



## Rough Sleeping Social Impact Bond

### Guidance

*This guidance has been developed to give commissioners, service providers and investors information on the delivery outcomes which will be eligible for payment as part of the Rough Sleeping Social Impact Bond (SIB). It also provides information on the evidence that will need to be submitted to verify that an outcome has been achieved and for the claim to be accepted for payment. This guidance consolidates and replaces the separate 'RS SIB evidence guidance' and the 'RS SIB delivery guidance' previously issued by the Ministry of Housing, Communities, and Local Government (MHCLG).*

#### Table of Contents

Summary .....	3
Cohort .....	3
Outcomes .....	4
Accommodation Outcomes.....	5
Suitability .....	5
Sustaining accommodation.....	6
Move into accommodation.....	7
3 and 6 month sustainment of accommodation .....	8
12 month sustainment of accommodation .....	8
18 and 24 month sustainment of accommodation .....	9
Better Managed Needs Outcomes .....	10
General Wellbeing Assessments (x3).....	10
Entry into engagement with mental health services.....	11
Sustained engagement with mental health support .....	11
Entry into alcohol treatment.....	12
Sustained engagement with alcohol treatment.....	13
Entry into drug treatment .....	13
Sustained engagement with drug treatment .....	14
Entry into Employment Outcomes .....	14
Improved Education or Training.....	14
Volunteering 13/26 weeks.....	15
Employment 13/26 weeks (F/T and P/T) .....	16

Contracting and Procurement.....	17
Referral and Registration.....	17
Data sharing .....	18
Outcome Payments .....	18
Evidencing Outcomes.....	18
Table 1: Outcomes and evidence requirements for the programme.....	21
Audits.....	24
Self-certification Claim Form 001: Accommodation Entry.....	25
Self-certification Claim Form 002: Accommodation Sustainment.....	27
Self-certification Claim Form 003: General Wellbeing Assessment.....	29
Self-certification Claim Form 004: Mental Health Entry into Engagement.....	31
Self-certification Claim Form 005: Mental Health Sustained Engagement.....	33
Self-certification Claim Form 006: Substance Misuse Entry into Engagement.....	35
Self-certification Claim Form 007: Substance Misuse Sustained Engagement.....	37
Self-certification Claim Form 008: Improved Education/Training.....	39
Self-certification Claim Form 009: Volunteering.....	41
Self-certification Claim Form 010: Employment.....	44

## Summary

To claim outcome payments for the Rough Sleeping SIB, lead local authorities or service providers are required to register all clients onto MHCLG's database and upload evidence for outcomes as set out below. Details of how to access the database and upload evidence documents will be made available.

In addition to uploading the required evidence for the achieved outcome claims, it will be essential for commissioners to keep detailed records and evidence of each outcome, as MHCLG will carry out regular spot-checks to ensure the evidence that underpins each payment is available. There may also be more comprehensive audits on a particular outcome metric or over a specific period.

You must ensure that the outcomes you claim for from MHCLG are valid. It will be necessary to put in place appropriate systems to verify the evidence before it is submitted to MHCLG.

## Cohort

Only individuals who meet the below criteria can be referred onto the SIB programme:

- Aged over 18, and;
- Single<sup>1</sup> or not living with their family and;
- Not pregnant and without dependent children, and;
- Homeless as defined in the homelessness legislation, and;
- 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 but excluding time spent in care), and
- Has at least two other complex needs, including but not necessarily limited to:
  - Substance misuse;
  - 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.

Those in any of the below groups cannot be referred onto the SIB programme:

---

<sup>1</sup> Couples housed together will be eligible for separate outcomes payments as long as each partner independently meets the criteria for cohort and outcome.

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

## Outcomes

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

	Outcome	Rate
<b>Accommodation</b>	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
<b>Better managed needs</b>	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	
<b>Entry into employment</b>	Improved education/training	£500
	Volunteering 13 weeks	£400
	Volunteering 26 weeks	£800
	Part time work 13 weeks	£1,900
	Part time work 26 weeks	£1,800
	Full time work 13 weeks	£2,400

Full time work 26 weeks	£2,200
-------------------------	--------

Apart from the general wellbeing outcome, each outcome can only be claimed once per client. For example, if an individual abandons accommodation (or the valid start date otherwise resets) before achieving the 3 month sustainment period, then any subsequent accommodation must achieve an additional 3 months sustainment before being eligible to claim the 3 month sustainment accommodation outcome.

Local authorities can 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 MHCLG, 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 rate 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 MHCLG 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. Clients living with family and friends must have their own room in a household that is not overcrowded.

The following do not count towards accommodation at any stage:

- Hospitals.<sup>2</sup> This includes:
  - emergency admission for treatment;
  - planned admission for treatment;
  - admission into an acute psychiatric hospital;<sup>3</sup>
- Prison.<sup>4</sup>

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/letters/emails confirming the sustained period in the accommodation and stating the address of the property, the date the client moved in and that they are still living there.

Each 3 month period for accommodation is considered as 91 days.

Sustained accommodation outcomes are cumulative. For example, the 6 month outcome can be claimed 91 days after the 3 month outcome was achieved, and the 12 month outcome can be claimed 182 days after the 6 month outcome was achieved. Individuals can move from one accommodation option to another, with this arrangement being treated as continuous, provided that 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 28 March, then the new start date would be 28 March. The 12 month accommodation outcome could therefore be claimed 6 months from 28 March.

Time spent in hospital cannot be counted towards time spent 'sustaining accommodation'. However, in cases where hospitalisation is considered the appropriate course of action for the client by a health professional, and the client subsequently loses their accommodation

---

<sup>2</sup> Where an individual retains their eligible stable accommodation whilst in hospital, they should be treated as living in stable accommodation.

<sup>3</sup> Where admission is part of a treatment plan for a mental health condition, this may be eligible for a 'sustained engagement with mental health services' outcome.

<sup>4</sup> Where an individual is taken into custody, but retains their eligible stable accommodation, they should be treated as living in stable accommodation.

while in hospital, the sustained accommodation outcome can be claimed from the date before they were hospitalised – provided that suitable accommodation is available to them upon their release. This means that time spent in hospital under these circumstances effectively puts the sustainment of accommodation outcome on pause. When the client is discharged from hospital, as long as they are re-accommodated within 14 days, time may be counted towards the sustainment of accommodation outcome from the date on which the client moved from their accommodation into hospital.

This also applies to time spent in prison.

An individual can also be considered to be sustaining accommodation if the accommodation they were previously living in, that was unsuitable, has now become suitable due to the work of the provider.

Sustained accommodation payments are cumulative. For example, the 6 month outcome can be claimed 91 days after the 3 month outcome was achieved, and the 12 month outcome can be claimed 182 days after the 6 month outcome was achieved.

To prove sustainment of accommodation, the evidence must show the entire journey. The entry into accommodation evidence must be available for each property the client has lived in for the duration of the sustainment being claimed for, as well as the self-certification form. If the client's accommodation changes, then the evidence needs to be submitted. The letters/emails confirming the sustained period in the accommodation should state the address of the property, the date the client moved in and that they are still living there. This should ideally be from the landlord or the head of the household, if the client is living with family or friends. If the letter/email is from family or friends, it should confirm the client has their own room.

---

### **Move into accommodation**

The outcome is achieved by an individual moving into suitable 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, 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. However, if a client was already living in accommodation when the Rough Sleeping SIB began that was 'unsuitable' and the accommodation became 'suitable' post the beginning of the Rough Sleeping SIB due to the work of the provider, then a 'move into accommodation' outcome can be claimed. The evidence must clearly show that the accommodation was 'unsuitable' and was made 'suitable' through the work of the provider. The start date of any sustainment outcomes would then be from the date the accommodation became 'suitable'.

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.

To claim for this outcome at least one of the following evidence types must be provided:

- self-certification form no. 001;
- a signed tenancy, licence or written agreement, if the client is in independent accommodation;
- a letter/email from the head of the household, if they are living with family or friends (a letter/email from family or friends should confirm that the client is living with them, when they moved in, and that they have their own room);
- a letter from the landlord confirming that accommodation was suitable as a result of the work complete by the project.

### **3 and 6 month sustainment of accommodation**

This outcome is achieved by an individual sustaining accommodation for three or six months in suitable accommodation.

#### *Bedded down contacts 3 and 6 months*

We advise that there should be no more than four bedded down street contacts during each three month period. Where the bedded down street contacts exceed this number then the sustainment period should be reset either to the start of the sustainment period or to the start of the three-month period (where the bedded down street contacts were during the three to six month sustainment period). MHCLG will not be monitoring this, but it should be taken into consideration by local authorities.

### **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.

#### *Bedded Down Street Contact 12+ months*

We advise that where an individual has been verified as living in stable accommodation for more than 12 months there should be no more than one bedded down street contact during each six-month period or two bedded down street contacts during a 12-month period.

Where the bedded down street contacts exceed this number, the sustainment period should be reset (provided that the individual has accessed stable accommodation) either to the start of the sustainment period or to the start of the 12 month period (where the bedded down street contacts were during the 12 to 18 month sustainment period). MHCLG will not be monitoring this, but it should be taken into consideration by local authorities.

#### **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 from 12 months onwards 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.

To claim for the 3, 6, 12, 18 and 24 months sustained accommodation outcomes at least one of the following evidence types must be provided:

- Self-certification form 002;
- Accommodation entry evidence for current property;
- Landlord letter/email;
- Family/friend letter/email .

#### *Bedded Down Street Contact 12+ months*

We advise that where an individual has been verified as living in stable accommodation for more than 12 months there should be no more than one bedded down street contact during each six-month period or two bedded down street contacts during a 12-month period.

Where the bedded down street contacts exceed this number then the sustainment period should be reset (provided that the individual has accessed stable accommodation) either to the start of the sustainment period or to the start of the 12-month period (where the bedded down street contacts were during the 12 to 18 month sustainment period). The MHCLG will not be monitoring this but it should be taken into consideration by local authorities.

## **Better Managed Needs Outcomes**

### **General Wellbeing Assessments (x3)**

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, ongoing assessment of clients' needs will be key, and there should be continual assessment and monitoring of clients' 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.

To claim for this outcome at least one of the following evidence types must be provided:

- self-certification form no. 003;
- A Warwick-Edinburgh Wellbeing Scale – this is the preferred evidence option for this outcome.

Either of the below will be accepted:

- 14 point scale: <http://www.experiential-researchers.org/instruments/leijssen/WEMWBS.pdf>
- 7 point scale: <http://www.healthscotland.com/uploads/documents/14092-SWEMWBSSept2007.pdf>

Guidance on using and completing the scale is available at: <http://www.mentalhealthpromotion.net/resources/user-guide.pdf>.

To keep track of evidence, the Warwick-Edinburgh Wellbeing scale form should include the client name, number, assessment number and date handwritten at the top.

### **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). If, following the assessment, it is agreed by the GP or mental health specialist that non-clinical interventions are the right treatment for the individual, this is sufficient for an 'entry into mental health services' outcome to be claimed. 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.

To claim for this outcome, at least one of the following evidence types must be provided:

- self-certification form no. 004;
- a letter/email from either the client's GP or another mental health specialist should be submitted, confirming the client has had an initial assessment. There is no stipulation on what the outcome of this assessment must be.

Where a letter/email confirming an initial assessment has taken place is not from the client's GP, a letter/email from the GP surgery confirming that the client is registered would also be desired.

### **Sustained engagement with mental health support**

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

- In-patient 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 that they are satisfied with the quality of plans.

Where an individual has been diagnosed with a mental health condition which requires formal treatment, this should be the basis of their plan. In such cases providers should ensure that individuals are attending their appointments, and support them in remembering to take their 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, they are still eligible for an outcome payment, if a GP appointment or discharge confirms that they do not need further medical care for a mental health issue.

To claim for this outcome, at least one of the following evidence types must be provided:

- self-certification form no. 005;
- a letter/email from either the client's GP or another mental health specialist should be submitted, confirming the client has engaged with and/or completed their agreed mental health support programme. The letter/email should give detail on what the programme consisted of, who led the programme, and beginning and end dates;
- if the client's engagement was less than 6 months, a discharge letter must be submitted for the claim to be accepted;
- it is recognised that clients might not ever 'complete' the support programme. So if after 6 months the client is still engaging with the programme, a letter must be submitted stating that they are still receiving support;
- a copy of the agreed support plan followed by the client when engaging with support.

### **Entry into alcohol treatment**

The 'entry into alcohol treatment' outcomes payment will be paid following the start of 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, 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 key working 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 alcohol and drug problems, outcomes payments will only be made for the drug treatment outcomes.

To claim for this outcome, at least one of the following evidence types must be provided:

- self-certification form no. 006;
- letter/email from the treatment provider confirming that the client has entered into a structured tier 3 or 4 alcohol or drug substance misuse treatment programme.

### **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 is successfully discharged from alcohol treatment within the 3 months, the SIB provider is also eligible for payment.

To claim for this outcome, at least one of the following evidence types must be provided:

- self-certification form no. 007;
- letter/email from the treatment provider confirming the client has engaged with and/or completed a structured tier 3 or 4 alcohol or drug substance misuse treatment programme;
- if the client engagement was for less than 3 months, a discharge letter must be submitted for the claim to be accepted.

### **Entry into drug treatment**

An 'entry into drug treatment' outcomes payment will be paid out following the start of 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, 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.

To claim for this outcome, at least one of the following evidence types must be provided:

- self-certification form no. 006;
- letter/email from the treatment provider confirming that the client has entered into a structured tier 3 or 4 alcohol or drug substance misuse treatment programme.

### **Sustained engagement with drug treatment**

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

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

To claim for this outcome, at least one of the following evidence types must be provided:

- self-certification form no. 007;
- letter/email from the treatment provider confirming that the client has engaged with and/or completed a structured tier 3 or 4 alcohol or drug substance misuse treatment programme;
- if the client engagement was for less than 3 months, a discharge letter must be submitted for the claim to be accepted.

If a client was already registered onto a relevant substance misuse or mental health programme when the SIB began but they were not engaging, and post joining the SIB they re-engaged with the service due to work carried out by the provider, then an 'entry into treatment' outcome can be claimed. However, the evidence must clearly show that the client was previously not engaging with the programme and is now engaging through the work of the provider. The start date of any sustainment would then be from the date the client re-engaged with the programme.

If a client was already registered onto and engaging with a relevant substance misuse or mental health programme when joining the SIB, and post joining the SIB they sustain continuous engagement with the service, then a sustained engagement outcome can be claimed. The start date of engagement must begin after the client was registered onto the programme and the SIB began.

## **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. To find out if a qualification is officially recognised, you can check on <https://www.gov.uk/find-a-regulated-qualification>.

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

To claim for this outcome, at least one of the following evidence types must be provided:

- self-certification form no. 008;
- copy of the certificate achieved or a letter/email from the qualification provider confirming that the client achieved the qualification.

If a letter/email is submitted, this should state the qualification achieved, that this is recognised by the Ofqual Regulated Qualification Framework, and that a minimum of 20 GLH were completed towards the qualification since the date the client joined the Rough Sleeping SIB programme.

### **Volunteering 13/26 weeks**

To claim for this outcome, the individual must volunteer an average of at least six hours a week across the respective periods (i.e. 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, this cannot be counted towards an outcome. However, outcome payments can be claimed where an individual's volunteering situation is improved (e.g. an individual volunteering part-time is supported into full-time volunteering).

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.

To claim for this outcome, at least one of the following evidence types must be provided:

- self-certification form no. 009;
- letter/email from the organisation offering the volunteering placement. This should confirm that the client has been volunteering there, for how long, an average of hours

per week, and a description of their role. It must also confirm that the organisation pays expenses and the client is supervised by a paid member of staff.

### **Employment 13/26 weeks (F/T and P/T)**

Where the individual was employed prior to being referred into a cohort, 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 that these are different activities. So where an individual is volunteering, and is employed, two outcome payments can potentially be claimed.

Self-employment can also be counted as part time or full time employment.

Payments can be claimed upon completing 13 and 26 weeks, with the required hours, as follows:

- **Full-time employment:** minimum 25 hours/ week;
- **Part-time employment:** between 8-25 hours/ week;
- **Zero hours contract:** between 104-325 hours over 13 weeks or 208-650 hours over 26 weeks for part-time; and 325+ hours over 13 weeks or 650+ hours over 26 weeks for full-time.

If a client is on a zero hours contract, we will allow the number of hours worked over the period to be averaged out, as above. However, to ensure continuity, at least 8 hours must have been worked in every month making up either the 13 or 26 week period. Where a claim has any weeks in which less than the minimum number of hours were worked (8 for part-time and 25 for full-time), this client must be on a zero hours contract.

MHCLG will also monitor the amount of clients on zero hour contracts in each SIB and expect these clients to be supported to obtain more stable forms of employment.

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.

To claim for this outcome, at least one of the following evidence types must be provided:

- self-certification form no. 010;

- the employment contract;
- a letter/email from the employer confirming the employment;
- payslips, or receipts and remittances for work carried out.

If payslips or receipts and remittances are submitted as evidence, they must be for the duration of the claim period.

If a letter/email from the employer is submitted, this should confirm that the client is employed with them, what role they are employed to do, how long they have been employed for, and how many weeks/hours per week they have worked.

## **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 Digital, Culture, Media and Sport's Centre for Social Impact Bonds.

## **Referral and Registration**

Lead local authorities are responsible for ensuring all individuals referred into their 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 MHCLG. 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 agreements, using the templates provided by MHCLG. Any updates to the data agreements must be communicated to the client. 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). In such cases the individual cannot then be supported through the programme.

Individuals can only be referred into the Rough Sleeping SIB during the first year of the programme. Accordingly, all clients must be registered with MHCLG, and all cohorts must be fixed, before the end of December 2018. It will not be possible to add additional clients after this date, and accordingly it will be impossible to submit outcome claims for anyone not registered with the programme by this date.

The final date to report outcomes will be March 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). 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 speaking, to the proportion of outcomes/individuals (outcome ambition) for which 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 we are interested in how the Rough Sleeping SIB can enable better data sharing for this group.

Where data matching is used to identify or verify outcomes, 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 MHCLG only for the purposes of administering and evaluating the Rough Sleeping 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.

MHCLG has provided data sharing agreement forms.

## Outcome Payments

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

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

In the tragic event that a service user loses their life, the provider will still be able to submit claims for the outcomes they achieved for that individual while they were a client of the Rough Sleeping SIB. MHCLG must be notified of this in writing.

## Evidencing Outcomes

MHCLG 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. However, 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 MHCLG;
- 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, 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 MHCLG to providers as part of the Fair Chance Fund, which is available on GOV.UK.

## **Mandatory evidence**

At least one form of mandatory evidence must be submitted for the claim to be accepted for payment. To reflect that in some circumstances evidence may be difficult to obtain (for example if a family member refuses to provide a letter of accommodation sustainment or a client does not want a mental health support programme leader to know they are part of the SIB) a self-certification form can be submitted for a claim to be accepted for payment.

## **Self-certification forms**

The full set of self-certification templates can be found at the end of this guidance (001–010). Each follows the same format: initial details to be completed at the top, self-certification statements to be completed and signed by the provider and the client, and a check-list for any accompanying evidence and counter-signature to be completed by a commissioning authority representative (the person managing the case from the lead local authority).

When completing a self-certification form, it is advised this is done by hand, as this will make it quicker to complete, and wet signatures on the form are required. Please make sure the forms are filled in carefully and can be easily read and understood. Forms which are not legible or are not filled in correctly will be rejected. The self-certification requires a representative from the provider and the client to describe how the outcome has been achieved, and a signature to confirm this. A representative at the commissioning authority must then counter-sign this before submitting it as proof of achieving an outcome.

If a client is not able to sign the self-certification, the representative from the provider may sign on their behalf and must state the reason for doing so. MHCLG will monitor the use of this in spot-checks.

The highlighted sections on each form must be replaced by the name of the provider and commissioning authority submitting the claim. Sections 1 and 2 of the form should be completed by the provider and the client. A representative at the commissioning authority should complete sections 3 and 4. As the signatures at a minimum must be completed by hand, it is advised that the first half of the form is completed by the provider and then scanned/posted to the commissioning authority for the rest to be completed.

## **Evidence requirements**

Where a letter is an acceptable form of evidence, this must be dated, signed and clearly show the capacity in which this person is providing the letter. If this is provided by a company or organisation, the letter will also need to be on their letter-headed paper. An email is also acceptable, but again this must clearly state who this is from, in what capacity

they are providing this confirmation and, if from a company or organisation, it must include their formal email signature.

**Table 1: Outcomes and evidence requirements for the programme**

	Outcome	Self-cert form	Mandatory Evidence – at least one of the below
<b>Accommodation</b>	Entering accommodation	001	<ul style="list-style-type: none"> <li>• Self-cert form</li> <li>• Tenancy, licence or written agreement (if living in independent accommodation)</li> <li>• Family/friend letter/email (if living with friends or family)</li> <li>• Letter from landlord confirming the acc has been made suitable by project work</li> </ul>
	3 months in accommodation	002	<ul style="list-style-type: none"> <li>• Self-cert form</li> <li>• Accommodation entry evidence for current property</li> <li>• Landlord letter/email</li> <li>• Family/friend letter/email</li> </ul>
	6 months in accommodation	002	<ul style="list-style-type: none"> <li>• Self-cert form</li> <li>• Accommodation entry evidence for current property</li> <li>• Landlord letter/email</li> <li>• Family/friend letter/email</li> </ul>
	12 months in accommodation	002	<ul style="list-style-type: none"> <li>• Self-cert form</li> <li>• Accommodation entry evidence for current property</li> <li>• Landlord letter/email</li> <li>• Family/friend letter/email</li> </ul>
	18 months in accommodation	002	<ul style="list-style-type: none"> <li>• Self-cert form</li> <li>• Accommodation entry evidence for current property</li> <li>• Landlord letter</li> <li>• Family/friend letter/email</li> </ul>
	24 months in accommodation	002	<ul style="list-style-type: none"> <li>• Self-cert form</li> <li>• Accommodation entry evidence for current property</li> <li>• Landlord letter</li> <li>• Family/friend letter/email</li> </ul>
<b>Better managed needs</b>	General wellbeing assessment x3	003	<ul style="list-style-type: none"> <li>• Self-cert form</li> <li>• Warwick Edinburgh Wellbeing Scale</li> </ul>

MH entry into engagement with services	004		<ul style="list-style-type: none"> <li>• Self-cert form</li> <li>• GP/ mental health specialist letter/email</li> </ul>
MH sustained engagement with support	005		<ul style="list-style-type: none"> <li>• Self-cert form</li> <li>• Discharge letter (if less than 6 months sustainment)</li> <li>• GP/mental health specialist letter/email</li> <li>• Support plan</li> </ul>
Alcohol misuse entry into alcohol treatment	006		<ul style="list-style-type: none"> <li>• Self-cert form</li> <li>• Treatment provider letter/email</li> </ul>
Alcohol misuse sustained engagement with alcohol treatment	007		<ul style="list-style-type: none"> <li>• Self-cert form</li> <li>• Discharge letter (if less than 3 months sustainment)</li> <li>• Treatment provider letter/email of sustained engagement</li> </ul>
Drug misuse entry into drug treatment	006		<ul style="list-style-type: none"> <li>• Self-cert form</li> <li>• Treatment provider letter/email</li> </ul>
Drug misuse sustained engagement with drug treatment	007		<ul style="list-style-type: none"> <li>• Self-cert form</li> <li>• Discharge letter (if less than 3 months sustainment)</li> <li>• Treatment provider letter/email of sustained engagement</li> </ul>
<b>Entry into employment</b>	Improved education/ training	008	<ul style="list-style-type: none"> <li>• Self-cert form</li> <li>• One of the following:               <ol style="list-style-type: none"> <li>1. Certificate</li> <li>2. Trainer letter/email</li> </ol> </li> </ul>
	Volunteering 13 weeks	009	<ul style="list-style-type: none"> <li>• Self-cert form</li> <li>• Organisation letter/ email</li> </ul>
	Volunteering 26 weeks	009	<ul style="list-style-type: none"> <li>• Self-cert form</li> <li>• Organisation letter/ email</li> </ul>

Part time work 13 weeks	010	<ul style="list-style-type: none"> <li>• Self-cert form</li> <li>• One of the following:               <ol style="list-style-type: none"> <li>1. Payslips</li> <li>2. Employer letter/ email</li> <li>3. Invoices and remittances</li> </ol> </li> </ul>
Part time work 26 weeks	010	<ul style="list-style-type: none"> <li>• Self-cert form</li> <li>• One of the following:               <ol style="list-style-type: none"> <li>1. Payslips</li> <li>2. Employer letter/ email</li> <li>3. Invoices and remittances</li> </ol> </li> </ul>
Full time work 13 weeks	010	<ul style="list-style-type: none"> <li>• Self-cert form</li> <li>• One of the following:               <ol style="list-style-type: none"> <li>1. Payslips</li> <li>2. Employer letter/ email</li> <li>3. Invoices and remittances</li> </ol> </li> </ul>
Full time work 26 weeks	010	<ul style="list-style-type: none"> <li>• Self-cert form</li> <li>• One of the following:               <ol style="list-style-type: none"> <li>1. Payslips</li> <li>2. Employer letter/ email</li> <li>3. Invoices and remittances</li> </ol> </li> </ul>

## Audits

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

## Self-certification Claim Form 001: Accommodation Entry

### Section 1: Details

Commissioning Authority:	
Provider:	
Client Name:	
Client Number:	
Outcome claiming for:	Accommodation Entry

### Section 2: Outcome verification

#### Provider representative

I ....., on behalf of **provider**, certify that ..... (*client name*) moved into suitable accommodation on ..... (*date*).

Type of accommodation:

.....

Address of the accommodation:

.....  
 .....  
 .....

Signature:

Position:

If signing on behalf of client, state reason:

.....

#### Client

I ..... (*client name*) certify that I moved into the above accommodation on ..... (*date*) and it is suitable.

Signature:

### Section 3: Supporting evidence

Please indicate if there is any related evidence to support this outcome claim. All evidence must also match the requirements as set out in the Social Impact Bond Evidence Guidance.

- copy of the signed tenancy, licence or written agreement
- copy of a letter/email from a family member, or a friend, confirming that the client is living with them, when they moved in and that they have their own room

Section 4: Declaration and undertaking

I ....., on behalf of **lead local authority**, certify that:

- this claim meets the eligibility requirements and definitions as set out in the MoU and associated guidance (Social Impact Bond Delivery Guidance and Social Impact Bond Evidence Guidance)
- this claim is either accompanied by all the supporting evidence and documentation, or I have made sufficient effort to secure it and have been unable to.
- the work to achieve this outcome was completed by our provider during the SIB programme
- the information on this form is correct to the best of my knowledge and belief and I accept full responsibility for it
- **Lead local authority** undertakes that we will keep accounts, invoices and supporting evidence for 5 years after the last date funding is paid and will make them available for inspection on request by MHCLG officials
- **Lead local authority** undertakes that we will notify MCLG immediately in writing or by email of any changes to the details provided in this form.

This declaration and undertaking must be signed by the lead local authority representative at the organisation making this claim, as mentioned above.

**Signature:**

**Name:**

**Position:**

**Date:**

## Self-certification Claim Form 002: Accommodation Sustainment

### Section 1: Details

Commissioning Authority:	
Provider:	
Client Name:	
Client Number:	
Outcome claiming for:	Accommodation sustainment for ..... months

### Section 2: Outcome verification

#### Provider representative

I ....., on behalf of **provider**, certify that ..... (*client name*) has been living in stable, suitable accommodation from ..... (*date*) to ..... (*date*), totalling 3/6/12/18/24 (*delete as appropriate*) months.

Type of accommodation:

.....

The address of the accommodation is:

.....

.....

Signature:

Position:

If signing on behalf of client, state reason:

.....

#### Client

I ..... (*client name*) certify that I have been living in stable and suitable accommodation since ..... (*date*) for a total of 3/6/12/18/24 (*delete as appropriate*) months and it is suitable.

Signature:

### Section 3: Supporting evidence

Please indicate if there is any related evidence to support this outcome claim. All evidence must also match the requirements as set out in the Social Impact Bond Evidence Guidance.

- copy of a letter/email from the landlord confirming how long the client has been in the property
- copy of a letter/email from a family member, or a friend, confirming how long the client has been living with them for and that they have their own room

### Section 4: Declaration and undertaking

I ....., on behalf of **lead local authority** certify that:

- this claim meets the eligibility requirements and definitions as set out in the MoU and associated guidance (Social Impact Bond Delivery Guidance and Social Impact Bond Evidence Guidance)
- this claim is either accompanied by all the supporting evidence and documentation, or I have made sufficient effort to secure this
- the work to achieve this outcome was completed by our provider during the SIB programme
- the information on this form is correct to the best of my knowledge and belief and I accept full responsibility for it
- **Lead local authority** undertakes that we will keep accounts, invoices and supporting evidence for 5 years after the last date funding is paid and will make them available for inspection on request by MHCLG officials
- **Lead local authority** undertakes that we will notify MHCLG immediately in writing or by email of any changes to the details provided in this form

This declaration and undertaking must be signed by the lead local authority representative at the organisation making this claim, as mentioned above.

**Signature:**

**Name:**

**Position:**

**Date:**

## Self-certification Claim Form 003: General Wellbeing Assessment

### Section 1: Details

Commissioning Authority:	
Provider:	
Client Name:	
Client Number:	
Outcome claiming for:	General wellbeing assessment .....

### Section 2: Outcome verification

#### Provider representative

I ....., on behalf of **provider**, certify that ..... (client name) completed their 1/2/3 (*delete as appropriate*) assessment outcome on ..... (date).

Signature:

Position:

If signing on behalf of client, state reason:

.....

#### Client

I ..... (client name) certify that I completed my 1/2/3 (*delete as appropriate*) assessment outcome on .....(date).

Signature:

### Section 3: Supporting evidence

Please indicate if there is any related evidence to support this outcome claim. All evidence must also match the requirements as set out in the Social Impact Bond Evidence Guidance.

Warwick -Edinburgh Wellbeing scale

Section 4: Declaration and undertaking

I ....., on behalf of **lead local authority** certify that:

- this claim meets the eligibility requirements and definitions as set out in the MoU and associated guidance (Social Impact Bond Delivery Guidance and Social Impact Bond Evidence Guidance)
- this claim is either accompanied by all the supporting evidence and documentation, or I have made sufficient effort to secure this
- the work to achieve this outcome was completed by our provider during the SIB programme
- the information on this form is correct to the best of my knowledge and belief and I accept full responsibility for it
- **Lead local authority** undertakes that we will keep accounts, invoices and supporting evidence for 5 years after the last date funding is paid and will make them available for inspection on request by MHCLG officials
- **Lead local authority** undertakes that we will notify MHCLG immediately in writing or by email of any changes to the details provided in this form.

This declaration and undertaking must be signed by the lead local authority representative at the organisation making this claim, as mentioned above.

**Signature:**

**Name:**

**Position:**

**Date:**

## Self-certification Claim Form 004: Mental Health Entry into Engagement

### Section 1: Details

Commissioning Authority:	
Provider:	
Client Name:	
Client Number:	
Outcome claiming for:	Mental Health Entry into Engagement

### Section 2: Outcome verification

#### Provider representative

I ....., on behalf of **provider**, certify that ..... (*client name*) had an initial assessment with their GP or a registered mental health specialist on ..... (*date*), and that they are registered with a GP.

The name and address of the GP surgery is:

.....  
 .....  
 .....  
 .....

Signature:

Position:

If signing on behalf of client, state reason:

.....

#### Client

I ..... (*client name*) certify that I had an initial assessment with my GP or a registered mental health specialist on ..... (*date*), as described above, and that I am registered with a GP at the above named surgery.

Signature:

Section 3: Supporting evidence

Please indicate if there is any related evidence to support this outcome claim. All evidence must also match the requirements as set out in the Social Impact Bond Evidence Guidance.

copy of a letter/email from a GP or registered mental health specialist confirming the initial assessment took place and when

Section 4: Declaration and undertaking

I ....., on behalf of **lead local authority** certify that:

- this claim meets the eligibility requirements and definitions as set out in the MoU and associated guidance (Social Impact Bond Delivery Guidance and Social Impact Bond Evidence Guidance)
- this claim is either accompanied by all the supporting evidence and documentation, or d I have made sufficient effort to secure this
- the work to achieve this outcome was completed by our provider during the SIB programme
- the information on this form is correct to the best of my knowledge and belief and I accept full responsibility for it
- **Lead local authority** undertakes that we will keep accounts, invoices and supporting evidence for 5 years after the last date funding is paid and will make them available for inspection on request by MHCLG officials
- **Lead local authority** undertakes that we will notify MHCLG immediately in writing or by email of any changes to the details provided in this form

This declaration and undertaking must be signed by the lead local authority representative at the organisation making this claim, as mentioned above.

**Signature:**

**Name:**

**Position:**

**Date:**

## Self-certification Claim Form 005: Mental Health Sustained Engagement

### Section 1: Details

Commissioning Authority:	
Provider:	
Client Name:	
Client Number:	
Outcome claiming for:	Mental Health Sustained Engagement

### Section 2: Outcome verification

#### Provider representative

I ....., on behalf of **provider**, certify that ..... (*client name*) has engaged with an agreed mental health support plan for ..... months, from ..... (*date*) to ..... (*date*).

Signature:

Position:

If signing on behalf of client, state reason:

.....

#### Client

I ..... (*client name*) certify that I engaged with my agreed mental health support plan for ..... months, from ..... (*date*) to ..... (*date*).

Signature:

### Section 3: Supporting evidence

Please indicate if there is any related evidence to support this outcome claim. All evidence must also match the requirements as set out in the Social Impact Bond Evidence Guidance.

copy of the agreed support plan

- copy of a letter/email from a GP or registered mental health specialist confirming the client has engaged with the support plan
- copy of the discharge letter from a GP or registered mental health specialist

Section 4: Declaration and undertaking

I ....., on behalf of **lead local authority** certify that:

- this claim meets the eligibility requirements and definitions as set out in the MoU and associated guidance (Social Impact Bond Delivery Guidance and Social Impact Bond Evidence Guidance)
- this claim is either accompanied by all the supporting evidence and documentation, or I have made sufficient effort to secure this
- the work to achieve this outcome was completed by our provider during the SIB programme
- the information on this form is correct to the best of my knowledge and belief and I accept full responsibility for it
- **Lead local authority** undertakes that we will keep accounts, invoices and supporting evidence for 5 years after the last date funding is paid and will make them available for inspection on request by MHCLG officials
- **Lead local authority** undertakes that we will notify MHCLG immediately in writing or by email of any changes to the details provided in this form

This declaration and undertaking must be signed by the lead local authority representative at the organisation making this claim, as mentioned above.

**Signature:**

**Name:**

**Position:**

**Date:**

## Self-certification Claim Form 006: Substance Misuse Entry into Engagement

### Section 1: Details

Commissioning Authority:	
Provider:	
Client Name:	
Client Number:	
Outcome claiming for:	Substance Misuse Entry into Engagement

### Section 2: Outcome verification

#### Organisation representative

I ....., on behalf of **provider**,  
 certify that .....  
 (*client name*) has had an assessment and has begun a tier 3 or tier 4 structured drug/alcohol  
 (*delete as appropriate*) substance misuse treatment programme on  
 ..... (*date*).

Details of the structured treatment programme:

.....  
 .....  
 .....  
 .....

Signature:

Position:

If signing on behalf of client, state reason:

.....

#### Client

I ..... (*client name*) certify that I have  
 had an assessment and begun structured drug/alcohol (*delete as appropriate*) substance  
 misuse treatment programme on ..... (*date*), as described above.

Signature:

### Section 3: Supporting evidence

Please indicate if there is any related evidence to support this outcome claim. All evidence must also match the requirements as set out in the Social Impact Bond Evidence Guidance.

- copy of a letter/email from the treatment programme provider confirming the client has begun a structured tier 3 or 4 substance misuse treatment programme

Section 4: Declaration and undertaking

I ....., on behalf of **lead local authority** certify that:

- this claim meets the eligibility requirements and definitions as set out in the MoU and associated guidance (Social Impact Bond Delivery Guidance and Social Impact Bond Evidence Guidance)
- this claim is either accompanied by all the supporting evidence and documentation, or I have made sufficient effort to secure this
- the work to achieve this outcome was completed by our provider during the SIB programme
- the information on this form is correct to the best of my knowledge and belief and I accept full responsibility for it
- **Lead local authority** undertakes that we will keep accounts, invoices and supporting evidence for 5 years after the last date funding is paid and will make them available for inspection on request by MHCLG officials
- **Lead local authority** undertakes that we will notify MHCLG immediately in writing or by email of any changes to the details provided in this form

This declaration and undertaking must be signed by the lead local authority representative at the organisation making this claim, as mentioned above.

- Signature:**
- Name:**
- Position:**
- Date:**

## Self-certification Claim Form 007: Substance Misuse Sustained Engagement

### Section 1: Details

Commissining Authority:	
Provider:	
Client Name:	
Client Number:	
Outcome claiming for:	Substance Misuse Sustained Engagement

### Section 2: Outcome verification

#### Provider representative

I ....., on behalf of **provider**, certify that ..... (*client name*) has continuously engaged with and, or, completed a structured tier 3 or tier 4 drug/alcohol (*delete as appropriate*) substance misuse treatment programme, from ..... (*date*) to ..... (*date*).

Details of the structured treatment programme:

.....  
 .....  
 .....  
 .....

Signature:

Position:

If signing on behalf of client, state reason:

.....

#### Client

I ..... (*client name*) certify that I have continuously engaged with and completed a structured drug/alcohol (*delete as appropriate*) substance misuse treatment programme from ..... (*date*) to ..... (*date*), as described above.

Signature:

Section 3: Supporting evidence

Please indicate if there is any related evidence to support this outcome claim. All evidence must also match the requirements as set out in the Social Impact Bond Evidence Guidance.

- copy of a letter/email from the provider confirming the client has completed the programme
  
- copy of the discharge letter from the treatment provider

Section 4: Declaration and undertaking

I ....., on behalf of **lead local authority** certify that:

- this claim meets the eligibility requirements and definitions as set out in the MoU and associated guidance (Social Impact Bond Delivery Guidance and Social Impact Bond Evidence Guidance)
- this claim is either accompanied by all the supporting evidence and documentation, or I have made sufficient effort to secure this
- the work to achieve this outcome was completed by our provider during the SIB programme
- the information on this form is correct to the best of my knowledge and belief and I accept full responsibility for it
- **Lead local authority** undertakes that we will keep accounts, invoices and supporting evidence for 5 years after the last date funding is paid and will make them available for inspection on request by MHCLG officials
- **Lead local authority** undertakes that we will notify MHCLG immediately in writing or by email of any changes to the details provided in this form.

This declaration and undertaking must be signed by the lead local authority representative at the organisation making this claim, as mentioned above.

**Signature:**

**Name:**

**Position:**

**Date:**

## Self-certification Claim Form 008: Improved Education/ Training

### Section 1: Details

Commissioning Authority:	
Provider:	
Client Name:	
Client Number:	
Outcome claiming for:	Improved Education/Training

### Section 2: Outcome verification

#### Provider representative

I ....., on behalf of **provider**, certify that ..... (*client name*) completed an Ofqual Regulated Qualification Framework recognised qualification on ..... (*date*), consisting of at least 20 guided learning hours (GLH) being completed since the client entered the SIB programme.

Details of the qualification:

.....  
 .....  
 .....

Qualification Accreditation Number (QAN):

.....

Signature:

Position:

If signing on behalf of client, state reason:

.....

#### Client

I ..... (*client name*) certify that I completed the qualification, as described above, on ..... (*date*), including at least 20 guided learning hours (GLH) that have been completed since I entered the SIB programme.

Signature:

Section 3: Supporting evidence

Please indicate if there is any related evidence to support this outcome claim. All evidence must also match the requirements as set out in the Social Impact Bond Evidence Guidance.

- copy of the qualification certificate
- copy of a letter/email from the qualification provider

Section 4: Declaration and undertaking

I ....., on behalf of **lead local authority** certify that:

- this claim meets the eligibility requirements and definitions as set out in the MoU and associated guidance (Social Impact Bond Delivery Guidance and Social Impact Bond Evidence Guidance)
- this claim is either accompanied by all the supporting evidence and documentation, or I have made sufficient effort to secure this
- the work to achieve this outcome was completed by our provider during the SIB programme
- the information on this form is correct to the best of my knowledge and belief and I accept full responsibility for it
- **Lead local authority** undertakes that we will keep accounts, invoices and supporting evidence for 5 years after the last date funding is paid and will make them available for inspection on request by MHCLG officials
- **Lead local authority** undertakes that we will notify MHCLG immediately in writing or by email of any changes to the details provided in this form

This declaration and undertaking must be signed by the lead local authority representative at the organisation making this claim, as mentioned above.

**Signature:**

**Name:**

**Position:**

**Date:**

## Self-certification Claim Form 009: Volunteering

### Section 1: Details

Commissioning Authority:	
Provider:	
Client Name:	
Client Number:	
Outcome claiming for:	Volunteering for ..... weeks

### Section 2: Outcome verification

#### Provider representative

I ....., on behalf of **provider**, certify that ..... (*client name*) has volunteered for an average of 6 hours a week for a total of 13/26 (*delete as appropriate*) weeks, beginning on ..... (*date*). The volunteering placement pays for expenses and the client is supervised by a paid member of staff.

#### Role description:

.....  
 .....  
 .....  
 .....  
 .....  
 .....  
 .....

Week 1: W/C date..... Number of hours worked

.....

Week 2: W/C date..... Number of hours worked

.....

Week 3: W/C date..... Number of hours worked

.....

Week 4: W/C date..... .....	Number of hours worked
Week 5: W/C date..... .....	Number of hours worked
Week 6: W/C date..... .....	Number of hours worked
Week 7: W/C date..... .....	Number of hours worked
Week 8: W/C date..... .....	Number of hours worked
Week 9: W/C date..... .....	Number of hours worked
Week 10: W/C date..... .....	Number of hours worked
Week 11: W/C date..... .....	Number of hours worked
Week 12: W/C date..... .....	Number of hours worked
Week 13: W/C date..... .....	Number of hours worked
Week 14: W/C date..... .....	Number of hours worked
Week 15: W/C date..... .....	Number of hours worked
Week 16: W/C date..... .....	Number of hours worked
Week 17: W/C date..... .....	Number of hours worked
Week 18: W/C date..... .....	Number of hours worked

Week 19: W/C date.....	Number of hours worked
.....	
Week 20: W/C date.....	Number of hours worked
.....	
Week 21: W/C date.....	Number of hours worked
.....	
Week 22: W/C date.....	Number of hours worked
.....	
Week 23: W/C date.....	Number of hours worked
.....	
Week 24: W/C date.....	Number of hours worked
.....	
Week 25: W/C date.....	Number of hours worked
.....	
Week 26: W/C date.....	Number of hours worked
.....	

Signature:

Position:

If signing on behalf of client, state reason:

.....

Client

I ..... (*client name*) certify that I have been volunteering, in the role described above, for an average of 6 hours a week for 13/26 (*delete as appropriate*) weeks, beginning on ..... (*date*). My expenses are paid and I am supervised by a paid member of staff.

Signature:

Section 3: Supporting evidence

Please indicate if there is any related evidence to support this outcome claim. All evidence must also match the requirements as set out in the Social Impact Bond Evidence Guidance.

■ copy of a letter/email from the volunteering organisation

Section 4: Declaration and undertaking

I ....., on behalf of **lead local authority** certify that:

- this claim meets the eligibility requirements and definitions as set out in the MoU and associated guidance (Social Impact Bond Delivery Guidance and Social Impact Bond Evidence Guidance)
- this claim is either accompanied by all the supporting evidence and documentation, or I have made sufficient effort to secure this
- the work to achieve this outcome was completed by our provider during the SIB programme
- the information on this form is correct to the best of my knowledge and belief and I accept full responsibility for it
- **Lead local authority** undertakes that we will keep accounts, invoices and supporting evidence for 5 years after the last date funding is paid and will make them available for inspection on request by MHCLG officials
- **Lead local authority** undertakes that we will notify MCLG immediately in writing or by email of any changes to the details provided in this form

This declaration and undertaking must be signed by the lead local authority representative at the organisation making this claim, as mentioned above.

**Signature:**

**Name:**

**Position:**

**Date:**

**Self-certification Claim Form 010: Employment**

Section 1: Details

Commissioning Authority:	
Provider:	
Client Name:	
Client Number:	
Outcome claiming for:	.....-time Employment for ..... weeks

Section 2: Outcome verification

Organisation representative

I ....., on behalf of **provider**, certify that ..... (*client name*) has secured part-time/full-time/self/zero hours contract (*delete as appropriate*) employment and has worked the required number of hours for 13/26 (*delete as appropriate*) weeks, beginning on ..... (*date*) and ending on ..... (*date*).

Details of the employment:

.....

.....

.....

.....

.....

.....

.....

.....

Questions	Yes	No	N/A
1. Did the employment begin after the client registered onto the SIB programme?			
a. If no, has the employment situation improved?			
Please give details:			
2. Has there been a change in employment since the start date?			
a. If yes, has there been any gap in employment?			
b. If there has been a gap, was the client made redundant and accepted another offer of employment within 31 days?			
Please give details:			
3. Is the client on a zero hours contract?			

Week 1: W/C date..... .....	Number of hours worked
Week 2: W/C date..... .....	Number of hours worked
Week 3: W/C date..... .....	Number of hours worked
Week 4: W/C date..... .....	Number of hours worked
Week 5: W/C date..... .....	Number of hours worked
Week 6: W/C date..... .....	Number of hours worked
Week 7: W/C date..... .....	Number of hours worked
Week 8: W/C date..... .....	Number of hours worked
Week 9: W/C date..... .....	Number of hours worked
Week 10: W/C date..... .....	Number of hours worked
Week 11: W/C date..... .....	Number of hours worked
Week 12: W/C date..... .....	Number of hours worked
Week 13: W/C date..... .....	Number of hours worked
Week 14: W/C date..... .....	Number of hours worked
Week 15: W/C date..... .....	Number of hours worked

Week 16: W/C date..... .....	Number of hours worked
Week 17: W/C date..... .....	Number of hours worked
Week 18: W/C date..... .....	Number of hours worked
Week 19: W/C date..... .....	Number of hours worked
Week 20: W/C date..... .....	Number of hours worked
Week 21: W/C date..... .....	Number of hours worked
Week 22: W/C date..... .....	Number of hours worked
Week 23: W/C date..... .....	Number of hours worked
Week 24: W/C date..... .....	Number of hours worked
Week 25: W/C date..... .....	Number of hours worked
Week 26: W/C date..... .....	Number of hours worked

Signature:

Position:

If signing on behalf of client, state reason:

.....

Client

I ..... (*client name*) certify that I have secured part-time/full-time/self/zero hours contract (*delete as appropriate*) employment and have worked the required number of hours for 13/26 (*delete as*

*appropriate*) weeks, beginning on ..... (*date*) and ending on ..... (*date*), as described above.

Signature:

### Section 3: Supporting evidence

Please indicate if there is any related evidence to support this outcome claim. All evidence must also match the requirements as set out in the Social Impact Bond Evidence Guidance.

- copy of an employment contract
- copies of payslips for the duration of the outcome claim
- copy of a letter/email from the employer confirming the client is employed with them and how many weeks and hours per work they have worked
- copies of receipts and remittances for the work carried out (self-employment)

### Section 4: Declaration and undertaking

I ..... on behalf of **lead local authority** certify that:

- this claim meets the eligibility requirements and definitions as set out in the MoU and associated guidance (Social Impact Bond Delivery Guidance and Social Impact Bond Evidence Guidance)
- this claim is either accompanied by all the supporting evidence and documentation, I have made sufficient effort to secure this
- the work to achieve this outcome was completed by our provider during the SIB programme
- the information on this form is correct to the best of my knowledge and belief and I accept full responsibility for it
- **Lead local authority** undertakes that we will keep accounts, invoices and supporting evidence for 5 years after the last date funding is paid and will make them available for inspection on request by MHCLG officials
- **Lead local authority** undertakes that we will notify MHCLG immediately in writing or by email of any changes to the details provided in this form

This declaration and undertaking must be signed by the lead local authority representative at the organisation making this claim, as mentioned above.

**Signature:**

**Name:**

**Position:**

**Date:**