



BALANCED SCORECARD FOR OUTREACH SERVICES

**A toolkit for local
authorities and outreach
providers**

Developed and written by Crunch Consulting Ltd, 2009. www.crunchconsulting.net

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INTRODUCTION

The Outreach Balanced Scorecard is the first quality assurance and audit framework designed specifically for use in relation to outreach services. It provides a commonly-agreed set of standards through which commissioners and outreach providers can review services, and assess how well they work with rough sleepers and other stakeholders and if they meet national and local expectations.

The Scorecard has a number of benefits for commissioners and outreach providers:

- It clarifies expectations around key elements of service delivery, including enforcement interventions as well as social care
- It sets expectations around performance and promotes continuous improvement in service delivery
- It complements local authorities' existing contract monitoring processes and can inform service development
- It promotes greater consistency of practice between services and local authority areas.

This toolkit is intended to support:

- Local authorities who wish to commission and review street outreach services
- Outreach providers who are engaged in self-assessment and service improvement.

The toolkit contains the following:

- Materials for use with the Scorecard
- Information and guidance on how to use the Scorecard as a self-assessment and/or audit tool.

Why the Outreach Balanced Scorecard has been developed

The national rough sleeping strategy, *No one left out – communities ending rough sleeping* sets out priorities and actions for ending rough sleeping by 2012. The strategy envisages a central role for outreach services in delivering several of these key objectives: achieving the target of rough sleeping as close as possible to zero; working effectively with entrenched rough sleepers and moving new arrivals away from the streets as soon as is possible.

Expectations and attention on outreach services have changed because of the new strategy, especially in relation to making greater use of enforcement alongside more traditional social care interventions. Outreach services are also more involved in partnerships: with the Police, other statutory and voluntary agencies.

Until now there has been no nationally-recognised set of standards, so it has not been possible to judge if outreach services are 'fit for purpose'. The Outreach Balanced Scorecard has been designed specifically for use in relation to outreach services. The Scorecard enables commissioners and outreach providers to review services: to see how well they work with rough sleepers and other stakeholders and to meet national and local expectations.

The Scorecard has been developed as a good practice tool rather than a mandatory framework, because it is felt that this approach will give the most value to people using it.

The Scorecard was piloted in 2009 with a group of local authorities and outreach providers in London, Reading and Nottingham. A copy of the full pilot report is available on Communities and Local Government website at:

www.communities.gov.uk/publications/housing/outreachbalancedscorecard.

HOW THE BALANCED SCORECARD WORKS

Overview

The Balanced Scorecard approach aligns the overall aims and objectives of a service or organisation with the day-to-day tasks and management activities involved in running a service.

It works by grouping together work activities and tasks into areas, each with a set of statements or standards. Teams then assess, or are assessed against each of these standards.

Areas and standards are 'balanced' in the sense that each is considered of equal importance when assessing levels of performance and reaching the overall assessment.

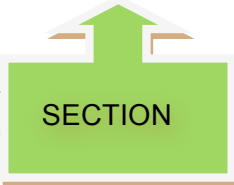
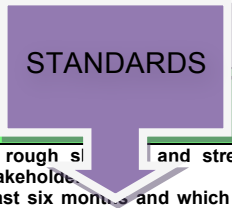
The Outreach Balanced Scorecard is designed to be a single, comprehensive set of standards which fit with/meets the needs of all outreach teams.

Structure and Standards

The Outreach Balanced Scorecard is made up of the following main Areas:

<p>Planning and work with stakeholders</p> <ul style="list-style-type: none"> • Overall work planning • Understanding the operating environment • Responding to and influencing the local agenda on rough sleeping issues, including partnerships 	<p>Internal systems and good practice</p> <ul style="list-style-type: none"> • HR • Finance • Health & Safety • Meeting monitoring requirements
<p>Work with service users</p> <ul style="list-style-type: none"> • Contact and assessment procedures • How staff interact with rough sleepers on shift • Multi-agency working, including enforcement 	<p>Outcomes, innovation and learning activities</p> <ul style="list-style-type: none"> • Outcomes • Innovation and service development • Responding to feedback • Opportunities for service user involvement

Each of the main Areas is divided into a number of sections which contain the individual Standards. For example:

<p>THE TEAM UNDERSTANDS ITS AIMS AND PURPOSE AND HOW IT WORKS WITH STAKEHOLDERS</p>		<p>STANDARDS</p>
<p>The team has clear goals and plans for achieving them.</p> 	<ul style="list-style-type: none"> • The team has clear written aims and objectives on working with rough sleeping and street population issues. These are up to date and understood by staff and stakeholders. • There is an up to date work plan, which has been reviewed in the past six months and which is understood. • Work plans and other key documents demonstrate how the service contributes to local and national targets, objectives and strategies around rough sleeping and problematic street activity. • The team sets outcomes for its work relating to its aims and objectives and the overall national target on reducing rough sleeping and these are regularly discussed with commissioners. 	
<p>The team understands the local street population.</p>	<ul style="list-style-type: none"> • Team demonstrates it understands routes onto the street and works to mitigate local "pull" factors on rough sleeping and street activity. • Team uses records and intelligence to understand profile and flow of rough sleeping/problematic street activity. • Team effectively manages flow; ensures opportunities for rapid moves off the street and appropriate preventative measures are in place. • Specific approaches in place to address the needs of entrenched rough sleepers/service users with higher needs. • Team can deal with emerging hotspots effectively. • Clear rationale for how and when assertive/enforcement interventions will be used, eg: ABAs/ABCs, ASBOs, exclusion orders and their effectiveness are kept under review. • The team considers the need for and deploys specialist staff/resources where these are needed. 	
<p>The team works effectively with its stakeholders</p>	<ul style="list-style-type: none"> • Team can identify its key stakeholders. • Team develops joint working/partnerships with key local providers of housing, care and support services. • Team develops joint working/partnerships with community safety teams, Police and other criminal justice agencies. • Protocols, Terms of Reference etc developed with other agencies and regularly reviewed. • Team seeks to align key policies and procedures with those of local accommodation and support providers. • Team works with agencies to address rough sleeping/street population and mitigate the effects of displacement. • Minutes and/or other records show that the team attends and effectively participates in meetings with stakeholders • Team meets regularly with commissioners and is willing to discuss issues and problems openly/constructively. 	
<p>The team is responsive to and seeks to influence the local agenda on rough sleeping</p>	<ul style="list-style-type: none"> • Team keeps up to date with commissioners' priorities and understands impact on the delivery of its own service. • Team demonstrates contribution to wider strategic aims, eg: those of the Local Strategic Partnership. • Information gathered used to influence/lobby for change and additional resources at national and local level. • Team involved in developing local joint initiatives and forums and ensures that the right partners are involved in delivering a balance of social care and enforcement interventions. • Team uses expertise to develop skills and knowledge of other local teams and services re rough sleeping and street population issues; to influence their policies and procedures where this is appropriate. • Team works with Police and other local statutory agencies to maximise their involvement and resources allocated. 	

Comments on the Standards

The Standards are designed with the intention of minimising the overlap between them. However, some areas link to others and 'inform' them. For example, liaising with commissioners and other stakeholders in Area 1 links with seeking formal feedback from stakeholders in Area 4.

The Standards vary in their expectations: some ask only for the presence of a policy/procedure; others place additional requirements on services to demonstrate they have developed an approach to an issue; that they review their approach and/or what they have learned as a result of this process.

Using the Scorecard in practice

The Scorecard can be used as an audit tool and/or contract monitoring tool, to suit commissioners' and providers' local needs.

The audit approach

The audit process is follows:



a) Self-assessment

Self-assessment is the first stage of the process outlined above. Managers are asked to consider their performance against each of the Scorecard standards over the past 12 months (or other agreed review period) in terms of: what has gone well, areas which have not been as successful, possible reasons for this.

A self-assessment template has been developed for this purpose. The full version of this is contained at the Annex.

AUDIT AREA: THE TEAM UNDERSTANDS ITS AIMS AND PURPOSE AND HOW IT WILL WORK WITH ITS STAKEHOLDERS

Aspects done well	Aspects not done well/covered sufficiently	Reasons
<p>Work plan objectives are linked to local authority and national objectives and outcomes.</p> <p>Team work plans are regularly reviewed, including at team away days.</p> <p>Team is represented on local tasking & targeting group and works closely with partners and commissioners re local rough sleeping strategy. Records are kept of all these meetings.</p> <p>Team has delivered presentations and training on rough sleeping to staff in Housing Options team.</p>	<p>Policies and procedures for dealing with hotspots have not been completed as planned.</p> <p>Team does not yet have effective means of working with teams in neighbouring local authorities.</p>	<p>Lack of prioritisation within service work plan.</p> <p>Lack of formal structures in place.</p>

b) Reporting and grading

Each Standard assessed has a statement/sentence recorded about it.

The Scorecard uses a ‘traffic light’ scoring system to indicate performance, as follows:

GREEN	Standard/area where expectations are fully/almost fully met. No action required.
AMBER	Standard/area where some expectations are not met and which require action to address.
RED	Standard/area where most/all expectations are not met and which require more urgent attention to address.

Each statement is graded according to the above system. For example:

<p>The team has clear goals and plans for achieving them</p>	<ul style="list-style-type: none"> • There is a clear set of aims and objectives for the team which relate to rough sleeping and street population issues. Staff we spoke to had a clear understanding of these. • The team does not have an up to date work plan (most recent is dated Nov 2007). This makes it difficult to assess if the team’s work supports local and national targets and objectives. In addition, it does not appear that the work plan is discussed regularly by in staff and managers, eg: in team meetings, staff supervision sessions. • Regular monitoring information is provided to the local authority, covering referrals and activities. The team does not appear to have a set of outcomes against which it measures its success.
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Each section is awarded a grade, based on those given to the individual Standards.

The findings of the audit are recorded on the reporting template. The full version of this is attached at the Annex. For example:

AUDIT AREA: THE TEAM IS VIABLE AND EQUIPPED TO DELIVER AN EFFECTIVE SERVICE

	Rating	Main findings (evidence used)
Team members are appropriately managed, supported and trained to do their work		<ul style="list-style-type: none"> The team has recruitment policies and procedures in place. Records show that these are followed in all cases. There is an up to date sickness absence procedure. Sickness absence levels are monitored. Sickness in the past 6 months has exceeded target levels. All staff have JDs. There is a core training programme. However, not all staff have received First Aid training. Supervision takes place regularly. Records are comprehensive. Staff we spoke to give positive feedback about supervision received.
The team is effective with regard to financial management		<ul style="list-style-type: none"> The team has an annual budget. Variance reports are produced and these show that variances have not exceeded 10% in any area over the past year. There are financial controls in place around the amount of petty cash kept for welfare and other payments; use of safe key; limits on signing cheques. The team has plans to recruit volunteers. However, none are in place at present.
The team functions well in a supportive environment		<ul style="list-style-type: none"> Team meetings do not appear to take place regularly. Staff we spoke to seemed unclear about certain key policies, eg: lone working. Team training needs are regularly assessed. However it is not clear how this translates into a training programme for staff.
There is a co-ordinated approach to assessing and managing health and safety		<ul style="list-style-type: none"> We understand from the manager that buildings and equipment are regularly tested, but written records of these are not available. Situational risk assessments are present and up to date. Fire safety records are available and indicate compliance with legislation and organisational policy. Incidents are logged and followed up with individual clients and the Police as appropriate.
The team complies with information and monitoring requirements		<ul style="list-style-type: none"> Team has up to date records of local authority and internal monitoring reports. The team has a very good database system for recording client information; individual records are kept up to date and this area of work is monitored by the deputy manager. Information sharing protocols are in place with the Police and DIP teams.
Good practice examples: <ul style="list-style-type: none"> The information-sharing protocols are very clearly written and are regularly updated with the relevant stakeholders. 		
Notes and recommendations/action points: <ul style="list-style-type: none"> Team meetings need to be re-established, with clear agenda. 		

The reporting format reflects that used for the Standards, ie: section headings are in the left hand column; findings are written in the right hand column. The overall grading for the section grading is inserted in the 'Rating' box.

At the bottom of each page, there is space for auditors to record overall action points which they consider to be relevant and any particular examples of good practice by the service which they have identified during the audit.

We recommend that audits are carried out in pairs. This both makes the process more robust and facilitates a second opinion about the service.

Audits may be carried out in a number of ways:

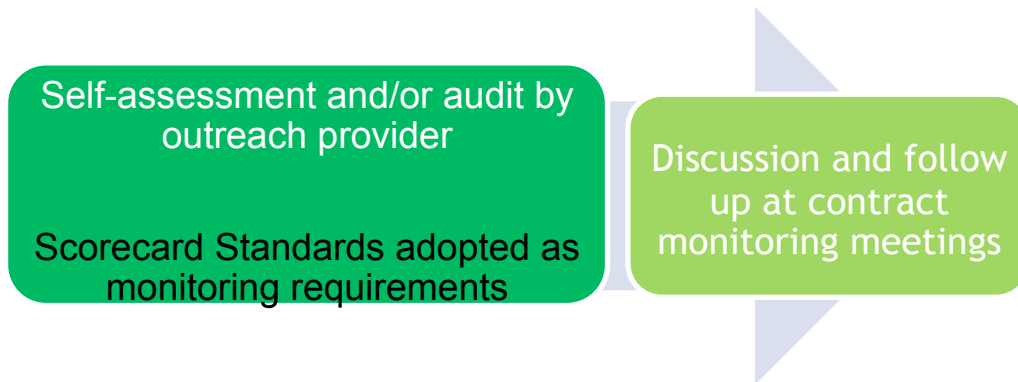
- Internally, ie: with another manager from within the organisation
- With the local authority commissioner
- Peer audit.

As a guide, allow the following time for the audit process:

Self-assessment	Audit	Follow-up
½ day	1 day (2 auditors).	½ day for write up. Up to ½ day for action planning.

Contract monitoring approach

The pilot identified two possible ways for the Scorecard to be used in contract monitoring:



Other comments on use of the Scorecard

It is highly recommended that you follow up the self-assessment/audit with discussion and action planning within the service and with commissioners.

The Scorecard is likely to be most effective where it is used regularly to review service performance. The first self-assessment/audit may be seen as 'diagnostic'. Subsequent audits may take a more in-depth look at particular areas of concern.

APPENDIX

BALANCED SCORECARD FOR OUTREACH SERVICES	
<p>THE TEAM UNDERSTANDS ITS AIMS AND PURPOSE AND HOW IT WILL WORK WITH ITS STAKEHOLDERS</p> <p>The team has clear goals and plans for achieving them.</p> <p>The team understands the profile of the local street population and responds effectively.</p> <p>The team works effectively with its stakeholders.</p> <p>The team is responsive to and seeks to influence the local agenda on rough sleeping.</p>	<p>THE TEAM IS VIABLE AND EQUIPPED TO DELIVER AN EFFECTIVE SERVICE</p> <p>Team members are appropriately managed, supported and trained to do their work.</p> <p>The team is effective with regard to financial management.</p> <p>The team functions well in a supportive environment.</p> <p>There is a co-ordinated approach to assessing and managing health and safety.</p> <p>The team complies with information and monitoring requirements.</p>
<p>THE TEAM WORKS EFFECTIVELY WITH ITS SERVICE USERS</p> <p>The team has clear routes in and is accessible to all of its service user groups.</p> <p>Risk and needs assessment and support planning systems are effective.</p> <p>Day-to-day work with service users is focused and purposeful.</p> <p>The team works pro-actively with other agencies.</p> <p>Enforcement actions are carried out where needed.</p>	<p>THE TEAM LEARNS FROM ITS WORK AND SEEKS TO DEVELOP NEW APPROACHES</p> <p>The team seeks feedback on its work.</p> <p>The team seeks to consult with its service users and involve them in service development.</p> <p>The team develops new ways of working.</p> <p>The team assesses and reviews the impact of its work.</p>

THE TEAM UNDERSTANDS ITS AIMS AND PURPOSE AND HOW IT WILL WORK WITH ITS STAKEHOLDERS	
The team has clear goals and plans for achieving them.	<ul style="list-style-type: none"> • The team has clear written aims and objectives on working with rough sleeping and street population issues. These are up to date and understood by staff and stakeholders. • There is an up to date work plan, which has been reviewed in the past six months and which is understood. • Work plans and other key documents demonstrate how the service contributes to local and national targets, objectives and strategies around rough sleeping and problematic street activity. • The team sets outcomes for its work relating to its aims and objectives and the overall national target on reducing rough sleeping and these are regularly discussed with commissioners.
The team understands the profile of the local street population and responds effectively.	<ul style="list-style-type: none"> • The team demonstrates it understands routes onto the street in areas where it works and works to mitigate the impact of any local 'pull' factors on rough sleeping and street activity. • The team uses records of day-to-day contacts, street counts and other methods, eg: community intelligence to understand the profile and flow of local rough sleeping and problematic street activity. • The team effectively manages the flow of people onto the street, eg: via diversion/reconnections work; ensuring there are opportunities for rapid moves off the street and appropriate preventative measures are in place. • Specific approaches are in place to address the needs of entrenched rough sleepers/service users with higher needs. • The team can deal with emerging hotspots effectively. • There is a clear rationale for how and when assertive/enforcement interventions will be used, eg: ABAs/ABCs, ASBOs, exclusion orders and their effectiveness is kept under review. • The team considers the need for and deploys specialist staff/resources where these are needed.
The team works effectively with its stakeholders	<ul style="list-style-type: none"> • The team can identify its key stakeholders. • The team develops appropriate joint working and partnership arrangements with key local providers of housing, care and support services. • The team develops appropriate joint working and partnership arrangements with community safety teams, the Police and other criminal justice agencies. • Protocols, Terms of Reference etc to support partnership work are developed in partnership with other agencies and are regularly reviewed. • The team seeks to align key policies and procedures with those of local accommodation and support providers. • The team works with agencies in neighbouring areas to address rough sleeping and street population issues and mitigate the effects of
The team is responsive to and seeks to influence the local agenda on rough sleeping	<ul style="list-style-type: none"> • The team keeps up to date with commissioners' priorities and understands how these will impact on the delivery of its own service. • The team can demonstrate how its work contributes to wider strategic aims, eg: those of the Local Strategic Partnership. • Information gathered (via street counts etc) is used to influence/lobby for change and additional resources at national and local level. • The team is involved in developing local joint initiatives and forums and ensures that the right partners are involved in delivering a balance of social care and enforcement interventions. • The team uses its expertise to develop the skills and knowledge of other local teams and services re rough sleeping and street population issues; to influence their policies and procedures where this is appropriate. • The team works with the Police and other local statutory agencies to maximise their involvement and resources allocated.

THE TEAM IS VIABLE AND EQUIPPED TO DELIVER AN EFFECTIVE SERVICE	
Team members are appropriately managed, supported and trained to do their work	<ul style="list-style-type: none"> • The organisation has comprehensive recruitment policies and procedures which are followed within the team. • There is an up to date sickness absence policy and procedure. Sickness absence levels are monitored and do not exceed target levels set. • All staff have job descriptions which are clearly linked to the aims and objectives of the service. • All new staff receive a thorough induction. • All staff receive core training on issues relating to work with service users, health and safety, EO s & Diversity. • All staff receive supervision at least every eight weeks. Supervision records are of a good quality and indicate that sessions offer support, discuss training and development, performance management issues. Relevant actions are followed through. • Probationary reviews and annual appraisals take place on time and fully assess staff skills and competencies.
The team is effective with regard to financial management	<ul style="list-style-type: none"> • The team has good financial controls in all areas of its work. • Financial management procedures are as flexible as possible, eg: allow the use of spot purchasing, welfare payments. • The team's overall expenditure is within budget and there are no variances > 10%. • The team seeks to improve its value for money by taking up opportunities for fundraising or volunteering.
The team functions well in a supportive environment	<ul style="list-style-type: none"> • Records show that there are regular well-attended team meetings where relevant discussions take place and decisions are made. • Staff provide support to each other, eg: covering shifts and meetings, providing feedback and appraisal comments. • Staff understand their roles and professional boundaries; key policies, procedures and team targets and how these impact on their work. • Team training needs are regularly assessed and adequately resourced. • There are other opportunities for the team to discuss relevant issues, eg: team away days.
There is a co-ordinated approach to assessing and managing health and safety.	<ul style="list-style-type: none"> • Buildings, vehicles and other equipment are regularly inspected/tested and are safeguarded and secure. • Situational risk assessments cover potential risks to staff, service users and the public and are regularly reviewed. • The team complies with legislation around fire safety, control of infectious diseases. • There is an up to date lone working policy and shift safety practices are written down and regularly discussed. • Team members carry id/wear identifiable clothing. • Serious incidents are recorded and dealt with appropriately. Records show that Police and other services are involved.
The team complies with information and monitoring requirements	<ul style="list-style-type: none"> • The team meets its contractual obligations regarding reports and monitoring information. • The team has a recording/database system which enables it to accurately/comprehensively record all work carried out with service users and the outcomes of this. • Information-sharing protocols are in place with relevant partner agencies. • CHAIN (or equivalent) records are accurately completed.

THE TEAM WORKS EFFECTIVELY WITH ITS SERVICE USERS

<p>The team has clear routes in and is accessible to all of its intended service user groups.</p>	<ul style="list-style-type: none"> • There are clear eligibility criteria for the service. Where verification is used, it is clear how this operates. • There is a clear system for prioritising and assessing contacts made/received, including signposting to other services where needed. • The service is accessible by phone/fax/email. • Local statutory and voluntary agencies and the wider community know how the service operates and what it is able to offer. • Records indicate that the team responds to intelligence (ie: initial contact is made) within target times set. • Staff maximise opportunities to engage service users, eg: are willing to meet in a range of locations/different times of day. • Service users are informed of how/why information about them will be shared with other teams/agencies when they join the service.
<p>Risk and needs assessment and support planning systems are effective.</p>	<ul style="list-style-type: none"> • There is a system in place for assessing service user needs and risk and support planning. • The system is flexible to the requirements of all service users/types of work being carried out by the service. • An initial risk assessment and support plan is carried out as soon as is practicable after the service user is accepted to the service. • Risk assessments consider the risks to self, others and the wider community. • Support plans indicate that assertive/enforcement actions have been considered and discussed with service users. • Service users who require more intensive and/or long-term support [or: who are entrenched/have high needs] have a comprehensive risk and needs assessment and support plan in place. • Service users have the opportunity to contribute to assessments and support plans. • Assessments and support plans are regularly reviewed. Actions are followed through. • Individual service user outcomes are monitored.
<p>Day-to-day work with service users is focused and purposeful</p>	<ul style="list-style-type: none"> • Shift patterns are configured to maximise the impact of work with service users, eg: there is weekend/early morning work. This is regularly reviewed. • There are structured shift plans which promote targeted work with service users. • Upon entering the service, service users are given information on what the team offers. This includes expectations to take up accommodation or other services; the circumstances under which enforcement activity may begin. • Staff acknowledge the need for an assertive approach to work with service users, eg: the need to wake people up. • Records indicate that day-to-day contacts/interactions with service users are sufficiently purposeful/assertive. • There is evidence of harm minimisation work being carried out.
<p>The team works pro-actively with other agencies</p>	<ul style="list-style-type: none"> • There are good links with substance misuse and mental health services. There is evidence of service users being referred to other agencies for specialist support. • Relevant partner and specialist agencies are encouraged to be involved in reviews of service users' support plans. • Case conferences [multi-agency forums] are used to discuss and plan actions for entrenched rough sleepers/ those with higher levels of support needs. Action plans include appropriate timescales. • Service users are appropriately targeted/directed to available local accommodation and support resources. • The team shares information on service users appropriately and pro-actively with its partner agencies and helps to promote a consistent message about approaches/actions being taken. • Joint shifts are undertaken with the Police and others where this is appropriate.

Enforcement actions are carried out where needed	<ul style="list-style-type: none">• There are clear triggers for when and how enforcement actions may begin with a service user.• Staff understand how enforcement measures are used locally.• There is a forum or other mechanism for discussing enforcement actions with relevant partners.• Records of meetings and individual case files show enforcement interventions are followed through and are applied consistently.• Records show actions are taken to deal with/close down local hotspots.• Accurate records are kept of service users receiving ABA/ABCs, ASBOs etc; where dispersal orders etc are in operation.
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THE TEAM LEARNS FROM ITS WORK AND SEEKS TO DEVELOP NEW APPROACHES	
The team seeks feedback on its work	<ul style="list-style-type: none"> • Formal feedback is regularly sought from commissioners and other stakeholders. • The team pro-actively seeks feedback from the local community on its work. There is evidence that community concerns around rough sleeping and street activity are addressed. • The team has a written up to date complaints policy, which is able to meet the needs of service users, stakeholders and the wider community. • Action is taken in response to individual complaints. Record show the outcomes of this. • There is evidence that changes have been made to the team as a result of feedback and/or complaints.
The team seeks to consult with its service users and involve them in service development	<ul style="list-style-type: none"> • Service users are given clear information about the service works and what they can expect from it. • Service users are made aware of how they can give feedback and make complaints about the service. • The team seeks to involve current and/or former service users in assessing the effectiveness of the service and how it can be improved in future. • The team seeks to develop/increase service user involvement and has clear actions in place to achieve this. • There is evidence that service users have influenced how the service is delivered.
The team develops new ways of working	<ul style="list-style-type: none"> • There is evidence that the team develops new ways of engaging/working with its service users. • The team encourages its service users to develop the skills and confidence they need to take up volunteering and paid work opportunities. • There are opportunities within the team for the agency's own current or past service users to work as volunteers and paid staff. There is evidence that this happens in practice. • The team investigates and utilises new technology where this can improve its efficiency and effectiveness. • The team is aware of developments and innovative approaches taking place in other organisations and seeks to learn from these and incorporate new practices where appropriate. • The team seeks to involve the wider community in new ways eg: as community auditors. • The effectiveness of new approaches is reviewed/evaluated.
The team assesses and reviews the impact of its work	<ul style="list-style-type: none"> • The team uses PI s and targets to review progress towards its overall objectives. • Performance information is regularly discussed within the team and staff understand its value/importance. • The team regularly communicates its progress to stakeholders and the public. • The team uses qualitative and quantitative information to review work plans and assess any need to reconfigure the service. • The team has a system in place to quality check its own work. • The team seeks to benchmark its work with that of other agencies; to share learning and good practice. • Recommendations from review meetings with commissioners and others are considered and acted upon as appropriate.

SELF-ASSESSMENT FORM

Name _____

Team _____

Date: _____

AUDIT AREA:		
Aspects done well	Aspects not done well/covered sufficiently	Reasons

TEAM:

DATE:

AUDITORS:

AUDIT AREA: _____

Red font indicates areas requiring urgent follow up or remedial action
Amber font indicates areas needing less urgent follow up
Green font indicates no significant action required

	Rating	Main findings (evidence used)
The team has clear goals and plans for achieving them		
The team understands the profile of the local street population and responds effectively		
The team works effectively with its stakeholders		
The team is responsive to and seeks to influence the local agenda on rough sleeping		
Good practice examples:		
Notes and recommendations:		

It is recognised that the form and style of working arrangements is likely to vary according to the local context. The following checklist has been developed managers preparing for an audit and covers records and other information which are likely to be of use in assessing against the Scorecard standards:

Type of evidence	Examples
Quantitative information	Outcomes, targets and PI data. Monitoring reports.
Written records	<ul style="list-style-type: none"> • Most recent team work plan • Records of external liaison meetings, protocols, SLAs • Records of contract monitoring meetings • Team inventory • H&S inspection records/safety checks, including buildings and vehicles • H&S action plans • Accident and incident reports • Situational risk assessments • Service user files, including risk assessments • Records of case conferences • Staff files: including records of supervision, probation and appraisal, training undertaken • Team meeting minutes; records of team development days
Policies and procedures	<ul style="list-style-type: none"> • Aims & Objectives document • Copies of policies and procedures, such as/including: <ul style="list-style-type: none"> a) HR b) H&S, including lone working c) Needs assessment and support planning d) Eligibility criteria e) Service user involvement f) Joint working
Feedback from service users and other stakeholders	<ul style="list-style-type: none"> • Records of complaints and other feedback. • Service user and stakeholder survey results • Service user involvement action plan or similar.