Service Specification: Ealing Specialist Navigator Service

Aim:
A specialist service providing flexible, innovative and personalised support for people with multiple/complex needs, whilst also building partnership across sectors to improve understanding and joint working cross homelessness and support services.

The service has two core functions:

- **Personalised case management**: Navigation support for a cohort of complex needs clients with personalised budgets to improve wellbeing and reduce rough sleeping
- **Integration & partnership building across services:** Reduce silo working across key statutory and non-statutory services to improve wider responses to vulnerable people through co-location and joint working

Overview:
This is an ambitious service with the following underlying approaches to end rough sleeping in Ealing, and with the aim of integrating care and services, as well as case managing identified complex and excluded clients:

- **Prevention:** identifying the most complex needs and excluded clients (both verified rough sleepers, and those that are at risk of rough sleeping / in crisis). Integrating services, including within the Local Authority and in community, statutory and non-statutory settings with the aim of breaking down silos/ building bridges across services and improving joint working.
- **Recovery**: Meeting the gap where complex needs clients are unable to access support – due to their needs / lack of suitable or flexible services. Identifying stable homes and supporting people both in supported settings and the community.
- **Specialist Roles**: The service will be made up of Navigators with specialist lead areas, working with some of the most vulnerable cohorts. The Navigators will have personalised budgets for clients, and the support of a Floating Support worker who will provide more general support from benefits applications to accompanying service users to appointments.

Maximum available funding for one year: *£258,000 plus £20,000 personalisation budget*
This is the maximum available funding to provide the full service for one year.
The personalisation budget of £20,000 is a fixed sum for clients of the Navigator Service.

Staffing Structure
The staffing structure for the project should include a minimum of 4 Navigators and 1 Support worker. We suggest the following basic structure:

- **1.0 FTE Manager-Navigator**
- **3.0 FTE Navigators**
- **1.0 FTE Floating Support / Assistant Support Worker**

Navigators will need to be skilled at working with complex / multiple needs and with different services Navigators should work flexible hours to enable them to engage with the cohort at times and locations that suit the client and give the Navigator the best possible opportunities to engage.
Please provide a detailed Pricing Schedule as well as a Staffing Model in your Method Statement which will meet the needs of the service.

Peripatetic Work / Office base:
The service needs to include co-location of Navigators across different settings, including community and statutory services according to Navigator's lead areas.
We suggest staff being based across various locations including; Day Centres, Supported Accommodation, Ealing Hospital/A&E/UTC, and within the local authority, with Housing Demand, Adult Social Care and Safer Communities.
The provider should consider what local office setting is needed, and describe this as part of the method statement, and whether this will be located within or close to the London Borough of Ealing.

Nb. Alternative Structures to this Specification can be considered
Smaller project: *We will consider proposals to supply a reduced number of Navigators given the short turn-around. In this case, we may look for a combination of providers and/or supplemented provision through other means.*

Navigator – Caseload (up to 15 clients):
Each navigator will be allocated initially 10 clients and will be able to take on a further 5 clients as & when the need arises, ensuring the service can be responsive to local needs.
Over the year we anticipate each Navigator working with at least 20 clients.
Caseloads should be scaled up/down depending on needs, to ensure the provision of intensive tailored support.

The service floating support (or assistant support officer) is there to supplement the Navigator's work and the post does not carry an independent caseload.

Length of support will vary according to need – and the aim would be to float clients to other support services when ready.

Personalisation Budget (£20,000):
Budget to use creatively to assist with support, creating psychologically informed environments, assisting with travel and employment, education and training options, as well as activities and support to visit home countries/areas for short-term respite, and full reconnections (where clients are not eligible for Routes Home Service), and for 'innovative' personalised routes off the streets.

Navigator – Lead Areas:
As well as a caseload, each Navigator (including the Manager-Navigator) will focus on specialist areas. Areas can be adapted/changed according to specialisms that staff have, the local trends and needs.

The aim is to build knowledge of pathways and prevention, as well as build bridges across services to reduce silo working and bring about integration – in particular in relation to complex/excluded cohorts and individuals who are at risk of rough sleeping.
We are suggesting the following groupings of service area leads:

1. **Prevention:**
   LB Ealing's Housing Demand, Single Homeless Prevention Service, Safer Communities (East) Day Centres, Shelters, Outreach services
2. **Recovery & Substance Misuse:**
   LB Ealing Specialist Support Team, Adult Social Care, Hostels/supported accommodation, Registered Providers and Private Sector Landlords, DWP/JCG; Drug & Alcohol Services
3. **Migrants, Employment & Offenders:**
   LB Ealing Parks Team, Safer Communities (West), Employment support; Migrant networks and services;
   Offending services; Police and SNTs
4. **Health & Women:**
   Public Health and Ealing CCG; Ealing Hospital, A&E, UTC; Mental Health Services, Hospital Discharge teams, Women, Domestic Violence Services.

Floating Support / Assistant Support Worker:
The Floating support/ Assistant support Worker would support and complement the work of the lead Navigators, including:

- Assistance with ID and apply for benefits.
- Assisting clients to attend assessments, and appointments and social activities
- Welfare Checks
- Supporting to register clients with a GP and engage with health services
- Assist clients to engage around identified support needs and their action plans.

Client Cohort / Referrals:
Ahead of the service starting an initial fixed cohort will be drawn up, identifying the most complex clients, who have either no support in place or are not engaging with support and are in urgent need of this service. The cohort will be reviewed and expanded over the year.

Services involved in reviewing the cohort will include: Ealing Rough Sleeping Outreach Service, High Needs Staging Post, Ealing Specialist Support Team, Safer Communities, Adults Services and the Ealing Rough Sleeper Borough Coordinator together with the Navigator Service.

Specialist Navigator Service

Client Group:
The client group will be identified based on their multiple/ complex needs and difficulty engaging with services, housing status & risk of rough sleeping.
Basic criteria include:

- Over 18 years of age
- **Housing status:** Most clients will not be rough sleeping at the point of engaging with the Navigators, but either with a history of rough sleeping or identified as at risk of rough sleeping without intensive support and unable to engage with/navigate existing support and accommodation pathways.
  They may be in Temporary Accommodation, housed in the Rough Sleeping pathway, coming out of hospital, prison, or sofa surfing, etc. Clients may also be in supported accommodation or in tenancies which are at risk.
- **Complex / High support needs:** including at least two of the following: *A physical or mental health or learning difficulty/disability or brain injury; Substance misuse/alcohol; immigration or eligibility issues; Domestic Abuse; Offending/Prison leavers; Sex Working/Trafficking; Entrenched rough sleeper*

The service will work with clients regardless of eligibility for public funds – including EEA and non-EEA nationals with unresolved immigration status.

Referrals & Assessments
Those referred may not have engaged with an assessment of their needs. The service provider needs to be able to take clients with limited information in relation to needs / risks. It is expected that for the most vulnerable clients, the assessment process will not be rigid and may need to be conducted over an extended period.

Support:
The service will work in a psychologically informed and person-centred way with access to personal budgets. It will apply the principles of personalised support which stays with the person as needed and is not tied to the accommodation, 'following' the individual. Navigators will build relationships and trust with clients and offer a personalised and innovative support and route out of homelessness. Support will be provided by the Navigators in conjunction with other services for which their clients are eligible to receive support.
The service should not replace the role of existing services but to coordinate and facilitate access.

The service will have access to the following specialised rough sleeper services

- Immigration advice provided by the RSI funded Immigration Advisor co-located in the Outreach Service.
- Mental Health advice provided by the Rough sleeper & Mental Health Programme (RAMHP)
- Accommodation pathways for Rough Sleepers with an Ealing connection

Some clients will have a limited command of English - currently the main languages are Polish or Punjabi.

Support will need to be wide-ranging and include:

- Full needs and risk assessments
- Development of action and long term support and accommodation plans, focusing on what individuals want and their strengths and assets,
- Empowering clients through giving choice and control over their lives.
- Referrals to specialist and generic services
- Assistance to engage with wider services
- Flexible interventions and regular support sessions

Accommodation support:
The service will work towards supporting the client into the most appropriate accommodation via existing provision or reconnection to home areas. They will have access to the Rough Sleeper Accommodation Pathway as well as existing pathways in the borough.
Referral pathways for those with an Ealing local connection and eligibility include:

- Supported Accommodation provision for verified rough sleepers (There are currently ring-fenced supported beds in the West London YMCA and St Mungo's Sixty-Five Hostels and the "Work-ready Hub")

- LB Ealing Specialist Support Team (gateway into Ealing commissioned supported accommodation and floating support)
- The service will also be able to apply for funds from the RSI Migrant Inclusion Fund which can pay for time-limited supported accommodation, detox and rehabilitation for people who are at high risk and with No Recourse to Public Funds.

Outputs:
Proposed Outputs based on Lead Areas mapped out above:

1. **Prevention:**

Working in the community, including with the main day centres that see most rough sleepers, shelters and services that provide Outreach in the community. Currently Outreach teams have very limited engagement with community services due to capacity and so prevention opportunities are missed, and despite the community services often having great insight into individuals needs and care, they are often unable to support those that access their services, due to resources, lack of understanding/knowledge of pathways/services, being volunteer run etc.
Work with Housing Demand and the new Single Homeless Prevention Service – to further develop prevention opportunities and work in the sub-region, and with Safer Communities (East) and Housing Hubs focussing on needs and trends in the East of the borough linked with rough sleeping and prevention.

2. **Recovery & Substance Misuse:**

Increase flow through supported accommodation, reduce evictions from tenancies or hostels preventing rough sleeping and increasing the availability of beds for other clients. The role will also run the "Project Move on" group working with Supported Accommodation providers, as well as develop accommodation options through RPs and PRS landlords and strong links with the DWP.
Within the Local Authority, this Navigator will work the Specialist Support Team (voids led gateway into supported accommodation and floating support) and Adult Social Care

3. **Migrants, Employment & Offending:**

Close working with the Immigration Advisor based in Outreach, and with the Ealing Homelessness Forum NRPF sub-group. The service will also look at linking Education, Training and Employment support for those at risk of rough sleeping.
It will also work with Offending services who no longer have dedicated Housing workers in the borough, to develop pathways to prevent rough sleeping. Also with the main prisons who are releasing people into the area without a plan
Within the Local Authority, the Navigator will work with Employment services, Parks and Safer Communities and Housing Hubs in the West of the borough.

4. **Health & Women:**

Focusing on improving and developing procedures and pathways into health, social care and housing for the most complex clients. Addressing Frequent Attenders at A&E and UTC. Working closely with the Hospital Discharge teams to avoid discharges to the streets. Working with Mental Health Teams, including the newly GLA funded Rough sleeper And Mental Health Programme (RAMHP), to support those whose needs are not being met or where co-existing substance misuse is impacting on diagnosis / support.
This will link with health services based at Perceval House – including Public Health and Ealing CCG.

Outcomes/Key Performance Indicators:

1. 80 clients assisted over the year (anticipating average caseload of 15 per Navigator with 20 case closures / new clients)
2. > 90% prevented from Rough Sleeping/ returning to Rough Sleeping
3. > 70% having reduced unplanned use of Health services and reoffending
4. > 70% move into longer term sustainable accommodation (anticipated to last at least 6 months) or sustain existing independent accommodation
5. > 10% reconnect to home areas

Reporting requirement:
During the mobilisation of the service, the manager will need to provide weekly updates.
There will also be requirements for monthly statistics and quarterly reports, alongside standard requirements around reporting of serious incidents and quarterly review meeting.