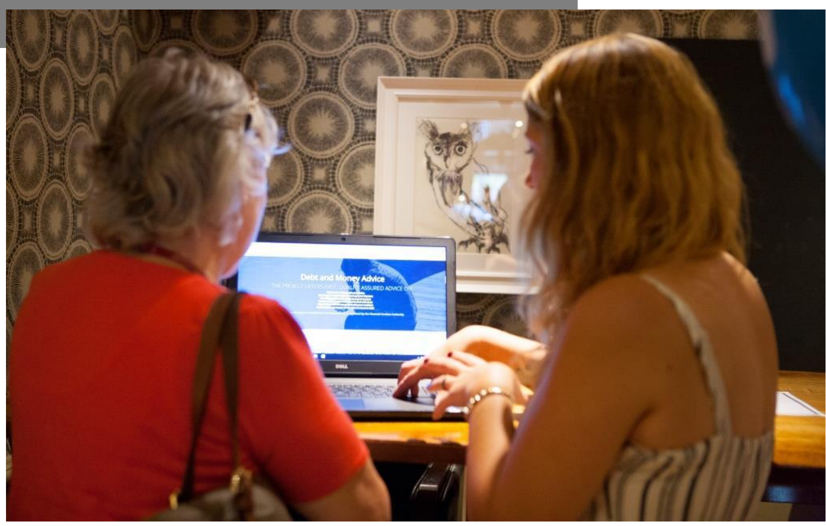
THE PROJECT

preventing homelessness and improving lives

LOTTERY FUNDED

Get It Together project

Evaluation Report



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1. Introduction

The Get it Together project was grant funded for 3 years until July 2017 through the Big Lottery Reaching Communities programme. The project aimed to build on the established support provided to young homeless people by The Project Birmingham (previously South Birmingham Young Homeless Project) by extending the in-house skill mix to respond to locally identified needs.[1] The project aimed to address some of the wider impacts of poverty and housing insecurity such as social isolation, poorer health and worklessness.

Project outcomes

1. Brighter futures for excluded and isolated groups of young people / families by alleviating crisis and resolving their social welfare problems

2. Improved health outcomes for young people / families with complex needs such as mental health problems by addressing financial exclusion and homelessness

3. More young people are job ready as a result of increasing access to free internet, support with job search and work experience opportunities

The Project commissioned a small-scale evaluation of Get it Together to review evidence of outcomes achieved over the 3 years of the project and to assess to what extent the work funded by Reaching Communities has become integral to the wider activity of the organisation and if this has resulted in additional benefits to service users and improved outcomes.

The evaluation aimed to test reported outcomes by conducting limited qualitative research to gain a fuller picture of what has been achieved, its impact for service users and to verify the reliability of reported outcome data.

Methodology

The evaluation research activities were as follows:

- Review of project documentation to understand the background and development of the project and to understand where Get it Together fits with and contributes to the wider offer of The Project within the context of its Theory of Change

- Interview with the Project Manager to understand the development of the project within the changing housing and welfare landscape

- Collation of project outcomes figures across 3 years to provide an overview of achievements and a review of sample data from the Lamplight system to explore how interventions contribute to outcomes

- Use of existing project case studies to undertake 2-3 cost consequence analyses focused on homelessness prevention

[1] SBYHP Needs Assessment (Merida) 2013

- Group discussion with staff to capture their reflections on achievements of the Get it Together project; its integration with other services offered by The Project and how the service could be developed further
- Focus Groups with service users to capture narratives / journeys to illustrate reported outcomes and provide a fuller picture of the difference the project makes

Changing landscape: homelessness

There is an imminent change in national homelessness policy with the introduction of the Homelessness Reduction Bill, which is currently awaiting Royal assent. The Bill places an emphasis on the prevention of homelessness and a requirement on local authorities and other public agencies to intervene if they consider someone may be homeless or at risk of homelessness. The Bill also extends the period in which a local authority should treat someone as threatened with homelessness from 28 days to 56 days, which provides a bigger window of time in which action can be taken to prevent homelessness occurring.

The new legislation includes duties to assess, prevent and relieve homelessness for all eligible applicants, not just those in priority groups as at present.

This focus on early intervention has been welcomed by homelessness charities and is being supported with government funding of £48 million to meet the additional costs for local authorities.[2] Government has also allocated £50 million to selected local authorities as Homelessness Trailblazers, including Birmingham which has been given £1.7 million to develop prevention services.

Changing landscape: welfare

The welfare landscape has been constantly changing over the delivery period of the Get it Together project as benefit changes have been gradually implemented across the country. Changes in, for example, Disability Living Allowance, Employment Support Allowance, Personal Independence Payments and Tax Credits; these, with the introduction of the benefit cap and the on-going impact of the 'bedroom tax', have contributed to increasing hardship and confusion for people trying to navigate their way through the changes.

Universal Credit is due to be rolled-out in Birmingham in November 2017and there are concerns that this will impact particularly on young men who will no longer be eligible for top up Housing Benefit to secure places in supported accommodation. It will be difficult for services like The Project to find places for this group and landlords are already indicating that they will refuse people on Universal Credit if they cannot get the top-up funding.

Changing landscape: impact

Project staff report that the changes in welfare benefits and the rules governing how people access them have resulted in people who were previously in stable accommodation getting

[2] *Homelessness Reduction Bill 2016-17: Progress in the Commons and Lords* Briefing Paper 07854, 27.3.17

into debt, behind with their rent and being threatened with eviction from their homes; their housing has become insecure. At the same time, there is increased pressure on the housing stock in Birmingham, private landlords are declining to house people on benefits, there is not enough social housing to meet demand or of the right configuration to help people avoid the 'bedroom tax' or under occupancy charge and new housing is unaffordable. The Project has consequently seen a change in the demographic of people coming for help, there has been an increase in young families in their 20s with children who are under threat of eviction and often in debt.

Project staff anticipate that there will be an increase in single young men presenting for help over the next 12-18 months as that group is most likely to be detrimentally affected by the rollout of Universal Credit in the city.

Changing landscape: other agencies

The voluntary sector landscape has changed over the life of the project. Other advice agencies have disappeared or transformed into 'online only' services due to funding cuts. There are fewer agencies to refer in to The Project and fewer still for staff to refer people on to. The Project is now the only charity in Birmingham delivering quality assured[3] homelessness, benefits and debt advice, intervention and prevention services, and crisis support. It is a one-stop shop in contrast to the other remaining advice agencies which focus on one aspect of need. More people are finding their way to The Project from other areas of the city, often by word of mouth from friends or family members, and conceivably as a result of the higher profile the organisation has gained during the period of the Get it Together project.

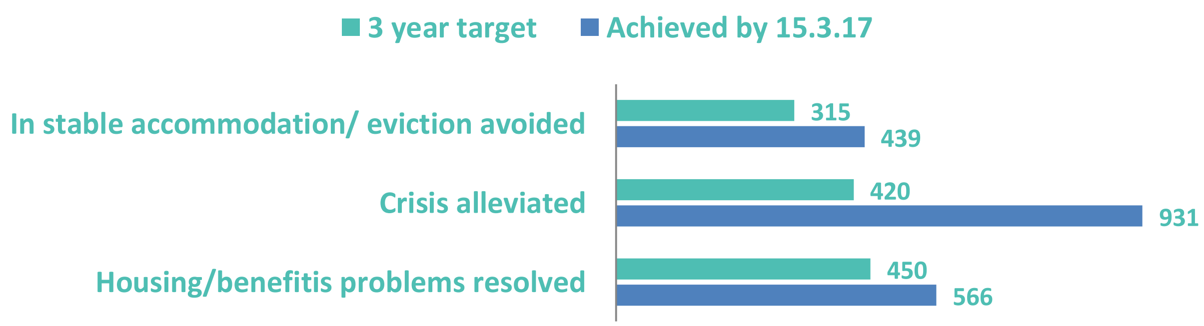
[3] See Advice Quality Standard (AQS) Monitoring Audit Report Sept 2016

2. Delivery against project outcomes

Data has been collated against each of the outcome indicator targets agreed with the Big Lottery from a range of sources: annual reports to the Big Lottery, the Lamplight database used by The Project to record outcomes and client surveys. A large range of activity categories are being captured by the staff team on the Lamplight system that was introduced for Year 3. For this review, because a paper system has been superseded by a database system there are inevitably some differences between how data was captured in Years 1 and 2 and in Year 3. Appendix 1 provides a more detailed summary of achievement against outcome indicator targets over the 3 years to date.

Outcome 1:

Brighter futures for excluded and isolated groups of young people / families by alleviating crisis and resolving their social welfare problems



There is clear evidence that The Project has supported significantly more people in crisis than was anticipated at the start. There is good evidence of the wide range of support services people in crisis can access from The Project including temporary accommodation, food parcels, toiletries, bus passes, grants, clothing, furnishings, white goods, meals, applications for crisis payments, one-to-one counselling and someone to sit down and talk to with a hot drink.

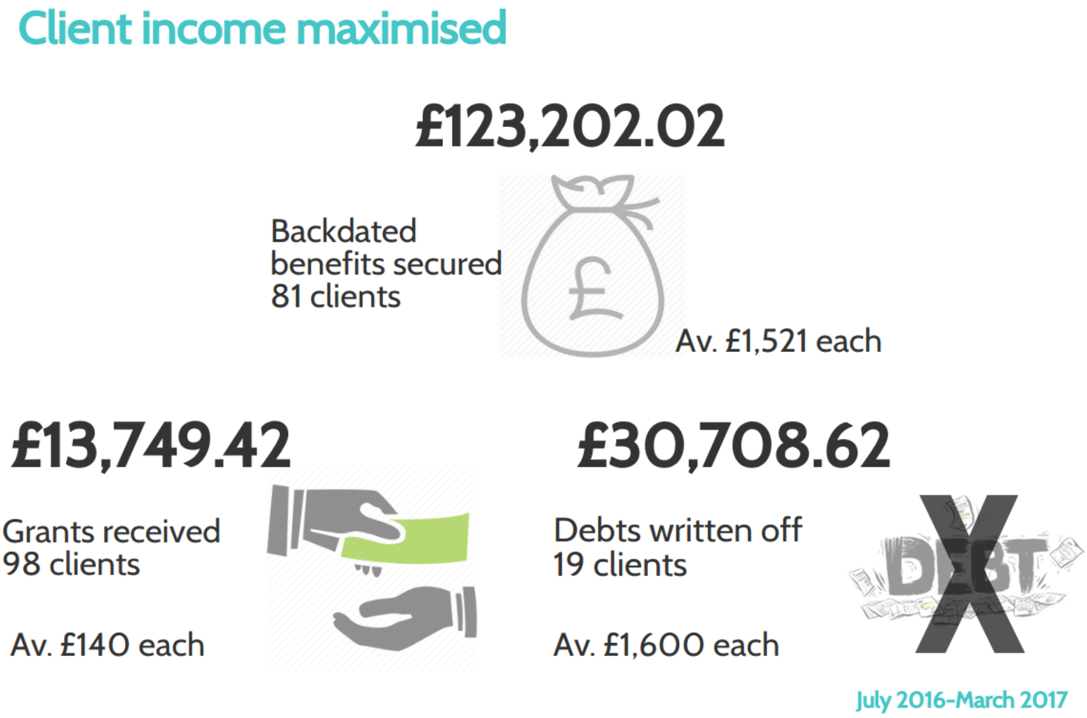
> ***"It removed the weight of having the threat of debt collectors removed, even if you still have to pay the debt off, it's manageable"***
> Client in Focus Group

Clients who participated in Focus Groups reported what a relief it was to get support from The Project when they were in crisis and how, over time, their housing and welfare problems were resolved and they gained skills and confidence to deal with more things themselves, such as completing online forms and knowing how to budget their money.

Figure 1 provides a snapshot from Year 3 data to date of the success The Project has achieved in maximising people's income and resolving welfare issues.

> ***"When at a loss, you feel like you're on your own, knowing the Project is there gives us security"***
> Client in Focus Group

Figure 1

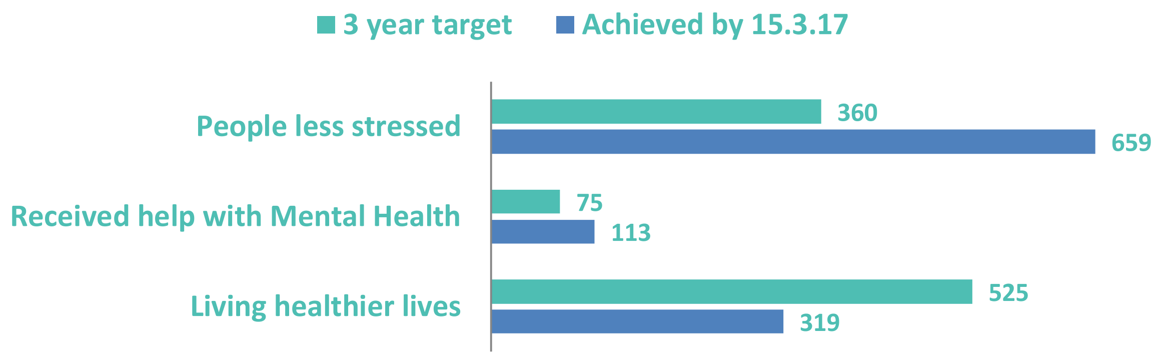


Clients also appreciated the social activities they could access at The Project, which they described as having a family atmosphere. There is clear evidence that it is a place people feel safe and welcome, helping to reduce isolation and connect people in the community.

After one Focus Group session a client confided that just coming to a Focus Group was a big step for him: he attended because he wanted to give something back to The Project but said a year ago he would never have shared his story with a group of strangers. He said that he is now feeling so much more confident.

Outcome 2:

Improved health outcomes for young people / families with complex needs such as mental health problems by addressing financial exclusion and homelessness



The Project team report high levels of people with mental health problems, drugs use including legal highs and alcohol use presenting for support. It can have a big impact on these clients' ability to sustain a tenancy and manage their own money, which is making it harder to place people who need extra support. Some people are being evicted 4/5 times because of drug use and it is very difficult to get them into drug services, such as rehabilitation, as there are long waiting lists. Staff report that, in general, clients are not worried about drug/alcohol use and it is not a priority for them to get help with these issues.

The Project has seen an increase in vulnerable people with mental health problems who have lost income due to the benefit change from Disability Living Allowance to Employment Support Allowance/Personal Independence Payments. The Project advocates on behalf of all clients who are refused benefits and has a high success rate in benefit applications and appeals.

> ***"(Staff member) helped me with debt management which was accepted from creditors this has helped and took all the stress from me, such a relief"***
> Client evaluation form

Figure 2

Success rate in client support applications

77% Discretionary housing payments

60% Housing benefit

73% Personal Independence Payments

70% Local Welfare Provision (crisis payments)

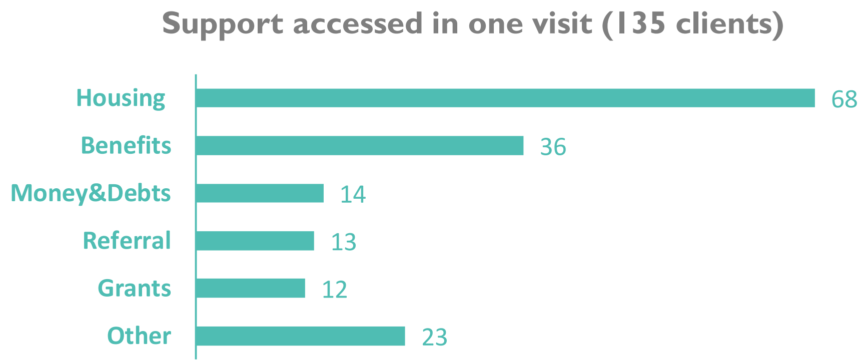
50% Council Tax support

100% Disability Living Allowance

58% Grants

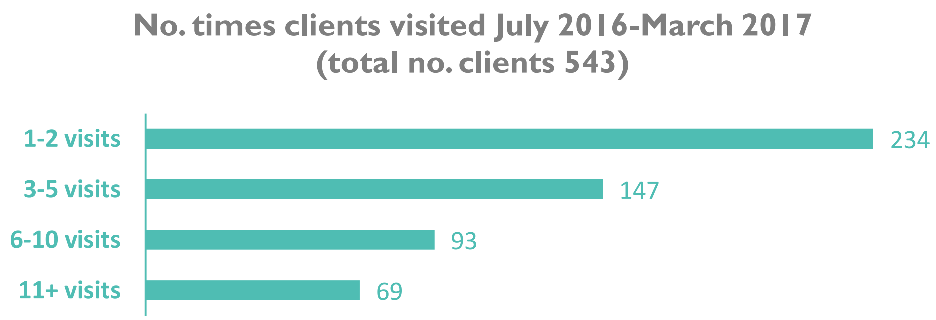
July 2016-March 2017

A snapshot review of Lamplight data for the period July 2016-March 2017 gives an indication of the issues people are presenting with at The Project.



The figures indicate that people mostly present with a single issue but 28 people (21% of people who made one visit in the period) accessed 2 or more support services in that one visit. Staff report that people present with one pressing issue and then disclose other issues that may be contributory to the first, for instance they are in housing crisis because they are in debt or arrears. When people realise The Project can help them with all of these things they come back again.

As a consequence, most people made 3 or more visits to the project in the period and 226 clients (42%) accessed 2 or more support services for housing, benefits and money advice. These figures give a strong indication of the inter-connected complexity of clients' circumstances when they present at The Project and the value to their wellbeing of being able to address all of their issues in one place.



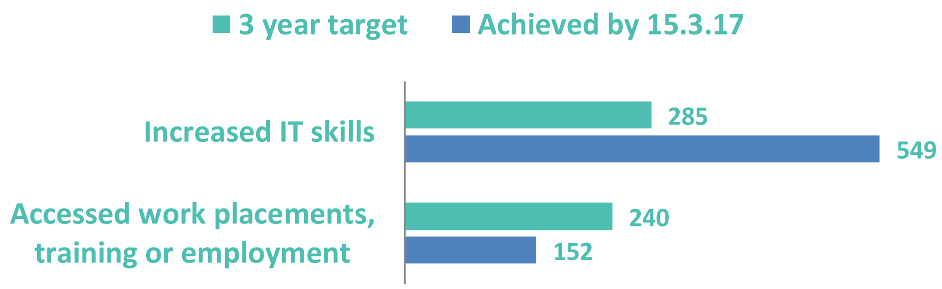
Vulnerable people, such as those with mental health problems, require considerable time and support. The Lamplight data shows that The Project is able to support people over multiple visits, often because they have multiple issues, and indicates a person-centred approach to service provision. The Project has the necessary skill mix within its team to respond effectively to a range of complex financial and social needs and this has enabled it to develop a 'team around the person' wraparound service model where the quality-assured advice and advocacy skills of the team are deployed appropriately to the needs of each person.

> ***"However vulnerable you are when you come in they help you to retain your independence and become able to do things for yourself"***
> Client in Focus Group

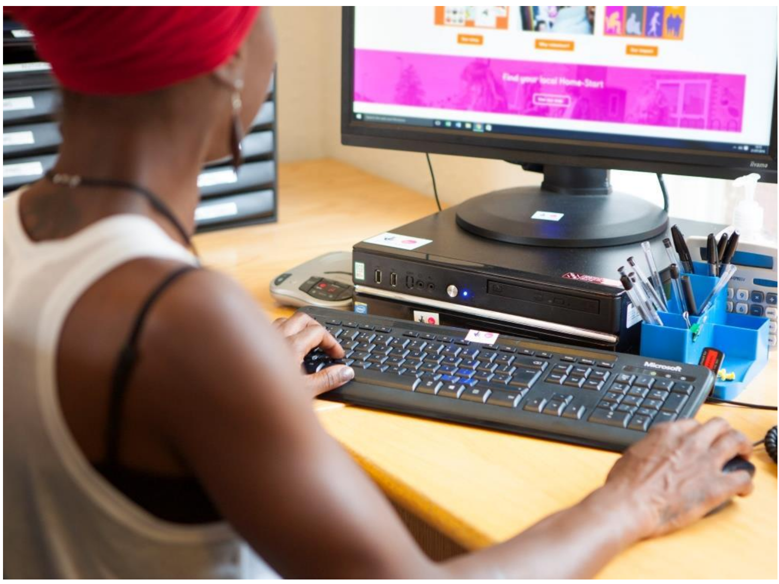
While Focus Group participants describe the release of tension they experience when they share their housing and financial issues with Project staff, and clients report feeling less stressed in feedback questionnaires, it is difficult to evidence the wider health outcomes clients and their families are experiencing as a result of Project interventions. To some extent this may be because improved health outcomes take time to be perceived by clients, after presenting issues have been resolved and their circumstances have stabilised, particularly for people with complex needs. At present The Project is capturing post-intervention feedback against health outcome indicators and the introduction of a tool to gather baseline and follow up health data could help to establish a stronger evidence base for this outcome area.

Outcome 3:

More young people are job ready as a result of increasing access to free internet, support with job search and work experience opportunities



The figures for Outcome 3 do not include the numbers of people supported with job search, improving CVs and making job applications; it does include the number of people gaining experience as volunteers at The Project. Delivery against this outcome area has been affected by the higher than expected number of crisis interventions required. The staff team know that sustained employment is the route to economic stability for most of the individuals and families they work with and recognise that more capacity is needed to help clients complete the support pathway into work.



3. Service development during the Get it Together project

The Project developed a Theory of Change in 2016 (see Appendix 2) that sets out its organisational goal to reduce homelessness and improve health and wellbeing so that families are happier, more resilient and able to make a contribution to the local economy. The outcomes of the Get it Together project are aligned with the organisational outcomes; both are focused on measurable and sustainable change for individuals and families.

The Project has a 25 year history of providing support to young homeless people, originally to young street homeless or hidden homeless, extending over the years to individuals in inadequate or insecure housing, in debt or unable to pay bills, at risk of eviction or struggling with benefits. The demographics of clients has changed, The Project still supports young homeless people under 25 years but it also supports more families, people over 25 and recently a few older people aged 50plus.

The services offered by The Project have evolved and adapted to meet the needs coming through the door; the organisation is reflective and responsive and the Get it Together project has enabled it to enhance its skill mix by introducing a specialist debt adviser into the team and to refine its service model in response to changing needs.

Complexity of need

Many of the people accessing The Project have complex[4] and multiple needs that affect their physical, mental, social or financial wellbeing. Many have been caught in a generational cycle of living in poverty, with consequently poor health, lack of education or qualifications and a history of unemployment.

"It's important to remember that not everyone fits into a niche...agencies like this have a unique ability to help and support people in the community."
Client in Focus Group

People may be homeless and have mental health issues; or they may be in debt with benefits frozen because they had no cost-free access to the internet and were unable to complete mandatory online tasks. Other people may have a formal diagnosis of mental ill-health together with substance misuse; or be under threat of eviction and have no money to feed their children. Many of the clients who access The Project experience multiple problems concurrently and in such challenging situations there is often a 'multiplier effect' where needs become interlinked and the solutions interdependent.

Limited access to support

Focus Group participants described changes in other agencies due to funding cuts, where the thresholds to access services have been raised and agencies have checklists of things they can and cannot help with any more. Clients described how hard it was to get

[4] A person with 'complex needs' is someone with two or more needs affecting their physical, mental, social or financial wellbeing. Source http://www.turning-point.co.uk/media/636823/appg_factsheet_1_-_june_2014.pdf

appointments; they talked of travelling across the city for very short appointments where staff did not have the time or capacity to offer an in-depth service.

Clients described travelling from one place to another to get support and noted that not everybody is able do that, although some agencies assume that they are.

This kind of experience echoes the findings of a 2015 report Solutions from the Frontline[5] which found that:

"People experiencing multiple needs often have ineffective contact with services, as in most cases services are designed to deal with one problem at a time and to support people with single, severe conditions."

What clients value about The Project

Focus Group participants all agreed that they were scared to ask for help before they first came to The Project. They described walking through the door as an accomplishment in itself, even if it had taken a crisis to get them there.

> ***"First time I came here I didn't know what to expect, within 10 minutes (staff member) was making me a coffee and it was OK."***
> Client in Focus Group

Clients describe The Project as a welcoming, safe place; one person had witnessed fights at another agency and was reassured by the warm and friendly environment at The Project. All Focus Group participants reported feeling relieved, like a weight had been lifted from them, after their first meetings with Project staff. They identified a number of attributes and factors that they particularly value about The Project staff:

- They provide constant reassurance through whatever process clients need to go through
- All issues can be dealt with in one place, often *"there and then"* while they wait; clients do not need to keep repeating their story
- They provide clear, precise information about the action they will take to help people; the steps involved, when decisions will be made and they keep people informed on progress *"It is very reassuring to have this clear structure."* (Client)
- They offer practical and emotional support, listen and treat people with respect *"....they don't carry any tone when they talk to you - this is easy to pick up on."* (Client)
- The support is on-going, not time-limited
- They do not give up and they encourage clients not to give up
- They want the best for clients, not just to move them on
- Clients report that staff all work at the same standard, as supported by the AQS audit *"they set the bar very high"* (Client)

> ***"At the initial appointment what you take away is that they will help you, even before they've done anything"***
>
> ***"They put it in our terms so we can understand it"***
> Clients in Focus Group

[5] http://meam.org.uk/wp-content/uploads/2013/04/Solutions-from-the-Frontline-WEB.pdf

- There has been continuity of support even when there have been staff changes

Clients also reported that they did not feel judged by staff or made to feel ashamed of their situation. Clients displayed high levels of trust and confidence in The Project's staff team, and evidence from Focus Groups and project client evaluation forms shows a high degree of satisfaction with the services received.

Research suggests that where advice agencies have been able to create a welcoming environment, and to take a non-judgmental approach, people are more responsive to seeking and accepting help.[6]

Building resilience

The team has developed a holistic approach to supporting clients that looks not just at the issues they are facing but also at the opportunities they have to develop their own knowledge and abilities. Focus Group participants talked about how staff at The Project look at them in the round, seeing the whole person, and people felt strongly that this helps them to move on with their lives more swiftly than piecemeal support from a range of agencies.

The Project team work in ways which help clients to be placed at the centre of their own support, using approaches which are collaborative and co-operative. They show respect for and value their clients and help people to retain (or regain) their dignity and independence.

The Project staff instinctively use asset-based approaches to their engagement with people, they recognise clients have strengths and capabilities that they can bring to bear in their own lives and challenge them gently to use them. Traditionally located in community development work, and increasingly in public health, asset-based approaches have been well researched and the evidence base shows that they can lead to increases in confidence and wellbeing which in turn lead to more sustained outcomes for clients. The staff team want to enable people to develop the "*skills and confidence to manage the demands of life*"[7] and become more resilient. Focus group participants all described how the practical outcomes of the Project's interventions, such as a move into emergency accommodation, or a negotiated plan to reduce debt, helped them to cope better with the here and now and how this, combined with other tailored support and confidence building, has helped them develop their own resilience and coping mechanism for the future.

> ***"They don't make you feel like you're asking for help, they're helping you to do what you need to do."***
> Client in Focus Group

For instance, clients are supported to access the computers to bid for houses using Birmingham City Council's online system[8], to complete mandatory Job Match searches and make applications for themselves. One person related that now she knew how to complete benefit forms online, she was able to help her

6 http://meam.org.uk/wp-content/uploads/2013/04/Solutions-from-the-Frontline-WEB.pdf
7 http://lx.iriss.org.uk/sites/default/files/resources/assetbasedapproachestohealthimprovementbriefing2011_10_27.pdf
8 Birmingham operates a choice based letting scheme and applicants accepted onto the housing register may express an interest in (bid for) a home when a suitable one becomes available, using the Birmingham choice website https://www.birminghamchoice.co.uk/

friends with theirs; another person who had been supported by The Project to be re-housed was then able to look for work (this had not been a priority - finding somewhere to sleep had been the priority) and he is now a self-employed driver.

Clients are able to make phone calls from The Project; some agencies' phone lines are at premium rates and people can spend a long time on 'hold' which is expensive. They find it helpful to have advisers on hand if they need advice during a call, it makes them feel more confident and therefore more likely to make necessary calls, rather than put them off.

Similarly, when a client is in debt their instinctive response may be to ignore it. The approach at The Project is to support clients to face the reality of their situation, to add up the figures and see for themselves what their true position is and then help them manage the debt effectively putting a repayment plan in place, providing advice and tools about budgeting and better money management. Clients report they are encouraged to feel more capable and hopeful about the future.

An integrated service

During the period of the Get it Together project, the staff team at The Project has completely changed; both Project Manager and the advice team have been appointed within the last 3 years. From observation and client feedback it is evident that the ethos of The Project has not changed. Several Focus Group participants commented that the current staff team retains the passion and commitment to do the best for clients of previous staff members.

The Project has recruited highly skilled, experienced specialist staff with expertise in housing, welfare benefits and debts and money management. The services they offer have been quality assured by the Advice Service Alliance and The Project was successfully audited against the Advice Quality Standard in all categories in September 2016.

Service Model

The Project's service model puts the needs and aspirations of clients at its heart. As stated by a Focus Group participant, it accommodates people who do not always fit a system and services are tailored to the needs of the individual client.

As a small team, the advisers are able to work together collaboratively around the needs of each client. It can take the whole team to unpick the complexity of some clients' issues. If, for instance, someone has a benefit sanction and cannot pay a utility bill or the rent, they can spiral into debt and their home could be put at risk. Strong advocacy skills are demonstrated by the whole team, advisers may need to negotiate with agencies about benefits, appeals, utility companies, creditors and landlords, as well as providing food parcels and other emergency supplies to support people in a crisis; being able to communicate effectively as a team helps to co-ordinate interventions in the best interests of the client.

> ***"People who have issues with housing often have issues with debt and benefits too and they can help you with all 3 things here."***
> Client in Focus Group

Figure 4

> *"We work like cogs, we work as a machine"*
> Staff member

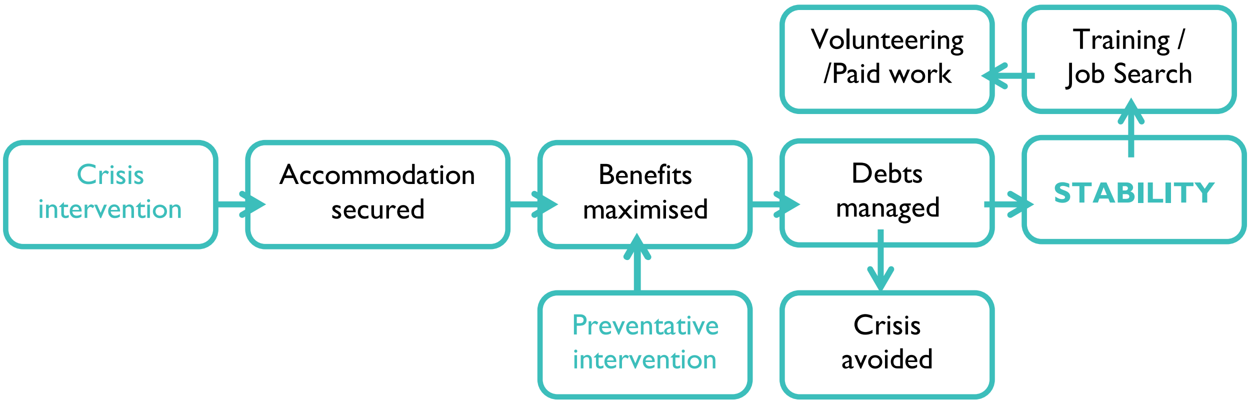
Whoever sees the client with their presenting issue becomes the case manager, but team members often co-work with clients when their different specialist support is needed. The introduction in Year 3 of the Lamplight online case management system has supported an integrated approach to service delivery as each worker can update case files when they have supported a client.

The Project has invested in training and up-skilling of staff to enable them to keep up-to-date with welfare and other policy changes. The introduction of Universal Credit and Personal Independence Payments has been a big change. Although staff are specialists in their fields, as a small team they also need to have a working knowledge of each other's areas, to cover for annual leave or illness, but also to understand where their own specialism fits within the wider welfare / housing / poverty agenda. Understanding the broader context enables them to support clients more effectively. Advisers are able to share learning with colleagues and alert each other to changes.

Staff are motivated to achieve the best outcomes for clients, to support them to break the cycle of poverty and move into making a meaningful contribution to society. They envisage the support they offer as a pathway to a better future for clients (Fig. 3). They feel appreciated for the work they do and achieve job satisfaction from being able to see things through with clients and getting to know when clients achieve their individual outcomes and goals.

The Project is developing the preventative element of its service provision to offer support to people before they reach a crisis point. In order to do that, The Project has recognised that it needs to offer outreach service in community settings. As a member of the Northfield Stakeholder Group it accessed funding for 12 months from Birmingham City Council for an outreach worker who is piloting this approach; identifying people with lower level advice needs and signposting them into The Project or other appropriate services.

Figure 3



The Project has also secured funding from the Community Postcode Lottery for a Mobile Advice Centre, a fully equipped vehicle to take support services out into the community, The Mobile Advice Centre will have internet access and IT facilities that people can use to claim benefits, apply for jobs or bid for properties and advisers will also be on hand to offer high quality advice and support.

4. Other key developments

Organisational development

The Get it Together project funding created a 3 year period of stability for The Project which enabled the Project Manager and the Board of Trustees to invest time in strategic planning and refreshing the organisation.

When the previous Project Manager retired in 2015 a new structure for the delivery and management of services was put in place, which enabled the Project Manager role to focus on strategic engagement and operational management.

In 2016 staff and Trustees reviewed the work of the organisation and the presenting needs of clients. Using a Theory of Change approach they reflected on the future direction of the organisation and agreed its overarching goal and outcomes[9]. The need was identified to re-brand South Birmingham Young Homeless Project, as it was then known, to acknowledge the broader scope of its client group and services; to increase promotional activity and establish an online and social media presence. The Theory of Change informed the development of The Project Business Plan 2017, which identifies the strategic and operational direction for the next three years including a clearer funding strategy that will support their application for continuation funding from Big Lottery Fund.

A small grant from the Lloyds Foundation enabled the team to work with a media and communications consultant and The Project name, identified by service users, logo and

[9] See Appendix 2

website were launched at an event to celebrate 25 years of the organisation in September 2016[10]. The Project has since established a Facebook page and other promotional material[11]. It is implementing its Marketing and Communications Strategy and is a demonstrably more outward-facing organisation.

Developing a preventative approach

The Project is well placed for the current shift in national policy to a homelessness prevention agenda. It has long experience of supporting clients to sustain tenancies and avoid eviction and in re-homing people at short notice. The inter-connecting specialist advice and advocacy services provided by The Project enable it now to develop prevention services to support people before they get into crisis. They aim to do this through outreach work to reach people pre-crisis when they access other services. This is a conscious development by the organisation that fits well with their organisational goal and is reflected in their new branding.

An outreach worker role has been developed to identify people who may be in need of advice or advocacy and refer them into The Project. The worker is based in a Job Centre, a food bank and with Northfield Community Partnership and is piloting the new preventative approach by being on the spot when people's benefits are sanctioned or when they use the food bank.

The structure of Children's Centres in Birmingham is changing to a Hub and Satellite model. The local centre in South Birmingham bid to be a lead centre. They approached The Project to be written into their bid as a partner, with a partnership agreement to 'reduce poverty and create stable home environment' outcomes by providing debt, benefit advice and money management services to centre users. The aim to create stable home environments fits with the move to a preventative agenda. The outcome of the bid is awaited.

The Project is in dialogue with the Women's Hospital to develop a similar agreement, to have an adviser based in the hospital to identify women with low level mental health, wellbeing or financial issues with a view to providing support to prevent unstable home conditions. The Project would work in partnership with the Children's Centre who would deliver parenting skills as part of the support package.

The stresses on the housing stock in Birmingham mean it is even more important to keep people in their homes. The Project is building up relationships with Registered Social Landlords to pre-empt the expected shortfall in supported housing. For instance, it is working with Waterloo Housing officers who identify new tenants with support needs and refer them to The Project. This is creating sustained tenancies and rent arrears are being prevented. The partnership is working well and has demonstrated savings for the housing association which The Project believes creates an opportunity for them to negotiate a formal contract with agreed eviction prevention outcomes.

[10] www.theprojectbirmingham.org
[11] https://www.facebook.com/www.theprojectbirmingham.org/

In preparation for the rollout of Universal Credit later in the year, The Project is in discussions with the head of Birmingham Benefit Services to set up a direct communication link for its advisers to enable a quick response to client benefit issues as they arise. It is also looking to link into local councillors surgeries, to pick up people seeking help and advice and is planning a structured timetable of sessions that can be promoted on social media.

Improved partnership working

The release of the Project Manager from annual fundraising for core funding during the Get it Together project has enabled The Project to re-build a successful relationship with Birmingham City Council and to make a contribution to strategic planning for new homelessness services in the city as part of the stakeholder group for the Homelessness Prevention Trailblazer programme.

The Project is an active member of the Northfield Stakeholder Group made up of a range of statutory and voluntary sector agencies working together to maintain services in the District. The group lobbied the council when statutory homelessness services were moved across the city and became very difficult for local people to access. As a result Birmingham City Council provided funding for an outreach worker to be employed by The Project but based in community settings.

A partnership has been developed with Centrepoint, the national charity with an office in South Birmingham. They provide The Project with weekly updates on policy and benefit changes, a national forums network, advice on funding bids and the opportunity to share good practice. Centrepoint also have a national phone line to signpost people to local support including The Project.

The Project has developed its link with the local Children's Centre and they have set up a cross-referral mechanism. An indirect consequence of this is that people are now less able to access duplicate services, such as food parcels, from both agencies, which did happen before, because inter-agency communication has improved.

Staff and Trustees help to build connections with local businesses and encourage them to link their Corporate Social Responsibility activities to The Project. For instance, Premier Inn donates quilts, Boots donates toiletries, pubs, schools and churches hold fundraising events and local tradesmen offer their skills. Lloyds Bank freed up staff to volunteer at The Project and, in addition, donated the monetary value of staff time for every hour staff volunteered. The Project's higher profile and rise of homelessness has helped to increase these kinds of local partnerships.

The Project has provided food parcels to people for many years. In reflecting on the poor health outcomes of people living on low incomes, staff decided to try to do more for clients and their children, Partnerships have been established with Marks & Spencer and Tesco, new business in the area, who donate surplus food, including fruit and vegetables to The Project to be distributed through its own Foodbank and to local hostels, children centres and nurseries.

Improved data management

In 2016 The Project implemented the Lamplight online case management system to enable efficient and effective record-keeping, facilitate the monitoring and evaluation of service delivery and generate useful management and outcomes data. The system is still in its first year of operation, however staff find it a useful case management and progress tracking tool and it supports the 'shared care' approach as all advisers can access all case files to input their interventions. An added benefit is that the system is 'cloud based' so advisers can access case information when out of the office. This is helpful for the outreach worker that has joined the team who works in 3 community settings and it will enable The Project to provide community-based advice sessions from its mobile unit later this year. The Project has also started to share data with national research and campaigning charities such as Centrepoint, to help create better information on the level of homelessness across the country.

5. Looking forward

The Project team has reflected that Get it Together has afforded the organisation a period of stability and breathing space in which to refresh its strategic vision, restructure its team, update its systems and re-establish itself as an influential and valuable strategic partner in the city; as well as delivering high quality advice and support to increasing numbers of clients. The team and Trustees feel the organisation is ready to build from this position and expand its services across the city and develop its focus on homelessness prevention.

Table 1 summarises the challenges and priorities the team and Trustees have identified for the future. The Project Business Plan 2017 sets out short and medium-term objectives in more detail.

Table 1

Challenges	Priorities
How to scale up services while maintaining the quality and ethos of The Project, there is a desire for controlled growth to maintain quality but under pressure because of the rapid increase in demand	Establish The Project as a recognised lead in prevention work across the city and secure time to continue to build partnerships to deliver more preventative services
Big Lottery grant funding ends in July, challenge is to secure on-going funding/contracts to sustain higher organisational profile and strategic influence Secure existing staff – identify funding to sustain posts or risk losing the specialist knowledge and skills in the team Secure funding for additional advisers to enable the Mobile Advice Centre to offer a service across the city	Provide staff development on the Homeless Reduction Bill; invest in the development of further expertise, such as homelessness law, to offer personal development for staff and opportunities to progress to senior roles (if able to expand the team) Provide additional staff training on substance misuse and mental health issues Create a new post of employment and volunteer support worker – providing employment support and volunteering opportunities, manage the food project as a volunteer scheme
Service user numbers increasing and The Depot building is too small, there is a need for a confidential room The Depot is key to identity of The Project, it is 'owned' by the community, seen as their building	Explore the possibility of extending The Depot building to create more space for confidential support Improve the security of the building
The Project has seen a major increase in over 25s asking for help. It is not funded to support this group but there is not another quality assured service to refer them to – this is a growing area of unmet need Bedroom tax has impacted on a lot of older people, due to funding cuts other charities are not so available and older people are being fed into The Project by younger family members	Explore opportunities to develop contracted services for people aged 25 and over, there is a gap in provision for over 25s across the city and also for over 50s in the local area Extend the food project to provide more crisis support and access to healthy options for families

6. Cost consequence case studies

Cost consequence analysis aims to monetise the value of preventative or early intervention services in terms of potential savings to acute and intensive services in health, community justice, housing and social care.

The case study approach adopted here allows for a nuanced approach to developing a purely monetary value to service interventions. In undertaking any analysis of this nature it is important to offer a number of provisos.

Firstly, both the case studies used in this evaluation involve interventions from different agencies, including Social Services and Healthy Minds, a voluntary organisation. The amount of time spent by these organisations on the cases involved is unknown and their direct costs cannot, therefore, be included in the cost assumptions. Secondly, in each case study, the clients are no longer involved with The Project and follow up (post intervention) data is not available. Predicting long term outcomes from The Project's interventions is, therefore, difficult.

To address these issues the evaluation has:

- Undertaken careful case selection. Given the diversity of the Project's service users and their presenting needs, there may be no such thing as a 'typical case'. Care in the selection process has been taken to identify service users who are not a-typical of cases, particularly in their increasing complexity.
- In monetising outcomes, the cost consequence analysis does not assume either best, or worst, case outcomes. Rather each case study presents data which assumes a variety of outcomes, each with differing cost implications.

Finally, people approach The Project at points of crisis in their lives. As such the service works at the level of secondary (rather than primary) prevention[12] namely, trying to prevent an already difficult situation becoming worse. The cost consequence approach has been more comprehensively used in understanding the early-interventions model of the Troubled Families initiative[13], which acknowledges that secondary prevention can incur additional service costs in the short term to create potential savings in the medium to longer term.

In addition, many of The Project's clients are found to have been underpaid on benefit entitlements and a positive outcome of The Project's interventions is that people receive backdated money that they are owed, although this appears as an additional cost to the public purse. Advisers also frequently persuade creditors to write off portions or all of debts outstanding to help people return to financial stability.

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[12] A useful definition of secondary prevention – albeit from a medical perspective – is available at - https://www.kingsfund.org.uk/projects/gp-commissioning/ten-priorities-for-commissioners/secondary-prevention

[13] See the Communities and Local Government (2016) synthesis evaluation report on the Troubled Families initiative - https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/560499/Troubled_Families_Evaluation_Synthesis_Report.pdf

Case study: Samantha

Samantha[14] was aged 21 when she attended The Project in November 2014 with her 3 children as she had fled the family home due to domestic violence and was homeless. The Advice & Support worker assisted her with making a homeless application and arranged temporary accommodation for herself and her children.

Samantha's income was checked by The Project and it was clear that the tax credit she was currently receiving was incorrect. The Tax Credit Office was contacted to update their records for the award to be increased. The Debt Worker discussed her finances with Samantha and gave advice about managing her budget and ensuring her household bills are paid on time.

Samantha suffered with mental health problems due to the domestic violence and her erratic lifestyle and was referred to Healthy Minds for counselling sessions.

Samantha came back to The Project for assistance with bidding for a property. She eventually signed for a new tenancy and The Project assisted her with obtaining grants for furnishings, carpet, white goods and new clothes for her children.

Samantha continued to access The Project, attending group work sessions, using the computers to look for courses, and for emotional support. She advised that she was finding it a struggle looking after 3 young children and trying to manage a new home on her own, it was exacerbating her mental health. She asked for support from the local Children's Centre and was allocated a Social Worker and placed on a CAF (Common Assessment Framework), where all the support services meet to discuss the needs of Samantha and her children, and put solutions in place. The Project Advice & Support workers attended these CAF meetings with Samantha.

Unfortunately Samantha's mental health condition deteriorated and she attempted suicide, she contacted The Project for emotional support and guidance. She was re-referred to Healthy Minds and as she was struggling to cope on a daily basis with the children she was registered with a local Parenting course at a Children's Centre.

Samantha's mental health condition stabilised, her parenting skills improved and she became more able to cope on a daily basis. The Project offered Samantha the opportunity to do some volunteering to improve her wellbeing and confidence and, due to the success of this, Samantha was then offered a work placement.

Samantha continues to access the services of The Project, she states she could not have survived without the support and assistance of all the team. She now feels valued as a person and a mother.

[14] Name has been changed

Analysis

Samantha presented with three substantive problems, identifying her as someone with complex needs, not uncommon in the people accessing The Project.

- Risk of domestic violence
- Risk of homelessness
- Mental health issues

And later experienced

- Problems with parenting skills

Had early interventions provided by The Project and partner agencies not addressed these issues, further crises could have ensued with substantial additional cost implications.

- Supporting Samantha into accommodation substantially reduced further risk of domestic violence. Excluding economic costs (e.g. lost employment etc) and personal costs for victims, domestic violence is estimated to cost the Exchequer £3.9 billion per annum (legal, housing and health care costs, 2009 figures)[15]
- The cost of homelessness is estimated at £24,000-£30,000 (gross) per person[16] per annum. If Samantha had not dealt with her debt problems, her secure accommodation could have been at risk and court proceedings for debt recovery commenced (County Court Judgements cost £35-£455 depending on the amount and setting aside enforcement fees[17]). She could have faced eviction if she had been unable to budget for rent and household bills[18].
- Had Samantha's children been removed from the home in safeguarding proceedings because of poor parenting skills, or her mental health problems, the indicative costs would have been £35,000 (over an average 20 month period) per child[19] or between £798 and £5,176 per week for each child if in local authority care[20].
- If Samantha had not been able to access early intervention mental health support and her health had deteriorated further, additional service costs could have included local authority day care costs (£32 per hour), cognitive therapies (£51-£86 per hour),local authority mental health residential costs (£906 per week) or the cost of an NHS specialist residential unit (£353 per day).[21]

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[15] Source: (2014) https://www.nice.org.uk/guidance/ph50/resources/costing-statement-69194701
[16] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/7596/2200485.pdf
[17] Source http://www.compactlaw.co.uk/compactlaw-admin/court-fees.html
[18] [18] Source Shelter (2012) Im Source Shelter (2012) Immediate costs to government of loss of home. London, Shelter http://england.shelter.org.uk/__data/assets/pdf_file/0003/415596/Immediate_costs_to_government_of_losing_a_home.pdf
[19] Source: (2014) https://www.nice.org.uk/advice/lgb19/chapter/costs-and-savings
[20] Source – Stanley, J. and Rome, A. (2013) *Unit Costs of Health and Social Care 2013*. London, National Centre for Excellence in Residential Child Care
[21] Source (2014) https://www.gov.uk/government/publications/nhs-reference-costs-2013-to-2014

In non-monetary terms, Samantha volunteered with The Project and subsequently secured a work placement. Whilst the final outcomes of this are unknown, evidence suggests that these would have improved Samantha's work-readiness and future employability[22].

Cost assumptions

Samantha accessed intermittent support from Advisers over 3 years. The potential savings costs are based on estimates of reported costs for services that may have been accessed if Samantha had not received early intervention help from The Project.

The Project service support	No. interventions	No. hours
Support sessions + non-contact time	200	169
Total hours		**169**

Cost calculations

Early interventions costs		Potential savings	
The hourly cost of an Adviser, including on-costs, is £23.69		Domestic Violence support costs (3 months)	£5,900.00
The cost of support to Samantha was 169 hours x £23.69	£4,003.61	PTSD due to DV health & social care costs (3 months)	£14,100.00
Healthy Minds support sessions[23] x 4 est. £25 each	£100.00	Homelessness (3 months) 1 adult, 3 children £6,000 per person	£24,000.00
CAF (lower estimate £202 each[24]) baseline + 1meeting	£404.00	Mental Health residential care (1 month)	£3,624.00
Children in Need Plan[25] (1 child)	£1,610.00	Looked after children (x3 1 month lower estimate)	£9,576.00
Parenting course (lower estimate[26])	£500.00	CCJ for debt recovery (est.)	£100.00
		Eviction for arrears	£7,000.00
Intervention costs total estimate	**£6,617.61**	Potential savings total	**£64,300.00**

Income maximised

Tax credits reimbursed	£2,750.00
Grants for furniture, white goods, pushchair, carpets	£1,650.00
Total additional income plus £54 p.w. tax credits	**£4,400.00**

http://www.theprojectbirmingham.org/

[22] Ellis Paine, A., McKay, S. and Moro, D. (2013) *Does volunteering improve employability? Evidence from the British Household Panel Survey*. Birmingham, Third sector Research Centre
[23] http://www.itsgoodtotalk.org.uk/what-is-therapy/cost
[24] See Holmes, L., McDermid, S., Padley, M. and Soper, J. (2010) *Exploration of the costs and impact of the Common Assessment Framework*. London, Department for Education
[25] http://www.eif.org.uk/wp-content/uploads/2015/02/The-immediate-fiscal-cost-of-Late-Intervention-for-children-and-young-people1.pdf
[26] https://www.theguardian.com/society/2008/aug/01/children http://www.theparentpractice.com/programmes/about-our-courses

Case study: Leo

Leo[27] attended The Project as he was homeless after being evicted from the family home by his mother. He had also recently lost his job and suffered a nervous breakdown following a period of alcohol and drug abuse (prescription drugs).

Housing related support

The Advice & Support worker assisted Leo with making a homeless application with the local Council and gave advice about the referral process for supported accommodation. However, due to Leo's very poor mental state, he could not cope in shared accommodation and relied on his few friends for places to sleep overnight.

Leo's homeless application was refused by the local authority as he did not meet the priority criteria and therefore they did not have any statutory obligation to house him. The Advice & Support worker worked with Leo to gather additional medical and supporting evidence that they used to appeal the homeless decision. This was a lengthy process during which time Leo continued 'sofa surfing' but after an independent review Leo was successfully awarded priority homeless points based on his vulnerability, Leo was now able to bid for a property and after a few weeks he found his perfect home and secured a tenancy. The Advice & Support worker continued to support Leo with his transition to his new home; they made applications to the Local Welfare Provision and other grant providers and were successful in gaining furnishings and white goods for Leo to move into his property.

Benefit related support

When Leo presented at The Project he had no income at all due to losing his job, the Advice & Support worker assisted Leo with claiming Employment & Support Allowance and Personal Independence Payments as due to his mental health problems and housing situation he was unable of seek employment. The ESA was subsequently awarded however the PIP was refused. The Advice & Support worker challenged the decision through to the appeal at the Courts and finally the PIP was awarded. During this period Leo was becoming very demotivated, his mental health deteriorated and he wanted to 'give up the fight' for his benefits. With guidance and encouragement the Advice & Support worker was able to support Leo through this to the success of the claims.

Health related support

Leo was very distressed when he first presented at The Project and had even considered suicide. The Advice & Support worker realised the severity of his condition and made an urgent referral to Healthy Minds and to the South Birmingham Mental Health team. Leo started to attend the sessions and was given support to pursue a diagnosis for his condition, following some tests it was concluded that he had ADHD. Leo was relieved to discover that there was a reason for his mental health problems and, after some research, he could

[27] Name has been changed

finally understand the reason for his poor mental state and start to take positive steps to manage his condition.

Leo continues to access the services of The Project, stating he feels he 'would not be here today' but for the assistance and empathy of the staff. His mental health is improving and he no longer drinks or abuses prescription drugs. He feels that for the first time in his life he is listened to and made to feel 'normal'.

Analysis

Leo presented with three substantive problems, identifying him as someone with complex needs, not uncommon in the people accessing The Project.

- Risk of homelessness
- Mental health issues
- Substance misuse

Had early interventions provided by The Project and partner agencies not addressed these issues, further crises could have ensued with substantial additional cost implications. With suicidal thoughts as well as a history of substance use, it seems likely that Leo would have had to be referred for specialist psychiatric services.

- The cost of homelessness is estimated at £24,000-£30,000 (gross) per person[28] per annum. If Leo had been unable to appeal against the rejection of his homeless application he could have been sofa surfing indefinitely.
- If Leo had not been able to access mental health support through The Project and his health had deteriorated further, additional mental health service costs could have included:
    - local authority day care costs (£32 per hour)
    - cognitive therapies (£51-£86 per hour)
    - local authority mental health residential costs (£906 per week)
    - the cost of an NHS specialist residential unit (£353 per day).[29]

  Given the severity of his presenting poor mental health the costs have been assumed at the local authority residential care level.
- There could have been a high risk of Leo misusing alcohol and prescription drugs again if he had continued to be homeless and sofa surfing.

  Alcohol services costs are:
    - hospital admission(per bed day) between £341 and £357
    - community (per care contact) between £122 and £137
    - outpatient (per attendance, consultant-led) £130

  Drug services costs are:
    - Hospital admission (per bed day) £433 average cost
    - community (per care contact) £124 average cost
    - outpatient (per attendance) £130 average cost

28 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/7596/2200485.pdf
29 Source (2014) https://www.gov.uk/government/publications/nhs-reference-costs-2013-to-2014

The Project's preventative interventions have made a substantial impact on Leo's quality of life. He no longer has suicidal thoughts nor does he misuse alcohol or prescription drugs. He now has a diagnosis of ADHD which has enabled him to better understand, and control, his behaviour. The costs of the interventions are substantially less than those that would have been required if specialist drugs, alcohol and psychiatric services had become involved

Cost assumptions

Leo accessed intensive support from Advice & Support workers over a year. The potential savings costs are based on estimates of reported costs for services that may have been accessed if Leo had not received help from The Project.

The Project service support		**No. interventions**	**No. hours**
Support sessions + non-contact time		30	48
Total hours			**48**
Cost calculations			
Early interventions costs		**Potential savings**	
The hourly cost of an Adviser, including on-costs, is £23.69		Homelessness (12 months)	£24,000.00
The cost of support to Leo was 48 hours x £23.69	£1,137.12	Mental Health residential care (2 months)	£7,248.00
Healthy Minds support sessions[30] x 4 est. £25 each	£100.00	Alcohol community care contact (x4 lower estimate)	£488.00
		Drugs community care contact (x4 lower estimate)	£496.00
Intervention costs total estimate	**£1,237.12**	Potential savings total	**£32,232.00**
Income maximised			
Back dated ESA and PIP payments			£4,202.39
Grants for furniture, white goods			£200.00
Total additional income plus £104.10 p.w. PIP and £171.15 p.w. ESA			**£4,402.39**
Leo had no income when he presented at The Project, He now has ESA and PIP payments that he would not otherwise have had; total benefits projected over 12 months			**£10,511.80**

http://www.theprojectbirmingham.org/

[30] http://www.itsgoodtotalk.org.uk/what-is-therapy/cost

6. Conclusions and recommendations

The evaluation has found that the activities funded through the Get it Together project form the core service offer of The Project. The funded posts have developed over the 3 years to create an integrated support service that meets the complex individual needs of each service user. The combination of specialist housing, benefits and money advice enables the team to provide holistic support that responds to individual circumstances and recognises that issues in one area lead to consequences in another, forcing people into crisis situations. The Project's existing crisis support and emergency relief services form part of the integrated service.

The Project has exceeded most of the outcome indicator targets of the Get it Together project. There is clear evidence that people in crisis have been supported and that housing, welfare and debt problems have been resolved and clients report that the 'weight has been lifted from their shoulders'. It is more difficult for The Project to evidence the health outcomes achieved by addressing financial exclusion and homelessness issues. It takes time post-intervention for health benefits to be achieved and although clients are reporting that they are less stressed, a more sophisticated outcome measurement tool could help both clients and staff to reflect on the distance they have travelled and the positive impacts achieved.

The Project has been able to support clients with accessing IT to apply for training and jobs and it has offered volunteering opportunities to people. The team agrees that this is an area where they could do more, for instance with an additional dedicated adviser to support clients once their circumstances have stabilised and they are ready to move into economic activity. The increasing demand for crisis support and on-going casework makes it difficult for the small team to develop this area of the support pathway but it is one they are very keen to take forward; they see it as an essential stage in breaking the cycle of poverty. However, without funding for a dedicated post, The Project will continue to work with partner agencies for this specialist support. The Project Business Plan identifies seeking funding for an Employment Adviser as a medium-term objective; the focus for a continuation funding application to the Big Lottery Fund will be the core services of homelessness, welfare benefits and debt advice.

Clients value The Project's non-judgemental and proactive ethos which is unlike other services that people experience. They appreciate the high-quality support provided and the welcoming, safe environment of The Depot. The human side of staff members' personal and organisational passion and compassion comes through in their interactions with clients. The team is able to balance high levels of professional competence and expertise with an approach that sees people as the architects of their own solutions.

The Project is responding to unmet needs for people aged over 25 and for some older people who are finding themselves in housing or debt crisis. There is no alternative quality assured service that people in these age groups can be referred on to and The Project is not currently funded to support them.

Recommendations

- The integrated service model developed during the Get it Together project should be developed further and incorporated into the drive to extend preventative services in the city.
- The Project could use its strategic influence in the city to raise awareness of the crisis support needs of people over 25 years and older people and the current gap in provision.
- The Project's Theory of Change could be revisited and refreshed to reflect the direction of travel to more preventative services.
- Data capture is now more sophisticated and nuanced and Lamplight will be an excellent data management tool once fully utilised and consistency of data capture has been embedded. For the future it would be helpful to clearly assign activity codes to specific outcome indicators to prevent the risk of double counting and achieve more robust figures.
- The client evaluation form that has been produced to collect post-intervention data against the outcome indicators could be adapted to collect baseline and follow up data from service users.

Appendix 1: 3 Year Lottery outcomes (to 15 March 2017)

Lottery Outcome	End of year target	Year 1	Year 2	Year 3
Outcome1: Brighter futures for excluded and isolated groups of young people / families by alleviating crisis and resolving their social welfare problems				
Homeless people/families using the service report they are now in stable accommodation or threat of eviction has been lifted and have ongoing support	**105**	201 'homeless on the day 99 were supported to maintain accommodation 34 avoided eviction 61 in supported accommodation	323 Housing advice sessions 148 homeless on the day 124 people accommodated All report their situation has been improved	346 housing advice sessions 50 people accommodated 27 eviction avoided/ accommodation sustained
People/families report that their immediate crisis has been alleviated through access to grants, starter packs, emergency food, key deposits, bus pass.	**140**	320 food / home starter packs were given out 135 grants were awarded 296 day tickets were given out	302 people supported to deal with immediate crisis 225 additional grants applied for	309 people supported to deal with immediate crisis 95 grants/crisis payments applied for
Young people / families report that their problems with housing and benefits have been resolved.	**450 end of year 3**	445 new clients accessed the project 201 in housing crisis 296 for money / benefit advice	262 received housing advice 372 people received benefit advice	251 received housing advice 230 received benefit advice
Outcome 2: Improved health outcomes for young people / families with complex needs such as mental health problems by addressing financial exclusion and homelessness				
People/families report feeling less stressed because they are better able to manage their finances and some of their debt problems have been resolved	**120**	296 people received general money /debt advice 205 cases were able to maximise income and relieve financial stress 38 clients with manageable repayment plans arranged with creditors	585 Debt / Money sessions 120 people feel less stress due to budgeting support 100 report improved financial awareness 261 negotiations with creditors	745 debt/money advice sessions 65 people report increased financial awareness 67 budgeting support 100 negotiated payment plans in place

Young people / families report that they are receiving specific help with their mental health problems which is helping them to cope with daily living	**25**	48 people received 1:1 support / counselling linked to their mental health 21 people supported to access external mental health services	22 people have been supported to access mental health services and are receiving specific support	28 people have been supported to access mental health services and are receiving specific support
Lottery Outcome	**End of year target**	**Year 1**	**Year 2**	**Year 3**
Young people / families say that they are living healthier lives because they now know how to get help and their housing conditions have improved.	**525 end of project. 132 per year**	435 health information packs 164 received general health advice	100 supported to access health services 24 people received white goods 39 people received carpets / furnishings to improve their living conditions	13 received general health support 58 received fresh food parcels 20 report living healthier life 24 received white goods 42 received furnishings
Outcome 3: More young people are job ready as a result of increasing access to free internet, support with job search and work experience opportunities				
People / families report that by using the free IT services their computer skills have increased, they are able to job search, complete forms online	**95**	324 computer sessions to access job information and carry out job searches 88 people reported computer skill increased as a result of using the free IT service	503 sessions on the computers 176 people report improved skills 97 people supported to job search 57 people applied for a Local Welfare Provision grant	322 computer sessions 314 report improved skills 219 job search sessions 47 used IT to complete forms
Young people / families will report that with the support of the project they are now attending work placements, training courses or gained employment	**80**	86 people were supported into work placements, attended training courses or gained employment 10 people have gained paid employment	22 people supported onto work or training 161 volunteer placement sessions provided	22 people supported onto work or training 134 volunteer placement sessions provided (7 volunteers)

Appendix 2: The Project Theory of Change

Impact

Reduced homelessness; improved health and wellbeing; happy families; contribution to local economy; resilience against future crisis

Intermediate outcomes

- Reduced homelessness: Preventing homelessness; stable accommodation; household items for basic needs
- Improved health and wellbeing: Immediate alleviation of poverty; improved diet; substance misuse addressed
- Happier families: Reduced stress; improved relationships; financial stability; links with local services
- Economic contribution: Reduced, manageable debt; reduced demand on other services; financial literacy; employability and employment

Enablers: internal and external

Experienced, skilled staff delivering high quality (assured) advice and holistic support in a friendly, open environment.

Effective partnership working with a wide range of local stakeholders. Appropriate complementary provision available.

Stable funding including from a range of specific trusts and other sources for particular elements of work.

Activities and rationale

Resettlement and Tenancy Support – to maintain stable housing: key deposits; referrals to supported or temporary accommodation; starter packs; referral to furniture projects; day tickets to attend appointments; landlord liaison; liaison with utility suppliers; accommodation information; IT access to bid for properties; grants for household items and furnishings; applications to local authorities, housing associations and others; ongoing support to build independence.

Debt and Money – to stabilise income: debt assessment, personal budgeting, income maximisation, debt management, creditor negotiation, grants for household items and furnishings, credit reference file applications, complaints advice and support, eviction prevention due to arrears, assistance with court applications.

Benefits and Tribunals – to maximise income: benefit entitlement review, income check, assistance with benefit applications, challenge adverse benefit decisions, tribunal advice and support incl. acting as representative, attendance at hearings, liaison with benefits agencies, assistance with complaints and appeals.

Advocacy and Independence – to support in crisis but build long-term resilience: Jobcentre Plus, multi-agency safeguarding hub, common assessment frameworks, court and tribunal, benefits and other agencies, domestic violence, asylum.

General Support – providing holistic support: access to computers and printers, family fun days, fresh food project, volunteer opportunities, training and employment support, supported referrals to agencies including for substance misuse and mental health, food parcels, food bank referrals, grants, crisis support, replacement birth certificates, GP registrations, citizen cards, course information.

Inputs

Staff, volunteers, management committee (incl. Trustees).

Partners and supporters incl: local councillors, Marks and Spencer, Greggs, Northfield Partnership, churches, children's centres, Home Start, schools, Princes Trust, Centrepoint, B31 Voices, Nu Skillz, Insight, Jelly Babies.

Premises, Partnership Shop desk, mobile advice bus.

Funders and donations.

Service Users

Homeless people, people at risk of homelessness, people with a history of homelessness.