

**SERVICE SPECIFICATION FOR
INFORMATION,
ADVICE AND ADVOCACY
(ADULT HEALTH AND WELLBEING)**

1. Introduction

- 1.1. Adult Health and Wellbeing within the London Borough of Tower Hamlets (LBTH) is committed to provide a universal high quality, consistent and integrated Information, Advice and Advocacy Service. This service would play an important role in maximising people's independence and help preventing reliance and dependency on more intensive care and support.
- 1.2 Good information (which is current, relevant and accurate) is essential for all adults and their relatives who need, or may need support in order to know their rights and to live independently. Good information should help people with support needs and carers make informed choices, enable them to take control and help service users and carers to maintain their abilities, skills and independence well into the future.
- 1.3 **Information and advice** often go hand in hand, but for the purposes of this document, it is important to be clear about the distinct definitions. Using the definitions outlined in Putting People First, in this context **information** to mean 'the open and accessible supply of material deemed to be of interest to a particular population. This can either be passively available or actively distributed'.
- 1.4 **Advice** 'offers guidance and direction on a particular course of action which needs to be taken in order to realise a need, access a service or realise individual entitlements' (I&DeA, 2009: 4)¹.
- 1.5 The overall vision nationally for information and advice is set out in Putting People First milestone four:

'All citizens should be able to easily find locally relevant quality information and advice about their care and support needs in order to enable control and inform choice. Information should be available in a range of formats and through channels to make it accessible to all groups. Provision of information, advice and guidance should move from being largely developed from separate initiatives to a single coherent service strategy'.
- 1.6 The benefits of good quality information and advice are:

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¹ I&DeA, 2009, Transforming adult social care: access to information, advice and advocacy, available at: <http://www.idea.gov.uk/idk/core/page.do?pageId=9454439>

- The right advice and information at the right time that reduces people's need to require support from social care/enter the social care system

1.7 The **definitions of advocacy** in this context are:

“Advocacy is taking action to help people say what they want, secure their rights, represent their interests and obtain services they need. Advocates and advocacy schemes work in partnership with the people they support and take their side. Advocacy promotes social inclusion, equality and social justice.” (Action for Advocacy, 2010).

“Advocacy is about enabling every person to have a voice of their own and ensuring that they are not excluded because they do not express their views in ways that people understand.” (A voice of their own, BILD, 2006).

1.8 This can be achieved through a variety of models, ranging from statutory advocacy for example the Independent Mental Capacity Advocates, one to one professional advocacy or through volunteering models that support people to become citizen advocates. It is also important to recognise that people might “need different forms and types of advocacy at different times or indeed several at the same time”².

1.9 The Putting People First cross Government concordat published in 2007 set out the vision for Transforming Adult Social Care to enable people with support needs to have more choice and control over their support. To enable this to happen advocacy services are important to help people to make choices for themselves that might otherwise be made for them by other people.

2 Principles – Information, Advice and Advocacy Services

2.1 The Service Provider(s) will adhere to a common set of principles and will provide a clear statement and documentation of how they will meet these principles:

A. Dignity and Respect

People with support needs have the right to be treated with respect and dignity and have access to appropriate Information, Advice and Advocacy Services. The Service Provider(s) will promote equality and respect across all nine equality strands: age, gender, faith, disability, sexuality, ethnic background, marriage/civil partnership,

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² Dunning A, 2005, Information, Advice and Advocacy for older people: Defining and Developing Services, John Rowntree Foundation, p 12

maternity/pregnancy and gender reassignment and will provide a clear statement on their complaints and mediation procedure. People should be offered services which are based on their individual circumstances, needs, choices and expectations; they have a right to participate in decision-making and must be given information where appropriate which will enable them to make informed decisions.

B. Community presence and participation

People with support needs are part of the community and all services should maintain and promote their integration. Services should be integrated into communities and neighbourhoods to foster a sense of belonging by means of access and use of a wide range of community facilities and services. Services will also encourage friendships and promote social networks to facilitate social inclusion and meaningful interaction with others. Services will be built in service user involvement in design, development and delivery of Services as well as its monitoring and evaluation.

C. Well-being and independence

The Service Provider(s) will promote the independence of people with support needs and enable them to enjoy an active and fulfilled life through the provision of Services that minimises social exclusion and promote good health and independence. They may require support in order to access both mainstream and specialist services such as in housing, education, employment, health services, social services, as well as community facilities including parks, community centres, shops, leisure and recreation etc. 'Participation' must be judged as interaction which is meaningful on the person's own terms.

D. Choice

The Service Provider(s) should facilitate the support people with support needs may need to make choices and decisions about their daily lives and activities along with clear information about options, responsibilities and consequences. They have the right to services which promote the taking of calculated risks and the holding of personal opinions. The Services will reflect the needs of the diversity of people in Tower Hamlets, their different aspirations and access requirements and will anticipate changing needs; Services will be easy to access in terms of location, opening times, transport etc. Information about available Services, how they are provided, under what

terms and conditions and how they can be accessed, will be provided in order to allow real choices to be exercised.

E. Competence

People with support needs should be offered opportunities to make use of and enjoy skills and interests they already have, and be given the support they need to develop new personal domestic and community skills. They must have access to appropriate aids and adaptations. In addition, the Service Provider(s) will demonstrate competence to meet quality standards such as the Action for Advocacy's Quality Standards for Advocacy Schemes as outlined in paragraph 18.1.

F. Communication

People with support needs have the right to participate fully in all aspects of their lives and in all decisions made about them. The Service Provider(s) should ensure that the Services provided are responsive to their needs and aspirations. The Service Provider(s) will demonstrate the ability to promote communication and access to be able to support, wherever required, individuals to develop communication skills.

G. Advocacy principles

Advocacy services should enable people with support needs to be in a position of being more able to advocate for themselves. Service users should be supported to make informed decisions; depending on the issues, they should have a choice about the different types of advocacy they use and they should be central to the process. The advocate should be dedicated to service users, and there should be no conflict of interest. Overall, the service and approach should support principles of equity and fairness.

3. Proposed Delivery Mechanism (Lead Provider Model)

- 3.1 The LBTH intends to commission Information, Advice and Advocacy Services that would address the fragmented nature of much of the current service delivery in Tower Hamlets and any identified gaps such as advocacy provisions for older people. The aim is for a more coordinated and joined up Information, Advice and Advocacy Service delivered by a Network, Hub or Consortium. The Network, Hub or Consortium would be led by one Lead Provider as the Managed Service Provider (MSP) who as the

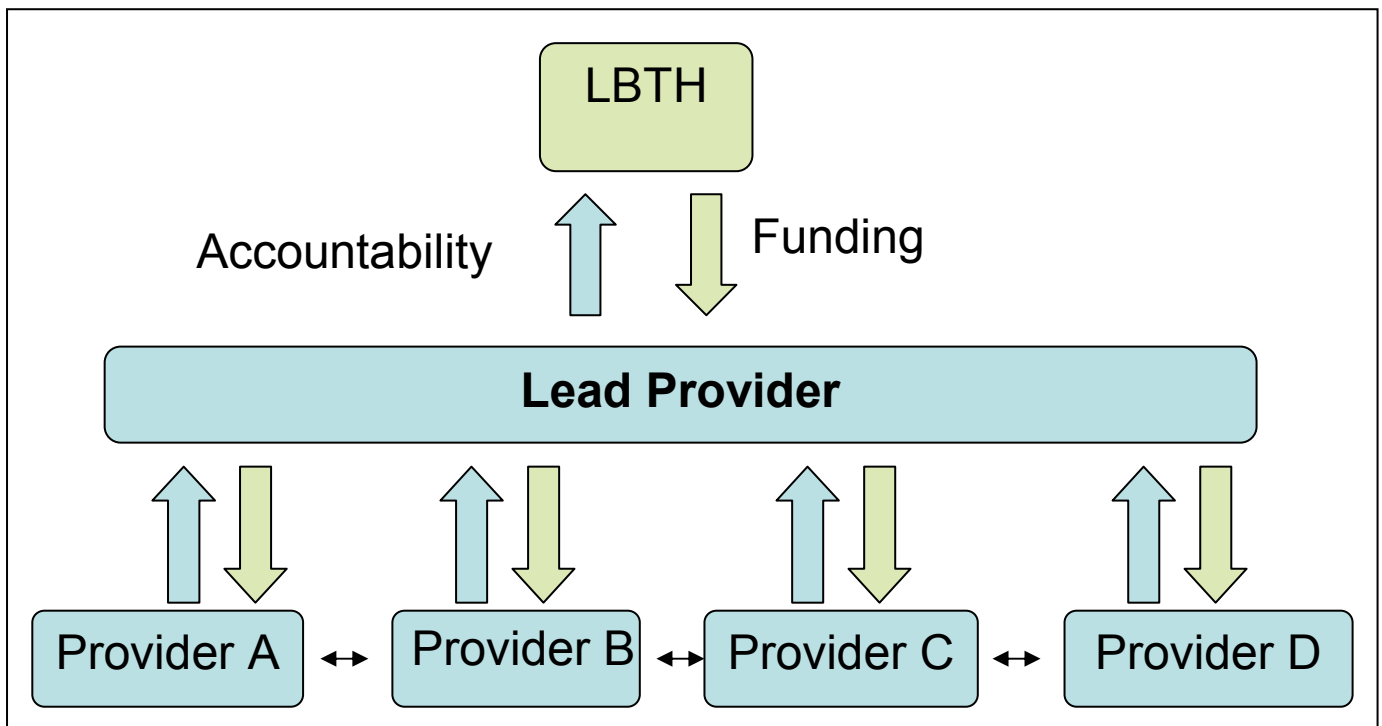
contract holder would be accountable to the LBTH but would operate as a Network, Hub or Consortium through collaborative and innovative working relationships with other providers to offer effective support to all people with support needs in the Borough:

3.2 The Lead Provider would act as a 'Bridging Organisation' and will host the coordination of those providers that will form the Network, Hub or Consortium, will manage funding and report to a Partnership Board to be set up which will include LBTH. A service provider itself, the Hub, Network or Consortium will bring together a range of Information, Advice and Advocacy Services for people with support needs. The Network Hubs or Consortium will work to the outcomes framework, detailed in this specification. The benefits of this approach for agencies working with people with support needs, will be greater efficiency and improved learning through joint working, cross-referral and co-location.

3.3 The Lead Provider as the 'bridging organisation' will be responsible for ensuring safe, high quality non discriminatory Information, Advice and Advocacy services appropriate to the cultural diversities of Tower Hamlets by:

- Performance management of the overall budget and contract, and to be the main contact with commissioners.
- Ensuring that service delivery by subcontracted organisations meets the overall objectives, outcomes and priorities as detailed in this service specification.

Lead Provider Model:



By working together the Network, Hub or Consortium is aiming to achieve:

- greater co-ordination of services for users,
- reduction in duplicated services
- efficiencies for commissioning organisations and providers
- increased sharing of best practice
- development of common protocols
- clear and consistent quality standards

3.4 This Service specification outlines the purpose and functions of the IAA Network, Hub or Consortium which will:

- a. Expand the principles of joined-up working and look to support access to a wide range of Information, Advice and Advocacy Services, including health, leisure, volunteering and employment, social care and housing, financial and benefits advice as part of a seamless Service offered to residents with support needs and their carers.
- b. Coordinate the activities of the Network, Hub or Consortium centres to ensure that they form an integrated Service network.
- c. Distribute resources equitably across the Network, Hub or Consortium

- d. Build on effective links with local statutory and voluntary organisations and be driven by the needs and aspirations of all people using the service.
- e. Provide independent, unbiased Advocacy, accept relevant referrals and act as a professional advocate for people
- f. Provide information on Advocacy provision, screening and redirection of customers to more appropriate services where required
- g. Promote the service for customers in a range of settings and through a range of different media.
- h. Provide one-to-one time-limited issues-based including crisis Advocacy that is delivered through a range of media and, where appropriate, delivered through group advocacy.
- i. Provide help to individuals to develop their own, independent support systems including self-advocacy to assist them towards improved independence and social inclusion

3.3 The model of service that is being proposed is that of a Network, Hub or Consortium as the focal point of a network of joined-up community-based Services. Across the network, professionals will work together to provide consistent, accurate and relevant Information, Advice and Advocacy Services including signposting to other services and sharing of good practice.

3.4 At the heart of this service model is the belief that the independence and general wellbeing is best promoted through easily accessible and independent Information, Advice and Advocacy Services. Provision of the Service should reflect the needs of the community and ensure that Services are provided in a sensitive and culturally appropriate manner. This will demand a shared commitment, by a wide range of agencies, to work together in order to provide a holistic response to service users' needs.

3.5 The Network, Hub or Consortium will play a fundamental role in delivering this vision. It will provide accessible gateways to a diverse range of services and will encourage and facilitate collaborative working to deliver those universal Information, Advice and Advocacy Services residents say are important to them. It will provide a base for people to access other community organisations, health professionals, social workers, advocates and advisers, either on a sessional basis, through drop-ins or surgeries,

outreach support to people in their own homes, or through referral from one agency to another.

- 3.6 To release the creativity of this service delivery model, the prospective Service Provider(s) will allow Services to be tailored to the needs of service users. This specification is outcomes based; an approach based on an agreed set of outcomes that encourages a focus on the impact that the Services have and not just the inputs or processes; the Service Provider(s) should demonstrate the difference the Information, Advice and Advocacy Services has made to the lives of service users and their families.
- 3.7 The Council recognises that the Network, Hub or Consortium cannot offer everything under one roof and does not consider it desirable that it should try to do so. There is a wealth of experience and expertise in the community which should be promoted and built upon and not be duplicated.

4. Summary of Service Requirements

4.1 The Services will consist of the provision of:

- Information and advice, and
- First level advocacy

for adults with “support needs” and their families/carers within Tower Hamlets.

4.2 “with support needs”, has a wide meaning in this context and includes older people, people with sensory impairments, people living with HIV/AIDS, and people with physical and learning disabilities who are in need of assistance because of their lack of knowledge or experience in a particular situation.

4.3 The Service Provider(s) will therefore have to have expertise in the following areas. This does not mean that all expertise is necessarily made available by the Service Providers, but they must be able to direct clients to the required expertise.

4.4 The Service Provider will be expected / must be able to provide the following information, advice and representation for adults with support needs and demonstrate:

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- Experience of delivering services to the above mentioned client groups and understanding of their needs.

- The ability to deliver following services through the Network, Hub or Consortium:
 - ◆ Benefits and welfare information and advice
 - ◆ Housing advice and information
 - ◆ Legal advice for service users with disabilities
 - ◆ Welfare, money management and benefits information and advice
 - ◆ Volunteering information and advice
 - ◆ Crisis, one to one, group, citizen and self-advocacy
- Knowledge of local infrastructure and services available to signpost and refer to other services as required including
 - ◆ Healthy Living
 - ◆ Recreation and Leisure activities
 - ◆ Employment including supported employment
 - ◆ Community Meals
 - ◆ Free bus passes/blue badges
 - ◆ Range of services accessed through LBTH's Adult Health and Wellbeing team and ways of accessing these services

4.5 It would be expected that staff have or are working towards a range of qualifications including a minimum

- NVQ level 3 IAG
- NVQ level 3 Health and Social Care
- NVQ level 3 of the Independent Advocacy Certificate.

4.6 It would be further expected that organisations have relevant quality assurance standards in place such as the Advocacy's Quality Standards for Advocacy Schemes or the Community Legal Service (CLS) Quality Mark.

4.7 It is expected that there will be flexible service provision to meet service users' needs that will include out of hours cover including evenings and where necessary weekends. Where possible, clients should be seen straight away or as soon as possible; where appointments are required, clients should be seen within five working days maximum.

5. Eligibility

5.1 The Service Provider(s) will accept service users across all client groups who meet the following criteria:

- (a)** live in Tower Hamlets; and
- (b)** are aged 18 or over with support needs
- (c)** Carers (e.g. relatives) of the above on their behalf.

It will accept self-referrals – a prior social work assessment and referral is not necessary.

6. Building Requirements

- 6.1 The Service Provider(S) will provide suitable and accessible premises in the London Borough of Tower Hamlets which will function as a base and a point of contact. As specified by this service specification, drop ins and outreach will complement the accessibility of services delivered from these premises.
- 6.2 The premises will be well heated and ventilated, complying with DDA standards and Health and Safety legislation to create a safe environment for staff and service users.
- 6.3 The premises will be open to members of the public and will provide areas for confidential information, advice and advocacy.
- 6.4 They will provide a welcoming and user friendly environment.

7. Purpose of Information and Advice Network, Hub or Consortia

- 7.1 The broad purpose of the Network, Hub or Consortium is to act as a focal point and an accessible gateway to other services which in line with recognised quality marks and standards will:
 - a. Promote and enhance the independence and wellbeing of all individuals and groups.
 - b. Maximise the choice service users have by providing appropriate information and advice on the wide range of services available.
 - c. Meet the information and advice needs of a diverse local community and promote understanding and awareness of different needs.
 - d. Ensure the social inclusion of individuals and groups.
 - e. Promote and support joint working between local organisations.
 - f. Support the development of wider joint working and the provision of a comprehensive, high quality and independent Information and Advice Services for people with support needs.

8. Contract Period

The contract for the Information, Advice and Advocacy Service is to be awarded for three years with an opportunity to extend the period for a further two years subject to review.

9. Aims, Objectives And Outcomes of Information and Advice Services

9.1 The following focuses on Information and Advice Services only; aims, objectives and outcomes of the Advocacy Services are covered under the following section 10. The aims, objectives and outcomes of the Information and Advice Service are detailed, from the perspective of those using the Network, Hub or Consortium, under the following three themes:

- a. Independence and well-being
- b. Choice and control
- c. Accessible, Joined Up Services

Aim 1: Independence and Well-being

To maximise the independence and well-being of service users, reducing the need for more intensive interventions by health and social care services.

Objectives

- a. Work with other voluntary, statutory sector and independent organisations to ensure that service users have access to a range of Information and Advice Services that promote their independence, health and well-being.
- b. Offer information, advice and assistance, where appropriate, with practical matters that influence the ability of service users to remain independent within the community.
- c. Offer information, advice, and assistance through working with appropriate organisations to address service users' needs including but not exclusively health and healthy living, leisure and socialising, volunteering and employment, housing and benefits advice. Where necessary provide referrals to specialist services.

- d. Offer advice, support to service users with long-term medical conditions and facilitate links to other services to enable them to maintain or improve the quality of their lives, their independence and control.
- e. Ensure inclusiveness of small local groups/organisations and to support those with potentially less resources/capacity.
- f. Establish clear links with other relevant initiatives including the Council's First Response Team

Outcomes

- a. Service users remain as independent as possible and are able to access information and advice to maintain physical and mental health, their social and financial wellbeing and are able to preserve or increase their independence
- b. As a result of high quality Information and Advice Services, service users access relevant follow up services.
- c. Service users will report easy access routes to Information and Advice Services as a result of improved and more extensive partnership working leading to increasingly joined-up provision.
- d. Service users will report improved problem solving, improved ability to navigate the system, improved health/financial stability

Aim 2: Choice and Control

The Service Provider(s) will develop services that address local needs and offer the widest possible choice and control

Objectives

The Service Provider(s) will be required to:

- a. Actively seek the views and preferences of service users so as to develop comprehensive, innovative and culturally appropriate ways of responding to their needs.
- b. Provide a variety of channels and formats for service users to access high quality and independent information and advice.

- c. Establish a Network, Hub or Consortium of providers with expert knowledge of information and advice that is able to actively refer or signpost service users to services that will meet their needs and offer a consistent standard of service.
- d. Ensure that information and advice needs for all diverse communities are met and, where possible, ensuring that support is tailored to individual needs and preferences.
- e. Provide independent, unbiased, up to date information and advice on social care and include wider issues of relevance in service users' lives such as leisure, employment, lifelong learning, healthy living and maintain an accurate up to date knowledge data base on what services are available
- f. Support the Council's strategy of financial inclusion by providing
 - information and advice on financial literacy and education,
 - access to debt advice and appropriate credit solutions including referrals to credit unions
 - financial management information including referrals to the National Money Advice Service.
- g. Support in particular service users on welfare benefits and ensure their understanding of the changes from the Welfare Reform taking place over the next few years

Outcomes

- a. Service users are aware of the wide ranges of services available and are able to make informed personal choices about how to help themselves or who to approach for support.
- b. Service users are aware of their rights and entitlement including benefits, and know where and how to access services such as debt advice, money management services including planning for the future and appropriate credit.
- c. Service users feel that they are able to make informed decisions about issues affecting their lives including financial management.

- d. Service users' feed back reflects an accessible and high quality Service that provides choice, and flexibility and responds to service users needs and preferences.

Aim 3: Accessible and Joined Up Services

The Service Provider(s) will provide information and advice in a model which reduces duplication, and provide a seamless Service that will facilitate a range of services for people with support needs.

Objectives

The Service Provider(s) will be required to:

- a. Keep up to date knowledge and a database of local information and advice provisions and develop effective multi-agency collaborations with statutory organisations including the LBTH, NHS, and the community and voluntary sector including THCAN, THINK, the newly established Health Watch, and the Carers' Centre.
- b. Offer Information and Advice Services that are culturally specific, target and improve outcomes for white British people³, and ensure that for particular sections of Tower Hamlets communities, Services are based on detailed knowledge of the specific issues affecting them, e.g. people living with HIV/AIDS or sensory impairments.
- c. Provide information and advice that will enable service users to navigate their way around the services of statutory, voluntary sector or independent agencies.
- d. Provide Services through a wide range of
 - formats such as large print, Braille, and audio
 - communication channels that can be accessed by all groups such as via face to face, by phone, websites including the Council's community e-catalogue, in print including ` East End Life,
 - outlets such as voluntary sector organisations and community centres, GP and other community health provisions, and Post Offices or home visits.

- e. Provide Services that target situations and accessible locations where people are very likely to require information and advice about support services at key points in their lives, for example at the onset of disability, a decline in physical and mental health, retirement, a bereavement or due to discrimination
- f. Keep abreast of social policy, relevant initiatives, recognise trends, and make effective use of the analysis of data and monitoring information to be able to represent and give a voice (e.g. on the newly established Health Watch) to service users on any emerging health and wellbeing issues.
- g. Provide Services that clearly link to other providers such as LBTH's First Response Team, and One Stop Shops.
- h. Established suitable governance and management arrangements including a partnership board with LBTH representation among others to launch, promote and develop the Service.

Outcomes

- a. Information and Advice Services are accessible to and used by all sections of Tower Hamlets' diverse communities.
- b. Services address a wide range of cultural and social needs (e.g. ethnic groups, gender and faith groups, LGBT and people with disabilities) but also foster inclusiveness and understanding of others.
- c. Service users can effectively navigate their way around a wide range of Information and Advice Services, getting up to date, consistent, and accessible information and advice at transitional moments in their lives.
- d. Service users are more accurately signposted and referred to and between services.

10 Advocacy Services

10.1 The London Borough of Tower Hamlets is committed to provide an independent and high quality Advocacy Service. This Service will work in partnership with the service users it supports to lead more independent inclusive lives by providing advocacy support to enable them to become more aware of their own rights, to exercise those

rights and be involved in and influence decisions that are being made about their future. Crucially, advocacy empowers people to speak up for themselves thereby promoting social inclusion, equality and social justice.

10.2 Advocacy should help people to:

- Express their views and wishes
- Secure their rights
- Have their interests represented
- Access information and services
- Explore choices and options
- Achieve greater independence and maintain choice and control
- Express and present their views effectively and faithfully;
- Negotiate and resolve conflict.

10.3 For the purpose of this document advocacy does not provide:

- Befriending or social support
- Campaigning
- Counselling Befriending or social support
- Campaigning
- Counselling
- Working in the “best interests” of service users (where this involves the advocate making a judgement which may be inconsistent with the expressed wishes of the service user)

10.4 The following are outside of the scope of this service specification:

- Advocacy for victims of domestic violence
- A form of legal representation
- A formal complaints or mediation service
- IMHA
- IMCA
- Advocacy for people with mental health issues

11. The Purpose of the Advocacy Network, Hub or Consortia

11.1 The broad purpose of the Network, Hub or Consortium is to provide generic Independent Advocacy Service in line with recognised quality marks and standards,

that ensure independence, choice and control and to provide accessible gateways for service users including, but not restricted to:

- adults who have learning disabilities
- adults with autism or Asperger's syndrome,
- adults who have physical disabilities,
- adults who have acquired brain injury,
- adults who have sensory impairments,
- older people, including those with organic mental health problems,
- young people from the age of 14 in transitions between children's and adult services⁴.

11.2 In accordance with good practice models, the Service Provider(s) will:

- a. Ensure that all service users are treated with respect, listened to without making any assumptions or judgements and enable them to speak for themselves and to make informed choices unless they indicate otherwise
- b. Support and enable service users to make their own decisions to identify and access services that meet their needs thereby promoting autonomy of decision making
- c. Treat service users as individuals and respect their individual rights in a fair and equal manner and ensure that service users across all nine equality strands have equal access to the Service
- d. Be creative and resourceful in finding meaningful ways to communicate with service users
- e. Act independently and impartially from every other service
- f. Raise awareness, and challenge others when they are not listening to or respecting the views of service users.

⁴ From national research and discussions with providers locally there is an argument to suggest that young people in transitions could benefit from accessing advocacy services from the age of 14 when thinking about their adult futures, young people with learning disabilities are arguably the group with the highest need. In January 2010 there were 254 people known to the transitions team at CLDS although it is unlikely that all of these young people will need to access an advocacy service.

- g. Works in partnership with other voluntary, statutory and independent agencies to provide joint up and wide ranging services that can easily be accessed from a range of different entry points.
- h. Provide advocacy surgery and/or outreach to maximise the number and range of service users the service can reach, especially from Tower Hamlets diverse communities
- i. Support service users to take action if they feel they have been treated unfavourably
- j. Provide information on advocacy provision and act as an accessible gateway to Advocacy Services
- k. Refer service users to specialist providers or other services as relevant in order to ensure a seamless Advocacy Service
- l. Support service users with support needs and their families in order to enable them to obtain what they are entitled to by law
- m. Provide one-to-one time limited issue based advocacy including crisis advocacy.
- n. Provide client group neutral outreach Advocacy Service for people who are placed outside of the borough.

12 Aims, Objectives and Outcomes of Advocacy Services

12.1 The aims, objectives and outcomes are detailed, from the perspective of those using the Advocacy Service of the Network, Hub or consortium, under the following three themes:

- Independence and Wellbeing
- Dignity and Respect
- Exercise of Basic Human Rights - Choice and Control

Aim 1: Independence and Wellbeing

Objectives:

The Service Provider(s) will be required to:

- a. Provide Services that will enable service users to live as independently as possible and promote wellbeing and quality of life
- b. Provide Advocacy Services in a range of formats that will reach and be accessible to Tower Hamlets diverse community.
- c. Support service users to develop a range of own supports, including self-advocacy to assist them towards independence and social inclusion.
- d. Keep an up to date knowledge and database of local advocacy provisions and promote awareness of the range of Advocacy Services available
- e. Keep abreast of social policy, relevant initiatives, recognise trends, and make effective use of the analysis of data and monitoring information to be able to represent and give a voice (e.g. on the newly established Health Watch) to service users on any emerging health and wellbeing issues.
- f. Build links to and signpost other relevant services such as befriending, bereavement, older people, dementia and employment services
- f. Recognise service users' right to take risks in order to extend opportunities and ensure that they are able to choose the risks they want to take and be given support to understand the full implications of their choices.

Outcomes:

- a. Service users are able to learn and develop skills which lead to a greater independence or allow minimal support and reduce dependence and inactivity
- b. Service users can take meaningful risks and are encouraged to do things by themselves and they fully understand their rights and responsibilities
- c. Service users are able to live as independently as possible and can overcome perceived barriers
- d. Service users using advocates are able to develop the ability of self-advocacy and self determination

Aim 2: Dignity and Respect

Objectives:

The Service Provider(s) will be required to:

- a. Actively engage with and seek the views and preferences of service users so as to develop comprehensive, innovative and culturally appropriate ways of responding to their needs.
- b. Actively listen to the concerns and wishes of service users and not making any assumptions or judgements
- c. Provide a person centred service that is free of coercion, control and discrimination

Outcomes:

- a. Service users can freely express their wishes and concerns and make informed decisions about their lives
- b. Service users are at any time treated with respect and dignity and their needs are understood and responded to in appropriate ways
- c. Service users are treated as partners in decisions that affect their lives
- d. Service users are valued regardless of age, culture, faith, disability, gender, sexuality, marriage/civil partnership, maternity/pregnancy, and gender reassignment.

Aim 3: Exercise of Basic Human Rights - Choice and Control

Objectives:

The Service Provider(s) will be required to:

- a. Raise awareness among other service providers and reduce any social stigma and prejudice
- b. Challenge perceived assumptions about inability and incapacity
- c. Provide effective, timely, advocacy, triage screening and a seamless referral service which ensures that service users' needs and aspirations are heard, have to tell their story only once and wherever possible influence service delivery
- d. Ensure that equality and diversity are reflected in access to and provisions of Services, for example through combined interpretation and advocacy services for Somali people to meet both of these needs.

- e. Offer Advocacy Services that are culturally specific and ensure that for particular sections of the community, Services are based on detailed knowledge of the specific group/community issues, e.g. people living with HIV/AIDs, people with sensory impairments or especially vulnerable and socially isolated individuals/groups.
- f. Ensure that the health, safety and welfare of service users is promoted and protected at all times.
- g. Actively seek innovative ways to engage and communicate with service users and support them to overcome any barriers to express their needs, wishes and concerns

Outcomes:

- a. Service users report improved knowledge and understanding of their rights and choices
- b. Service users are supported to resolve the issue(s) which they sought advocacy for
- c. Service users are able to make informed choices and decisions about their support, are involved in the planning and report improved choice and control over the Services they receive
- d. Service users report easy access to Advocacy Services and feel safe to use the Service
- e. Service users are able to speak for themselves and/or, with the support of Advocacy Services to express their views.

13 Information, Advice and Advocacy Service Provision

13.1 The Service Provider will provide a flexible service to meet service users' needs that will include out of hours cover including evening and where necessary weekend cover.

13.2 To meet the needs of service users the Network, Hub or Consortium will provide an appropriate range and level of Services including the provision of:

- a. Minimum Service provisions to include:
 - High Quality Information, Advice and Advocacy Services on welfare rights, housing, legal and debt and financial advice across all adult client groups and

their families and carers (older people including those with organic mental health problems, people with physical, and/or learning disabilities including autism or Asperger's syndrome, sensory impairments, and people living with HIV/AIDs, and young people in transition from the age of 14 years).

- High Quality Advocacy Services including crisis advocacy, self advocacy, group and citizen advocacy across all client groups as above.
 - Facilitate the exchange of best practice in Information, Advice and Advocacy Services including seminars, workshops and training for practitioners, service users and their families/carers.
 - Ensure an effective referral and sign posting service to a range of services such as employment, healthy living and leisure that help to maximise the independence of service users.
- b. Information produced and communicated in appropriate formats about the Service provisions of the Network, Hub or Consortium
- c. Service navigation to facilitate access to relevant statutory and voluntary sector services, information and advice including second tier legal advice, one to one and crisis advocacy, and citizen advocacy.
- d. Outreach Services and drop ins, in partnership with local community organisations, to ensure widest possible reach and cover.
- e. Facilitate and ensure smooth transition for service users to the new Services

13.3 The Network, Hub or Consortium shall have a recognised quality control system in place, for example the Community Legal Service (CLS) Quality Mark or Action for Advocacy "Advocacy Quality Performance Mark" which supports the following principles, which are based on Action for Advocacy's Quality Standards for Advocacy Schemes:

- Clarity of Purpose and Professionalism
- Independence
- Putting People First
- Empowerment
- Impartiality and Objectivity

- Diversity and Inclusion
- Accessibility
- Confidentiality
- Accountability
- Supporting Advocates (high quality training, supervision and development)

14 Procedure

- 14.1 Except where stated, the Network, Hub or Consortium are free to propose their own working methods. However as part of the contract requirements, the Service Provider(s) must submit its proposed methods for delivering the Service for approval to the Council's Lead Officer.
- 14.2 The Service Provider(s)' procedures shall reflect:
- (a) a willingness to act reasonably and with due propriety at all time;
 - (b) a commitment to the principle of equal opportunities in Service provision and staff recruitment;
 - (c) full compliance with the relevant requirements of legislation including without limitation the Health & Safety at Work Act 1974, all subordinate legislation with particular attention to Management of Health & Safety at Work Regulations 1992, National Care Standards etc;
 - (d) full compliance with the highest customer care principles, including ensuring People and their carers/relatives are provided with an informative, honest, sensitive, helpful and courteous Service at all times.
- 14.3 The Service Provider(s)' procedures shall not commit the Council to provide Services or give rights outside those provided by its policies, procedures and by legislation.
- 14.4 The Service Provider(s) will ensure that all necessary documentation is properly and completed in a timely fashion and that computer records are promptly updated.

15 Staffing

- 15.1 The Service Provider(s) must employ, throughout the Contract period, a sufficient number of suitably trained staff with appropriate skills; there is a particular emphasis

on training and understanding of the new duties under the Equalities Act 2010 and especially on the understanding of the needs of LGBT service users.

- 15.2 The Service Provider(s) must maintain, implement, review and adapt for the purpose of the provision of care a clear and professional policy to train staff to carry out their tasks in the provision of the Service, with training assessed on the basis of roles undertaken by post holders.
- 15.3 Staff including any agency staff employed by the Service Provider(s) in connection with the provision of the Service may be working with vulnerable people. Therefore, the Service Provider(s) must ensure, throughout the contract period, that all staff have been subject to Extended Criminal Records Bureau checks and that adequate disciplinary procedures are in place to protect vulnerable adults against any form of improper conduct by staff. Such conduct may include (without limitation) verbal abuse, emotional abuse, physical abuse and theft of personal possessions including cash. The Service Provider(s) must immediately report any such incident to Council's Lead Officer who will consider the necessity of taking action under the Tower Hamlets multi-agency Vulnerable Adults Protection Procedure.

16 Volunteers

- 16.1 The Service Provider(s) will:
- (a) maximise the involvement of service users in the work of the Network, Hub or Consortium as volunteers or in other capacity (service users forum).
 - (b) endeavour to involve volunteers as a complement to the staff in the operation and running of activities for service users, and as a means of preventing service users being isolated from their local communities;
 - (c) make certain that a designated staff member has the role of co-ordinating the training, supervision and recruitment of volunteers;
 - (d) taking up references and Enhanced Criminal Record Bureau checks on all volunteers and provide them with appropriate training and continuous support,

- (e) ensure that volunteers who start placements without an Enhanced CRB check receive ongoing supervision of an Enhanced CRB checked member of staff and do not have unsupervised contact with service users.

17 Legal Requirements

17.1 The Services will be delivered in accordance with and having proper regard for all relevant and applicable British and European Union legislation. The Service Provider(s) shall also comply with the Council's policies on the following:

- (a) The Protection of Vulnerable Adults
- (b) Risk Assessment

18 Quality Assurance

18.1 The Service Provider(s) shall provide the Council with copies of their Quality Assurance System and operational policies upon request. Management organisations must be able to demonstrate how these policies are implemented at an operational level, and how and when they are monitored to ensure quality Services are provided. In relation to this specification, the Quality Assurance System and operational policies will include the following:

- (a) Disciplinary procedures
- (b) Grievance procedures
- (c) Procedure dealing with gifts, money and gratuities
- (d) Confidentiality
- (e) Abuse at work - staff protection
- (f) Accident and incident reporting procedure
- (g) Complaints procedure
- (h) Equal Opportunities Procedure
- (i) Recruitment Policy
- (j) Supervision Policy

- (k) Monitoring Policy

18.2 This is not an exhaustive list of Policy documents but will form the basis of the management organisations Quality Assurance and Operational Management.

19 Policy Context

Equal Opportunities

19.1 The Service Provider(s) will ensure that Equal Opportunities and their implications in practice are intrinsic to the delivery of the Service.

Anti-Poverty Strategy

19.2 The Council has chosen to focus on poverty and initiatives to tackle this. All activities the Council carries out are assessed in terms of their impact on poverty.

19.3 Tower Hamlets Council adopted the following definition of poverty on 12th July 1995:

"We hold poverty to mean the denial, through lack of income or other means of support, of the opportunity to participate fully in the life of the community... It can be reflected in the lack of access to education, training, employment, health care, cultural and leisure pastimes, as well as the primary necessities of life, such as good housing, adequate food, clothing and fuel. This definition will be used throughout the Council as the working definition of poverty which will act as a foundation for the development of policy, procedure, and Service provision in this area."

19.4 The Service Provider(s) will support anti-poverty initiatives by:

- (a) recruiting staff, wherever appropriate, from the Tower Hamlets community and advertising vacancies within the Borough, and;
- (b) ensure that equal opportunities underpin the aforesaid activities.

The Tower Hamlets Inter-Agency Vulnerable Adults Protection Procedure

19.5 The Service Provider(s) will comply with the Tower Hamlets Inter-Agency Vulnerable Adults Protection Procedure. The Service Provider(s)'s Disciplinary and Grievance procedure shall take the Inter-Agency Vulnerable Adults Protection Procedure into account and ensure there is no conflict.

Data Protection

19.6 The Service Provider(s) shall ensure all software is compliant with the Data Protection Act 1998 and that all information held by it is secured and used as required by the Data protection Act 1998.

20 Customer Care

20.1 The Service Provider(s) will ensure that the Council's expectations regarding the highest standards of customer care are achieved at all times. These expectations require management organisations to ensure that all service users are treated in a non-discriminatory manner, with courtesy and dignity, and that their right of choice is respected.

Charges

20.2 The Service provider(s) will not charge customers for the information, advice and advocacy services provided under this contract.

Ombudsman And Members Enquiries

20.3 The Service Provider(s) shall ensure that all information and assistance is given to enable the Council to respond to enquire from the Local Government Ombudsman within 10 working days.

20.4 The Service Provider(s) shall respond to all Members' enquiries in a comprehensive and helpful manner within 10 working days.

Confidentiality

20.4 The Service Provider(s) shall treat all information and records on People as strictly confidential at all times.

20.5 The Service Provider(s) shall ensure that access to personal information or records maintained by the Council is restricted to those who have a genuine professional "*need to know*" (e.g. to ensure safety) or a statutory right of access.

Complaints

- 20.6 The Service Provider(s) shall ensure that complaints from service users and their carers are dealt with in a courteous and timely manner and that all reasonable attempts are made to resolve complaints locally.
- 20.7 The Service Provider(s) shall adhere to their complaints procedures when dealing with complaints. If they do not have such a procedure the Council will make available to them its own procedure and expect that it be adopted.
- 20.8 The Service Provider(s) shall ensure that People and carers are routinely provided with information regarding the it's complaints procedure.
- 20.9 The Service Provider(s) shall advise the complainant of their right to complain through the Council's complaints procedure, should they remain dissatisfied a management organisation's response, and provide the complainant with information about how to access that procedure.
- 20.10 The Service Provider(s) shall display and circulate to users and carers, publicity regarding their own and the Social Services complaints procedure.
- 20.11 The Service Provider(s) shall provide Social Services with an annual report regarding the number and types of complaints received in regards to the nine equality strands and the action taken in response to the complaints.
- 20.12 The Service Provider(s) shall take steps to reduce and eliminate failures in Service delivery at all times and to take remedial action regarding gaps in Service delivery identified by complaints, Members and Ombudsman enquiries.
- 20.13 The Service Provider(s) shall take all reasonable steps to co-operate with the Council in investigating any complaint under the its (the Council's) Complaints Procedure relating to a Service user. Management organisations will provide copies of all reports made in respect of investigated complaints about its Services to the Council.
- 20.14 The Service Provider(s) shall provide, on request, copies of reports made in respect of investigated complaints about its Services to the Council.

Incident reporting

- 20.15 Adverse incidents (sometimes referred to as serious untoward incidents or significant events) should be reported to the commissioning organisation, investigated and analysed to establish lessons to be learnt and to identify changes that will lead to

future improvements and prevent reoccurrence, in compliance with the commissioning organisations' organisations' policies in use during this contract.

20.16 The Service Provider(s) must have a policy and culture that encourages and supports staff to report adverse incidents. All incidents should be reported and fall into three categories:

- Incidents that have occurred
- Incidents that have been prevented; and
- Incidents that might happen

Service user involvement in service planning and delivery

20.17 The Service Provider(s) shall actively seek service user views and maintain appropriate records of service user feedback including any comments, complaints and/or compliments arising from meetings with service users, questionnaires, focus groups etc. The Service Provider(s) will demonstrate how such feedback is shaping service delivery. The Service Provider(s) will evidence how service users are fully involved in service planning and decision making across the Service Provider(s)' organisation

21 Monitoring And Evaluation Arrangements

21.1 A condition of this contract is that monitoring returns are supplied by the Lead Provider(s)' organisation from all potential partner organisations and will ensure that it complies with the reasonable monitoring requirements to be agreed with the Council. This information must be submitted at agreed intervals.

21.2 The Service Provider(s) will be directly accountable for its operations and performance against the specification and contract to LBTH.

21.3 The Service Provider(s) will undertake regular monitoring and review of its service including an annual service user survey and will prepare regular reports for monitoring and review meetings. The Service Provider(s) will ensure necessary administrative and record keeping systems are maintained to enable effective monitoring, review, planning and evaluation to take place.

21.4 The Service Provider(s) must ensure that double counting of Service take-up is avoided.

- 21.5 All payments in respect of this Contract are contingent on the satisfactory and timely presentation of required monitoring information.
- 21.6 The designated LBTH Lead Officer will convene regular monitoring meetings at mutually agreed frequency with the Service Provider(s) and agree with it what information is to be routinely collected for monitoring and evaluation purposes.
- 21.7 The Service Provider(s) must lead on the development of the network, hub or consortium objectives and to report to the mutually agreed relevant governance arrangements that include the LBTH as a member of any partnership board meetings or similar .
- 21.8 The Service Provider(s) shall ensure that the information systems, records and documentation necessary to effectively monitor the performance of this Contract are accurately maintained at all times and that such systems are regularly validated and audited.
- 21.9 The service will be visited on a mutually agreed frequency by the designated LBTH Lead Officer/s for monitoring purposes. The Service Provider(s) will make available all relevant documents, files, books information etc to the officers in order for monitoring to be carried out effectively. Reasonable notice of the visit will be given (normally at least 14 days), and of any documents, files, books information they may wish to inspect. Following the monitoring visit, the designated officer will write to the service detailing any areas of concern arising out of the visit and any further action required by the service provider (within a given time period).
- 21.10 The Service Provider(s) will provide quarterly monitoring reports in an agreed format to the designated LBTH Lead Officer. This report will be submitted within two weeks of the end of each quarter and in accordance with the schedule below:

Quarterly period	Deadline for submission of quarterly report
Quarter One: 1st April 2013 – 30th June 2013	15th July 2013
Quarter Two: 1st July 2013 – 30th Sept 2013	15th October 2013
Quarter Three: 1st Oct 2013 – 31st Dec 2013	15th January 2014
Quarter Four: 1st Jan 2014 – 31st March 2014	15th April 2014

- 21.11 In addition, an unannounced visit to the project may be made on an annual basis. Following the unannounced monitoring visit, the designated LBTH Lead Officer will

write to the service provider detailing any areas of concern arising out of the visit and any further action required by the Service Provider(s).

21.12 The Service Provider(s) shall ensure that all relevant data is retained for the duration of the Contract.

21.9 The Service Provider(s) must ensure that all partnership agencies are annually reviewed

Definitions and expectations

Outcomes Indicators

Outcomes Indicators can be defined as a quantitative measure of the products produced through your initiative, such as the number of individuals you have worked with, numbers entering training or employment or number of sessions run. They are the tasks that are done in order to achieve the outcomes of your project. They could include for example attendance at project activities, the number of outreach visits undertaken, volunteering or employment opportunities taken up.

Outcomes

Outcomes refer to changes that have taken place as a result of your project activities and should relate to the project's overall aim. They can be both quantitative, sometimes called 'hard' outcomes, or qualitative ('soft') outcomes, which are less easily measurable. Qualitative outcomes typically relate to 'distance travelled' by individuals, such as changes in attitudes or behaviour, lifestyle changes or improvements in relationships with others. Outcomes might include feeling safer, being more independent, being less isolated, having improved access to Services and being healthier.

ADVOCACY SERVICES		
Aim	Outcomes	Outcome indicators
1. Independence and Wellbeing	Service users are able to learn and develop skills which lead to a greater independence or allow minimal support and reduce dependence and inactivity	<p>Qualitative:</p> <ul style="list-style-type: none"> • Service User feedback/Outcome Star • Case studies • Evidence of networking and partnership working <p>Quantitative:</p> <ul style="list-style-type: none"> • No of clients supported • No of new referrals • Route of referrals (e.g. self etc) • No of onward referrals and by type of service referred to • No of referrals made by phone, face to face, written and/or email
	Service users can take meaningful	Qualitative:

	risks or are encouraged to do things by themselves and they fully understand their rights and responsibilities	<ul style="list-style-type: none"> • Service User feedback/Outcome Star • Case studies <p>Quantitative:</p> <ul style="list-style-type: none"> • % of service users reporting high satisfaction with services received
	Service users are able to live as independently as possible and can overcome perceived barriers	<p>Qualitative:</p> <ul style="list-style-type: none"> • Service User feedback/Outcome Star • Outcome star • Case studies <p>Quantitative:</p> <ul style="list-style-type: none"> • % of service users reporting high satisfaction with services received • Service user survey
	Service users using advocates are able to develop the ability of self-advocacy and self determination	<p>Qualitative:</p> <ul style="list-style-type: none"> • Service User feedback • Case studies <p>Quantitative:</p> <ul style="list-style-type: none"> • No of people developing self advocacy • No service of users into volunteering
2. Dignity and Respect	Service users can freely express their wishes and concerns and make informed decisions about their lives	<p>Qualitative:</p> <ul style="list-style-type: none"> • Service User feedback • Type of comments and complaints <p>Quantitative:</p> <ul style="list-style-type: none"> • Service user survey • % of service users reporting high satisfaction with services received • No of comments and complaints received

	Service users are treated as partners in decisions that affect their lives	<p>Qualitative:</p> <ul style="list-style-type: none"> • Service User feedback <p>Quantitative:</p> <ul style="list-style-type: none"> • Service user survey • % of service users reporting high satisfaction with services received • No of service users involved in decision making processes
	Service users are at any time treated with respect and dignity and their needs are understood and responded to in appropriate ways	<p>Qualitative:</p> <ul style="list-style-type: none"> • Service User feedback • Services reconfigured according to service users' feedback • Case studies <p>Quantitative:</p>
	Service users are valued regardless of age, culture, faith, disability, gender, sexuality	<p>Qualitative:</p> <ul style="list-style-type: none"> • Service User feedback <p>Quantitative:</p> <ul style="list-style-type: none"> • Analysis of client data by age, gender, sexuality, faith, disability and ethnicity • Analysis of emerging patterns of referrals and non referrals that could indicate discrimination of any particular client group •
3. Exercise of Basic Human Rights - Choice and Control	Service users report improved knowledge and understanding of their rights and choices	<p>Qualitative:</p> <ul style="list-style-type: none"> • Service User feedback/Outcome Star • Case studies • Evidence of staff training, community languages spoken by staff

		<p>Quantitative:</p> <ul style="list-style-type: none"> • Service user survey • % of service users reported high satisfaction with the service • No of service users' involvement of service planning
	Service users are supported to resolve the issue(s) which they sought advocacy for	<p>Qualitative:</p> <ul style="list-style-type: none"> • Service User feedback <p>Quantitative:</p> <ul style="list-style-type: none"> • No of training courses, workshops or campaigns etc • No of open cases • Time taken to complete cases in total and by activity • No of complaints and by type
	Service users are able to make informed choices and decisions about their support, are involved in the planning and report improved choice and control over the Services they receive	<p>Qualitative:</p> <ul style="list-style-type: none"> • Service User feedback/Outcome Star • Case studies <p>Quantitative:</p> <ul style="list-style-type: none"> • Service user survey • % of service users reported high satisfaction with the service
	Service users report easy access to Advocacy Services and feel safe to use the Service	<p>Qualitative:</p> <ul style="list-style-type: none"> • Service User feedback • Analysis of emerging patterns of referrals and non referrals that could indicate discrimination of any particular client group <p>Quantitative:</p> <ul style="list-style-type: none"> • No of self referrals • No of word of mouth referrals
	Service users are able to speak for themselves and/or, with the support of Advocacy Services to express their views.	<p>Qualitative:</p> <ul style="list-style-type: none"> • Service User feedback <p>Quantitative:</p>

	<ul style="list-style-type: none"> • Service user survey • No and type of complaints • No and type of incidents • % of service users reported high satisfaction with the service
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INFORMATION AND ADVICE SERVICES		
AIM	OUTCOME	OUTCOME INDICATOR
1. Independence and well-being	Service users remain as independent as possible and are able to access information and advice to maintain physical and mental health, their social and financial wellbeing and are able to preserve or increase their independence	<p>Qualitative:</p> <ul style="list-style-type: none"> • Service User, carer, family feedback/Outcome Star • Case studies <p>Quantitative:</p> <ul style="list-style-type: none"> • No of service users broken down by type of information of advice e.g. housing, benefits, healthy living etc • No of service users taking up freedom passes, blue badges, taxi cards
	As a result of acceptable Information and Advice Services, service users access relevant follow up services.	<p>Qualitative:</p> <ul style="list-style-type: none"> • Service User feedback <p>Quantitative:</p> <ul style="list-style-type: none"> • No of referrals to other services, and type of services
	Service users will report easy access routes to Information and Advice Services as a result of improved and more extensive partnership working leading to increasingly joined-up provision.	<p>Qualitative:</p> <ul style="list-style-type: none"> • Service User feedback • Evidence of networking and partnership working, • Evidence of training and capacity building <p>Quantitative:</p> <ul style="list-style-type: none"> • Service user survey
	Service users will report improved	Qualitative:

	problem solving, improved ability to navigate the system, improved health/financial stability	<ul style="list-style-type: none"> • Service User feedback/Outcome Star • Evidence of partnership working and links with other initiatives <p>Quantitative:</p> <ul style="list-style-type: none"> • Service user survey • No and type of referrals • No of service users taking up freedom passes, blue badges, taxi cards
2. Choice and Control	Service users are aware of the wide ranges of services available and are able to make informed personal choices about how to help themselves or who to approach for support.	<p>Qualitative:</p> <ul style="list-style-type: none"> • Service User feedback • Evidence of service user engagement (e.g. user forums, service user representatives, user minutes of meetings etc) <p>Quantitative:</p> <ul style="list-style-type: none"> • Service user survey
	Service users are aware of their rights and entitlement including benefits, and know where and how to access services such as debt advice, money management services including planning for the future and appropriate credit.	<p>Qualitative:</p> <ul style="list-style-type: none"> • Service User feedback • Case studies <p>Quantitative:</p> <ul style="list-style-type: none"> • No of service users referred to money management services etc • No of service users accessing benefits service • Amount of money successfully claimed as one –off payments and/or as benefits
	Service users feel that they are able to make informed decisions about issues affecting their lives	<p>Qualitative:</p> <ul style="list-style-type: none"> • Service User feedback/Outcome Star • Case studies • Evidence of quality marks, staff training,

		Quantitative:
	Service users' feed back reflects an accessible and high quality Service that provides choice, and flexibility and responds to service users needs and preferences	Qualitative: <ul style="list-style-type: none"> • Service User feedback Quantitative: <ul style="list-style-type: none"> • No of service users taking up financial advice
3. Accessible and Joined Up Services	Information and Advice Services are accessible to and used by all sections of Tower Hamlets' diverse communities.	Qualitative: <ul style="list-style-type: none"> • Service User feedback Quantitative: <ul style="list-style-type: none"> • Demographic profile of service users including age, gender, disability, sexual orientation, faith, ethnicity
	Services address a wide range of cultural and social needs (e.g. ethnic groups, gender and faith groups, LGBT and people with disabilities) but also foster inclusiveness and understanding of others.	Qualitative: <ul style="list-style-type: none"> • Service User feedback Quantitative: <ul style="list-style-type: none"> • Demographic profile of service users including age, gender, disability, sexual orientation, faith, ethnicity • Analysis of emerging patterns of referrals and non referrals that could indicate discrimination of any particular client group •
	Service users can effectively navigate their way around a wide range of Information and Advice Services, getting up to date, consistent, and accessible information and advice at transitional moments in their lives	Qualitative: <ul style="list-style-type: none"> • Service User feedback Quantitative: <ul style="list-style-type: none"> • No of service users signposted to services and type of services • No of referrals and type of services referred to • No of new service users accessing services by type of services • No of drop ins, and sessions of outreach by type of venue

	<p>Service users are more accurately signposted and referred to and between services</p>	<p>Qualitative:</p> <ul style="list-style-type: none"> • Service User feedback • Evidence of networking, partnership working, joint initiatives etc. <p>Quantitative:</p> <ul style="list-style-type: none"> • No of referrals and type of services referred to • No of drop ins, and sessions of outreach by type of venue • No of home visits