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**Questionnaire:
Supported Exempt Accommodation (SEA) providers**

Please complete the questionnaire below - it can then be returned (along with copies of all requested documents) to:

* supportedaccommodation@adur-worthing.gov.uk

Please type your answer in the box below each question (or put a tick or cross in the relevant box) - the answer boxes will increase in size depending on how much you type in.

We are working in partnership with commissioners including West Sussex County Council and the NHS. To ensure coordinated support and to prevent duplication, we may share relevant information obtained from SEA providers with both of these bodies. For details on how we handle your data please see our:

* Benefits - Privacy Notice - <https://www.adur-worthing.gov.uk/benefits/privacy-notice/>

| **About you / your organisation** |
| --- |
| Your name |  |
| Company or organisation |  |
| Address |  |
| Postcode |  |
| Tel number |  |
| Email address |  |
| Date |  |

| **Governance**  |
| --- |

| How is the organisation constituted? *e.g. Registered Provider (for profit/not for profit), CiC, CBS, Charity, Co. Ltd - and their registration number(s)* |
| --- |
|  |

| Is the company a subsidiary of another entity? | Yes |  | No |  |
| --- | --- | --- | --- | --- |

| If so, please give details of it and its company Directors: |
| --- |
|  |

| Who are the Company Directors and / or Trustees as listed at Companies House or with the Charity Commission (or other body). |
| --- |
|  |

| Do any Board members or Company Directors have links with other relevant organisations? *e.g. those providing properties for your organisations, or care / support / other services for your organisation* |
| --- |
|  |

| What is the governance structure? |
| --- |
|  |

| How often do Directors / Board meet? |
| --- |
|  |

| Are minutes of board meetings available? *If yes, please add details below* | Yes |  | No |  |
| --- | --- | --- | --- | --- |
|  |

| **Finance** |
| --- |

| Over what period has the business viability of the housing proposal been assessed?  |
| --- |
|  |

| What assumptions have been built into the business plan in terms of year on year increases in rental income?  |
| --- |
|  |

| What stress testing have you carried out regarding these assumptions? |
| --- |
|  |

| What assumptions have been built into the business plan in terms of paid occupancy / void rates?  |
| --- |
|  |

| If there are any deficits in any particular year, how can these be met?  |
| --- |
|  |

| **Referrals** |
| --- |

| Who makes referrals to your organisation? |
| --- |
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| Who is responsible for ensuring the tenant’s care, support or supervision requirements are met, including ensuring the tenant is placed in appropriate accommodation? *(i.e. social services, the landlord, the care provider, the tenant, other support organisations etc.)* |
| --- |
|  |

| How do you get referrals to your properties? |
| --- |
|  |

| Has your tenant been placed in this property as a direct result of support needs identified by an external professional organisation? | Yes |  | No |  |
| --- | --- | --- | --- | --- |

| And if so, please confirm the name of the organisation. |
| --- |
|  |

| And if the answer to the above is no, please confirm how the support needs were identified? |
| --- |
|  |

| How do you determine what their needs are? |
| --- |
|  |

| How long will your tenant be expected to stay? |
| --- |
|  |

| Have you ever rejected any clients that have been referred to you? | Yes |  | No |  |
| --- | --- | --- | --- | --- |

| Please provide details of why they were rejected: |
| --- |
|  |

| We will need copies of referrals and any associated documents for current occupants - is this attached? | Yes |  | No |  |
| --- | --- | --- | --- | --- |

| Is there a support agreement in place between the care provider and/or the landlord and the tenant? | Yes |  | No |  |
| --- | --- | --- | --- | --- |

| If so, please supply us with a copy of this - is this attached? | Yes |  | No |  |
| --- | --- | --- | --- | --- |

| What would happen to the tenancy if support was no longer required? |
| --- |
|  |

| What would happen if the care provider was to stop providing care at the property? *Please detail any alternative arrangements (if any) that would need to be made and confirm who would be responsible for making these arrangements.* |
| --- |
|  |

| When you receive referrals to your service do you check that your tenants have a local connection to our area? *(Adur if an Adur address, or Worthing if a Worthing address).* |
| --- |
|  |

| If this is not the case, would you consider taking referrals so your tenants do have a local connection?  |
| --- |
|  |

| If you do not consider if there is a local connection to the area, please can you give the reasons for this. |
| --- |
|  |

| **Business risk** |
| --- |

| Please provide a copy of your risk register - is this attached? | Yes |  | No |  |
| --- | --- | --- | --- | --- |

| What do you consider to be your key business risks currently and over the next 3 years, and what are the mitigations? |
| --- |
|  |

| How often is the risk register reviewed by the Directors/Board? Please provide evidence. |
| --- |
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| **Rent and service charges** |
| --- |

| What is the total periodic gross rent level? |
| --- |
| Weekly |  | Monthly |  |

| How have you arrived at this figure? |
| --- |
|  |

| What service charges, both eligible and ineligible, are included in the rent?  |
| --- |
|  |

| How is this split between core rent and service charge? *Please provide a full breakdown*. |
| --- |
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| What is included in the Intensive Housing Management charge (if there is one)?*i.e. what does this pay for?* |
| --- |
|  |

| How does this compare to charges for any other comparable properties (with comparable services and clients)? |
| --- |
|  |

| How will residents who are able to work be assisted to find employment and afford the rent? |
| --- |
|  |

| How do you collect rent from those residents liable to make payments? |
| --- |
|  |

| What do you do if they fail to pay? |
| --- |
|  |

| You have stated your organisation provides care, support and supervision for your clients. Please confirm what the individual costs per resident are and how you arrive at these costs? |
| --- |
|  |

| Please advise why you do not charge for these services if they are not included in your rent schedules? |
| --- |
|  |

| **Property** |
| --- |

| How many properties do you have in Adur and Worthing? |
| --- |
| Adur |  | Worthing |  |

| Are the properties leased or owned? |
| --- |
|  |

| If leased, how long are the leases? |
| --- |
|  |

| Are there break clauses which allow the organisation to get out of the lease without penalty? |
| --- |
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| Who is the property owner? |
| --- |
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| Is there any assumption built into the lease in terms of lease charge increases? |
| --- |
|  |

| Does the property require any capital work to improve the standard? |
| --- |
|  |

| What assumptions have been made (financial and operational) regarding future maintenance of the property and for meeting health and safety and fire safety requirements? |
| --- |
|  |

| Do you have any properties in other boroughs / districts, if so which, and how many in each?  |
| --- |
|  |

| Please provide copies of lease agreements between the owner of the property and your organisation - is this attached? | Yes |  | No |  |
| --- | --- | --- | --- | --- |

| **Support provision** |
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| Which individual support tasks will be routinely provided to all tenants? |
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| How many hours of support on average will be routinely provided each week? |
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| How have you calculated the number of hours each resident needs? |
| --- |
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| Please confirm the support charges and provide proof of these: |
| --- |
|  |

| How will the ineligible charges for care / support provision be funded?  |
| --- |
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| What is the level of individual support charge that the resident has to pay from their other income?  |
| --- |
|  |

| Who will provide the support (the landlord or an agency acting on landlord’s behalf)? |
| --- |
|  |

| Are residents going to be receiving any other support and/or care funded by other bodies? *(e.g. care contract, personal budget/direct payment, CCG/health funded support or care)* |
| --- |
|  |

| Is the Limited Capability for Work element in payment as part of your tenants Universal Credit award? | Yes |  | No |  |
| --- | --- | --- | --- | --- |
| Or has this been applied for? | Yes |  | No |  |
| We would expect support workers to be supporting tenants to ensure this has been applied for. |

| **Housing management** |
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| Who will provide the housing management and property management services?  |
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| In what ways would you say that the housing management and property management costs would be above those that you would expect in a standard letting? |
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| Who is the landlord for HB purposes? |
| --- |
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| Are they a housing association, charity or voluntary organisation? |
| --- |
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| **Need** |
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| Who is the target cohort for the service? |
| --- |
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| Is there any evidence that the residents need the levels of support that you are charging them for? |
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| Is there another body supporting the need for this provision (care managers, CCG, Health)? |
| --- |
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| What are the referral / nomination / placement arrangements? |
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| **Health & Safety and fire safety** |
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| What fire safety equipment will be provided in the property? |
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| Who is the person responsible for health and safety and fire safety? |
| --- |
|  |

| What are your arrangements for managing health and safety and fire safety in the property?  |
| --- |
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| **Safeguarding and incidents** |
| --- |

| What are your arrangements for managing safeguarding and other serious and untoward incidents? |
| --- |
|  |

| Who is the person responsible for oversight of safeguarding? |
| --- |
|  |

| Please provide a signed Authority to Discuss form from your tenant to enable us to discuss any possible claim for Housing Benefit with yourselves. |
| --- |
|  |

| Please provide us with your complaints policy - is this attached? | Yes |  | No |  |
| --- | --- | --- | --- | --- |

| **Recruitment, induction and training of staff** |
| --- |

| Can you confirm that all staff have valid DBS checks prior to starting work? | Yes |  | No |  |
| --- | --- | --- | --- | --- |

| Please provide details of staff for each housing unit *(i.e. the number of staff for each unit and their roles / responsibilities and hours worked per week)* |
| --- |
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| Please confirm what minimum level of qualifications or education your staff have? |
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|  |

| What qualifications do your staff have that allows them to provide the services you are charging residents for? |
| --- |
|  |

| What is your process for inducting staff? |
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| What is your training budget? |
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| Do you have a training programme for staff? |
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| **Business continuity** |
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| What is your procedure for business continuity? |
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| When was it last tested and reviewed? |
| --- |
|  |

| **Property safety** |
| --- |

| What safety standards for gas and electricity do your organisation adhere to? |
| --- |
|  |

**The completed questionnaire can be returned to:**

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**Please remember to include copies of all requested documents.**