients confirm that they were able to visit the service and meet with staff before accepting an offer, where appropriate.</p> <p>Staff have a good understanding of what the support service can do to meet clients' needs.</p> <p>Clients confirm that they know about the range of services provided by the support provider to meet their needs</p> <p>Clients and referral agencies confirm that information about the service is available in plain English and formats appropriate to the needs of the client group.</p>
Evidence examples for Level B and A services are included below to give an indication of what we would expect of services delivered to such standards			
		Level B	<p>The service promotes and advertises to clients the range of services to meet their diverse needs – both those provided by their support provider and those available through other providers.</p> <p>Client feedback is actively sought on the quality of information about the service.</p> <p>Clients confirm that they:</p> <ul style="list-style-type: none"> <li>were able to meet with existing clients before accepting an offer, where appropriate</li> <li>were provided with a range of information about the service prior to take up</li> <li>are offered opportunities to have a say in what kind of information they want.</li> </ul>

It will not always be appropriate for clients to visit the service or meet with existing clients before accepting an offer. Exceptions are likely to include floating support services, very short-stay housing (see previous definition) and other forms of emergency accommodation such as domestic abuse refuges.

**Standard 4:** Clients are encouraged to consider ways in which they can participate in the wider community.

The exception highlighted in yellow at Level C refers those services which apply restrictions to visitors on grounds of risk, such as services for people escaping domestic abuse.

Standard	Performance Level	Essential requirements (C) or Indicative evidence (A / B)	Notes
This standard supports the service to meet outcomes in the following outcome domains: <b>Achieve economic well-being, Enjoy and achieve, Be healthy</b> and <b>Make a positive contribution</b> .			
C1.5.4	Clients are encouraged to consider ways in which they can participate in the wider community.	Basic minimum requirements for an adequate service (Performance Level C)	
		Level C	<p>Support plans show that staff and clients have discussed any wishes for employment, training, education, social and leisure activities outside of the service.</p> <p>Clients confirm that information concerning the availability of such services, activities and opportunities is made readily available in ways appropriate to their needs.</p> <p>The service actively encourages and promotes links with friends and family, where appropriate.</p> <p>Support plans reflect that clients have been enabled to overcome barriers to participating in the wider community, where appropriate.</p> <p>With the exception of certain services (see guidance), clients can confirm that there are no policies or rules that prevent them from visiting or receiving friends and relatives.</p> <p>Staff induction and training highlight the importance of engagement in the wider community and the steps to be taken to promote it.</p> <p>Clients are encouraged to play an active part in their local community and democratic structures.</p>
Evidence examples for Level B and A services are included below to give an indication of what we would expect of services delivered to such standards			

## Appendix 1 – Glossary

AA	Administering Authority i.e. local authority
AGM	Annual General Meeting
CAADA	Co-ordinated Action Against Domestic Abuse
CAF	Common Assessment Framework
CLG	Communities and Local Government
CQC	Care Quality Commission (previously CSCI)
CRB	Criminal Records Bureau
CRE	Commission for Racial Equality, now part of the EHRC
CSCI	Commission for Social Care Inspection (now CQC)
DH	Department of Health
EHRC	Equality and Human Rights Commission
EqlA	Equality Impact Assessment
HSE	Health and Safety Executive
I&DeA	Improvement and Development Agency (a resource for local authorities)
LA	Local Authority
MAPPA	Multi-Agency Public Protection Arrangements
MARAC	Multi-Agency Risk Assessment Conferencing
NHF	National Housing Federation
NOMS	National Offender Management Service
POCA	Protection of Children Act
POVA	Protection of Vulnerable Adults
QAF	Quality Assessment Framework
Short-term	A service with an intended stay of less than two years
SMART	<u>S</u> pecific, <u>M</u> easurable, <u>A</u> chievable, <u>R</u> ealistic, <u>T</u> imebound or variations: a technique for goal setting.
SP	Supporting People
SP K-web	Supporting People knowledge web: a resource for LAs and SP providers.
TSA	Telecare Services Association
Very short-term	A service with an intended stay of less than 28 days