**Community Support Team**

**Background, Purpose and Operating Principles**

**Background**

Adult social care services have been working to develop a community support team (CST) that will work with the growing cohort of people who do not easily fit into traditional support services.

A key initial driver behind the development of this team were the concerns about the number of serious case reviews that were associated with adults who, although known to the Council, did not easily engage with social workers and were vulnerable and at risk of harm.

Analysis of these cases illustrated that the adult social care offer was often a Care Act assessment with the likelihood of subsequent support, however, it was determined that these individual’s require a co-ordinated and holistic approach that addresses the immediate issues and then endeavours to plan for the long-term.

The vision of the CST can be summarised as:

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| *To provide a One Council approach to provide advice, support and practical assistance to people who do not fit into any of the existing ASC teams but have difficulties managing their day to day lives and housing situation and are difficult to engage with*. |

CST will work with people who have a home (either a Council tenancy, private rented tenancy or privately owned) but who’s care, and support needs fall outside of the client-specific assessment teams such as learning disability, mental health, physical disability etc. People who are likely to have needs in areas such as:

• Self-neglect

• Hoarding

• Vulnerability and abuse (domestic violence, cuckooing)

• Anti-social behaviour

• Alcohol and substance misuse

• Tenancy sustainment

The team will (as needed):

• Assess needs, which might include an adult social care assessment

• Work jointly with involved agencies to assess and manage risk

• Create and work through a tailored support plan or commission support packages

• Refer to, and work with, relevant specialist support services such as MK ARC, CNWL mental health services and neighbourhood employment programme services

• Support to access welfare benefits, reduce fuel and food poverty

The tenancy sustainment element of the service, funded by the housing revenue account

(HRA), work with Milton Keynes Council tenants whose tenancy is (or could be) at risk due to any of the complex challenges listed above.

The HRA funded posts require performance measures to be reported on as agreed in the service level agreement (SLA).

CST will offer open ended support until the person is engaging with a functioning support

network, including accessing services and support to underpin sustaining their health and

home.

**CST Structure:**

This is evolving as we look at the scope of the service, presently we have:

1 Team Manager

4 Social Workers

3 Support Workers.

2 Housing Welfare officers who look at benefit entitlement and ensure that the relevant benefits have been applied for.

2 Tenancy sustainment Officers

**Referral process**

All referrals will be through the usual referral pathway:

<https://mycouncil.milton-keynes.gov.uk/en/AchieveForms/?form_uri=sandbox-publish://AF-Process-d8f6a340-aae8-417b-accf-70f4c2dcecd8/AF-Stage-89da5b0e-97b6-4d4d-b95c-fbb881618e76/definition.json&redirectlink=%2F&cancelRedirectLink=%2F&category=AF-Category-cf33766a-78f8-4e66-8e3e-4c6c004d857c&noLoginPrompt=1&accept=yes>

When completing the referral particular emphasis and consideration needs to be given to:

* The reason for the referral
* Details of the particular issues/concerns/conditions – e.g. in terms of mental health issues. CST is **not equipped to deal with** acute and mental health ill health conditions such as threats of suicide and medication reviews, these are dealt with via GP and secondary mental health services.
* Substance misuse - has a referral been made to ARC?
* Management of a tenancy - what support has been provided so far?
* Condition of a property e.g. is it filthy and verminous have environmental health colleagues been involved?
* What type of support has already been given and why can it no longer continue? Have welfare visits been carried out? Has the person been seen and spoken to?

In terms of adult social care, in addition to the above, have any mental capacity act (MCA) assessments been carried out.

Referrals will be looked at on a weekly basis via allocation meetings that are currently held on a Tuesday. Referred cases are then allocated to for action or information and advice given to the referrer if referral was not accepted.

In an emergency, discussion would be held with the team manager/service manager but referral form would still need to be completed as soon as possible.

CST will also offer support to non-council tenants and in these cases work with the relevant housing associations and landlords to offer support.

**Type of support offered**

Initially, where possible the CST team member will sit down with the person being supported and look at what they want to achieve and how this should be done in terms of goals and objectives. The Well 12 document will be used for this rather than the care act assessment document.

Due to issues of non-engagement, it may not be possible, to set initial goals and objectives, however this will not prevent the CST worker from assessing needs and developing a support plan. Recent experience suggests that initial support is likely to be focused on ensuring people have registered with a GP and are accessing substance misuse or mental health services. Other areas of support may include but are not limited to:

* + Liaising with all relevant agencies, both statutory and voluntary, on the user’s behalf
  + Ensuring rent is paid regularly and on time
  + Assisting to reduce rent arrears via dedicated support
  + Assisting to claim housing benefit and other welfare benefits
  + Organising inspections of the home and arranging for any repairs or improvements to be carried out, e.g. OT assessments
  + Offering advice and guidance on keeping the property to a reasonable standard of hygiene
  + Assisting to access other support providers as required – ensuring these networks do not diminish
  + Helping and facilitating a move to alternative accommodation as required – Downsizing payments facilitated and paid.
  + Financial management support in terms of setting up regular bill payments, and general household expenditure shopping clothing etc.
  + Support to register with a GP if not done so already
  + Referrals to services such as secondary mental health services via a GP.
  + MCA on issues such as management of finances, accepting care and support, management of a tenancy.
  + Adult social care assessment if appropriate and required.
  + Support with regard to accessing adult education programmes
  + Support trying to find employment either paid or voluntary

**Duration of service**

Due to the type of intensive person-centred work involved by different members of the team in supporting an individual there will be a regular fortnightly review of the objectives and goals of each individual, this will be carried out by the allocated worker and relevant manager/supervisor.

**Pathways out of the service/when would CST involvement cease?**

* + Has a new and functioning support network in place
  + Is able to support themselves financially
  + Is out of fuel poverty/food poverty
  + Has gained a job and is able to function independently
  + Is not in arrears/high level arrears
  + Is engaging with the services put in place on an active basis
  + Where after all offers of assistance and support have not been accepted this would be the managers decision in consultation with the team and other involved agencies.