

Mansfield District Council

Supported Accommodation Provider Questionnaire

1. Company Name:

2. Type of Company and Company No.:

3. If your company is not a Housing Association, have you applied to be one and what was the outcome? If you have no plans to be a Housing Association, please explain why.

4. Registered Address:

5. Contact Name and Email Address:

6. Telephone Number:

7. Supported Accommodation Address

8. Number of Units/Type of unit (e.g. one room with shared facilities)

9. Client Group:

10. Age Range of Tenants Accepted at Property:

11. Name of Developer:

12. Name of Care Provider:

13. Did you determine a need for such accommodation by working with Mansfield District Council Housing Needs Team? Please provide details of contact name.

14. Working to the Government's National Statement of Expectations for Supported Housing, can you confirm that in addition to contacting Mansfield District Council Housing Needs Team, you fully assessed the local demand for supported housing, planned effectively for the required provision and deliver accommodation, which is good quality and value for money? Please provide evidence of this.

15. The government encourages supported housing providers to participate in sector-led accreditation and benchmarking schemes, which demonstrate compliance with standards and are aimed at improving transparency and performance on value for money and quality of housing services. Can you confirm and provide proof if your company/organisation has done this or is in the process of doing so? If you do not intend to take part in any of the above, please explain why.

16. Please confirm why this property was chosen by your organisation to operate as supported accommodation in terms of local amenities, transport links, leisure facilities and what research was carried out.

17. Did either you or the care provider ensure that there are health facilities including GP surgeries and dentists nearby and that they have capacity to take on new patients?

18. What have you considered in terms of the location of your supported accommodation factoring safeguarding your tenants and local residents?

19. Did you research the area statistics for example in terms of crime rates?

20. Please provide a copy of the lease or proof of purchase including price paid and confirm if you negotiated a lower price. If the property has been purchased, please give details of how this was financed including finance company details

21. Have you researched rents for comparable accommodation/schemes and those of general needs housing in Mansfield?

22. Do you have working relationships with existing organisations within Mansfield to give the best outcome for your tenants? This could be links with counselling services, employment support, volunteering organisations etc.? Please give details

23. Does your organisation have strong links with the local community? Please evidence this.

24. Considering Mansfield's diverse population, can you explain how the premises meet tenant's diverse and cultural needs?

25. Please confirm your referral process including who you accept referrals from. Please also provide a copy of your referral form.

26. Are your tenants from Mansfield? If not please give a reason as why you will be accepting referrals from outside this area.

27. How do you determine what type of support is needed for an individual tenant?
Who carries out the assessment? Please provide a blank assessment form.

28. Can you provide information on the type of support that is provided, by whom, for how long, how often and how it is funded?

29. How often is the level of support required, reviewed for individual tenants?

30. What considerations are there when deciding accommodation is suitable for an individual tenant?

31. Please give details of the desired outcomes for your tenants stating if this will be their forever home or if it is intended for them to move on to general needs housing. How do you decide if this tenancy is not working for an individual and in what timeframe? Please confirm what steps you take once this has been established.

32. Do you set out in writing what tenants can expect from the standard of their accommodation and the level and quality of the support they will be receiving? Please provide a copy of this.

33. Please provide a case study from a tenant either current or former to show the support they received and the positive outcomes achieved. (please ensure personal information is redacted)

34. Are there systems in place to monitor and improve the quality of support? Please evidence this.

35. Is it mandatory for all tenants to receive support as part of their tenancy? Please provide a copy of the tenancy/licence agreement.

36. Please confirm the type of training staff receive to enable them to assist tenants with support such as with budgeting or welfare benefits.

37. We require the job descriptions and salaries for all of the roles involved within this property, the staff structure, number of hours worked and how many hours per day staff are on site? If workers cover multiple sites, please confirm the geographical area they cover, how many properties they cover and how many tenants they support per site.

38. Please provide a full breakdown of the rent and evidence of how each cost was determined. If costs are averaged out over several properties, please give details of this and explain why this is the case. **Each item listed on the breakdown must be accompanied by proof of this cost i.e. contract/invoice and how this cost has been apportioned.**

39. Please provide a detailed, quantified breakdown of the Intense Housing Management costs, service charges and care & support costs. We will need to see proof of these costs.

40. If white goods are included in the tenancy, please confirm if these are for individual units or shared, how often they are serviced and how often they are replaced. We will need to see an invoice to evidence the purchase price.

41. Do the white goods become the property of the tenant?

42. Give a detailed explanation of how your core rent figure was determined.

43. Please complete the table below

| Type of Room | Number for sole use of one tenant | Number shared by more than one tenant | Number for staff use only |
|------------------------|-----------------------------------|---------------------------------------|---------------------------|
| Bedroom | | | |
| WC | | | |
| Bathroom | | | |
| Kitchen | | | |
| Living Room | | | |
| Dining Room | | | |
| Office | | | |
| Other (please specify) | | | |

44. Please provide proof of costs for all charges listed on the rental breakdown. This includes insurance, utility charges, maintenance contracts etc. Evidence of these costs must be provided.

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45. Can you confirm your process to ensure all charges for external services such as gas safety certification, decorating contracts etc. are competitively priced? Please provide evidence.

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46. Please confirm your global annual running costs for this property?

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47. What date are you intending to move tenants into this property?

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Please answer **ALL** the questions in detail. The completed form and supporting evidence must be returned within one calendar month of the receipt of this form to avoid suspension of benefit.