September 2018

Help through Crisis

Literature Review: Year 1

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About the Help through Crisis programme

Help through Crisis is a £33 million National Lottery funded programme set up by the Big Lottery Fund, the largest funder of community activity in the UK. It 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.

Contents

Executive summary

Purpose

The Big Lottery Fund (the Fund) Help Through Crisis (HtC) programme is supporting 69 local area partnerships to support people to move on from hardship crisis; defined as people lacking basic needs such as shelter, food and health care.

This document brings together evidence on how organisations are tackling hardship crisis. It was developed to help us (the Help through Crisis (HtC) support team) to understand the issues being tackled by you (the HtC partnerships). It seeks to identify the current gaps in evidence relating to effective approaches that charities can use to tackle crisis.

We have only touched the surface of the evidence available, so we intend to use this literature review as a living document which will be updated and extended during the course of the programme. For the next version, we are proposing to look at the literature on complex and multiple needs, and the evidence of specific approaches that charities could use to help prevent people from facing a recurrence of crisis. We would welcome your feedback on what we should focus on or contact us should you have any questions.

As ever, let us know if there's anything you'd value support with or areas where you'd like to learn more from the partnerships involved in the programme.

Help through Crisis support team (first published September 2018)

Findings

There are two main views on tackling hardship crisis:

1.	**Hardship is a result of personal factors and best tackled at the individual level.**	Focuses on individual factors such as debt or substance misuse that may contribute to a person experiencing a recurrence of hardship.	Responses focus on targeting an individual's behaviour and strengthening their resilience within the existing system.
2.	**Hardship is the result of systemic problems.**	Focuses on the structural factors creating the conditions for hardship crisis to flourish e.g. welfare cuts, social inequality.	Responses focus on the needed changes to policy or legislation that would address the underlying causes of hardship.

We have looked at four key areas:

1. **The causes of hardship crisis in the UK**

A range of definitions of crisis are provided by Crisis Intervention Theory, with the core element of each being an individual is overwhelmed, and their previous coping strategies have failed. Homelessness literature identifies a complex interplay between a person's individual circumstances (e.g. lack of qualifications, social support networks, and relationship breakdowns) and adverse structural factors outside of their direct control (e.g. unemployment, poverty, housing policies). There is limited literature on what is driving people to foodbanks which highlights changes in benefits and benefit delays as the main cause of referrals. Older people have been identified in the literature as being most affected by cuts to social care budgets, with nearly one in eight older people facing an unmet need with essential everyday tasks.

2. **Approaches for preventing the recurrence of crisis - government**

Structural changes to welfare reforms and policy interventions have been highlighted in the homelessness and food poverty literature as being significant in preventing the recurrence of hardship crisis. Sustain have identified ten policy measures that councils can use to address food poverty, however their effectiveness is yet to be determined.

3. **Approaches that charities can adopt**

There is less evidence in the literature regarding the effective responses from charities at tackling hardship. However, evidence from local authority-led interventions emphasises the need for a holistic approach building effective partnerships across a local area. A locally-led and coordinated approach across services and the voluntary sector is required. There should be a focus on early intervention models, and targeted/intensive support for those with severe complex needs.

One study identifies six strategic priorities for informing support:

1. Earlier intervention in people's problems

2. Greater access to targeted and intensive support for those facing the most complex needs

3. Improved health and wellbeing for the most excluded adults

4. Creating a system that supports long-term recovery

5. Greater user involvement in the design and delivery of services

6. Co-ordinated rehabilitation for offenders facing multiple needs

4. Examples of service user involvement

Service users and beneficiaries increasingly want an inclusive framework to participate, share knowledge and play an active role in the services they use. There are examples in the literature of organisations that involve services users in all aspects of running an organisation, and evidence that this improves communication between staff, volunteers and service users. But a lack of resources can exclude people from participating, particularly BAME groups.

There currently appears to be a significant gap in the existing literature on understanding effective approaches to crisis and complex needs, and evidence of effective approaches to address complex issues such as food poverty.

Introduction

The Help Through Crisis (HTC) Programme is funding 69 local area partnerships, across the whole of England, to support people to move on from hardship crisis and to work with them to build on good practice and maximise learning for the benefit of the projects themselves and the wider voluntary sector.

In order to achieve this, the Big Lottery Fund (the Fund) has funded 69 partnerships that can meet all four of the following outcomes:

1. People who have experienced hardship crisis are better able to improve their circumstances.

2. People who are at high risk of experiencing hardship crisis are better able to plan for the future.

3. Organisations are better able to support people to effectively tackle hardship through sharing learning and evidence.

4. Those experiencing, or who are at high risk of experiencing, hardship crisis, have a stronger, more collective, voice, to better shape a response to their issues.

As part of its ongoing support for the funded partnerships, the Fund has commissioned a review of the literature around programmes that address hardship crisis in the UK. The review is intended to be a living document that will be updated and extended over the course of the programme. The aims of the literature review are:

- to provide an overview of the external context within which the Help Through Crisis projects are operating;

- to understand the extent to which the approaches used by partnerships have an evidence base to support them; and

- to identify current gaps in evidence relating to the most effective approaches charities can use to tackle crisis.

Background

The literature review is structured to address four questions (i) the causes of hardship crisis in the UK, (ii) the most effective preventative approaches to crisis and the recurrence of crisis and (iii) the most effective interventions adopted by charities, and finally (iv) identifying examples of service user involvement in the design and delivery of services.

It is important to note that there are two worldviews in tackling hardships evident in the literature included in this review which affect how the four questions above are addressed:

- **Hardship is a result of personal factors and best tackled at the individual level.** This approach focuses on the individual factors such as debt problems and substance misuse that may contribute to a person experiencing a recurrence of hardship. Effective responses then require a targeted response at an individual level looking at behaviour change and supporting an individual to strengthen their resilience within the current system / context.

- **Hardship is the result of systemic problems:** This approach focuses on the structural factors creating the conditions for hardship crisis to flourish e.g. welfare cuts, social inequality. Effective response in this case may be changes to policy or legislation that would address the underlying causes of hardship.

It should be noted that both these worldviews are not mutually exclusive.

In this first review of the literature which was conducted in August – September 2017:

- The focus to date has been on the available practitioner research in the areas of homelessness and food poverty. This is the area of research where the greatest wealth of evidence currently exists.[1]

- A selection of literature on healthcare and social care has also been included, but a fuller review is expected in future updates of this review.

- The literature identified has focused on a single-issue crisis experienced by individuals e.g. homelessness. This reflects the gap in the literature on crisis focusing on multiple 'lack of basic needs' (lack of shelter, food and health/social care).

- The focus has been on literature relating to the UK. Future updates may include international examples of good practice, such as the Canadian organisation PROOF that is tackling food poverty.

It should be noted in reading this review that the terms 'hardship crisis' and 'crisis', 'service user' and 'beneficiary' are used interchangeably in the literature as well as 'charities' and 'service user organisations'.

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[1] See Appendix 1 for a description of the literature search methodology.

What are the underlying causes that lead people to hardship crisis?

Crisis Intervention Theory

Crisis intervention theory originated in the 1940's and 1950's with Lindemann's pioneering work on grief and bereavement and with the work of Caplan at Harvard University. The literature on crisis intervention identifies a range of definitions of crisis, the core element of each is that an individual is overwhelmed, and previously applied coping strategies fail. The event which triggers a crisis may include both major and traumatic ones, and events which are apparently minor. In the latter case, it can be the case that the person's coping ability has been decreased over a period of time, or there are certain factors affecting a person which increases their vulnerability to crisis. Examples of definitions from the literature are detailed below:

1. People are in a state of crisis when they face an obstacle to important life goals–an obstacle that is, for a time, insurmountable by the use of customary methods of problem solving. A period of disorganization ensues, a period of upset, during which many abortive attempts at a solution are made." (Caplan, 1961, p.18)

2. "Crisis results from impediments to life goals that people believe they cannot overcome through customary choices and behaviors" (Caplan, 1964, p.40)

3. Crisis is a crisis because the individual knows no response to deal with a situation (Carkhuff and Berenson, 1977, p.165)

4. Roberts (2005) defines crisis as "(a)n acute disruption of psychological homeostasis in which one's usual coping mechanisms fail and there exists evidence of distress and functional impairment. The subjective reaction to a stressful life experience compromises the individual's stability and ability to cope and function. The main cause of a crisis is an intensely stressful, traumatic, or hazardous event, but two other conditions are also necessary: a) An individual's perception of the event as the cause of considerable upset and/or disruption and b) An individual's inability to resolve the disruption by previously used coping mechanisms".

Brammer (1985) divides crisis into three categories:

▪ Developmental Crisis that causes stress on an individual due to normal life changes such as pregnancy.

▪ Existential Crisis that causes stress on an individual due to feelings of regret or that "life had passed them by". Existential crises are particularly common at life transition points.

- Situational Crisis, this is an event that is overwhelming and sudden such as sexual assault, homelessness and where clients often seek crisis intervention workers such as charities to be able to address their immediate need.

There are reported to be 14 million people living in poverty in the UK[2] and over the last few years a significant number are experiencing a situation where their basic needs (food, shelter and basic social care/healthcare) are not being met.

Homelessness and Risk of Homelessness

Homelessness in the UK is a growing crisis and is largely a hidden issue. The government defines homelessness (and collects official data) in relation to the statutorily homeless i.e. those households which meet specific criteria of priority need set out in legislation, and to whom a homelessness duty has been accepted by a local authority. This includes people likely to be threatened with the loss of, or are unable to continue with, their current accommodation. A 'main homelessness duty' is owed where the authority is satisfied that the applicant is eligible for assistance, unintentionally homeless and falls within a specified priority need group. Priority groups include: households with dependent children or a pregnant woman and people who are vulnerable in some way (e.g. because of mental illness or physical disability; people aged 16 or 17; people aged 18 to 20 who were previously in care; people considered vulnerable as a result of time spent in care, in custody, or in HM Forces; and people considered vulnerable as a result of having to flee their home because of violence or the threat of violence).[3]

Many people are not included in official statistics - they might be staying with friends or family, not qualify for assistance or be staying in unsafe and unsuitable accommodation.[4] In a report for Crisis, Bramley (2017) estimated that at any one time in 2016 across Britain:

- 9,100 people were sleeping rough, compared to previous estimates placing rough sleeping at 4,134 households for England

- 68,300 households were sofa surfing

- 19,300 households were living in unsuitable temporary accommodation

- 37,200 households were living in hostels

There is a rich literature on the underlying causes of homelessness and housing problems. According to Shelter[5], homelessness is caused by a complex interplay between a person's individual circumstances and

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[2] Barnard, H *et al* (2017) *UK Poverty 2017:* A comprehensive analysis of poverty trends and figures, Joseph Rowntree Foundation. Retrieved from https://www.jrf.org.uk/report/uk-poverty-2017

[3] Guidance Homelessness data: notes and definitions https://www.gov.uk/guidance/homelessness-data-notes-and-definitions

[4] Shelter's definition of homelessness comprises rough sleepers but also those who do not have a safe, suitable home of their own.

[5] Shelter http://england.shelter.org.uk/campaigns_/why_we_campaign/tackling_homelessness/What_causes_homelessness

adverse 'structural' factors outside their direct control. A number of different personal and social factors can contribute towards people becoming homeless. These may include one or more of the following:

- **Individual factors** including lack of qualifications, lack of social support, debts - especially mortgage or rent arrears, poor physical and mental health, relationship breakdown, and getting involved in crime at an early age.

- **Family background** including family breakdown and disputes, sexual and physical abuse in childhood or adolescence, having parents with drug or alcohol problems, and previous experience of family homelessness

- **An institutional background** including having been in care, the armed forces, or in prison.

Structural causes of homelessness are social and economic in nature, and are often outside the control of the individual or family concerned, these may include:

- unemployment

- poverty

- a lack of affordable housing

- housing policies

- the structure and administration of housing benefit

- wider policy developments, such as the closure of long-stay psychiatric hospitals.

Structural causes require long-term policy solutions such as changes in the housing benefit system, the building of more affordable homes, and addressing social inequality.

Shelter (2016) identified that the structural factors and the personal factors causing homelessness are not mutually exclusive. While the structural factors create the conditions within which homelessness occurs, individual factors determine the likelihood of becoming homeless in those conditions. For example, certain structural factors such as house prices put people with certain characteristics (physical or mental health problems, people on low incomes) or people disadvantaged from entering employment or full-time work, at more risk to experiencing homelessness. Furthermore, structural factors may also play a role in aggravating individual factors. For example, cuts to housing benefit may aggravate or negatively impact a person's mental health condition further pushing them into crisis.

There is now a general consensus among experts that homelessness is primarily driven by structural factors. Shelter's 2016 report found that a "person's housing circumstances (rather than their personal circumstances) is the root cause of homelessness for the great majority of households made homeless".

The three main reasons for having lost a last settled home, given by applicants for homelessness support from local councils are: [6]

1. parents, friends or relatives unwilling or unable to continue to accommodate them

2. relationship breakdown, including domestic violence

3. loss of an assured shorthold tenancy.

In England, one of the primary structural reasons identified for the increase in homelessness has been the end of an assured shorthold tenancy (AST). Shelter's report (2016) suggests that landlords are ending the assured shorthold tenancy in order to either sell their properties as home prices are rising or obtain a higher rent. A Shelter service user stated, "I was paying £625 for it, [the landlord] wanted £900 for it. He gets £925 for it now. He actually said 'I'm entitled to more money so I'm gonna get it'".

A report published by DWP in 2013 suggested that landlords were mostly concerned about the changes to welfare reforms such as housing benefit and a significant number of landlords were 'considering' or planning to exit the Local Housing Allowance (LHA) market as a result.[7] Barton (2017) suggested that "social sector landlords are concerned that [caps to Housing Benefit] will result in shortfalls between the rent due and claimants' entitlement to Housing Benefit. This could, in turn, result in rent arrears and impact on landlords' revenue streams". The end of the AST is not in itself a path to homelessness; it is the inability to find an alternative home, after the loss of a settled home that ensures people remain homeless. The introduction of a cap to housing benefit which is no longer adjusted to match rents means that there is a significant gap between the maximum amount a family can claim for housing benefit and the typical rent of a home in a given area. In this situation, it is very difficult for a family to avoid homelessness and academics at the Cambridge Centre for Housing and Planning Research (CCHPR) forecast that tens of thousands of households will encounter severe difficulty in meeting their rent payments.

Reeve (2016) identified that further changes to eligibility criteria to Housing Benefit has caused a rise in homelessness (for example this was completely removed for young people), direct payments for Universal Credit claimants and caps to LHA rates have all directly contributed to the rise in homelessness.

Furthermore, Gousy (2014, 2016) identified that even when people manage to find affordable homes, increasingly landlords or estate agents simply refuse to let their properties to people on housing benefit even if they are in work. Sometimes this discrimination is quite explicit with signs such as "No DSS" put up on the property adverts.

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[6] Shelter. http://england.shelter.org.uk/campaigns_/why_we_campaign/tackling_homelessness/What_causes_homelessness
[7] DWP, Monitoring the impact of recent measures affecting Housing Benefit and Local Housing Allowance in the private rented sector- the response from landlords. London: DWP, 2014

Food

There is limited literature on what is driving people to foodbanks. The main source of evidence is the Trussell Trust. Trussell Trust's latest report shows changes to welfare reforms are exacerbating not only homelessness, but also the level of unmet need for food. Benefit changes and benefit delays are the main causes for referrals to food banks followed by low wages. Jitendra *et al* (2016) found that the impact of a six-week waiting period for a Universal Credit payment leads to "food bank referrals, debt, mental-health issues, rent arrears, and eviction. These effects may last after the payments are received due to bills and debt piling up". Another useful source is the 'Feeding Britain' report of the All-Party Parliamentary Inquiry into Hunger in the United Kingdom (see Appendix 3 for full reference), which provides helpful recommendations for government actions to address this issue.

Healthcare / Social Care

In relation to lack of healthcare and /or social care, older people seem to have been affected the most by cuts to local authority social care budgets. Age UK (2017) found there has been a £160 million cut in total spending in real terms on older people's social care in the five years to 2015/16. The need for care is assessed by whether a person is able to carry out everyday tasks unassisted; these are categorised as Activities Daily Living (ADLs) which include essential day to day activities such as personal hygiene, getting dressed, eating, using the toilet and Instrumental Activities of Daily Living (IADLs) which include tasks that facilitate someone to live independently and with dignity such as managing medication, paying bills, preparing meals, cleaning. Nearly 1 in 8 older people now live with some level of unmet need with essential everyday tasks. An estimated 291,400 people aged 65 and over living with three or more ADLs do not get the help they need despite being eligible for support and a quarter (52,700) of these individuals receive no help whatsoever[8].

Which approaches are most effective at preventing recurrence of hardship?

The literature review identified approaches that are mostly focused on single issues such as homelessness. The second literature review will focus on identifying literature for approaches which take a systems change approach.

Reflecting the approach that hardship is best addressed at an individual level, James (2008) developed a Six Stage Model of Crisis Intervention:

- Step 1. Defining the Problem: assess what the problem is by actively listening to the client, and establishing a connection between yourself and the client.

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[8] *Briefing: Health and Care of Older People in England.* (2017). Age UK, pp. 28 Retrieved from http://www.ageuk.org.uk/Documents/ENGB/Forprofessionals/Research/The_Health_and_Care_of_Older_People_in_England_2017.pdf?dtrk=true

- Step 2. Ensuring Client Safety: assessing whether the client is safe from further risk to harm.

- Step 3. Providing Support: communicating with the client and offering enough advice and information for the client to understand their available options for dealing with their situation.

- Step 4. Examining Alternatives: exploring with the client potential solutions to the crisis they are dealing with and assisting their client to construct new ways of thinking about their situation that can help them reframe their situation.

- Step 5. Making Plans: once the client establishes trust with the crisis worker, they can start making a plan which involves making concrete steps that would enable the client to take back control over their life. At this stage other referrals can also be made to provide the client with additional support. Clients must get involved and work together with the crisis worker to create a plan so that they are able to feel empowered and autonomous.

- Step 6. Obtaining Commitment: crisis worker may write down the plan with the client and follow up with them to ensure they are sticking through with the plan and assist if they need further support.

A client may not necessarily move in a linear fashion as the model suggests. In fact, it is very likely that they will move forward and regress back as their situation changes and a crisis worker will need to identify which stage their client is at so that adequate support is given. It should also be noted that crisis worker alone may not be able to resolve their client's situation (especially if the problem is structural) and may need to collaborate with other services.

Revolving Doors (2016) report *Understanding the whole person,* found that many individuals face multiple needs at the same time, yet researchers tend to view people facing multiple needs within the confines of their own profession. This can lead to people getting fragmented support, which results in the recurrence of hardship.

Revolving Doors (2016) identified that the majority of offenders and homeless people face at least one additional problem of either substance misuse, offending or homelessness. At least 58,000 people experience all three. In reviewing effective approaches service providers need to be aware that many individuals facing hardship have a complex mix of needs.

Homelessness

There has been a significant change in the policy landscape with policies previously introduced to prevent homelessness mostly having been cut as part of austerity measures. A recent analysis conducted on behalf of Crisis by Heriot-Watt University (Bramley 2017) forecast that, unless significant policy changes are made, the number of people forced into homelessness in Britain will double by 2041 – rising to 575,000 people. The research estimated that homelessness could be significantly reduced (by 6.5 per cent in 2021, 21 per cent by 2026-31 and 33 per cent by 2036 compared to the baseline forecast) if the

planned cuts to welfare for the period 2016-2021 were reversed. The research also identified that a 60% increase in new housing would lead to a progressive reduction in core homelessness of over 9 per cent in 2026, 15 per cent in 2031 and 19 per cent by 2036. The research concluded that if all local authorities "match the practices currently implemented by the most extensive homelessness prevention activity, homelessness would reduce by 22 per cent in 2021 and approaching 27 per cent by 2026 onwards".[9]

The Homelessness Reduction Bill introduced in March 2017, which requires councils to focus more on preventing homelessness, was based on the Welsh Government's 2014 Housing Act. The evidence from Wales suggests that the changes have led to a reduction in homelessness and consequently reduced costs for the public sector in Wales (St. Mungo's 2016). However, it is too early to assess whether it will result in similar outcomes in London which has more acute housing problems and homelessness.

Welsh Government's 2014 Housing Act changes include[10]:

- New duties for local authorities to help prevent homelessness for anyone who asks for help
- Involving people in designing their own solutions, by jointly developing a Personal Housing Plan looking not just at immediate housing problems but also at any underlying issues
- Intervening early – within 56 days of homelessness – to prevent people's situations escalating out of hand
- Removing automatic priority need for prison leavers
- Placing new duties on housing associations to cooperate in homelessness prevention; and
- Allowing local authorities to discharge homelessness duties with an offer of private rented accommodation without the consent of the applicant.
- The Welsh government had also provided £5.6 million in funding which enabled local authorities to pay for a wide range of prevention measures such as:
  - Deposits for people who want to move out of the county and therefore cannot use the bond scheme
  - Rent in advance and letting agent fees
  - Debt Relief Order fees
  - Bankruptcy fees
  - Fees for court applications when the client cannot obtain proof of income or £50 for the fee in time
  - Mortgage arrears
  - Energy Performance Certificate fees, so one client could sell her home rather than face repossession
  - Clearing rent arrears, while also negotiating new fixed term tenancies or rent reductions.

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[9] Crisis have now launched an ambitious plan for ending homelessness: https://www.crisis.org.uk/ending-homelessness/
[10] A brand new start: homelessness and the Housing (Wales) Act. (December 2015). ShelterCymru. Retrieved from https://sheltercymru.org.uk/wp-content/uploads/2015/12/A-brand-new-start-homelessness-and-the-Housing-Wales-Act.pdf

Food

The literature review identified limited evidence for preventative initiatives with regards to a lack of food. However, a Trussell Trust report (Jitendra *et al* 2017) has found that the primary reason people were using food banks was due to delays to benefit payments, in fact 42% of foodbank referrals in 2015-2016 was due to delays to benefit payments, 13.5 % due to low income and 6% due to debt, while the rest was due to other reasons such as delayed wages, domestic violence, sickness. In their 2017 report, *Early Warnings Universal Credit and Foodbanks,* they recommend a reduction to the 6 week waiting time before one receives their first benefit payment and highlighted the need to monitor the effectiveness and impact of in work conditionality as an incentive to work due to the strong links between sanctions and the use of foodbanks.

Foodbanks reported seeing their resources stretched, particularly in areas where there was a rollout of the Universal Credit service; they have been impacted by higher demand and repeat visits and this has had a negative impact on their food stock and the stress level on volunteers. Due to the acute need of their clients, Foodbanks are not only providing emergency food, but also directly advocating on behalf of their clients by calling the jobcentre, as well as signposting their clients to other services such as Citizen's Advice Bureau for additional support (in some circumstances Citizens Advice carried out outreach services but in a limited capacity). However, the Trussell Trust report found that some foodbanks were not able to adequately provide this support due to the lack of local support agencies in their areas to refer to (many local services have faced closure) and there was also a lack of awareness of the types of services available on the part of volunteers.

Although the primary reason for accessing foodbanks is structural, The Trussell Trust is providing courses for their service users to develop coping skills. The Trust has developed *Eat Well Spend Less-* a budgeting and cookery course designed to support people with basic household budgeting, make healthy balanced meals and build relationship with other service users. This service has provided over 116 courses across the UK. Holiday Clubs have also been developed by Trussell Trust to address the issue of children going hungry during the holidays by offering a meal and activities and Money Life – a service developed to offer targeted help and signpost clients to local debt advice (Jitendra *et al.* 2017).

Sustain's London Food Poverty profile tracks what London councils are doing to improve household food security, which is defined as helping residents to 'feed themselves and their dependents adequately, healthily and without anxiety'. The 2017 London Food Poverty profile identifies ten policy measures that councils can and are implementing, to varying degrees to address food poverty, namely:

- Develop and implement a food poverty action plan

- Increase the uptake of Healthy Start vouchers

- Promote breastfeeding to boost the health of infants and mothers

- Protect children's centres and maximise their value

- Ensure low-income families have good access to childcare

- Secure children's access to food 365 days a year

- Ensure all residents have physical access to good food

- Support and enhance meals on wheels provision

- Become a London Living Wage employer and promote the London Living Wage

- Set low minimum payments for residents qualifying for Council Tax Reduction

What are the most effective interventions partnerships can implement to tackle hardship?

Complex Needs

Many people who experience hardship and the recurrence of hardship have complex and multiple needs. While there is limited evidence in relation to the most effective responses or interventions from charities at tackling hardship, there have been many different targeted interventions introduced by local authorities with the help of charities to support vulnerable groups.

People with multiple complex needs are linked to high levels of demand and costs to public services. Britton and Helyar-Cardwell (2016) estimated that in London there are at least 7,000 individuals experiencing a combination of substance misuse, offending and homelessness across London each year. They are also most likely to suffer from poor mental health, high level of unemployment and histories of trauma. These are among the most excluded people and evidence suggest a holistic, targeted support is necessary to be able to effectively support them to tackle these needs and reduce the likelihood of a reoccurrence of hardship.

Britton and Helyar-Cardwell (2016) suggests individuals facing multiple and complex needs require a more coordinated and holistic type of support where support is "locally-led, with partners across policing, health, criminal justice, housing, and the voluntary sector working together to pool resources, should integrate services and should co-ordinate a more effective approach"[11]. The report further identified six strategic priorities that should inform the development of a new approach for the most excluded individuals.

(2017) *Beyond the Food Bank London Food Poverty Profile 2017* Sustain Retrieved from
https://www.sustainweb.org/publications/beyond_the_food_bank_2017/

1. **Earlier intervention in people's problems** – developing improved systems and tools to identify those at risk of falling into a negative 'revolving door' cycle wherever they come into contact with the system, and link them into appropriate co-ordinated support. [12]

2. **Greater access to targeted and intensive support for those facing the most complex needs** – ensuring there are links into intensive and coordinated support for those facing severe complex needs in every borough.

3. **Improved health and wellbeing for the most excluded adults** – targeting improved access to healthcare for people with complex and multiple need with the aim of reducing health inequalities

4. **Creating a system that supports long-term recovery** – there should be continuity in the support provided and does not remove support too quickly, and "helps to build resilience and networks for the most excluded individuals".

5. **Greater user involvement in the design and delivery of services** – service users should be involved in the design and delivery of services. They should coproduce their own support and help set outcomes and advise on delivery.

And finally, in relation to individuals who have been involved in the criminal justice system

6. **Co-ordinated rehabilitation for offenders facing multiple needs** – ensuring criminal justice responses are tailored to work more effectively and reduce 'revolving door' offending.

Specialist service "No Second Night Out" (NSNO) indicated that in 2014/15, 86% of rough sleepers who obtained their support were not seen sleeping rough again (Homeless Link 2012, 2014). Evidence showed that strong partnerships working between local authorities and voluntary sector providers (with an average of seven agencies in each local partnership) were central at making the service a success. The NSNO approach emphasises the importance of reconnecting people with their families or other support network and returning to their home area. The aim is to connect people to resources (clients are likely to be eligible for housing, financial and other service support in their home area), and other support to help to build their resilience by reconnecting them with their families or other local support networks. There are hubs and outreach staff who provide new rough sleepers with assistance to access support and accommodation in their home areas, advocating with housing providers in those areas and providing the practical support to help people return wherever it is safe to do so.

Another targeted programme for people with complex and multiple needs is Homeless Health Peer Advocacy (HHPA) which offers one-to-one support for people experiencing homelessness to address their health and attend medical appointments. According to an interim evaluation by the Young

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[12] Help Through Crisis projects are viewed as early intervention projects. The second literature review will investigate the literature of early intervention in more depth.

Foundation, the project reduces the escalation of crisis by reducing the use of A&E, missed appointments and unplanned admissions; resulting in improved health and a 42% reduction in NHS costs.[13]

Charities have also attempted to respond to the needs of other groups who have been affected by austerity with increased collaborations with councils and charitable funders to meet the increased demand for services. For example, law centres and charities have increased their outreach activities to enable a wider group attend their services. Islington Law Centre has worked with the Cripplegate Foundation to "place specialist advisors in community centres, primary schools and children's centres across the Borough of Islington; hosting advice sessions on welfare, debt and housing; and helping connect more local people with advice services" before a crisis or to help respond to a crisis situation (Lyall & Bua 2015).

The literature shows that building effective partnerships and collaboration between charities, councils and funders is central to providing effective support. Homeless Link (2015) in a review of the *Homelessness Transition Fund* identified that apart from building partnerships, improving information and collection of data to be able to demonstrate need and impact is also important to improve approaches.

Underpinning all effective approaches is access to the appropriate level of resources. Providing the support to address crisis and the reoccurrence of crisis at an individual level (i.e. addressing personal factors which may be driving crisis) is increasingly falling to charities and councils with reduced government funding being made available. As highlighted throughout this review government action (through effective policy and investment) is required to address structural factors creating the conditions for hardship crisis to flourish. Age UK (2017) reported that the voluntary sector is increasingly expected to alleviate the pressures on the NHS and social care and the report found that "the primary role in tackling the problems facing health and care today must lie with the State and thus with Government".

How to empower people affected by hardship crisis to shape responses to the issues affecting them?

Clinks (2016) identified that service users or beneficiaries increasingly want an inclusive framework to participate, share knowledge and play an active role in the services they use. There is now recognition that involving service users in the running of services improves communication between staff, volunteers and service users, enables the organisation to gain valuable insights from service users and improves the service by ensuring it reflects the needs and wishes of those who use the service. Beresford (2006)

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[13] Britton S. and Cardwell H. (2016). London Together: Transforming services for the most excluded in the capital, Revolving Doors, Retrieved from http://www.revolving-doors.org.uk/file/1854/download?token=4Y807jtO

explores the barriers service users faced that prevented them from getting involved. In the report, service users highlighted the importance and benefits of being able to network with each other, work collectively and ensure an inclusion of diverse service user perspectives. They expressed their concerns about "'tokenism' and 'tick-box' approaches to participation". Secondly, they highlighted the need to be able to share one's knowledge and be able to use their voice to bring change.

Beresford (2006) highlighted that due to limited resources service users often felt isolated and excluded from participating and fully engaging with service user organisations- this was more pronounced for BAME and those with significant access requirements. The report also found that service users felt that their knowledge was not valued and there was reluctance to engage with service users as equals. Service users also highlighted that contact between service users and the organisation was limited and inconsistent leaving the organisation to rely on small groups of activists rather than genuinely becoming a service user led organisation. Women service users also stressed the importance and availability of women-only services and support.

There are examples of charities that are user-led organisations and involve service users in all aspects of the running of an organisation. Groundswell, a charity that seeks to enable homeless people with complex needs take more control of their lives is one example that ensures its service users are involved in the running of the organisation. Stockton *et al* (2012) outlines Groundswell's *Empower and Enable* approach where service users design their own support plan rather than relying on professionals to support them. The report argues that this approach not only builds on service users' confidence enabling them to take control in how they are supported but the approach enables significant savings to be made.

Lifecraft (2017) a user-led charity have monthly meetings where members are able to attend and discuss ideas about services which the organisation is developing. Lifecraft also has a Member Employment scheme where members work for the organisation, the organisation also encourages people who have lived experiences of mental health issues to apply whenever there are vacancies available. Lifecraft's trustees are at least 75% service users or ex-service users of mental health services or people with lived experience of mental health issues.

Conclusion

The literature identified that the core element of most definitions of crisis is that an individual is overwhelmed and is no longer able to address their needs by previously used coping strategies. Numerous studies have been conducted to examine the causes of hardship. While the causes identified can be varied, they can be generally be categorised into two groups: people facing hardship as a result of personal circumstances; and, people facing hardship as a result of systemic problems. The literature also recognised that these are not mutually exclusive and that structural factors shape the conditions within which certain individuals are put at more risk to experiencing hardship.

The literature review was structured to address crisis on homelessness, lack of food and lack of social and healthcare and mainly focused on single issue crisis experienced by individuals. However, it was identified that one of the reasons for the recurrence of hardship is due to a lack of recognition that individuals often face multiple needs.

The second literature review will be shaped by feedback from the funded partnerships on what aspects would be of most use to them. We have suggested that a greater emphasis could be placed on summarising the literature on complex and multiple needs, and the evidence of specific approaches that charities could use to help prevent people from facing a recurrence of crisis.

Appendix 1: Methodology

This review focused on identifying literature which addressed the following research questions:

- What are the underlying causes that lead people to hardship crisis?

- Which approaches are most effective at preventing recurrence of hardship?

- What are the most effective interventions partnerships can implement to tackle hardship?

- How best to empower those who are experiencing, or who are at high risk of experiencing, hardship crisis, to fully engage with projects and be able to organise to shape a stronger response in relation to the issues affecting them.

The methodology for completing this literature review included:

- Using the search engines Google and Google scholar were used to identify literature

- Searching for literature around practitioner research, partner reports and high quality reviews.

- Searching for other evidence (grey literature).

- Mapping the evidence into categories and selecting the best quality and most recent studies to include in the literature review.

- The website of key organisations that focus on hardship were also scanned for relevant publications/reports.

- The reference lists and bibliographies included in the documents were also scanned for additional publications.

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