



Hear Us

QUALITY MANUAL



Section A: Access to Service

A.1.2 Business Plan for Welfare Surgeries Project

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1. WHAT DO WE DO?

a) **Croydon's Service User Group for People with a Mental Illness**

We provide specialist peer support and personal support for our service users – people with complex mental health issues living or working in the London Borough of Croydon. Our practical, regular activities help users to cope better with daily living and helps to relieve their social, emotional and physical needs.

Our determination to help everyone receive fair access to support (whether practical, emotional and social) without prejudice or discrimination is long-proven. For sixteen years, our organisation and our committed staff and volunteers have been an integral part of the mental health support jigsaw picture in the London Borough of Croydon.

As Croydon's only service user group for people with severe and enduring mental illness, our organisation is 100% service user run. This strength gives us a unique insight into the barriers faced by our service users; particularly those also experiencing drug & alcohol misuse or leaving prison.

b) **Increased financial security and sustainability for our service users**

Our WSP project has been running since 2012 providing advice, guidance and support to people with serious mental illness to ensure that they are financial secure and can put food on the table, keep the lights on and have sufficient resources to have a reasonable quality of life.

We work with our clients to assess their holistic needs, first focusing on their financial situation and ensure that they have a workable solution so that they obtain their due financial entitlements and address any financial problems to ensure they are financially secure and have their basic needs satisfied. We are not a debt agency but will refer to appropriate debt agencies where there is a need.

c) **Our place in the voluntary sector**

We work in close partnership with other organisations across the voluntary sector such as Mind, Imagine, Status Employment, Off the Record, the Croydon BME Forum, and the local Association of Pastoral Care in Mental Health (APCMH) to ensure service users' voices are heard. Strong relationships have also been developed and maintained with statutory services such as the South London and Maudsley NHS Trust (SLaM) and Croydon's Clinical Commissioning Group (CCG).



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d) **Reduce social exclusion**

As part of the needs assessment, our WSP project address social and digital exclusion to ensure they have access to discretionary transport schemes such as disabled persons freedom pass, taxicard, blue badges, dial-a-ride etc, and have the right support to enable them to be mobile and maintain support networks with family and friends as well as statutory and voluntary services. We also evaluate their needs around employment, volunteering, training and education to enable them to participate more effectively in their local communities and make referrals to appropriate agencies that are specialised in employment, training and/or education.

2. AIMS AND OBJECTIVES FOR WSP

Aim 1 Help at a critical moment:

Support people who are experiencing immediate financial distress and/or food poverty. Support will be offered through referral to food banks, help with applications to discretionary schemes, and help negotiating payment plans for people who are in arrears. Service users will experience improved personal circumstances and improved well-being.

Aim 2 Financial inclusion, rights and entitlements:

Support with benefit applications and appeals: improving financial security and maximising their income, leading to improved personal circumstances, improvements in well-being, and a reduction in anxiety.

Aim 3 Reduced social isolation and social exclusion

We will support our clients to increase Social Inclusion within the mental health and the wider community. Through access to Motability schemes, we will empower clients who were limited by their mental and physical health to engage with the community and access activities that were out of reach. Social exclusion, having limited contact with others, is a contributing factor on mental wellbeing. We will provide support to access community services, support wellbeing projects, such as drop-ins, women's groups, creative activities and refer to social prescribers including GPs to increase physical health activities that improve health and wellbeing.

Aim 4 Improved mental health and wellbeing

With our intervention, more service users will go on to lead more fulfilling lives in their local community benefiting both their mental and



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physical health. They will be more able to maintain their own benefits and finances. Our intervention will help prevent people from ending up in arrears which can put them at risk of eviction and homelessness. Not having the support to deal with these issues can lead to a decline in a vulnerable person's mental health which could lead to a costly hospital admission or, worse, self-harm and even suicide.

A by-product of providing this service is that we can identify themes and areas that require improvement which will translate into areas that we can develop campaigns thereby supporting the first strategic aim (Campaigning for change).

Objectives

The objectives are set to enable us to monitor whether we are achieving the outcomes set below and whether any checks on our processes are being achieved. These will be an input into the quarterly review process to enable us to see how far we are achieving this plan during the year. It will also enable us to make any changes to the plan and/or service operation to keep us on track to deliver our aims above.

Objective 1 Achieve pro-rated monthly outcome measures against target

Target:

Help at a critical moment	170 people per month
Financial inclusion, rights and entitlements	150 people per month
Reduced social isolation and social exclusion	60% of clients access social inclusion services
Improved mental health and wellbeing	80% have improved mood according to evaluation forms 95% successful at tribunals Money received by clients from DWP

Objective 2 Achieve bi-monthly formal supervisions and annual appraisals

Objective 3 Meet on a weekly basis to review casework and caseload

Objective 4 Produce quarterly monitoring reports

3. HOW TO ACHIEVE OUR AIMS AND OBJECTIVES

a) 2021 activities



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It has been an incredibly difficult year for everyone due to the Coronavirus pandemic, people have been more afraid, more isolated and people's mental health has suffered.

It has been a year that has left everyone very uncertain, people and organisations, and it has been no different for Hear Us. Many have felt increasingly isolated as a result of the pandemic and have turned to us, not for help with benefits or to access services, but simply to have a friendly, non-judgemental voice at the other end of the phone who can be a witness to their existence and leave them feeling less alone.

We have done our best to continue to support the mental health community in Croydon but we have had to find new ways of working, helping people over the phone or via video calling, to avoid seeing people face to face and putting them and ourselves at risk. We have had to adapt to rapid changes to the benefit system introduced as a result of the pandemic, that have caused a great deal of anxiety to claimants and have left many confused.

Benefit assessments and tribunals have been conducted by phone and video. For some this is harder than a face to face assessment due to feelings of paranoia or not being I.T literate. This way of working also means that the DWP miss out on seeing someone's body language which can indicate anxiety and other mental health difficulties and, we believe, may have led to even more bad decisions by the DWP.

It is impossible to know how long the world will be affected by the pandemic or what the world will look like afterwards but we still look to the future with hope and positivity for Hear Us and everyone affected by mental health

We always hope to empower others to take more control of their benefits and their own lives, we always believe that living with a mental health doesn't make someone useless or incapable only that they may have to learn how to be their best selves whilst also managing their mental health difficulties and may need support and encouragement to tackle their low self-esteem and better believe in themselves and we hope to continue to give this encouragement and help people manage their benefits for many years to come.

b) Looking forward to 2022

We are aiming to achieve the following during 2022:-

- Increase training and support for service users to understand the benefits they claim with the objective of encouraging service users to do simple claim forms where possible.



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- Increase partnership working with other organisations to create working relationships to cross refer to each other.
- Improve skills of staff to help with more complex cases.
- Campaigning to improve DWP's knowledge on mental health.
- Campaigning for positive changes to the welfare system eg replacing £20 UC uplift to match the increase in cost of living.

4. LOCAL COMMUNITY PROFILE AND NEEDS

The demographics which we capture through our WSP project shows that our service users reflect the wider population but have some specific additional needs resulting from their mental health conditions.

As part of our WSP service, we capture detailed information on the demographic profile of how service users. The latest available data is for 2019-2020. 95% of our service users are working age and 58% are female. 25% of our service users identify as white British, 35% as British and 30% as BAME. 10% are in private rented accommodation, 26% in housing association accommodation, 5% own their own homes, 8% are in temporary housing, 4% live with their family and 25% are in council rented accommodation. Just over 1% are homeless and 8% in supported accommodation or care homes.

For full disclosure, these demographic figures are dependent on staff ensuring service users complete the equality monitoring form and the service users completing all parts of the form. There are questions related to some protected groups which are either not captured or people prefer not to say. As part of the continual service improvement ethos, we will work with the projects to improve capture of demographics over the period of this business plan.

The main area of needs assessed are:-

- Welfare Benefits claims
- Health conditions
- Housing costs
- Other benefit claims
- Social exclusion needs
- Mobility needs
- Counselling and therapy if not under secondary services eg IAPT, Mind counselling
- Advice about approaching GPs
- Employment needs

So the main areas of needs amongst our service users are:-



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- 1) Financial
- 2) Social inclusion
- 3) Mobility
- 4) Physical and mental Wellbeing
- 5) Vocational and employment

5. MAIN TYPES OF SERVICE DELIVERY

The main areas that we can support people with are:-

- 1) Welfare benefits (UC, ESA, PIP, housing benefit, DLA)
- 2) council tax support
- 3) Foodbank referrals
- 4) Debt referrals
- 5) Motability schemes
- 6) Referrals to services like employment support, social inclusion services
- 7) Referrals to adult social services (inc occ health assessments, adaptations to home)

The majority of our work is with service users requiring support for their welfare benefits claims.

The opening hours for the service are:

- 10am to 5pm Monday to Friday
- Excluding weekends and bank holidays and XMAS break

6. APPROACHES TO SERVICE DELIVERY

Our services are usually only for those who live in the borough of Croydon and are for people with mental health issues.

During the pandemic, 85% of our contacts have been via telephone with 5% face to face, 5% remotely (zoom, teams etc), 4% via email and 1% other.

Once the impact from the pandemic has reduced significantly, we anticipate our contacts will change significantly. We would anticipate that for 2022-2023 50% of contacts will be face to face, with 45% via telephone.



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7. PARTNERSHIP WORKING AND RELATIONSHIPS

We work in partnership with a number of local organisations particularly the CCG, Mind in Croydon and South London and Maudsley NHS Foundation Trust. We also work in partnership with GPs, CAB, Christians Against Poverty, SLAM, Croydon council, BME Forum, APCMH, status employment, off the record, burgess autistic and spectrum.

8. MAIN ACTIVITIES AND OUTPUTS

#	Activity	Responsibility	When	Output
1	Address and resolving immediate financial distress	WSP Manager WSP Advisor	Daily	Foodbank vouchers
2	Support by helping to improve financial security	WSP Project Manager WSP Advisor	Daily	
3	Increased Social Inclusion	WSP Project Manager WSP Advisor	Daily	
4	Referral to debt agencies	WSP Project Manager WSP Advisor		
5	Undertaking and Adhering to Risk Assessments	WSP Project Manager WSP Advisor	Daily	
6	Scan and electronically store client's written Assessments and Personal Data	WSP Project Manager (delegate to volunteers?)	Daily	
7	Store hard copies of clients data where required (for tribunal)	WSP Project Manager WSP Advisor	Daily	
8	<ul style="list-style-type: none"> Input Evaluation forms into Encrypted Electronic Database. Input Wellbeing Forms WEWB into Encrypted Electronic Database. Input Referral Forms into Encrypted Electronic Database. 	WSP Project Manager WSP Advisor	Daily	



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	<ul style="list-style-type: none"> Input Equal Ops Monitoring into Electronic Database Encrypted 			
9	WSP Project Manager Supervision 6 per year and annual appraisal	Deputy CEO	Bi-monthly Annually	
10	WSP Advisor Supervision 6 per year and annual appraisal	WSP Project Manager	Bi-monthly Annually	
11	5 volunteers supervision 6 per year and annual appraisal	WSP Project Manager	Bi-monthly Annually	
12	Review staffing numbers every quarter	Deputy CEO	Quarterly	
13	Keep Staff Training up-to-date monthly review	WSP Project Manager	Monthly	
14	Weekly team meetings	WSP Project Manager	Weekly	
15	Project Manager to report monthly to Trustees: Project Risk Assessment Budget Review	WSP Project Manager	Monthly	
16	Set up system for analysing feedback and complaints	Deputy CEO	One-off	
17	Review feedback and complaints	Deputy CEO	Monthly	
18	Partnership Working: Project Manager attends meetings	WSP Project Manager	Daily	
19	Quarterly Monitoring Report	Deputy CEO	Quarterly	
20	Business Plan Review	Development and Fundraising Manager, CEO, Deputy CEO, WSP Project Manager	Quarterly	
21	Business Plan for 2023-2024	Development and Fundraising Manager, CEO, Deputy	January 2023	



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		CEO, WSP Project Manager		
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9. MILESTONES AND TIMESCALES

Daily:

- Working with clients to achieve specified client outcomes
- Scan and electronically store client's written Assessments and Personal Data
- Store hard copies of clients data where required (for tribunal)
- Input Evaluation forms into Encrypted Electronic Database.
- Input Wellbeing Forms WEWB into Encrypted Electronic Database.
- Input Referral Forms into Encrypted Electronic Database.
- Input Equal Ops Monitoring into Electronic Database Encrypted
- Partnership Working: Project Manager attends meetings

Weekly:

- Weekly team meetings

Monthly:

- Keep Staff Training up-to-date monthly review
- Project Manager to report monthly to Trustees:
 - Project Risk Assessment
 - Budget Review

Bi-monthly:

- Complete bi-monthly supervisions to achieve activities 5-7

Quarterly:

- Review staffing numbers to achieve activity 8
- Quarterly Monitoring Report
- Business Plan Review

Half yearly

- Funding reviews

Annually

- Complete annual appraisals to achieve activities 5-7

Jan 2023



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- Business Plan for 2023-2024

10. RISK ASSESSMENT

A risk assessment has been carried out by the Chief Executive Officer with support from other senior staff. This risk assessment has been reviewed by the trustees in the November 2021 trustee meeting. A risk register is available which details the risks that Hear Us and its Welfare Surgeries Project could face and the potential mitigation actions available. This is available upon request from the Chief Executive Officer.

11. SERVICE CAPACITY

The WSP service capacity will be closely monitored and reviewed monthly by the WSP Manager and Deputy CEO to ensure it reflects our available resources. We will closely follow the procedures outlined in our Case Management Policy to ensure caseloads are commensurate with the resources available. We will ensure that caseloads are manageable for caseworkers, by monitoring the number of open cases and ensuring that the case closure policy is effectively implemented. We currently do not have a waiting list but this is something we plan to introduce in the future. [see Case Management Policy Client information, Case Files and Allocation of Cases for further information]

12. OUTCOMES

1) Help at a critical moment

Support 170 people who are experiencing immediate financial distress, debt and/or food poverty. Support will be offered through referral to food banks, help with applications to discretionary schemes, and help negotiating payment plans for people who have historic debt. Service users will experience improved personal circumstances and improved well-being.

2) Financial inclusion, rights and entitlements:

Support 150 people with benefit applications and appeals: improving financial security and maximising their income, leading to improved personal circumstances, improvements in well-being, and a reduction in anxiety.

3) Reduced social isolation and social exclusion



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We will support 60% of our clients to increase Social Inclusion within the mental health and the wider community. Through access to Motability schemes, we will empower clients who were limited by their mental and physical health to engage with the community and access activities that were out of reach. Social exclusion, having limited contact with others, is a contributing factor on mental wellbeing. We will provide support to access community services, support wellbeing projects, such as drop-ins, women's groups, creative activities and physical health activities that increase wellbeing.

4) Improved mental health and wellbeing

With our intervention, more service users will go on to lead more fulfilling lives in their local community benefiting both their mental and physical health. They will be more able to maintain their own benefits and finances. Our intervention will help prevent people from ending up in arrears which can put them at risk of eviction and homelessness. Not having the support to deal with these issues can lead to a decline in a vulnerable person's mental health which could lead to a costly hospital admission or, worse, self-harm and even suicide.

13. CONSIDERATION OF ACCESS ISSUES

For more information, refer to SECTION F.1 Accessibility requirements.

14. FEEDBACK SYSTEM

For more information, refer to SECTION G.3.2 Feedback System.

15. REFERENCES TO OTHER POLICIES

The following documents should be accessed alongside this business plan:

- SECTION F.1 Accessibility requirements
- SECTION G.3.2 Feedback System
- SECTION E.1 Case Management Policy, Client information and Case Files
- SECTION A1 Marketing Strategy & Marketing Plan
- SECTION A1 Marketing and Communications Plan
- SECTION A.1.1 Business Strategy



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- SECTION A.1 Funding Strategy

16. OUTLINE OF RESOURCES AVAILABLE

The following table identifies the resources available for use by the Welfare Surgeries Project:

Welfare Surgeries Project

Role	Hours per week	Key skills
Welfare Surgeries Project Manager	37.5	All welfare benefit except for most impacts from complex immigration cases and complex tax credits
Welfare Surgeries Advisor	24 hours per week	Welfare benefit and other claims
Welfare surgeries worker	7 hours per week	Completing PIP forms and filing claims until first DWP decision WCA claims
Welfare surgeries worker	4 hours per week	Referrals to food banks Advocacy and letter writing
Volunteers (*3)	3 * 2 hours per week	Filing, Accompanying to assessments

Core resources

Role	Hours per week	Key skills
Chief Executive Officer	Pro rated from 37 hours per week	Overall strategic management, monitoring and evaluation
Deputy Chief Executive Officer	Pro rated from 24 hours per week	Day to day operational management, collating and analysing evaluation forms, volunteer management
Development and Fundraising Manager	Pro rated from 16 hours per week	Funding and fundraising Development projects manager Quality Lead
Website and social media manager	Pro rated from 8 hours per week	Website and social media management

17. COMPETENCIES

The following table shows the advisors and support staff currently available for work on the Welfare Surgeries Projects, their role and their competencies.

Name	Role	Competencies
David Ashton	Welfare Surgeries Project Manager	Assessments Benefit applications Mandatory Reconsiderations Tribunals Complex Cases
Shellie Wilfred	Welfare Surgeries Advisors	Assessments Benefit applications Mobility Schemes
Claire Hawkes	Welfare Surgeries Support	Food banks Community support General support and admin
Barbra Davison	Welfare Surgeries Support	Form filling
Claire Hawkes	Deputy Chief Executive Officer	Day to day management Monitoring and evaluation
Tim Oldham	Chief Executive Officer	Overall management

18. SUPERVISION

All WSP advisors and staff (including Volunteers) working on the Welfare Surgeries Project will have regular supervision and annual appraisals. The Welfare Surgeries Project Manager will undertake supervisions and annual appraisals for the Welfare Surgeries Advisor(s), Welfare Surgeries Support Workers and Welfare Surgeries Project Worker(s). The Welfare Surgeries Project Manager will receive line management supervision from the Deputy Chief Executive Officer or the Chief Executive Officer. The Welfare Surgeries Project Manager and advisor(s) will receive clinical supervision from Mind in Croydon and arrangements will be made for them to also receive external supervision if a need is identified through line management supervision or clinical supervision.

All supervisors must have, as a minimum:-

- At least two years' recent and ongoing experience (either by undertaking advice themselves or involvement in others' cases);
- Have experience of managing advisers;
- Demonstrate how they have maintained their knowledge of legal changes and practice; and
- Be accessible to the staff and volunteers they supervise.

The AQS Lead will have ultimate responsibility for meeting the requirements of the AQS standard and will be the main contact for AQS within Hear Us. The AQS Lead will be the Hear Us Development and Fundraising Manager. They will be supported by the AQS Steering Group who will be comprised of the Chief Executive Officer, Deputy Chief Executive Officer and the Welfare Surgeries Project Manager.

External Supervision

The following table shows the arrangements for external supervision.

Role	Line Management	Supervision	Clinical Supervision	External Supervision
CEO	Trustee Chair	Trustee Chair	Mind in Croydon	Angela Mitchell
Deputy CEO	CEO	CEO	Mind in Croydon	N/A
Development and Fundraising Manager	CEO	CEO	N/A	N/A
Linkworking Manager	Deputy CEO	Deputy CEO	Mind in Croydon	N/A
Website Manager	CEO	CEO	N/A	N/A
Guide Developer	CEO	CEO	N/A	N/A
Surgeries Manager	Deputy CEO	Deputy CEO	Mind in Croydon	<i>Requirement</i>
Surgeries Advisor	Surgeries Manager	Surgeries Manager	Mind in Croydon	None

19. FUNDING STRATEGY

The primary funding sources for the welfare surgeries project is grant funders which has enabled us through a combination of City Bridge Trust and National Lottery to fund the welfare surgeries project from



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2021-2024. With help from Lloyds Foundation consultant, we are aiming to diversify long term funding and income sources to reduce long term funding via grant funders and income generation through franchising and other forms of income generation (eg legacy funding, corporate funding and major donor fundraising). The funding strategy will be updated once a review is completed in spring 2022 with support from the Lloyds Foundation. For more information refer to SECTION A.1 Funding Strategy.

20. PROPOSED ENHANCEMENTS AND NEW SERVICES

Section 3 above details some of the proposed enhancements to our service we wish to implement during the lifetime of this business plan. In addition, we have identified a need to increase the number of welfare advisors to both support the increasing demand for our service and reduce the risk of reliance on key advisor resources. We will also review the need to employ peer support navigators to undertake form filing for PIP, ESA and support for Universal Credit.

We have also identified the need to take on 3 volunteers to support the welfare surgeries project to help with filing, form filling and accompanying service users to assessments. We anticipate that volunteers will be in place by the start of this business plan in April 2022.

21. MARKETING PLAN

For more information, refer to SECTION A1 Marketing Strategy & Marketing Plan and SECTION A1 Marketing and Communications Plan.

22. MONITORING AND EVALUATION

The monitoring and evaluation of the welfare surgeries service will form an input to the review process in the next section. We will also monitor any changes to national or local priorities and plans which may affect our client group. This will also act as a basis to the quarterly review and give an early warning of any changes that may affect our client base.

We will monitor our reach into all part of our target community, the mental health community in Croydon, to ensure that we can identify areas of unequal delivery or access and address the causes of access



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issues to ensure that all groups have equal access to our services. This will be done as part of the quarterly business plan review process.

23. REVIEW PROCESS FOR BUSINESS PLAN

There will be a review every 3 months at a minimum and the business plan will be updated to take into account any changes and adjust the plans for the remainder of the year. Three months before the end of the period of the business plan (i.e. October 2022), we will start the review process to update the business plan for 2023-2024. This will depend on ensuring that our business strategy is reviewed prior to the business plan being redeveloped for the next financial year. This review will be led by the Development and Fundraising manager in conjunction with the Chief Executive Officer, Deputy Chief Executive Officer and the WSP Project Manager.

We will continually review the business plan throughout its lifetime to adjust to significant changes in circumstances to ensure it stays relevant.



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Version #	Author	Date	Version Notes
HU-V1	E Yates	17/11/2020	Initial version
HU-V2	E Yates	24/09/2021	Updated from away days with new template – plan for April 2022-2023
HU-V3	E Yates	24/09/2021	Merge requirements from advice services overview into business plan
HU-V4	E Yates	8/10/2021	After review by WSP team
HU-V5	E Yates	26/10/2021	Updates after 2 nd review by WSP team
HU-V6	E Yates	9/11/2021	Changes to format and other minor corrections
HU-V7	E Yates	9/11/2021	Post review with David
HU-V8	E Yates	16/11/2021	Add references to other policies
HU-V9	E Yates	23/11/2021	Add staff allocation section (14) and competencies.
HU-V10	E Yates	07/01/2022	Finalised copy
HU-V11	E Yates	28/01/2022	Added in supervision arrangements for requirements D.14.5 and D.15.5
HU-V12	E Yates	01/02/2022	Remove section 14 Staff allocation and add section 14 References to other policies including SECTION E.1 Case Management Policy, Client information and Case Files
HU-V13	T Oldham	01/02/2022	Approved and Finalised
HU-V14	E Yates	03/02/2022	Comments about supervision section
HU-V15	E Yates	03/02/2022	Change responsibilities for AQS within supervision section
HU-V16	E Yates	08/02/2022	Add in arrangements for external supervision (issue no 66)
HU-V17	C Hawkes	24/02/2022	Added 23. Service Capacity
HU-V18	E Yates	01/03/2022	Issue nos 111, 125 and 130
HU-V19	T Oldham	01/03/2022	Removed staff names