

Social Impact Bond Evidence Guidance

This guidance has been developed to provide commissioners of the Rough Sleeping Social Impact Bond (SIB) with more information on the evidence that will need to be submitted to verify an outcome has been achieved and for the claim to be accepted for payment. This document is not exhaustive, and any questions should be directed to the Rough Sleeping SIB Programme Manager at DCLG.

This guidance must be read and acted upon in conjunction with the Social Impact Bond Delivery Guidance for the Rough Sleeping SIB.

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Summary

To claim outcome payments for the Rough Sleeping SIB, lead local authorities or service providers are required to register all clients onto the Department for Communities and Local Government's database and upload evidence for outcomes as set out below. Details of how to access the database and upload evidence documents will be made available.

In addition to uploading the required evidence for the achieved outcome claims, it will be essential for commissioners to keep detailed records and evidence of each outcome, as DCLG will carry out regular spot-checks to ensure the evidence that underpins each payment is available. There may also be more comprehensive audits on a particular outcome metric or over a specific period.

You must ensure that the outcomes you claim for from DCLG are valid. It will be necessary to put in place appropriate systems to verify the evidence before it is submitted to DCLG.

Apart from the general wellbeing outcome, each outcome can only be claimed once per client. For example, if an individual abandons accommodation (or the valid start date otherwise resets) before achieving the 3 month sustainment period then any subsequent accommodation must achieve an additional 3 months sustainment before being eligible to claim the 3 month sustainment accommodation outcome.

Evidence overview

For each outcome, at least one form of mandatory evidence must be submitted for the claim to be accepted for payment.

Mandatory evidence:

At least one form of mandatory evidence must be submitted for the claim to be accepted for payment. To reflect that in some circumstances evidence may be difficult to obtain (for example if a family member refuses to provide a letter of accommodation sustainment or a client does not want a mental health support programme leader to know they are part of the SIB) a self-certification form can be submitted for a claim to be accepted for payment.

The provider and lead local authority must make sufficient effort to obtain the mandatory evidence types and agree to continue to try to obtain and submit this, even after the outcome has been paid if appropriate to do so. It is suggested that sufficient effort to obtain the additional desired evidence after claiming for an outcome would be at least 3 separate attempts over the course of 2 -3 months.

Self-certification forms:

The full set of self-certification templates can be found at the end of this guidance (001 – 010). Each follows the same format: initial details to be completed at the top, self-certification statements to be completed and signed by the provider and the client, and a check-list for any accompanying evidence and counter-signature to be completed by a commissioning authority representative (the person managing the case from the lead local authority).

When completing a self-certification form, it is advised this is done by hand, as this will make it quicker to complete, and wet signatures on the form are required. Please make sure the forms are filled in carefully and can be easily read and understood. Forms which are not legible or are not filled in correctly will be rejected. The self-certification requires a representative from the provider and the client to describe how the outcome has been achieved and sign to confirm this. A representative at the commissioning authority must then counter-sign this before submitting as proof of achieving an outcome.

If a client is not able to sign the self-certification, the representative from the provider may sign on their behalf and must state the reason for doing so. DCLG will monitor the use of this in spot-checks.

The highlighted sections on each form must be replaced by the name of the provider and commissioning authority submitting the claim. Sections 1 and 2 of the form should be completed by the provider and the client. A representative at the commissioning authority should complete sections 3 and 4. As the signatures as a minimum must be completed by hand, it is advised that the first half of the form is completed by the provider and then scanned/posted to the commissioning authority for the rest to be completed.

Evidence requirements:

Where a letter is an acceptable form of evidence, this must be dated, signed and clearly show the capacity in which this person is providing the letter. If this is provided by a company or organisation the letter will also need to be on their letter-headed paper. An email is also acceptable, but again this must clearly state who

this is from, in what capacity they are providing this confirmation and, if from a company or organisation, it must include their formal email signature.

Table 1: Outcomes and evidence requirements for the programme

	Outcome	Self-cert form	Mandatory Evidence – at least one of the below
Accommodation	Entering accommodation	001	<ul style="list-style-type: none"> • Self-cert form • Tenancy, licence or written agreement (if living in independent accommodation) • Family/friend letter/email (if living with friends or family)
	3 months in accommodation	002	<ul style="list-style-type: none"> • Self-cert form • Accommodation entry evidence for current property • Landlord letter/email • Family/friend letter/email
	6 months in accommodation	002	<ul style="list-style-type: none"> • Self-cert form • Accommodation entry evidence for current property • Landlord letter/email • Family/friend letter/email
	12 months in accommodation	002	<ul style="list-style-type: none"> • Self-cert form • Accommodation entry evidence for current property • Landlord letter/email • Family/friend letter/email
	18 months in accommodation	002	<ul style="list-style-type: none"> • Self-cert form • Accommodation entry evidence for current property • Landlord letter • Family/friend letter/email
	24 months in accommodation	002	<ul style="list-style-type: none"> • Self-cert form • Accommodation entry evidence for current property • Landlord letter • Family/friend letter/email

Better managed needs	General wellbeing assessment x3	003	<ul style="list-style-type: none"> • Self-cert form • Warwick Edinburgh Wellbeing Scale
	MH entry into engagement with services	004	<ul style="list-style-type: none"> • Self-cert form • GP/ mental health specialist letter/email
	MH sustained engagement with support	005	<ul style="list-style-type: none"> • Self-cert form • Discharge letter (if less than 6 months sustainment) • GP/mental health specialist letter/email • Support plan
	Alcohol misuse entry into alcohol treatment	006	<ul style="list-style-type: none"> • Self-cert form • Treatment provider letter/email
	Alcohol misuse sustained engagement with alcohol treatment	007	<ul style="list-style-type: none"> • Self-cert form • Discharge letter (if less than 3 months sustainment) • Treatment provider letter/email
	Drug misuse entry into drug treatment	006	<ul style="list-style-type: none"> • Self-cert form • Treatment provider letter/email
	Drug misuse sustained engagement with drug treatment	007	<ul style="list-style-type: none"> • Self-cert form • Discharge letter (if less than 3 months sustainment) • Treatment provider letter/email
Entry into employment	Improved education/training	008	<ul style="list-style-type: none"> • Self-cert form • One of the following: <ol style="list-style-type: none"> 1. Certificate 2. Trainer letter/email
	Volunteering 13 weeks	009	<ul style="list-style-type: none"> • Self-cert form • Organisation letter/email
	Volunteering 26 weeks	009	<ul style="list-style-type: none"> • Self-cert form • Organisation letter/email
	Part time work 13	010	<ul style="list-style-type: none"> • Self-cert form

weeks		<ul style="list-style-type: none"> • One of the following: <ol style="list-style-type: none"> 1. Contract 2. Payslips 3. Employer letter/email 4. Invoices and remittances
Part time work 26 weeks	010	<ul style="list-style-type: none"> • Self-cert form • One of the following: <ol style="list-style-type: none"> 1. Contract 2. Payslips 3. Employer letter/email 4. Invoices and remittances
Full time work 13 weeks	010	<ul style="list-style-type: none"> • Self-cert form • One of the following: <ol style="list-style-type: none"> 1. Contract 2. Payslips 3. Employer letter/email 4. Invoices and remittances
Full time work 26 weeks	010	<ul style="list-style-type: none"> • Self-cert form • One of the following: <ol style="list-style-type: none"> 1. Contract 2. Payslips 3. Employer letter/email 4. Invoices and remittances

Outcomes

Accommodation outcomes

All accommodation provided must be suitable. The statutory homelessness guidance provides guidelines on considering suitability and we would recommend these are used when securing accommodation. Clients living with family and friends must have their own room in a household that is not overcrowded.

Entering accommodation

The date of achievement of this outcome will be treated as the date of the start of the tenancy agreement, written agreement or licence, or where the individual is living with family or friends, the date they moved in to the accommodation.

To claim for this outcome **at least one** of the following evidence types must be provided:

- self-certification form no. 001;
- a signed tenancy, licence or written agreement if the client is in independent accommodation;
- a letter/email from the head of the household if they are living with family or friends. A letter/email from family or friends should confirm that the client is living with them, when they moved in and that they have their own room;
- a letter from the landlord confirming that accommodation was suitable as a result of the work complete by the project.

Sustainment of accommodation (3, 6, 12, 18 and 24 months)

Sustained accommodation payments are cumulative. For example, the 6 month outcome can be claimed 91 days after the 3 month outcome was achieved, and the 12 month outcome can be claimed 182 days after the 6 month outcome was achieved.

To prove sustainment of accommodation, the evidence must show the entire journey. The entry into accommodation evidence must be available for each property the client has lived in for the duration of the sustainment being claimed for, as well the self-certification form.

If the accommodation for the sustainment outcome is the same as that for the entry into accommodation claimed outcome, self-certification form no. 002 can be provided as we can use the evidence previously submitted. If the accommodation has changed the entry into accommodation evidence must also be submitted for each different property to claim for this outcome.

The letters/emails confirming the sustained period in the accommodation should state the address of the property, the date the client moved in and that they are still living there. This should ideally be from the landlord or the head of the household if the client is living with family or friends. If the letter/email is from family or friends, it should confirm the client has their own room.

Better managed needs outcomes

General wellbeing assessment x3

This outcome can be claimed 3 times.

To claim for this outcome **at least one** of the following evidence types must be provided:

- self-certification form no. 003;
- A Warwick-Edinburgh Wellbeing Scale – this is the preferred evidence option for this outcome.

Either of the below will be accepted:

14 point scale: <http://www.experiential-researchers.org/instruments/leijssen/WEMWBS.pdf>

7 point scale: <http://www.healthscotland.com/uploads/documents/14092-SWEMWBSSept2007.pdf>

Guidance on using and completing the scale is available at:

<http://www.mentalhealthpromotion.net/resources/user-guide.pdf>.

To keep track of evidence, the Warwick-Edinburgh Wellbeing scale form should include the client name, number, assessment number and date handwritten at the top.

Mental health entry into engagement with services

To claim for this outcome **at least one** of the following evidence types must be provided:

- self-certification form no. 004;
- a letter/email from either the clients GP or another mental health specialist should be submitted confirming the client has had an initial assessment. There is no stipulation on what the outcome of this assessment must be.

Where a letter/email confirming an initial assessment has taken place that is not from the clients GP, a letter/email from the GP surgery confirming the client is registered would also be desired.

Mental health sustained engagement with support

To claim for this outcome, **at least one** of the following evidence types must be provided:

- self-certification form no. 005;
- a letter/email from either the clients GP or another mental health specialist should be submitted confirming the client has engaged with and completed their agreed mental health support programme. The letter/email should give detail on what the programme consisted of, who led the programme and beginning and end dates;
- if the client engagement was for less than 6 months, a discharge letter must be submitted for the claim to be accepted;
- copy of the agreed support plan followed by the client when engaging with support.

Substance misuse entry into treatment

To claim for this outcome, **at least one** of the following evidence types must be provided:

- self-certification form no. 006;
- letter/email from the treatment provider confirming the client has entered into a structured tier 3 or 4 alcohol or drug substance misuse treatment programme.

Substance misuse sustained engagement with treatment

To claim for this outcome, **at least one** of the following evidence types must be provided:

- self-certification form no. 007;
- letter/email from the treatment provider confirming the client has engaged with and completed a structured tier 3 or 4 alcohol or drug substance misuse treatment programme.
- if the client engagement was for less than 3 months, a discharge letter must be submitted for the claim to be accepted.

Employment outcomes

Improved education/training

To claim for this outcome, **at least one** of the following evidence types must be provided:

- self-certification form no. 008;
- copy of the certificate achieved or a letter/email from the qualification provider confirming the client achieved the qualification.

The qualification must be recognised by the Ofqual Regulated Qualification Framework and a minimum of 20 guided learning hours (GLH) must have been completed towards the qualification since the client's enrolment date onto the SIB programme. To find out if a qualification is officially recognised you can check on <https://www.gov.uk/find-a-regulated-qualification>.

If a letter/email is submitted this should state the qualification achieved, that this is recognised by the Ofqual Regulated Qualification Framework and that a minimum of 20 GLH were completed towards the qualification since the client's enrolment date onto the SIB programme.

Volunteering for 13 or 26 weeks

To claim for this outcome, **at least one** of the following evidence types must be provided:

- self-certification form no. 009;
- letter/email from the organisation offering the volunteering placement. This should confirm that the client has been volunteering there, for how long, an average of hours per week and a description of their role. It must also confirm that the organisation pays expenses and the client is supervised by a paid member of staff.

Part time/full time work for 13 or 26 weeks

To claim for this outcome, **at least one** of the following evidence types must be provided:

- self-certification form no. 009;
- the employment contract;
- a letter/email from the employer confirming the employment;
- payslips, or receipts and remittances for work carried out.

If payslips or receipts and remittances are submitted as evidence then they must be for the duration of the claim period.

If a letter/email from the employer is submitted, this should confirm that the client is employed with them, what role they are employed to do, how long they have been employed for and how many weeks/hours per week they have worked.

END

Self-certification Claim Form 001: Accommodation Entry

Section 1: Details

Commissioning Authority:	
Provider:	
Client Name:	
Client Number:	
Outcome claiming for:	Accommodation Entry

Section 2: Outcome verification

Provider representative

I, on behalf of **provider**, certify that
 (client name) moved into suitable
 accommodation on (date).

Type of accommodation:

Address of the accommodation:

Signature:

Position:

If signing on behalf of client, state reason:.....

Client

I (client name) certify that I moved into the
 above accommodation on(date) and it is suitable.

Signature:

Section 3: Supporting evidence

Please mark below the evidence submitted to support this outcome claim. All evidence must also match the requirements as set out in the Social Impact Bond Evidence Guidance.

- copy of the signed tenancy, licence or written agreement
- copy of a letter/email from a family member, or a friend, confirming that the client is living with them, when they moved in and that they have their own room

Section 4: Declaration and undertaking

I, on behalf of **lead local authority**, certify that:

- this claim meets the eligibility requirements and definitions as set out in the MoU and associated guidance (Social Impact Bond Delivery Guidance and Social Impact Bond Evidence Guidance)
- this claim is either accompanied by all the supporting evidence and documentation, or if this cannot yet be obtained I have made sufficient effort to secure this and will continue to do so
- the work to achieve this outcome was completed by our provider during the SIB programme
- the information on this form is correct to the best of my knowledge and belief and I accept full responsibility for it
- **Lead local authority** undertakes that we will keep accounts, invoices and supporting evidence for 5 years after the last date funding is paid and will make them available for inspection on request by DCLG officials
- **Lead local authority** undertakes that we will notify DCLG immediately in writing or by email of any changes to the details provided in this form.

This declaration and undertaking must be signed by the lead local authority representative at the organisation making this claim, as mentioned above.

Signature:

Name:

Position:

Date:

Self-certification Claim Form 002: Accommodation Sustainment

Section 1: Details

Commissioning Authority:	
Provider:	
Client Name:	
Client Number:	
Outcome claiming for:	Accommodation sustainment for months

Section 2: Outcome verification

Provider representative

I, on behalf of **provider**, certify that
 (*client name*) has been living in stable,
 suitable accommodation from (*date*) to (*date*), totalling
 3/6/12/18/24 (*delete as appropriate*) months.

Type of accommodation:

The address of the accommodation is:

Signature:

Position:

If signing on behalf of client, state reason:.....

Client

I (*client name*) certify that I have been living in
 the above accommodation since (*date*) for a total of 3/6/12/18/24 (*delete as
 appropriate*) months and it is suitable.

Signature:

Section 3: Supporting evidence

Please mark below the evidence submitted to support this outcome claim. All evidence must also match the requirements as set out in the Social Impact Bond Evidence Guidance.

- copy of a letter/email from the landlord confirming how long the client has been in the property
- copy of a letter/email from a family member, or a friend, confirming how long the client has been living with them for and that they have their own room

Section 4: Declaration and undertaking

I, on behalf of **lead local authority** certify that:

- this claim meets the eligibility requirements and definitions as set out in the MoU and associated guidance (Social Impact Bond Delivery Guidance and Social Impact Bond Evidence Guidance)
- this claim is either accompanied by all the supporting evidence and documentation, or if this cannot yet be obtained I have made sufficient effort to secure this and will continue to do so
- the work to achieve this outcome was completed by our provider during the SIB programme
- the information on this form is correct to the best of my knowledge and belief and I accept full responsibility for it
- **Lead local authority** undertakes that we will keep accounts, invoices and supporting evidence for 5 years after the last date funding is paid and will make them available for inspection on request by DCLG officials
- **Lead local authority** undertakes that we will notify DCLG immediately in writing or by email of any changes to the details provided in this form

This declaration and undertaking must be signed by the lead local authority representative at the organisation making this claim, as mentioned above.

Signature:

Name:

Position:

Date:

Self-certification Claim Form 003: General Wellbeing Assessment

Section 1: Details

Commissioning Authority:	
Provider:	
Client Name:	
Client Number:	
Outcome claiming for:	General wellbeing assessment

Section 2: Outcome verification

Provider representative

I, on behalf of **provider**, certify that
 (client name) completed their 1/2/3
 (delete as appropriate) assessment outcome on (date).

Signature:

Position:

If signing on behalf of client, state reason:.....

Client

I (client name) certify that I completed my
 1/2/3 (delete as appropriate) assessment outcome on(date).

Signature:

Section 3: Supporting evidence

Please mark below the evidence submitted to support this outcome claim. All evidence must also match the requirements as set out in the Social Impact Bond Evidence Guidance.

- Warwick -Edinburgh Wellbeing scale

Section 4: Declaration and undertaking

I, on behalf of **lead local authority** certify that:

- this claim meets the eligibility requirements and definitions as set out in the MoU and associated guidance (Social Impact Bond Delivery Guidance and Social Impact Bond Evidence Guidance)
- this claim is either accompanied by all the supporting evidence and documentation, or if this cannot yet be obtained I have made sufficient effort to secure this and will continue to do so
- the work to achieve this outcome was completed by our provider during the SIB programme
- the information on this form is correct to the best of my knowledge and belief and I accept full responsibility for it
- **Lead local authority** undertakes that we will keep accounts, invoices and supporting evidence for 5 years after the last date funding is paid and will make them available for inspection on request by DCLG officials
- **Lead local authority** undertakes that we will notify DCLG immediately in writing or by email of any changes to the details provided in this form.

This declaration and undertaking must be signed by the lead local authority representative at the organisation making this claim, as mentioned above.

Signature:

Name:

Position:

Date:

Self-certification Claim Form 004: Mental Health Entry into Engagement

Section 1: Details

Commissioning Authority:	
Provider:	
Client Name:	
Client Number:	
Outcome claiming for:	Mental Health Entry into Engagement

Section 2: Outcome verification

Provider representative

I, on behalf of **provider**, certify that
 (*client name*) had an initial assessment
 with their GP or a registered mental health specialist on (*date*), and that they
 are registered with a GP.

The name and address of the GP surgery is:

Signature:

Position:

If signing on behalf of client, state reason:.....

Client

I (*client name*) certify that I had an initial
 assessment with my GP or a registered mental health specialist on(*date*), as
 described above, and that I am registered with a GP at the above named surgery.

Signature:

Section 3: Supporting evidence

Please mark below the evidence submitted to support this outcome claim. All evidence must also match the requirements as set out in the Social Impact Bond Evidence Guidance.

- copy of a letter/email from a GP or registered mental health specialist confirming the initial assessment took place and when

Section 4: Declaration and undertaking

I, on behalf of **lead local authority** certify that:

- this claim meets the eligibility requirements and definitions as set out in the MoU and associated guidance (Social Impact Bond Delivery Guidance and Social Impact Bond Evidence Guidance)
- this claim is either accompanied by all the supporting evidence and documentation, or if this cannot yet be obtained I have made sufficient effort to secure this and will continue to do so
- the work to achieve this outcome was completed by our provider during the SIB programme
- the information on this form is correct to the best of my knowledge and belief and I accept full responsibility for it
- **Lead local authority** undertakes that we will keep accounts, invoices and supporting evidence for 5 years after the last date funding is paid and will make them available for inspection on request by DCLG officials
- **Lead local authority** undertakes that we will notify DCLG immediately in writing or by email of any changes to the details provided in this form

This declaration and undertaking must be signed by the lead local authority representative at the organisation making this claim, as mentioned above.

Signature:

Name:

Position:

Date:

Self-certification Claim Form 005: Mental Health Sustained Engagement

Section 1: Details

Commissioning Authority:	
Provider:	
Client Name:	
Client Number:	
Outcome claiming for:	Mental Health Sustained Engagement

Section 2: Outcome verification

Provider representative

I, on behalf of **provider**, certify that
 (*client name*) has engaged with an
 agreed mental health support plan for months, from (*date*) to
 (*date*).

Signature:

Position:

If signing on behalf of client, state reason:.....

Client

I (*client name*) certify that I engaged with my
 agreed mental health support plan for months, from (*date*) to
 (*date*).

Signature:

Section 3: Supporting evidence

Please mark below the evidence submitted to support this outcome claim. All evidence must also match the requirements as set out in the Social Impact Bond Evidence Guidance.

- copy of the agreed support plan
- copy of a letter/email from a GP or registered mental health specialist confirming the client has engaged with the support plan
- copy of the discharge letter from a GP or registered mental health specialist

Section 4: Declaration and undertaking

I, on behalf of **lead local authority** certify that:

- this claim meets the eligibility requirements and definitions as set out in the MoU and associated guidance (Social Impact Bond Delivery Guidance and Social Impact Bond Evidence Guidance)
- this claim is either accompanied by all the supporting evidence and documentation, or if this cannot yet be obtained I have made sufficient effort to secure this and will continue to do so
- the work to achieve this outcome was completed by our provider during the SIB programme
- the information on this form is correct to the best of my knowledge and belief and I accept full responsibility for it
- **Lead local authority** undertakes that we will keep accounts, invoices and supporting evidence for 5 years after the last date funding is paid and will make them available for inspection on request by DCLG officials
- **Lead local authority** undertakes that we will notify DCLG immediately in writing or by email of any changes to the details provided in this form

This declaration and undertaking must be signed by the lead local authority representative at the organisation making this claim, as mentioned above.

Signature:

Name:

Position:

Date:

Self-certification Claim Form 006: Substance Misuse Entry into Engagement

Section 1: Details

Commissioning Authority:	
Provider:	
Client Name:	
Client Number:	
Outcome claiming for:	Substance Misuse Entry into Engagement

Section 2: Outcome verification

Organisation representative

I, on behalf of **provider**, certify that
 (*client name*) has had an assessment and
 has begun a tier 3 or tier 4 structured drug/alcohol (*delete as appropriate*) substance misuse
 treatment programme on (*date*).

Details of the structured treatment programme:

Signature:

Position:

If signing on behalf of client, state reason:.....

Client

I (*client name*) certify that I have had an
 assessment and begun structured drug/alcohol (*delete as appropriate*) substance misuse treatment
 programme on (*date*), as described above.

Signature:

Section 3: Supporting evidence

Please mark below the evidence submitted to support this outcome claim. All evidence must also match the requirements as set out in the Social Impact Bond Evidence Guidance.

- copy of a letter/email from the treatment programme provider confirming the client has begun a structured tier 3 or 4 substance misuse treatment programme

Section 4: Declaration and undertaking

I, on behalf of **lead local authority** certify that:

- this claim meets the eligibility requirements and definitions as set out in the MoU and associated guidance (Social Impact Bond Delivery Guidance and Social Impact Bond Evidence Guidance)
- this claim is either accompanied by all the supporting evidence and documentation, or if this cannot yet be obtained I have made sufficient effort to secure this and will continue to do so
- the work to achieve this outcome was completed by our provider during the SIB programme
- the information on this form is correct to the best of my knowledge and belief and I accept full responsibility for it
- **Lead local authority** undertakes that we will keep accounts, invoices and supporting evidence for 5 years after the last date funding is paid and will make them available for inspection on request by DCLG officials
- **Lead local authority** undertakes that we will notify DCLG immediately in writing or by email of any changes to the details provided in this form

This declaration and undertaking must be signed by the lead local authority representative at the organisation making this claim, as mentioned above.

Signature:

Name:

Position:

Date:

Self-certification Claim Form 007: Substance Misuse Sustained Engagement

Section 1: Details

Commissining Authority:	
Provider:	
Client Name:	
Client Number:	
Outcome claiming for:	Substance Misuse Sustained Engagement

Section 2: Outcome verification

Provider representative

I, on behalf of **provider**, certify that
 (client name) has continuously engaged
 with and completed a structured tier 3 or tier 4 drug/alcohol (*delete as appropriate*) substance
 misuse treatment programme, from (date) to (date).

Details of the structured treatment programme:

Signature:

Position:

If signing on behalf of client, state reason:.....

Client

I (client name) certify that I have continuously
 engaged with and completed a structured drug/alcohol (*delete as appropriate*) substance misuse
 treatment programme from (date) to (date), as described above.

Signature:

Section 3: Supporting evidence

Please mark below the evidence submitted to support this outcome claim. All evidence must also match the requirements as set out in the Social Impact Bond Evidence Guidance.

- copy of a letter/email from the provider confirming the client has completed the programme

- copy of the discharge letter from the treatment provider

Section 4: Declaration and undertaking

I, on behalf of **lead local authority** certify that:

- this claim meets the eligibility requirements and definitions as set out in the MoU and associated guidance (Social Impact Bond Delivery Guidance and Social Impact Bond Evidence Guidance)
- this claim is either accompanied by all the supporting evidence and documentation, or if this cannot yet be obtained I have made sufficient effort to secure this and will continue to do so
- the work to achieve this outcome was completed by our provider during the SIB programme
- the information on this form is correct to the best of my knowledge and belief and I accept full responsibility for it
- **Lead local authority** undertakes that we will keep accounts, invoices and supporting evidence for 5 years after the last date funding is paid and will make them available for inspection on request by DCLG officials
- **Lead local authority** undertakes that we will notify DCLG immediately in writing or by email of any changes to the details provided in this form.

This declaration and undertaking must be signed by the lead local authority representative at the organisation making this claim, as mentioned above.

Signature:

Name:

Position:

Date:

Self-certification Claim Form 008: Improved Education/Training

Section 1: Details

Commissioning Authority:	
Provider:	
Client Name:	
Client Number:	
Outcome claiming for:	Improved Education/Training

Section 2: Outcome verification

Provider representative

I, on behalf of **provider**, certify that
 (*client name*) completed an Ofqual Regulated
 Qualification Framework recognised qualification on (*date*), consisting of at
 least 20 guided learning hours (GLH) being completed since the client entered the SIB programme.

Details of the qualification:

Qualification Accreditation Number (QAN):

Signature:

Position:

If signing on behalf of client, state reason:.....

Client

I (*client name*) certify that I completed the
 qualification, as described above, on (*date*), including at least 20 guided
 learning hours (GLH) that have been completed since I entered the SIB programme.

Signature:

Section 3: Supporting evidence

Please mark below the evidence submitted to support this outcome claim. All evidence must also match the requirements as set out in the Social Impact Bond Evidence Guidance.

- copy of the qualification certificate
- copy of a letter/email from the qualification provider

Section 4: Declaration and undertaking

I, on behalf of **lead local authority** certify that:

- this claim meets the eligibility requirements and definitions as set out in the MoU and associated guidance (Social Impact Bond Delivery Guidance and Social Impact Bond Evidence Guidance)
- this claim is either accompanied by all the supporting evidence and documentation, or if this cannot yet be obtained I have made sufficient effort to secure this and will continue to do so
- the work to achieve this outcome was completed by our provider during the SIB programme
- the information on this form is correct to the best of my knowledge and belief and I accept full responsibility for it
- **Lead local authority** undertakes that we will keep accounts, invoices and supporting evidence for 5 years after the last date funding is paid and will make them available for inspection on request by DCLG officials
- **Lead local authority** undertakes that we will notify DCLG immediately in writing or by email of any changes to the details provided in this form

This declaration and undertaking must be signed by the lead local authority representative at the organisation making this claim, as mentioned above.

Signature:

Name:

Position:

Date:

Self-certification Claim Form 009: Volunteering

Section 1: Details

Commissioning Authority:	
Provider:	
Client Name:	
Client Number:	
Outcome claiming for:	Volunteering for weeks

Section 2: Outcome verification

Provider representative

I, on behalf of **provider**, certify that
 (*client name*) has volunteered for an
 average of 6 hours a week for a total of 13/26 (*delete as appropriate*) weeks, beginning on
 (*date*). The volunteering placement pays for expenses and the client is
 supervised by a paid member of staff.

Role description:

- Week 1:** W/C date..... Number of hours worked
- Week 2:** W/C date..... Number of hours worked
- Week 3:** W/C date..... Number of hours worked
- Week 4:** W/C date..... Number of hours worked
- Week 5:** W/C date..... Number of hours worked
- Week 6:** W/C date..... Number of hours worked

Week 7: W/C date.....	Number of hours worked
Week 8: W/C date.....	Number of hours worked
Week 9: W/C date.....	Number of hours worked
Week 10: W/C date.....	Number of hours worked
Week 11: W/C date.....	Number of hours worked
Week 12: W/C date.....	Number of hours worked
Week 13: W/C date.....	Number of hours worked
Week 14: W/C date.....	Number of hours worked
Week 15: W/C date.....	Number of hours worked
Week 16: W/C date.....	Number of hours worked
Week 17: W/C date.....	Number of hours worked
Week 18: W/C date.....	Number of hours worked
Week 19: W/C date.....	Number of hours worked
Week 20: W/C date.....	Number of hours worked
Week 21: W/C date.....	Number of hours worked
Week 22: W/C date.....	Number of hours worked
Week 23: W/C date.....	Number of hours worked
Week 24: W/C date.....	Number of hours worked
Week 25: W/C date.....	Number of hours worked
Week 26: W/C date.....	Number of hours worked

Signature:

Position:

If signing on behalf of client, state reason:.....

Client

I (*client name*) certify that I have been volunteering, in the role described above, for an average of 6 hours a week for 13/26 (*delete as appropriate*) weeks, beginning on (*date*). My expenses are paid and I am supervised by a paid member of staff.

Signature:

Section 3: Supporting evidence

Please mark below the evidence submitted to support this outcome claim. All evidence must also match the requirements as set out in the Social Impact Bond Evidence Guidance.

- copy of a letter/email from the volunteering organisation

Section 4: Declaration and undertaking

I, on behalf of **lead local authority** certify that:

- this claim meets the eligibility requirements and definitions as set out in the MoU and associated guidance (Social Impact Bond Delivery Guidance and Social Impact Bond Evidence Guidance)
- this claim is either accompanied by all the supporting evidence and documentation, or if this cannot yet be obtained I have made sufficient effort to secure this and will continue to do so
- the work to achieve this outcome was completed by our provider during the SIB programme
- the information on this form is correct to the best of my knowledge and belief and I accept full responsibility for it
- **Lead local authority** undertakes that we will keep accounts, invoices and supporting evidence for 5 years after the last date funding is paid and will make them available for inspection on request by DCLG officials
- **Lead local authority** undertakes that we will notify DCLG immediately in writing or by email of any changes to the details provided in this form

This declaration and undertaking must be signed by the lead local authority representative at the organisation making this claim, as mentioned above.

Signature:

Name:

Position:

Date:

Self-certification Claim Form 010: Employment

Section 1: Details

Commissioning Authority:	
Provider:	
Client Name:	
Client Number:	
Outcome claiming for:-time Employment for weeks

Section 2: Outcome verification

Organisation representative

I, on behalf of **provider**, certify that (*client name*) has secured part-time/full-time/self/zero hours contract (*delete as appropriate*) employment and has worked the required number of hours for 13/26 (*delete as appropriate*) weeks, beginning on (*date*) and ending on (*date*).

Details of the employment:

.....

.....

.....

.....

.....

Questions	Yes	No	N/A
1. Did the employment begin after the client registered onto the SIB programme?			
a. If no, has the employment situation improved?			
Please give details:			

2. Has there been a change in employment since the start date?			
a. If yes, has there been any gap in employment?			
b. If there has been a gap, was the client made redundant and accepted another offer of employment within 31 days?			
Please give details:			
3. Is the client on a zero hours contract?			

- Week 1:** W/C date..... Number of hours worked
- Week 2:** W/C date..... Number of hours worked
- Week 3:** W/C date..... Number of hours worked
- Week 4:** W/C date..... Number of hours worked
- Week 5:** W/C date..... Number of hours worked
- Week 6:** W/C date..... Number of hours worked
- Week 7:** W/C date..... Number of hours worked
- Week 8:** W/C date..... Number of hours worked
- Week 9:** W/C date..... Number of hours worked
- Week 10:** W/C date..... Number of hours worked
- Week 11:** W/C date..... Number of hours worked
- Week 12:** W/C date..... Number of hours worked
- Week 13:** W/C date..... Number of hours worked
- Week 14:** W/C date..... Number of hours worked

- Week 15: W/C date..... Number of hours worked
- Week 16: W/C date..... Number of hours worked
- Week 17: W/C date..... Number of hours worked
- Week 18: W/C date..... Number of hours worked
- Week 19: W/C date..... Number of hours worked
- Week 20: W/C date..... Number of hours worked
- Week 21: W/C date..... Number of hours worked
- Week 22: W/C date..... Number of hours worked
- Week 23: W/C date..... Number of hours worked
- Week 24: W/C date..... Number of hours worked
- Week 25: W/C date..... Number of hours worked
- Week 26: W/C date..... Number of hours worked

Signature:

Position:

If signing on behalf of client, state reason:.....

Client

I (*client name*) certify that I have secured part-time/full-time/self/zero hours contract (*delete as appropriate*) employment and have worked the required number of hours for 13/26 (*delete as appropriate*) weeks, beginning on (*date*) and ending on (*date*), as described above.

Signature:

Section 3: Supporting evidence

Please mark below the evidence submitted to support this outcome claim. All evidence must also match the requirements as set out in the Social Impact Bond Evidence Guidance.

- copy of an employment contract
- copies of payslips for the duration of the outcome claim
- copy of a letter/email from the employer confirming the client is employed with them and how many weeks and hours per work they have worked
- copies of receipts and remittances for the work carried out (self-employment)

Section 4: Declaration and undertaking

I on behalf of **lead local authority** certify that:

- this claim meets the eligibility requirements and definitions as set out in the MoU and associated guidance (Social Impact Bond Delivery Guidance and Social Impact Bond Evidence Guidance)
- this claim is either accompanied by all the supporting evidence and documentation, or if this cannot yet be obtained I have made sufficient effort to secure this and will continue to do so
- the work to achieve this outcome was completed by our provider during the SIB programme
- the information on this form is correct to the best of my knowledge and belief and I accept full responsibility for it
- **Lead local authority** undertakes that we will keep accounts, invoices and supporting evidence for 5 years after the last date funding is paid and will make them available for inspection on request by DCLG officials
- **Lead local authority** undertakes that we will notify DCLG immediately in writing or by email of any changes to the details provided in this form

This declaration and undertaking must be signed by the lead local authority representative at the organisation making this claim, as mentioned above.

Signature:

Name:

Position:

Date:

