Emerging Findings From Year 3

Help through Crisis learning paper

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About the Help through Crisis programme

Help through Crisis (HtC) is a £33 million National Lottery funded programme set up by The National Lottery Community Fund, the largest funder of community activity in the UK. Help through Crisis supports 69 partnerships across England which help people who are experiencing or at risk of hardship crisis to overcome the difficulties they are facing to plan for their futures. The partnerships receiving National Lottery funding through the Help through Crisis programme bring together small voluntary groups and established charities to work together locally. Working together, they offer people advice, advocacy and support which matches their personal circumstances. The aim is to look at the issues people face, and the underlying causes, from their basic needs, to their physical and mental health, to skills and employment. People are supported to draw on their personal experiences to build on their skills and strengths so they are ready to seize the opportunities and challenges ahead.

About the Learning, Evaluation and Support team

The Help through Crisis learning, evaluation and support (LSE) team is a consortium of organisations commissioned by National Lottery Community Fund to help build understanding and capture learning from the Help through Crisis programme. The team is made up of people from Ipsos MORI (Lead Contractor), NEF Consulting, Revolving Doors Agency and Hopkins Van Mill. The role of the consortium is to help the 69 partnerships involved in the programme:

- Empowering them to evaluate and measure their impact, and capture learning about what works in tackling hardship crisis.
- Supporting their co-production activities, ensuring the people they support have a voice in shaping local services.
- Identifying good practice and disseminating learning to build the evidence base and help partnerships to replicate or scale up approaches from elsewhere.

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INTRODUCTION

Over the past few months, 17 HtC partnerships welcomed a member of the LSE team to learn more about their work. During our visits we have spoken to people delivering support, management teams, and a range of partner organisations. We have observed activities such as partner meetings, drop in advice sessions, and art and crafts workshops. Importantly, we also spent time with people who have used services to understand their experiences.
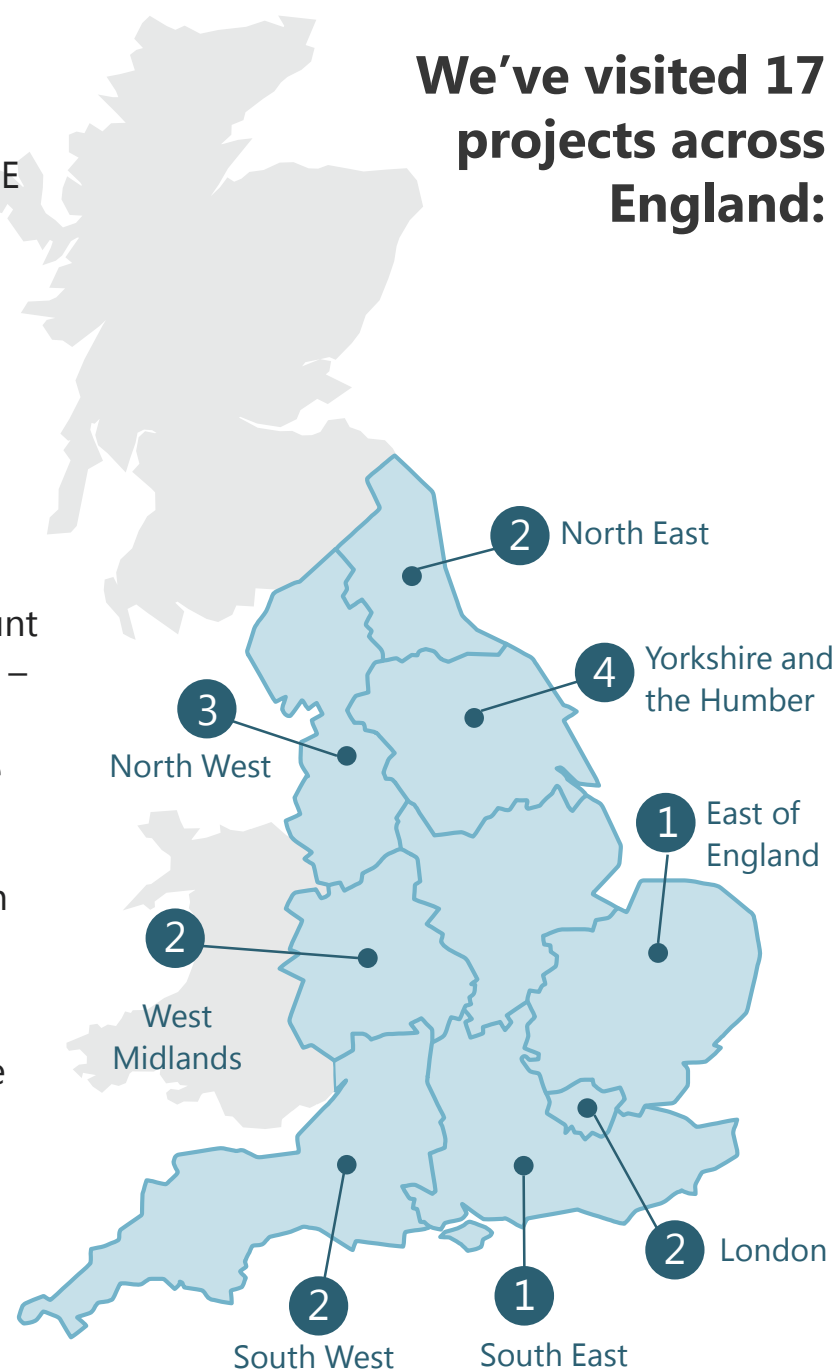
Thank you to all of the partnerships who organised and accommodated our visits!

We have found the visits incredibly worthwhile and have learned a huge amount about the work you are doing and how the HtC programme is working overall – some of which is included in this paper. If we didn't manage to visit you this year, we would love to come and see what you are doing in future years of the programme. We're planning on visiting every HtC project before 2021.

This paper has been written for partnerships funded through the Help through Crisis programme. The aim is to summarise emerging findings from the case study visits, with a focus on sharing learning from different partnerships.

We hope this paper will also encourage you to reflect on your work, and we've suggested questions and exercises designed to help with this. There is an accompanying booklet you can use to complete the exercises – for example, during a team meeting or with a beneficiary voice group.

We've visited 17 projects across England:

- **2** North East
- **4** Yorkshire and the Humber
- **3** North West
- **1** East of England
- **2** West Midlands
- **2** London
- **2** South West
- **1** South East

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HOW TO USE THIS LEARNING PAPER

This paper shares some of the lessons we've learned from you during these case study visits. We have focused on three key themes, outlined below. The themes are based on the overall evaluation questions for the HtC programme. The evaluation aims to understand the impact of the programme and build the evidence around effective crisis support.

1.

How do partnerships engage with people facing crisis?

2.

Which services and delivery models are effective in providing crisis support?

3.

What support do staff need for the work they do?

We hope sharing learning on these themes is also useful for you at this stage of the HtC programme. We know delivery approaches and local networks have bedded in and partnerships are at the stage of wanting to develop the ways they offer support to people in crisis situations.

Throughout this paper, we have included key findings and questions for you to reflect on. The questions may raise issues you have already addressed, or they may highlight areas that could be improved further. You'll see that some of the questions are designed for partnerships to use within your teams, and others should help you as you speak to people who use your services. This is one way to ensure co-production shapes your services in future. You can adapt each of the themes so that they are appropriate for your local circumstances and the people you support.

Please get in touch if you're finding similar or different things and feel free to share your reflections. HelpThroughCrisis@ipsos.com

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1

ENGAGING WITH PEOPLE FACING CRISIS

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THERE IS SIGNIFICANT DEMAND FOR CRISIS SUPPORT

HtC projects are helping large numbers of people facing crisis

There is a consistently high level of demand for crisis support across the HtC partnerships so far – irrespective of the location or the type of support they offer. This high demand is reflected in the large numbers of people who want to access services. Partnerships often have to prioritise support and limit the number of people they can help. People's needs are typically more complex than partnerships expected at the outset of the programme.

!

Partnerships describe how this high demand and complexity increases the **risks for their organisations.** The people they support tend to have more challenging circumstances that require expert or ongoing support to deal with effectively. There may also be a greater risk to staff and other service users in certain situations. One way to manage this risk is through effective referral pathways, and this is explored on the next page.
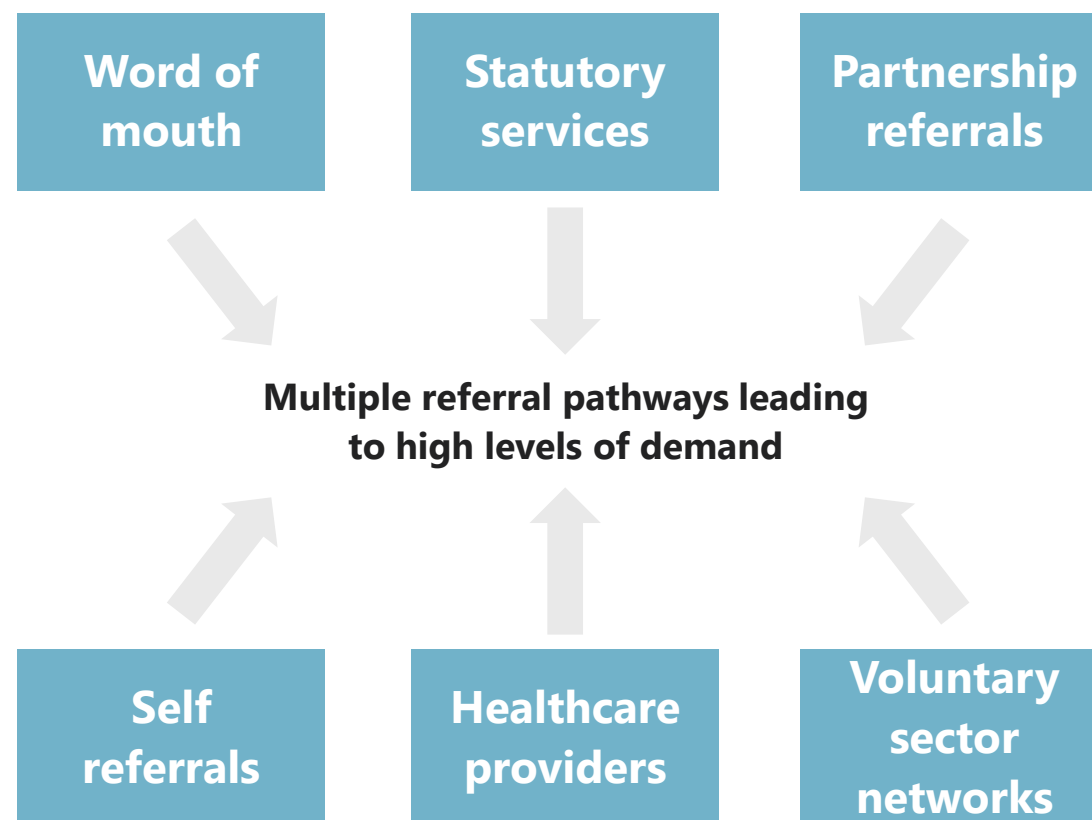
The high levels of demand services are experiencing means there tends to be **little time to do outreach** work. There are also concerns about further **overloading staff** by focusing on outreach activities. However, some partnerships acknowledge that this means they **may not be reaching those most in need of the support they provide.**

PEOPLE ACCESS SERVICES IN MANY DIFFERENT WAYS

Partnerships have different approaches for reaching people who need crisis support based on local circumstances. Three approaches that work well are:

1. **Word of mouth:** this can be a good way to engage people from communities who do not usually use services. They may be more likely to trust recommendations from people they already know.

2. **Referrals from GP surgeries:** people often need to use health services even if they do not access other public services. This can provide a good link to HtC partnerships.

3. **Travelling to people:** raising awareness of services, including targeting specific types of people who might be less likely to engage, e.g. co-locating with other services, or visiting local schools and colleges to reach children and young people.

Word of mouth	Statutory services	Partnership referrals

Multiple referral pathways leading to high levels of demand

Self referrals	Healthcare providers	Voluntary sector networks

Many referrals come through other local organisations and statutory services, based on the good networks and reputations built up by HtC partnerships. These connections are vital for ensuring people get the support they need. However, **managing the referral process** can be challenging. The high demand for services means that people may not meet the full criteria for a project (e.g. area of residence, crisis situation, demographic criteria incl. age/ gender) even if there is a clear need for support. Projects have different approaches for assessing this. Some manage demand and risk by **prioritising certain people they think their support will be most likely to help.** We have included some examples of this on the next page.

PARTNERSHIPS HAVE DEVELOPED WAYS TO MANAGE REFERRALS AND PRIORITISE SUPPORT

Hackney Migrant Centre manages the high demand for its services by using a triage approach. During their weekly drop-in, volunteers collect basic information from people to assess whether the support available is likely to help them. Some people are given appointments with different types of advisors during the afternoon session and are assigned a case worker. Other people are referred to different services, or staff explain why they are unable to help.

Bevan Wellbeing Centre has been monitoring the referrals they receive since opening. Initially, they only accepted referrals from a linked doctor's surgery and self-referrals. This was done in order to understand the levels of demand in the local area. Now that the centre understands local demand and has developed a good reputation in the area, they are beginning to receive external referrals from mental health workers and other organisations.

Bournemouth Hospital treats patients who have suffered from acute liver disorders due to substance misuse. On discharge, staff previously organised taxis to send people to make an application for emergency accommodation. They now refer patients directly to **Access Dorset**. A crisis support worker visits the patient in hospital to get to know the them and discusses the type of support they can offer when they are discharged from hospital.

Other services work on a first come first served basis, particularly those working with people who have specific types of support needs. For example, **the Bond Board** typically works with people looking for housing who may approach them through word of mouth or through referrals. While in emergency situations the most pressing issues are dealt with first, some of the longer-term support may be given on a first come first served basis. The Bond Board work in the same way for all the people they support.

What did we find?	**What does this mean for partnerships?**
The high levels of need for the support provided by HtC partnerships means there can be very little time to do outreach work. Even without going to people directly, HtC partnerships can feel overwhelmed with the extent of demand for their services. People's support needs are also often complex.	High levels of demand may mean that people who should be prioritised in a local area are being missed. For example, if they are not already linked to services or do not refer themselves for support. It can also mean that some people receiving support may not have the greatest levels of need or may not fully meet the criteria for the HtC project.
This level of demand for services can make it hard for teams to find the time to assess how referral pathways are working and whether a project is reaching the intended people. However, this understanding is essential for delivering a service effectively and maximising its impact.	Instead of thinking about the challenges of "hard to reach" people, a better approach is to start by recognising that they can be "easy to ignore". Partnerships should reflect on what they *can* do to ensure different types of people receive support. There are great examples of outreach in this paper.
	Strong local knowledge and good monitoring systems will help provide the evidence of who is accessing services and who might be missing out. Adapting referral criteria and processes may also be necessary to change who is receiving support.

WHAT ACTIONS ARE YOU GOING TO TAKE?

Q Questions for you

- How do you manage access to and demand for your services? Why do you manage it this way?

- Are there any groups that are being missed out from your support?

- How could you improve:

  (i) your outreach or referral pathways, and

  (ii) your eligibility criteria to ensure those who most need your support can access it?

- How can your knowledge of the local context be improved? Who else can you speak to/involve?

Q Questions for the people you work with

- How did you find out about the service?

- What types of people do you think would benefit from [the service] who don't seem to use it?

If you'd like to reflect on these questions with your team or the people you work with, you can use the activity booklet attached to this paper.

WHAT ACTIONS ARE YOU GOING TO TAKE?

If making better links with other organisations is something you would like to think about further, we've suggested an exercise below you could do on your own, with your team or with the beneficiaries you work with.

Suggested Exercise

HtC partnerships are working with lots of local organisations including other charities, statutory services e.g. the local council and local health services, as well as some national organisations like the Fund. To help think about whether you could reach out to other organisations or make the most of the connections you already have, you can completed a stakeholder mapping exercise.

1. List all of your stakeholders (all the organisations you are working with at the moment, or would like to work with in the future).

2. Plot them against how much power they have, and how much interest they have in your work using the chart below:

3. Think about how you could work more closely with those in the 'encourage and influence' quarter.

Interest

Keep satisfied	Encourage and influence
Monitor	Keep informed

Power

NCVO provides lots of information on stakeholder mapping in charities which this tool is based on.

2

PROVIDING EFFECTIVE SUPPORT

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PARTNERSHIPS PROVIDE HOLISTIC SUPPORT THROUGH A RANGE OF DELIVERY MODELS

Advice/case worker

Advice and case workers are often used as part of an approach to crisis support and are a key element of Help through Crisis projects. They work closely with people to provide tailored, ongoing 1:1 support to help them through crisis – something beneficiaries highly value.

E.g. Hackney Migrant Centre offers advice and case work around immigration, homelessness, and poverty relief to asylum seekers, refugees and migrants.

Person-centred, holistic support

Targeted services

Targeted services provide support to people from specific communities, or with specific needs or characteristics. This means these services tend to have clear criteria for eligibility.

E.g. No Limits in Southampton offers advice, support, advocacy and counselling to young people under the age of 26.

Community centres

Community centres involve more than one service co-locating in one place. This creates a feel of community, and is often seen as a good way to help people develop social relationships.
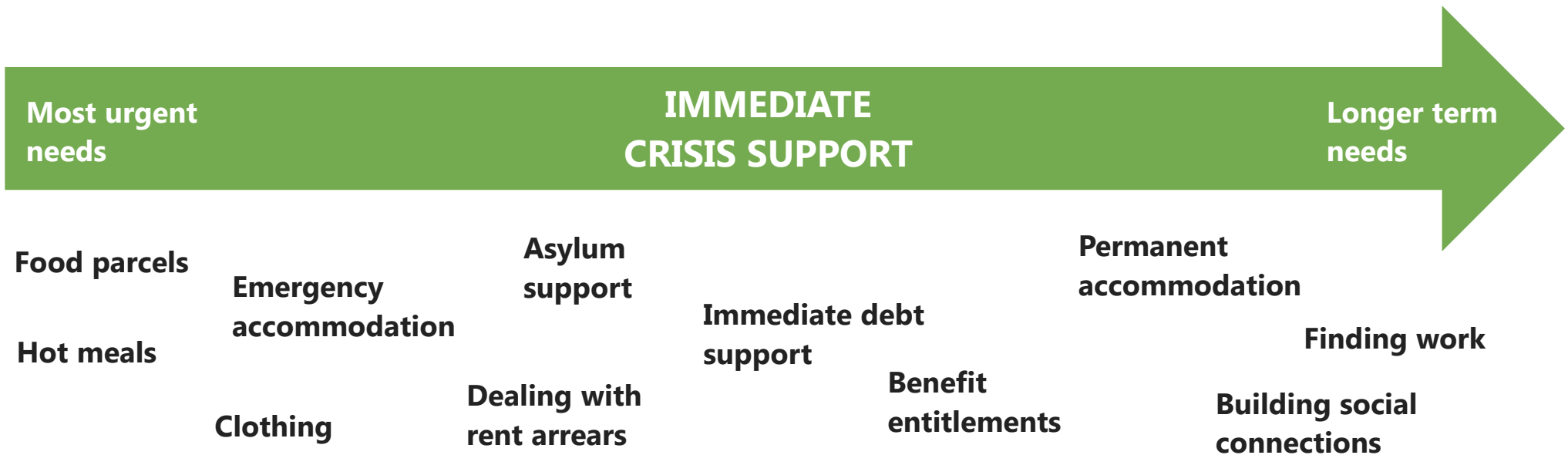
E.g. Bevan Wellbeing Centre in Bradford offers a space for people to meet, eat, participate in activities, and seek advice & support.

Drop-in centres

People find out where they can go to access the service. During opening hours, service users do not need an appointment to seek support.

E.g. Mancroft Advice Project (MAP) in Norwich holds a drop-in on weekday afternoons. During this time young people can receive advice without an appointment.

A WIDE RANGE OF SUPPORT IS ALSO BEING PROVIDED TO HELP WITH IMMEDIATE CRISIS

Most urgent needs → **IMMEDIATE CRISIS SUPPORT** → **Longer term needs**

Food parcels

Emergency accommodation

Asylum support

Immediate debt support

Permanent accommodation

Hot meals

Finding work

Clothing

Dealing with rent arrears

Benefit entitlements

Building social connections

Some support can be provided immediately, while other forms take longer to establish – but these are all part of resolving an 'immediate crisis'

Key to this is having the local knowledge and networks to navigate complex systems with people and find the immediate support they need

FIRST IMPRESSIONS ARE IMPORTANT TO BUILD TRUST

How people feel when they first interact with a service really matters

Many partnerships work hard to create a welcoming atmosphere by:

- **Offering personal, informal, honest communication**
  e.g. actively listening, managing expectations, explaining jargon, demonstrating useful knowledge

- **Creating a friendly, positive environment**
  e.g. offering people a hot drink when they arrive, co-creating artwork for the walls, volunteers welcoming people on arrival

- **Making services accessible**
  e.g. holding drop-in sessions, phone or online advice, locations on the high street or in the town centre, opening hours in the evenings and on weekends

- **Taking immediate action where they can**
  e.g. focusing on tackling key issues as soon as possible, working quickly, explaining what is going to happen next

- **Having a diverse staff team** which can help people feel more comfortable if they're speaking with staff from a similar background or with similar experiences

> **[The project member of staff]** *can easily explain this stuff in a simplified form, in a way that everyone understands. So she's kind of like a translator in a way.*

Beneficiary, Birmingham Rathbone

VOLUNTEERS ARE ESSENTIAL FOR MANY PROJECTS

Partnerships **involve volunteers in different ways**. Their roles are sometimes tailored to the experience and skills of individuals, or based on an approach partnerships have found helpful in providing support.

This means the **importance of volunteers to** running services varies greatly, but they are often crucial. Some partnerships have **volunteers with lived experience** of similar issues and support services.

There are great examples of volunteers doing the following roles:

- Being a **friendly face** to welcome people when they first arrive needing support

- Carrying out **basic assessments** to identify people who are eligible for a service, or to point people to more specialist support and advice

- Offering **practical support for a drop-in**, e.g. by making food or running a creche for children

- **Interpreting** for people where English is not their first language

- **Running social activities** such as craft groups

Matthew in the garden at the Welcome Centre

Matthew volunteers at the Welcome Centre run by the Wai Yin Society. He takes charge of the garden, growing the plants and vegetable patch, and carrying out maintenance work. He has completed training including a first aid course, health and safety in the kitchen and volunteer training where he can share experiences with other volunteers at the centre. Volunteering has helped to build his confidence and he enjoys being a part of the community, welcoming people at the centre. He also acts as a mentor to another volunteer and feels like they learn a lot from each other.

What did we find?

Partnerships use different models to deliver support, but holistic, person-centred approaches are crucial. This can be done in different ways, but often relies on an advice or case worker to provide an ongoing contact point for people. Developing this kind of relationship can help to build trust and allow support to be tailored to an individual and their circumstances.

Community centres and other ways of co-locating different kinds of support creates a feel of community, and is often seen as a good way to help people develop social relationships.

However, there is a risk that co-locating services can mean that individuals who are excluded from a space lose access to a wide range of services. As such, there may be advantages and disadvantages to this model.

What does this mean for partnerships?

There is no one approach to effective crisis support. However, small changes can make a difference so it is worth exploring what you can learn from other HtC projects to improve delivery.

For example, there can be dependency on a single case worker. This builds trust when people are first dealing with crisis, but can become challenging when people no longer need intensive support. A drop in centre or hub can help make it easier for people to develop confidence and resilience, because they can build relationships beyond an individual case worker. This helps people feel comfortable in a familiar place where they can access support.

Whatever model is used for support, creating a welcoming environment and involving volunteers are effective, practical ways to improve support and make people feel at ease.

WHAT ACTIONS ARE YOU GOING TO TAKE?

Q **Questions for you**

- How are you creating a good first impression? How could this be improved?

- What are the strengths <u>and</u> weaknesses of the model you use to offer support?

- How might the opportunities <u>and</u> support you offer volunteers be improved?

Q **Questions for the people you work with**

- What did you think of [the service] when you first arrived?

- Overall, how could [the service] be improved further?

- What other issues are there that you would like support with that [the service] didn't help with?

If you'd like to reflect on these questions with your team or the people you work with, you can use the activity booklet attached to this paper.

WHAT ACTIONS ARE YOU GOING TO TAKE?

If ensuring people have a good first impression of your service is something you would like to think about further, we've suggested an exercise below which you could do on your own, with your team or with the beneficiaries you work with.

<u>Suggested Exercise</u>
Take 15 minutes and go outside. Walk down the street before returning to the building where support is provided. As you approach the building, go slowly and look around you. What is around the building? How might someone feel as they approach?

Continue to enter the building. What can you see? Is it clear where to go? How might you feel coming into the space for the first time?

When you are back inside, write down what you were thinking and feeling. Is there anything you could change about how people reach your service?

3

VALUING STAFF AND SUPPORTING THEM IN THEIR ROLES

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STAFF NEED SUPPORT TO DEVELOP THE SKILLS AND ATTRIBUTES THEY NEED

Partnerships praised their staff for the skills they use in their roles

Staff skills & attributes
Passionate
Good communicator
Networker
Problem-solver
Non-judgemental
Empathetic

Staff have to **balance the different skills and attributes** they need in their roles. They need to be empathic and genuinely care, but also to be assertive and able to build trust without dependency. Staff need **support to continue to develop**. This is crucial to enable them to provide effective ongoing support to those they work with.

Alongside any professional qualifications required by their roles, staff need to build a range of skills and local networks. For example, partnerships suggested that their staff are good at **adapting the tone of their conversations** based on who they are speaking with. They have to be able to engage beneficiaries, as well as council staff, lawyers and other professionals appropriately. This type of advocacy work operates in both directions.

The pressures of the role mean that **staff need significant support** to be **resilient and create appropriate boundaries** so that work stress does not affect their overall wellbeing.

There is a sense in the sector that if you're not near-burnout then you're not doing your job properly.

Support worker

It is hard to shut off, it is. Because you worry about them. It [working four days a week] gives me that time to just switch off and do whatever I want to do on that day off and to recharge.

Support worker

If I come across any difficulties, especially with the case work on drop-in, we're able to talk to the team leader at any point. If I'm working with someone now and anything worries me, I'll go talk to them right now.

Support worker

STAFF SHOULD NOT FEEL SOLELY RESPONSIBLE FOR THE PEOPLE THEY WORK WITH

Sharing responsibility is key to staff doing their job well over the long term

Frontline support staff work in highly pressured, demanding roles, often helping people with complex needs in challenging circumstances. This makes it all the more important that organisations provide ongoing support to their staff so they can provide support effectively. In particular, staff told us that it is essential they feel able **to share responsibility appropriately to manage their own wellbeing.** This support can take different forms:

- **Debriefing and sharing concerns with line mangers** through a formal pastoral relationship. Line managers can act as a listening ear and provide advice including on what support the organisation is able to offer.

- **Sharing experiences with team members** through internal team meetings, or more structured group counselling sessions or clinical supervision.

- **Formal handover processes** such as sharing a handover log which explains the context of the beneficiaries engaged each day and the actions taken. This means staff can feel confident that another team member will pick up anything outstanding if they are not in the office.

- **Setting clear boundaries** with beneficiaries to manage expectations and provide a clear separation between work and non-work time. For example, giving out details for a work rather personal phone and switching this off outside of working hours.

- Staff might need **support and training to build resilience**, or changes to recruitment approaches to make sure teams have the right range of skills.
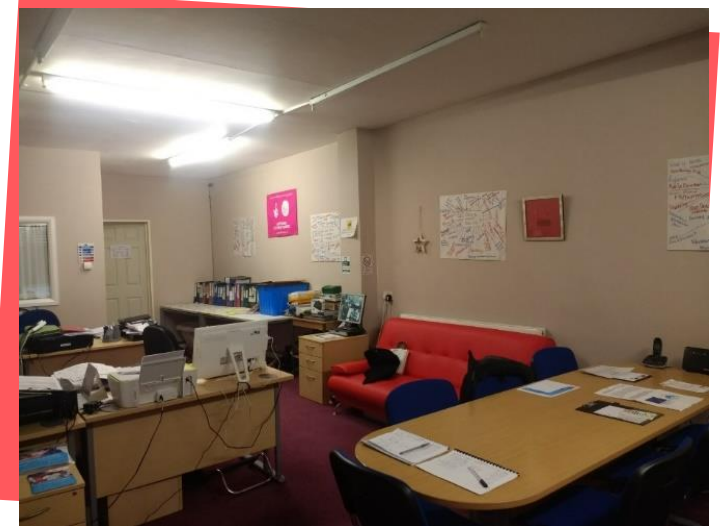
What did we find?

Staff providing crisis support are working to help people in difficult and complex circumstances. However, the demands of providing effective support are not necessarily matched by adequate resources, within and outside organisations.

This can result in:

- Capacity pressures on frontline staff, contributing to higher levels of stress and burnout.

- Frontline roles becoming more demanding, with increased risks and responsibilities as the scope of the support they provide changes and expands.

- Frontline staff feeling a greater sense of responsibility for those they support, with fewer statutory support services available to help people in crisis.

What does this mean for partnerships?

It is important that individual staff members do not feel solely responsible for the people they work with. As well as good line management, partnerships could consider offering clinical supervision, developing codes of practice or tailored organisational policies and procedures, or setting aside time with colleagues to share and reflect on staff support needs.

Partnerships should also consider co-producing services with staff. This involves increasing individual staff members' autonomy and involvement in decision-making. This is something wider research has shown can reduce levels of burnout.

WHAT ACTIONS ARE YOU GOING TO TAKE?

Q **Questions for you**

- Are frontline staff able to share responsibility with others appropriately? If not, what gets in the way?

- Are frontline staff able to set clear boundaries? If not, what gets in the way?

- How are staff supported in their roles more generally? How could this be improved?

Q **Questions for the people you work with**

- What did [staff and/or case worker] do that was particularly good?

- What did [staff and/or case worker] do that could be better?

- What might you be able to offer as a volunteer to support other people using [the service]?
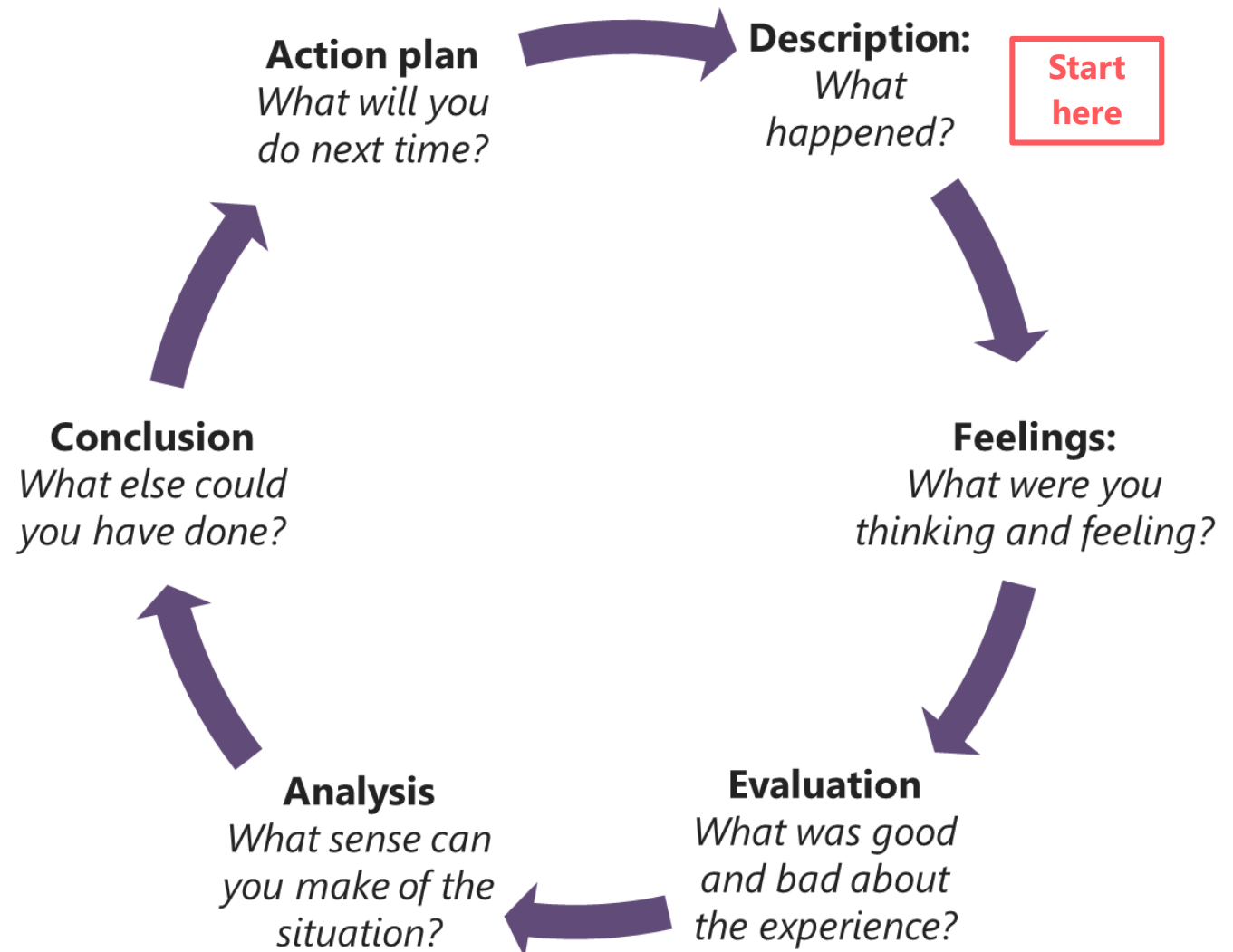
If you'd like to reflect on these questions with your team or the people you work with, you can use the activity booklet attached to this paper.

WHAT ACTIONS ARE YOU GOING TO TAKE?

If reflecting on a specific aspect of your work is something you would like to think about further, we've suggested an exercise below which you could do on your own, with your team or with the beneficiaries you work with.

Suggested Exercise

Reflective practice is a way of studying your own experiences to improve the way you work. It is frequently used in some professions like medicine. It can be a helpful way of thinking about your experiences at work, and building on your knowledge and skills developed on the job. There are lots of different models of reflective practice based on answering a series of questions. One approach based on the Gibbs reflective cycle is on the right. Start with describing what happened and work your away around the circle.

Action plan
What will you do next time?

Description:
What happened?

Start here

Conclusion
What else could you have done?

Feelings:
What were you thinking and feeling?

Analysis
What sense can you make of the situation?

Evaluation
What was good and bad about the experience?

THANK YOU!

On the way to Birmingham Rathbone Society

We'd like to thank all the partnerships who welcomed us to learn from them in this year of the Help through Crisis programme.

Access Dorset

Avon and Bristol Law Centre

Bevan Healthcare CIC

Birmingham Rathbone Society

Fiscus North

Gipton Supported Independent Living

Hackney Migrant Centre

Hull and East Riding Citizens Advice Bureau

Mancroft Advice Project

Mind in Furness

No Limits

North East Law Centre

Praxis Community Projects and St Mungos

Ravenscliffe Community Association

Telford & Wrekin CAB

The Bond Board

Wai Yin Society

If you have any comments or questions about any of the issues discussed in this paper, please get in touch with the Learning, Support and Evaluation team using the email address below, or via the Slack platform.

✉ **helpthroughcrisis@ipsos.com**

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