RECOVERY ESSENTIALS
An impact report about people, prevention and money

RECOVERY SERVICES
FINANCIAL BENEFITS
PEOPLE WELFARE
WORKING ADDICTION
EXPERIENCE ESSENTIALS
SERVICES SUPPORT
HEALTH INDIVIDUALS
HOUSING SPENDING
FINANCIAL UNDERSTANDING
RECOVERY IMPACT
FINANCIAL BANING
PROJECT DEVELOPMENT
INFORMATION ISSUES
PEOPLE BENEFITS
CLIENTS PROBLEMS
CONFIDENCE FUNDING
STRUGGLE WELFARE
COMMUNICATION PARTNER
BANKING ALCOHOL
IMPAIRMENT BANKING
ACTIONS AGENCIES
INFORMATION
Prevention, people and money - it’s been said before...

2010

“But health inequalities are not inevitable and can be significantly reduced. They stem from avoidable inequalities in society: of income, education, employment and neighbourhood circumstances. Inequalities present before birth set the scene for poorer health and other outcomes accumulating throughout the life course.

The central tenet of this Review is that avoidable health inequalities are unfair and putting them right is a matter of social justice. There will be those who say that our recommendations cannot be afforded, particularly in the current economic climate. We say that it is inaction that cannot be afforded, for the human and economic costs are too high. The health and wellbeing of today’s children depend on us having the courage and imagination to rise to the challenge of doing things differently, to put sustainability and well-being before economic growth and bring about a more equal and fair society.”

*Fair Society Healthy Lives*, the Marmot Review Team, February 2010

2011

“The evidence submitted to us demonstrated that these inequalities account for a significant element of the increasing demands on our public services.

This suggests that a radical change in the design and delivery of public services is necessary, irrespective of the current economic challenges, to tackle the deep-rooted social problems that persist in communities across the country.

A cycle of deprivation and low aspiration has been allowed to persist because preventative measures have not been prioritised. It is estimated that as much as 40 per cent of all spending on public services is accounted for by interventions that could have been avoided by prioritising a preventative approach.

…

As a whole, the system can be ‘top down’ and unresponsive to the needs of individuals and communities. It lacks accountability and is often characterised by a short-termism that makes it difficult to prioritise preventative approaches.”

*Report on the Future Delivery of Public Services, the Christie Commission, June 2011*
2014

“Doing the right thing consists of providing services that:

• Are ‘local by default’. Traditional scale economies are irrelevant and dangerous in services. Contrary to the present wisdom, what matters is not size but knowledge of context, and that can only be obtained on the ground.

• Help people to help themselves. Current services focus on needs rather than strength, as a result fostering dependency and increased demand. Human-shaped services build on strengths and promote responsibility instead.

• Are focused on purpose, not outcomes. Better outcomes are a consequence of effective intervention and thus cannot be managed directly. Management by purpose enables learning and improvement, as opposed to outcome-based management that drives dysfunctional behaviour, fosters cheating and hides failure.

• Manage value, not cost. Managing cost is at the heart of ‘economies of scale’, driving specialisation, functionalisation and an obsession with unit cost. Cost and outcomes-based management and payment by results are the main causes of the present system’s dysfunctionality. It is methods and management focused on value and purpose that produces outcomes, not the other way round.”

*Saving money by doing the right thing, Locality, March 2014*

2016

“Competitiveness and reducing inequality are not fundamentally opposed. In fact, increasingly the evidence shows that inequality is bad for the economy. If we don’t address poverty and inequality now, in the long term we will have a less prosperous economy. …. It’s not just about ensuring that the pie is distributed more evenly amongst all members of society, but ensuring that all the members of society are supported to contribute to making the pie bigger”

*Shifting the Curve, Independent Advisor on Poverty and Inequality, January 2016*
# CONTENTS

Executive Summary  page 5  
Introduction  page 6  
Project Background  page 8  
Approach and Development  page 10  
Key information on Advice Areas handled  page 29  
Challenges and Key Learning  page 33  
Conclusion and Recommendations  page 36  
Further Resources and Bibliography  page 37  

**Appendices**

- Appendix 1 – Project structure and caseloads  
- Appendix 2 – Client Profile information  
- Appendix 3 – Data Sharing Agreement  
- Appendix 4 – Evaluation Grid summary  
- Appendix 5 – Submission to Addiction and Obesity Consultation  
- Appendix 6 – Peer Support  
- Appendix 7 – Group work  
- Appendix 8 – Advice Issues – patterns and trends
EXECUTIVE SUMMARY

This report sets out the experiences and learning of the Recovery Essentials Project – a financial inclusion project delivered by EVOC in collaboration with drug, alcohol and homelessness agencies in Edinburgh. Funded by the Big Lottery over two years, it highlights the value and impact of embedded services and a person-centred approach which are particularly suited to people with multiple and complex needs. It demonstrates the benefits of a preventative approach.

Key messages:

Prevention makes financial sense AND is the right thing to do. For Recovery Essentials this was prevention of crisis through resolving financial matters, prevention of stress through increased financial stability as well as prevention of related unnecessary costs both in human and monetary terms.

The current benefit and advice system is failing people with complex needs. As a result of having to navigate numerous systems many risk ‘falling through the cracks’, and they do not receive the financial support to which they are entitled. This places people who are already disadvantaged at greater disadvantage. By providing person-centred, holistic, flexible and empathetic help within other settings, services can go some way to redressing this imbalance.

The project achieved over £2.4 million client financial gain (CFG) which equates to £2,238 per client and £4.82 per £1 spent on project delivery. This does not take into account the broader social return on investment.

In terms of lasting impact for individuals, our experience showed that achieving a level of financial stability provides a platform for people to engage with other services, build resilience and develop lasting skills. The value of welfare rights work in delivering this is not always recognised because accessing benefits to which people are entitled is not seen as a ‘sustainable’ outcome. Nevertheless it is a necessary step towards development of sustainable skills and lasting change.

Many services struggle to engage people in financial capability programmes. Peer supporting financial inclusion workers can alleviate demand for help with welfare rights issues and allow an increased focus on longer-term financial capability and skills building.

If there is a genuine commitment to prevention as an integral factor in service delivery, more investment is required to address inequalities ‘upstream’ so as to mitigate against them causing greater harm to individuals and greater cost to communities. Income inequality is recognised as the root cause of broader inequalities, and this project offers a viable way to address this head on.
Introduction


In the context of health and social care integration, tackling inequalities, prevention, early intervention and person-centred care are key. Focus needs to shift from meeting the cost of dealing with health or social problems after they have developed to prevention and early intervention. This is not new and has been said before as the quotes above from Marmot, Christie and others show. We share the view that a ‘sticking plaster’ approach is more costly in the long-term as it does not address underlying issues. Our logic model illustrates this – see page 23.

Recovery Essentials upheld the principle that embedded services and person-centred approaches are a much better alternative than systems driven approaches and have longer-term impact – particularly for people already facing multiple disadvantages.

A preventative approach makes financial sense. The costs of homelessness and other services that support people in crisis are hard to quantify but recognised to be significant. In the Crisis publication ‘At What Cost? An estimation of the financial costs of single homelessness in the UK’, Nicholas Pearce (University of York) writes: ‘The additional financial costs of homelessness vary by the location, type and nature of support provided by homelessness services. For the NHS and criminal justice system, the additional costs centre on the greater likelihood of more frequent and sustained contact with some single homeless people compared to other citizens.’

A study ‘Prevention in Scotland’ recently published by Clore Social Leadership Fellow, Stephanie Rose suggests that there are three essential ingredients for a framework for successful prevention services:

- Political Alignment
- Collaborative Partnership
- Sustainable Funding

The challenge is to line these three factors up at one time. Arguably political alignment is the most important as, without it, sustainable funding is unachievable.

This impact report contributes to the growing body of evidence highlighting the wide ranging positive impact that a focus on preventative services can bring. This needs to be actively used to influence ‘mainstream’ service delivery – particularly with regards to those facing simultaneous severe disadvantages at one time.
Mr X was referred to the Recovery Essentials service last year by partner agency staff for support with rent arrears and challenging benefit decisions. He had been assessed as fit for work despite his evident difficulties maintaining his JSA claim as a result of which he had been without income for several months. He had no engagement with other services and his drug use had spiralled, his feelings of anxiety and offending behaviour had increased and his tenancy had been put at risk.

Mr X showed resilience and commitment to dealing with his problems head on with our support. Initially he had no source of income and he continued to experience many barriers in the benefit system. As he had been declared fit for work by the DWP we helped him establish his ESA claim – to do so required a Mandatory Reconsideration and also an appeal. Following the appeal Mr X was deemed unable to take part in any work-related activity and was placed in the ESA Support Group for two years. As a result his income will increase considerably. In addition, because of the award and the length of time it has taken to establish the claim he received a backdated payment of over £5,000.

For some people in Mr X’s situation receiving large back payments can prove dangerous – even fatal. Indeed he said that he felt unsettled by having such a large sum of money available and had to work hard to resist temptation to spend it. He is planning to use some of the money to improve his home and also to save some of the money for his children’s future. He is working incredibly hard to live a life with stability, however he has experienced difficult periods in his life with substance dependency. He has responded well to the support that he is getting. His case highlights the importance of embedding person-centred services, and how close partnership working has been able to make real changes in people’s lives and fully support their recovery.

Recovery Essentials help with a housing benefit claim and a repayment arrangement towards substantial rent arrears meant that eviction was prevented. The total financial gain through this intervention was over £20,000 – not to mention the prevention of eviction, improvement of living conditions and most of all, the stability in Mr X’s engagement with his recovery.

In his own words, the impact of the help he has received is as follows:

“Well where to start…I came here very much at the depth of despair in October 2015 for help with a few things. When I met Sara to cut the story short I got back the money that was taken off me last February. Sara kept pushing me to take the next step. I did not know how to go about getting my benefit sorted out. I went back down the road of drug addiction through my life circumstances. It was a terrible place to be but if Sara did not help me I think I would have lost everything that I got back. Now that I have been put back on ESA my life feels like I have a chance to get better with not as much pressure. If Sara did not make me believe that I had a chance of getting my benefit I would not have done it. So with the help of Sara and a few other people I now feel a lot better. Now I can have a chance of life that was nearly taken away from me.”
Project background

Recovery Essentials was a consortium of drug and alcohol, homelessness and recovery services working in collaboration with EVOC. The group initially involved eight drug and alcohol agencies in Edinburgh all of whom attended the Substance Use Network Edinburgh (SUNE - a forum of third sector agencies facilitated and co-ordinated by EVOC). The partnership has evolved over time and by the end of the project, there were 15 partners in total. The Project Organisational Chart at Appendix 1 outlines the project structure and overall outcomes.

In response to pressures faced by clients and treatment providers, SUNE identified a gap in accessible welfare rights provision for people facing multiple disadvantages and struggling to engage with multiple systems. They observed daily how the complexity of the benefits system made it almost impossible to navigate for many vulnerable people. In addition, welfare reforms and the continual changes it brings added to the complexity and making navigation of the systems and agencies even more difficult as well as adding to anxiety of individuals.

Recovery is facilitated by relationships and environments that provide hope, empowerment, choices and opportunities that promote people reaching their full potential as individuals and community members. Drug and alcohol services therefore require a holistic approach, in which clients’ needs are at the centre. Their welfare needs must therefore also be at the centre: their ability to find food, shelter, basic clothing and equipment, and care for their families’ needs if they have children.

Funding was obtained from the Big Lottery Investing in Communities – Life Transitions stream for a two year financial inclusion project to help people move past challenging times and access financial products. The project ran from 3 March 2014 to 31 March 2016.

A Public Health Information for Scotland report ‘Informing investment to reduce health inequalities (III) in Scotland’ identifies increased income as having the most significant impact in combating health inequalities. With this in mind, the partnership’s goal was to foster greater financial security for people in recovery through welfare benefits and budgeting advice both by developing skills to use benefits, banking and housing systems effectively, as well as delivering direct interventions through detailed case working. Our clients were people and families in Edinburgh at all stages of recovery from addiction, mental health, homelessness and criminal justice issues (and more often than not, a combination of these). They are amongst those hardest hit by the impact of welfare reform in particular because of the difficulties they face navigating the bureaucracy of the benefits systems as well as in self-advocacy.
We asked our clients about the impact of struggling financially on their lives:

**If you are struggling financially, how does this affect you?**

- Get stressed, depressed, agoraphobic and isolate myself
- Cause me to consider drug use
- Can’t leave the house sometimes which affects keeping appointments
- Affects my recovery
- Embarrassed
- Depressed, worthless, failure
- Socially isolated
- Hungry
- Agitated, suicidal, depressed, angry

A financial inclusion and welfare rights project for people in recovery was developed in response to this need. Financial Inclusion Workers were based in partner agencies which help people with addictions, homelessness, or mental health issues. The Recovery Essentials team offered help with a wide range of benefits issues including applying for the first time, maintaining claims, appeals and sanctions. They also helped with some debt issues, utilities, budgeting, communication skills and confidence.

The high numbers of benefits enquiries the project dealt with demonstrated the need for tailored welfare rights assistance for vulnerable people. Financial Inclusion Workers dealt with people on a daily basis who found the current systems inadequate to their needs and hostile to navigate.

On an individual level Recovery Essentials worked with people to resolve their immediate financial issues and to build trust and confidence in order to work on longer lasting communication and financial literacy skills so as to reduce the likelihood of repeating cycles of relapse. As stability and confidence build, peoples’ ability to make the most of the opportunities offered increases also. Having said that, maintaining engagement beyond initial income maximisation has been challenging and we think that there is still scope to explore different methods of delivering financial capability help to ensure that changes are lasting and cycles are broken.

‘I have never needed as much help with my benefits as I do now. Other agencies have a long wait time and I can’t get help in time’ [client]
Approach and Development

‘Despite the overall complexity of need among this group, services regularly fail to adequately address multiple problems and individuals often ‘fall through the gap’ between services. Many statutory services have tightly defined remits and limited resources, focusing on severity of need and on single issues be they health, housing or drug dependency. People with multiple and complex needs often fail to meet the thresholds set by individual services, despite the fact that in combination their problems result in a high level of need (Anderson, 2010). As well as this, they are sometimes excluded from services as they struggle to keep to rigid appointments and may be seen as disruptive.’

Comprehensive services for complex needs, Revolving Doors Agency, 2015

Advice provision for people in recovery

Recovery Essentials aimed to provide a service that avoided creating failure demand and prevented people having to navigate numerous systems and ‘falling through the cracks’. A service that met the needs of people in recovery had to be different from the mainstream services which people with multiple and complex needs find it difficult to engage with.

In order to achieve this the service had to:

- Be accessible
- Have flexibility to respond to challenges of a difficult or chaotic lifestyle
- Have a person-centred and holistic approach
- Have understanding and compassion
- Provide good connections with other services to enable all round support

This is borne out in the views of the partners who responded as follows to our 2016 Partner Survey to which 29 staff from 10 of the 15 partner agencies responded:
In terms of what cannot be lost in future projects, please rank the importance of the following aspects of this project

We have witnessed that greater financial security enables people to better engage with therapeutic services focused on their recovery and a consequent reduction in relapse. Our partners have reported the lasting changes that our help provides – the stability that a more secure income gives enables people to engage more fully in recovery treatment provided by partners. Our partners also had more capacity to devote to the therapeutic work they are engaged to do because their time was not diverted to deal with money matters and financial crises.

We see financial stability as a crucial point without which other lasting change cannot be made. Our logic model (page 23) illustrates the impact at an individual and societal level. Some of the benefits it highlights are the reduction in people presenting as homeless and reduced pressures on services as well as increased engagement with community and a greater sense of safety.

“Sam was there for me and really knows his stuff so he got things sorted for me. The project is a lifeline and works well with other services.” [client]
A look at our clients

The graphs below shows the underlying issues that clients face. The majority are dealing with more than one issue. The impact of these issues on individuals varies from person to person – some clients are unable to self-manage sufficiently to keep appointments and consistently make benefits claims whilst others are ready to develop greater self-management skills but still struggling with practical aspects of accessing services, making benefits claims, particularly struggling with self-advocacy, requiring support to manage financially and to develop the financial self-management necessary to make progress towards employment, further education or training.

Further information on client profile is provided at Appendix 2.

*Numbers of underlying issues per client (based on 20 months’ data)*

- alcohol addiction
- blood borne viruses
- current issues with offending
- currently abstinent
- homelessness
- mental health issues
- substance misuse
It is perhaps not surprising that the most frequent of the underlying issues to be reported by clients was mental health issues which can be seen to be the most prevalent in terms of ‘overlapping’ issues. The graphs above indicate that mental health issues commonly accompany addiction and homelessness. Significantly, mental health issues are also prevalent amongst those currently abstinent.

Sustained changes to the chemical environment of the brain affect mood, focus, social interaction and the ability to read social cues. This can create erratic use of services by clients and often a lack of trust of service providers, which can be overcome when services are consistent, take time to build relationships, and see ‘the whole person’ rather than just the problem they present with. Physical changes to the brain (brain injury) are also caused by substance use, affecting memory, self-organisation and concentration; these make it particularly difficult for clients to follow processes such as benefits claims, appeals processes and debt re-negotiations: they struggle to stay engaged and they struggle to deal with their stress and anxiety.

“The provision of good welfare advice leads to a variety of positive health outcomes and in addition addresses health inequalities highlighted in the Marmot Review 2010. The effects of welfare advice on patient health are significant and include: lower stress and anxiety, better sleeping patterns, more effective use of medication, smoking cessation, and improved diet and physical activity. These findings are important in the context of addressing the wider social determinants of health and suggest that stronger collaborative working across a range of sectors is required. In particular, there is demonstrable evidence that when advice and health sectors work more closely and strategically to meet advice needs this contributes to reducing health inequalities. Direct commissioning of welfare advice services within specific health settings is most effective as it targets the most vulnerable within settings which they trust and where their specific health needs are understood.

The Role of Advice Services in Health Outcomes, Advice Services Alliance and Low Commission, June 2015
Accessible embedded services

Our clients often have difficulty accessing mainstream services: clients struggle to attend appointments on time; they struggle to arrive with the correct documents; they struggle to convey the 'story' of their problem with money/benefits coherently; they often require longer than a standard appointment time to resolve their issues; they may have stop-start attendance which disrupts progress on resolving their issue. For the most chaotic substance users whose needs are complex their situation may also be very changeable, so that mainstream services struggle to monitor their situation.

In drug and alcohol services, support and treatment encompasses programmes of learning and behaviour change programmes designed to help clients overcome these challenges over time. In a holistic approach, Recovery Essentials was able to apply approaches to clients’ welfare needs to create more positive habits, self-advocacy and self-management skills to enable them to become more empowered in the welfare system.

NHS Health Scotland’s Health inequalities: What are they? How do we reduce them? highlights the importance of link and specialist services for vulnerable individuals (see excerpt below). The importance of personal connections for people accessing help at drug and alcohol agencies should not be underestimated.

NHS SNIPPET

Action to mitigate the effects of health inequalities on individuals

Action is required to tackle the unfair difference in people's experiences of environmental factors such as work, education and health. These differences are largely beyond an individual's control but can limit their chances of living longer, healthier lives. Action should, therefore, be taken to ensure access to public services, targeting high risk individuals with intensive, tailored support with a focus on young children and the early years.¹²

Key actions

- Training to ensure that the public sector workforce is sensitive to all social and cultural groups, to build on the personal assets of service users.

- Link services for vulnerable or high risk individuals (e.g. income maximisation welfare advice for low income families linked to healthcare).

- Provide specialist outreach and targeted services for particularly high risk individuals (e.g. looked after children and homeless).

- Ensure that services are provided in locations and ways which are likely to reduce inequalities in access (i.e. link to public transport routes; avoid discrimination by language).

- Maintain a culture of service that is collaborative and seeks to co-produce benefits, including health and wellbeing, through work with service users.
Recovery Essentials’ embedded services aimed to address the inverse care law (the principle proposed by Julian Tudor Hart in 1971 that the availability of good medical or social care tends to vary inversely with the need of the population served). For Recovery Essentials, approximately 70 per cent of referrals were made by support workers or other professionals, 25 per cent were a result of word of mouth whilst fewer than 5 per cent of people came to the project as a result of posters or other promotional material. This serves to emphasise the need for a person-centred approach and multiple access routes which provides additional support with referrals between organisations to ensure that the referrals are followed through.

The case study below provides one example of how Recovery Essentials and a partner agency working together to support a client.

Ms P presented to NEDAC having lost her job as a nurse due to alcohol addiction which had been exacerbated by a family bereavement. The client suffered from severe anxiety, depression and very painful rheumatoid arthritis. Her conditions meant that at times she was housebound for days. The client was falling behind in her mortgage payments and had used up most of her savings.

<table>
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<tr>
<th>Recovery Essentials helped her with:</th>
<th>NEDAC helped her with:</th>
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<tr>
<td>ESA claim</td>
<td>✔️ SMD help and support</td>
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<td>PIP claim</td>
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Working together the two agencies have been able to share information and provide holistic support to this client.

Ms P has written to us about the help received from Recovery Essentials and our partner NEDAC.

**Re Recovery Essentials:** “I cannot emphasise how the Financial Inclusion Worker has helped me through a very difficult time. He has been an absolute life saver both helping with my benefits and encouragement/support to get me well again from my alcohol addiction. I believe that if it was not for this help I may not be writing to you to say that the service provided both by REP and NEDAC have changed the whole course of my life.”

**Re help from NEDAC:** “I am 18 weeks sober and feel great. I had attended AA meetings previously and got nowhere, in fact it made me more desperate. The help has not only given me the power to get through the demon drink, but has supported me emotionally and with other problems (depression, bereavement, panic attacks to name just a few.)”
The importance of the embedded service are recognised by partners who consider that their organisation will no longer be able to address service user need as effectively without the service Recovery Essentials provided.

“Clients will be unable to get support and advice around financial and benefit issues within this service. Our service as a whole will no doubt be having to try and signpost clients to services such as Citizens Advice which will be difficult” [Partner agency]

They are also concerned that clients dealing with complex issues of finance will have less focus on their recovery and the chances of lapse/relapse will be greater. From their experience prior to Recovery Essentials, many clients referred elsewhere for help did not follow up those referrals, did not access help within the timeframes and were likely to ‘fall through the net’.

As a result of these difficulties, much of partner agency staff time was previously diverted to dealing with money-related issues. This was time not spent in delivering addictions and recovery related work that they are trained to do. Indeed, 21 per cent of partners staff estimated that between 51 and 75 per cent of their time had been diverted to money matters prior to RE, almost half stated that 26-50 per cent of their time was diverted, and only 31 per cent thought that less than 25 per cent of their time had been diverted from recovery focused work.

“It has had a really positive impact, as I feel that people who may have procrastinated from sorting out financial issues (and then them getting worse) if they had to go elsewhere, whereas due to the Recovery Essentials they usually got these sorted out much quicker. This tended to mean that people were more empowered, and less stressed, which impacted positively on their recovery. As an addiction worker, I felt more able to focus on a person’s recovery opposed to their benefits.” [Partner agency addictions worker]
The section below summarises Partner agency views of the impacts of Recovery Essentials (drawn from the Project Partner Survey 2016).

**SERVICES**
- Less pressure on services
- Support workers better able to focus on their area of work (addictions, family support)
- Services able to retain chaotic clients

**CLIENTS**
- Better able to engage with services
- Earlier intervention to reduce crises situations
- Better prepared for appointments and appeals

**ADVICE**
- Accurate advice about welfare reform and benefits
- Staff were very knowledgeable - complete forms in less time
- Person centred approach important

**COMMUNICATION**
- Useful network for referring clients
- Teams working together allowed for a good understanding of clients complex needs

By contrast, the diagram below illustrates what partner agencies consider to be the impact of not having an embedded advice service.
Responses to our 2015 anonymous client survey (below) support the experience of the sector that the majority of clients do not know where to turn for help with their financial issues and do not feel able to manage them without support.

If you hadn’t seen Recovery Essentials for help what would you have done?

- I would have asked another agency for help
- I would not have been able to deal with the issue
- Asked a support worker or other professional for help
- Asked a friend or relative for help

[clients] are familiar with our service and therefore more likely to engage with a worker on our premises rather than going somewhere like Citizens’ Advice. Our clients are often not able to organise themselves to get to the appointment or are not able to manage due to health. Other organisations are not so flexible and do not chase clients up, which ours need.

[Partner agency]

Flexible service model

The charts below show the proportion of contact types for initial visits as opposed to later contacts. The figures indicate that drop-in sessions were significantly more popular for a first contact method – they dropped from 31% to 17% in second contacts. For subsequent work, the number of accompanied visits, telephone contacts/reminders and case work sessions increased significantly. When added to the percentage of appointments, these important aspects of ongoing case work comprised 74% of subsequent contacts.

The comparison between initial and subsequent contacts varied for each location. It is important also to observe that some locations and their client groups tended to be based more around drop-in than others. Generally speaking, the agencies working with people further on in their recovery are able to operate for the most part on an appointment basis and those working with people at the start of their recovery journey or moving in and out of relapse offer drop-in sessions.
Because of the variation in the needs of the partner agency and their service users, the model developed needed to be flexible and the proportion of drop-in to appointments varied accordingly. As a result Recovery Essentials adapted to provide bespoke service depending on partner agency and client requirements. Appendix 2 contains a graph showing the proportion of each contact type by location.
Person-centred and holistic – it’s not all about the money

The table opposite shows that we have achieved over £2.4 million client financial gain (CFG) in the lifetime of the project which equates to £2,238 per client and £4.82 per £1 spent on project delivery. These are impressive figures but Recovery Essentials delivered much more and worked with people to develop resilience in the context of welfare reform.

The increase in income and confidence in dealing with financial matters that we nurtured in clients leads to a consequent increase in wellbeing – both of individuals and their families. Poverty prevents progression in so many areas and the stability of income our service helped build can act as a platform for further development of recovery, health and skills as the logic model demonstrates.

We worked hard to ensure that the service offered met the needs of our client group, it was person-centred, holistic, flexible and catered for the sometimes chaotic lifestyles of our clients and their families. It was important that the service was not time limited. The average number of contacts per client was five but some accessed our help only once and a very few accessed it on almost 20 occasions. The people with highest numbers of repeat attendance tended to be those with either mental health issues and/or who were abstinent.

“Being with the project has given me the self-belief that has been eroded over time. Am now beginning to do things that I wasn’t able to do before. My self-esteem is coming back slowly thanks to the project.” [client]

“They will no longer have the one-to-one service tailored to their needs. They will no longer be able to rely on seeing the same adviser. They will likely ignore problems for longer, incurring greater debt and getting themselves into further difficulty.” [from partner agency staff member regarding the project finishing]

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<td>338</td>
<td>£3,010.21</td>
<td>£2,424,211.83</td>
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</table>

**Average of 5 appointments per client**

**Min - 1 appointment**

**Max = 30+**

**Average client financial gain per client:**

£2,238 over a 2 year period; £93 per month

This is the equivalent to £4.82 CFG per £1 spent on the project
Case study - Mr B

Mr B, a 44 year old single male, had been receiving support from a project partner with drug addiction issues for four years. He remained very depressed, agitated and suffered from low self-esteem and lack of confidence.

He also had been imprisoned for violent acts and drug related issues on various occasions. Healthcare professionals and support workers felt that his mental and physical health was so poor (as a result of his history of drug dependency) that he might not survive his last time in prison. The client was not spending money on clothes or food, was very thin and lived with no furniture or electricity for extended periods. The collaborative working of the teams (addictions, NHS and Recovery Essentials) developed an intensive support package which saw him mentally, physically and financially stabilised within a year.

In practical terms Recovery Essentials helped the client:

- access furniture via the Scottish Welfare Fund
- establish and maintain benefits claims
- re-establish utility connections
- access food from foodbanks when necessary

In addition to the practical aspects of support the Recovery Essentials worker worked with the client, she built Mr B’s confidence and communication skills. When she first met him he would struggle to deal with practical matters and was not able to prioritise his basic needs and would have ‘chosen’ to go without rather than deal with the issues he faced. Having worked with Pauline for 18 months he is now happy and willing to make calls, fill in forms and make decisions about money himself. The client has even been supporting other members of the community to access DWP, housing and banks with the knowledge that he has gained from Recovery Essentials time working with him.

Remarking on the impact of this aspect of the REP service, one partner agency staff member commented:

Typically, our clients have few social skills and just don’t know how to conduct themselves over the phone. They allow anger and frustration to get in the way of communication, frequently leading to conflict and no solutions. After initial support from REP, one such client is now able to manage their own phone queries and, as well as gaining financially, has gained much more psychosocially in terms of self-confidence and esteem.
## Recovery Essentials Logic Model

### Inputs

<table>
<thead>
<tr>
<th>Money</th>
<th>Project staff</th>
<th>Training</th>
<th>Partners</th>
<th>IT</th>
<th>Buildings</th>
<th>Advisory Group</th>
</tr>
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<tbody>
<tr>
<td>Casework:</td>
<td>• Income maximisation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Advocacy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Help with benefits and appeals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Housing, simple debt issues and utilities issues</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Quality assurance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Money</td>
<td>Project staff</td>
<td>Training</td>
<td>Partners</td>
<td>IT</td>
<td>Buildings</td>
<td>Advisory Group</td>
</tr>
<tr>
<td></td>
<td>* Money</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>* Project staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>* Training</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>* Partners</td>
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<td></td>
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<td></td>
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<tr>
<td></td>
<td>* IT</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>* Buildings</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>* Advisory Group</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### Activities

- **Psychodynamic support/engagement**
  - Building trust
  - Support from crisis to confidence in 1:2:1 work
  - Regular support through 1:2:1 work, appointments, telephone calls and texts

- **Client skills development**
  - Develop communications skills (1:2:1 & groupwork)
  - Develop budgeting skills (1:2:1 & group work)
  - Develop financial literacy skills (1:2:1 & group work)
  - Basic employment/self-employment advice

- **Signposting and referral**
  - Referral to foodbank
  - Referral to specialist services in relevant cases
  - Interagency liaison

- **Capacity building (sector)**
  - Peer volunteer training and development
  - Essential info leaflets
  - Dissemination of learning (via website, newsletter, thinkSpace events)
  - Partner and network relationship development
  - Staff training, support and management
  - Evaluation and reporting
  - Challenging systems which penalise people
  - Research into benefits of on-site person-centred approach

### Outcomes

<table>
<thead>
<tr>
<th>Short</th>
<th>Medium</th>
<th>Long</th>
</tr>
</thead>
<tbody>
<tr>
<td>• People have more money</td>
<td>• People have the benefits they are entitled to</td>
<td>• Improved quality of life</td>
</tr>
<tr>
<td>• People have access to on-site help</td>
<td>• People have fewer crises and reduced chaotic behaviour</td>
<td>• Increased ability to make the most of opportunities offered</td>
</tr>
<tr>
<td>• People's issues resolved swiftly</td>
<td>• Reduced debt and borrowing</td>
<td>• Fewer people with deteriorating health conditions as a result of low incomes</td>
</tr>
<tr>
<td>• Increased access to adequate food and clothing</td>
<td>• Reduced risk of relapse</td>
<td>• People have greater confidence and control over their money</td>
</tr>
<tr>
<td>• People feel listened to and start to feel in control</td>
<td>• People better able to consider long term goals</td>
<td>• Increased sense of wellbeing</td>
</tr>
<tr>
<td>• People are supported to increase their skills</td>
<td>• Increased trust and engagement with services</td>
<td>• People have increased financial stability and capability with long term planning skills</td>
</tr>
<tr>
<td>• People access appropriate specialist services – and do not go from 'pillar to post'</td>
<td>• Communication skills increase</td>
<td>• People closer to the employment market</td>
</tr>
<tr>
<td>• People set savings goals</td>
<td>• People understand their benefits and bank accounts</td>
<td>• People better able to manage on low incomes</td>
</tr>
<tr>
<td>• People using financial literacy skills</td>
<td>• People empowered to represent themselves and challenge decisions</td>
<td>• People have greater understanding of their entitlements</td>
</tr>
<tr>
<td>• Specialist services resolve entrenched issues</td>
<td>• People have access to accurate and accessible information</td>
<td>• Peers are trained in new skills that may lead to employment</td>
</tr>
<tr>
<td>• People have access to help from peers who have lived experience and understanding of their situation</td>
<td>• Peers bring greater capacity to deal with demand</td>
<td></td>
</tr>
</tbody>
</table>

### Assumptions

- # Problems will be easily resolved
- # People will want to engage with longer term financial inclusion agenda
- # Information provision can be of limited scope
- # Value of strong adviser/client relationship
- # Organisations will remain with the project

### Community benefits

- Reduced stress/fear from fewer people with chaotic lifestyles
- Reduced visits to other services
- Reduced financial reliance on families/friends/carers
- Agencies better understand each others’ roles
- Fewer people in repeating cycles of crises
- Fewer people presenting as homeless
- Families stay together
- Increased social engagement
- Fewer people ‘fall through the net’
- Partner agency staff have access to welfare rights information
- Increased stability enables re-engagement with community
- Reduced isolation/alienation
- Reduced pressure on agencies
- Greater sense of safety
- Greater community resilience
- Increased financial inclusion resources for vulnerable people in Edinburgh

### Capacity Building

- Peer volunteer training and development
- Essential info leaflets
- Dissemination of learning (via website, newsletter, thinkSpace events)
- Partner and network relationship development
- Staff training, support and management
- Evaluation and reporting
- Challenging systems which penalise people
- Research into benefits of on-site person-centred approach

### Signposting and Referral

- Referral to foodbank
- Referral to specialist services in relevant cases
- Interagency liaison

### Client Skills Development

- Develop communications skills (1:2:1 & groupwork)
- Develop budgeting skills (1:2:1 & group work)
- Develop financial literacy skills (1:2:1 & group work)
- Basic employment/self-employment advice

### Psychodynamic Support/Engagement

- Building trust
- Support from crisis to confidence in 1:2:1 work
- Regular support through 1:2:1 work, appointments, telephone calls and texts

### Community Benefits

- Reduced stress/fear from fewer people with chaotic lifestyles
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- Increased stability enables re-engagement with community
- Reduced isolation/alienation
- Reduced pressure on agencies
- Greater sense of safety
- Greater community resilience
- Increased financial inclusion resources for vulnerable people in Edinburgh
Building confidence and self-esteem

In order to ensure that the approach was holistic not only in terms of partnership work and its person-centred nature, it was important to ensure that the advice given also covered all angles. An Evaluation Grid was developed as a tool to prompt discussion around the range of financial inclusion issues and at the same time also allowed us to assess client confidence. A further ‘closing’ grid was designed to be used at the end of the client relationship to re-assess confidence across the range of issues – an increase in confidence being a strong indicator of increased wellbeing. This method also ensured that any outstanding or subsequent issues would be picked up. As an incentive to consider developing money management skills, people were also asked to identify any savings goals.

From the grids, Benefits were shown to be the area causing most concern to clients when presenting for help. The percentage of clients who were ‘Very worried’ about benefits decreased from 51% to 7% between the initial and final evaluation grid. Overall the levels of confidence increased. It is worth noting that given the complexity of the benefits system, high levels of confidence would be surprising.

As regards the Housing category, the levels of people who reported being ‘Fairly confident’ or ‘Confident’ rose from 46% to 78%. As the biggest risk to peoples’ housing situation is rent arrears, greater financial stability as a result of help from the Recovery Essentials team will have contributed significantly to this.

Overall 62 per cent of clients who responded selected the “Fairly confident” and “Confident” categories in the end evaluation, compared to 38 per cent during the initial evaluation.

The information from the analysis provides a strong indication of the impact of the work of the project whilst not ruling out the impact of other outside influences and the fact that peoples’ confidence can vary on a daily basis according to any number of events. More detailed information and a copy of the Evaluation Grid is given at Appendix 4.
Start: The results are from 69 completed evaluation grids from clients that engaged with RE advisers at seven partner agencies.

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Utilities</th>
<th>Budgeting</th>
<th>Bills</th>
<th>Housing</th>
<th>Access to IT</th>
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</thead>
<tbody>
<tr>
<td>Very Worried</td>
<td>51%</td>
<td>23%</td>
<td>25%</td>
<td>20%</td>
<td>36%</td>
</tr>
<tr>
<td>Worried</td>
<td>7%</td>
<td>17%</td>
<td>16%</td>
<td>13%</td>
<td>10%</td>
</tr>
<tr>
<td>Some worry</td>
<td>20%</td>
<td>13%</td>
<td>23%</td>
<td>22%</td>
<td>7%</td>
</tr>
<tr>
<td>Fairly confident</td>
<td>10%</td>
<td>17%</td>
<td>12%</td>
<td>13%</td>
<td>17%</td>
</tr>
<tr>
<td>Confident</td>
<td>12%</td>
<td>17%</td>
<td>23%</td>
<td>26%</td>
<td>29%</td>
</tr>
<tr>
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<td>12%</td>
<td>1%</td>
<td>6%</td>
<td>0%</td>
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</table>

End: The results are from 18 completed grids from clients that engaged with RE advisers at nine partner agencies.

<table>
<thead>
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<th>Benefits</th>
<th>Utilities</th>
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<th>Bills</th>
<th>Housing</th>
<th>Access to IT</th>
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</thead>
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<td>17%</td>
<td>6%</td>
<td>11%</td>
<td>0%</td>
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<tr>
<td>Worried</td>
<td>29%</td>
<td>11%</td>
<td>28%</td>
<td>28%</td>
<td>17%</td>
</tr>
<tr>
<td>Some worry</td>
<td>22%</td>
<td>11%</td>
<td>17%</td>
<td>17%</td>
<td>6%</td>
</tr>
<tr>
<td>Fairly confident</td>
<td>22%</td>
<td>22%</td>
<td>33%</td>
<td>33%</td>
<td>39%</td>
</tr>
<tr>
<td>Confident</td>
<td>22%</td>
<td>39%</td>
<td>17%</td>
<td>11%</td>
<td>39%</td>
</tr>
<tr>
<td>No Response</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
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</table>

51% **Benefits**

The percentage of clients who were ‘Very worried’ about benefits decreased from 51% to 7% between the initial and final evaluation grid. Overall the levels of confidence increased. It is worth noting that given the complexity of the benefits system, high levels of confidence would be surprising.

7% **Budgeting**

50% The percentage of client who reported being ‘Confident’ in their budgeting increased from 35% to 50%.

35% **Housing**

51% 46% of clients stated that they were ‘Very worried’ or ‘Worried’ about their housing situation during their initial evaluation. This reduced to 17% after working with a RE adviser. The levels of people who reported being ‘Fairly confident’ or ‘Confident’ rose from 46% to 78%. As the biggest risk to peoples’ housing situation is rent arrears, greater financial stability as a result of help from the Recovery Essentials team will have contributed significantly to this.

7% **Overall**

62% 62% of clients responded selected the ‘Fairly confident’ and ‘Confident’ categories in the end evaluation, compared to 38% during the initial evaluation.
Compassion, approachability and commitment

Crucial to our approach was to provide a friendly face to clients whose experience of services has often been negative and increased their sense of stigma and that they are not welcome. Counteracting this experience by building relationships of trust is a crucial step in making services accessible and towards building confidence and self-esteem.

Shifting the Curve, Recommendation 14: Ensure that public service delivery is respectful, person-centred and preserves the dignity of people in poverty: pre-employment and in-service training should include the importance of avoiding stigma and developing understanding of the challenges of living on a very low income.

The diagram below shows what the Recovery Essentials team of Financial Inclusion Workers considered outstanding about the Recovery Essentials project – one team member stated ‘Before working with Recovery Essentials a job was just what I did every day. I love my work’. The team attributed their job satisfaction to the nature of the work and the real difference they could see the project was making in the lives of individuals. The role required considerable ability to work autonomously and to use initiative and innovation.
Recovery Essentials prides itself on its excellent team of Financial Inclusion Workers who contributed hugely to the success of the project. The team were selected not only for their knowledge and skills but also their commitment, compassion and approachability.

“Working as part of The Recovery Essentials Project has been very special for me, we have helped people in difficult circumstances access benefits and resources that they may not have otherwise been able to. I feel proud to have been involved in a service whose purpose has been to support and empower some of the most vulnerable people in Edinburgh to ensure that they receive all they are entitled to during these extremely trying times.” [Recovery Essentials Financial Inclusion Worker]

Here is what some clients had to say:

“Very friendly, helpful and great listener….. without the service I could not deal with these issues.”

“Elaine attended meetings which I would not have attended and supported me with a number of issues and has helped me to move forward and be more content.”

“I found the advice I was given very useful. The advice alleviated great anxiety I was suffering at the time.”

“Morag was the most helpful person and got me access to benefits that I had tried to get for years, she gave me a lifeline.”

“Sam has been great. I can be open with him.”

The expertise of the team built over the life of the project. We were delighted to be able to use that expertise in both welfare rights issues and addictions/recovery to respond to the DWP’s Addiction and Obesity Review. We submitted a response in September 2015 which highlights the difficulties faced by people with addictions issues in interacting with the DWP and potential employers. Just some of the issues raised in our response are the barriers they face such as low self-esteem which is exacerbated by a sense of stigma and a lack of understanding by professionals with whom they interact. A copy of the response is attached at Appendix 5.
Peer Support

Peer support is a relationship of mutual support where people with similar life experiences offer each other connection and understanding as they move through difficult or challenging experiences. Peer support can be experienced in many different ways - from the informal sharing of knowledge and experience through to the formalised peer support worker role within services.

Part of Recovery Essentials’ service model was to recruit people with lived experience to support the project as Peer Supporting Financial Inclusion Workers. This important part of the project aimed to build the capacity of the team, the partners and individuals through the development of Peer Supporting Financial Inclusion Workers. The mark of success would be an experience that benefitted the peer supporters, the clients and the project alike. A training programme was developed to start in April 2015 and to repeat in October 2015.

The role stipulated that peer supporters should be one year abstinent. At a number of the partner agencies, this requirement significantly reduced the available pool of volunteers so we advertised the opportunities also through Volunteer Edinburgh and the Scottish Drugs Forum.

We ran two training programmes and recruited 12 volunteers to train as Financial Inclusion Workers and/or group work facilitators. Through experience, we defined the roles in more detail and developed two stages:

1. **Shadowing and support** - A role allowing the peer supporter to gain an overview of the Financial Inclusion Workers role and also to start to get to know service users
2. **Financial inclusion role** - After six months in the shadowing and support role, further development would be offered to those peers with an interest in undertaking more in-depth training and taking on increased responsibility.

Appendix 6 sets out more information on the project’s experience and learning around peer support.

**Group work**

The impact of welfare reform on our client group is particularly severe as they struggle to make and maintain their claims in the first place even before the question of budgeting can be addressed. When they come to us, many of our clients are frequently in chaotic situations and have limited capacity to resolve issues themselves – be it in terms of understanding, confidence, self-esteem and/or communication skills. An awareness of this formed the basis of the group work developed.

Group work and the offer of a space where clients could come together to learn and share experiences around money matters was also a key element of the project. The Financial Inclusion Workers worked together to develop initial sessions, discuss feedback and then develop the material further. The budgeting, communication and behaviour change work was merged into a single series. Incorporating practical role play and discussion exercises in the sessions this has made them more powerful and the impact more lasting. The sessions include quizzes looking at spending behaviour, song title rounds and other activities.

Observations and recommendations are set out in Appendix 7. Financial inclusion is a notoriously difficult subject to ‘sell’ to people no matter what their circumstances or background are so having peer supporters able to promote the sessions helps. In general we found that the sessions appealed to clients who were more settled and further on in recovery than for those in active addiction. Targeting this kind of group work at those closer to the employment market is likely to have the most impact.
Key information on Advice Areas handled

Benefits issues formed 75 per cent of the enquiries brought to the Recovery Essentials team. The demand for help navigating the benefits system overshadowed the debt, utilities and financial inclusion help offered by the service. When the project was initiated, such a high proportion of benefits work had not been anticipated and the focus was expected to be other aspects of financial inclusion work. We witnessed many clients struggle to negotiate the complexity of DWP systems which they found hostile. The level of demand for help with benefits is evidence of the level of need for such a service amongst partner agency service users.

The table outlining Client Financial Gain (CFG) on page 21 gives further detail on the level of enquiries relating to each type of issue at each location. It should be borne in mind that agencies joined the partnership at different times and that this in part influences the numbers of clients and contacts at each location. However, as has been explained, the project was responsive to levels of demand at each location and the numbers shown are indicative of those levels. Staffing was adjusted accordingly. Appendix 1 gives information on staffing levels and client numbers at each location as well as the date each agency joined the partnership.

Income maximisation is the necessary first step in financial inclusion work and focuses mainly on ensuring people are aware of and receiving all the welfare benefits to which they are entitled. Retaining engagement beyond this stage is a recognised challenge for many advice providers, whatever their client group. Lack of a stable income is frequently the root of budgeting issues for many people. Once income has been maximised further help around money matters may not be necessary. Arguably, many people used to managing on low incomes have, by necessity, excellent budgeting skills. However, there are also many who would benefit from help.

One of the values in recruiting peer supporters to develop financial inclusion work skills was to alleviate the pressure on the team and to increase the focus on longer-term financial inclusion work and skills building.

Another factor that influences the proportion of time spent on each of the categories of advice is the urgency of many benefits issues for clients. Many clients with addictions, homelessness and mental health issues have a tendency to put off dealing with issues that cause them stress and anxiety which in turn causes greater problems as many agencies are not able to respond quickly to requests for help at short notice, such is the current level of demand.

Analysis was carried out of the correlation between the types of benefits help provided and the clients’ underlying issues. Benefits was the category chosen for analysis as welfare rights work formed by far the majority of the work carried out by the Financial Inclusion Workers. More information is contained in Appendix 8.
The graph shows that clients with mental health issues and those who were abstinent form were the two largest groups presenting with benefits issues. It should be noted that clients in the ‘currently abstinent’ category may be abstinent from alcohol and/or substance misuse. The length of abstinence can range from a very recent change to abstinence that has lasted for years. Clients’ stability in terms of that abstinence is also variable depending on a number of factors.

Of the debt issues handled, the vast majority (64%) were housing, council tax, benefits or utility related. We saw people on a daily basis who were really struggling to make ends meet and very rarely saw people who had amassed irresponsible levels of consumer debt. The Citizens Advice Scotland (CAS) Advice in Scotland 2014/15 report identifies the two most common debt issues for their clients as Council tax arrears (13%) followed by card debts (11%). This could be attributed to the difference between the client groups of Recovery Essentials and Citizens Advice Bureaux. However, as noted elsewhere, many Recovery Essentials clients struggle to engage with mainstream advice services and therefore would not be fully reflected in their statistics.

We were able to work with clients to resolve many debt issues by helping with housing benefit claims, applying for council tax reduction and arranging manageable repayments via direct deduction. These interventions at this stage are instrumental in preventing evictions, disconnections and people going hungry. In addition, in working out repayment options, there is a good opportunity to review budgets and discuss spending patterns with people.
Case study - Ms V
Ms V initially engaged with our service after building up substantial rent arrears totalling over £3,500. Due to her addiction, mistrust of authority and a period in a rehabilitation centre she had not engaged with mainstream support services and had no active Housing Benefit in place. Arrears had built to such an extent that court proceedings for eviction had been started. This would affect not only her but also her two young children.

The Financial Inclusion Worker submitted a claim for Housing Benefit and requested that the payments be backdated due to the client’s particular circumstances (namely alcohol addiction and domestic violence). The claim was successful and a backdated payment of £3,000 cleared a large percentage of the arrears. The ongoing award totalled £4,700 for the year. In addition, a manageable repayment plan was arranged to repay the remainder of arrears which protected the client from eviction and secured her family home.

This process was time consuming as the adviser spent considerable time keeping in touch with the client and encouraging her to keep appointments and to engage with the processes. Following the initial crisis, he worked with her to ensure that payment plans and behaviours surrounding budgeting remained in place.

An integral part of the financial inclusion service was helping build lasting budgeting skills for individuals. As part of that process savings goals would be discussed to act as an incentive when making hard decisions about budgeting.

**Some of the goals identified were:**

- Clothes
- Holiday
- Christmas
- Funeral

- Live comfortably
- Financial Stability
- Driving lessons / car

However, for some clients imagining saving and planning for the future was impossible at that stage.

Recovery Essentials also developed a Spending Diary which proved to be very popular and helped people understand and monitor their spending. Effort was put into the design of the Diary to ensure that people felt comfortable about using it.

Detail of the advice issues handled is shown at Appendix 8.
I worked in retail banking for over a year, and in this time got to know a lot about the inner workings of the banking system. I also gained an insight into how to fix things when they do, invariably, go wrong. I found that a lot of issues were simply due to miscommunication and misunderstandings between bank staff and customers.

I started this role with client finances on the forefront of my mind, and so far this has proven to be a good start! Banking is at times a confusing environment with varying interest rates and charges and varying degrees of financial commitments. Understanding the money coming in and managing outgoings will be particularly important for many of our clients when Universal Credit is rolled out in Edinburgh with its emphasis on monthly payments of benefits.

From my experience in the banking world I have compiled a list of some hints and tips on how to handle your relationship with your bank. Hopefully they can help people understand some of the more complex parts of personal banking that they may never have really thought about before.

**I have put together Essential Knowledge:** A Personal Banking Guide, which includes a quick breakdown of the most common statement references to make understanding monthly bank statements that much easier.
Challenges and key learning

Challenges provide opportunities for learning and this was certainly the experience of Recovery Essentials. The diagram below sets out some of the challenges highlighted by the team with regard to project delivery and sustainability. In this section we focus on partnerships and funding – two factors particularly relevant to the third sector.
Partnership

A key strength of the Recovery Essentials partnership model was the Memorandum of Understanding which was agreed at the outset and has underpinned partner relations as a point that all could revert to should difficulties arise. In addition, the fact that the original partners were well known to each other from their involvement in SUNE contributed to the ease of establishing and maintaining good relations throughout the project.

A major challenge of the project was the withdrawal at the outset of one of the initial partners which had been expected to require two of the Recovery Essentials financial inclusion workers to manage the demand at their service. The withdrawal was the result of obtaining funding from an alternative source for a welfare rights service. In order to mitigate the impact of this change on the project connections were made with other agencies such as homelessness and community organisations providing support to people with mental health issues. The increase in partners from 7 to 14 over time increased the reach and diversity of the project and having workers in a variety of agencies meant that the best practice from each site could be shared. The Financial Inclusion Workers also benefitted from working in outreach – the variety of experience contributing to their professional development.

The level of financial inclusion support offered at each partner site varied according to demand. Flexibility and good communication helped iron out some sticking points in the relationships at times. The increase in partner numbers and the variation in dependency on Recovery Essentials may have influenced the level of attendance at Advisory Group meetings at which it was frequently a challenge to maintain sufficient engagement. It should be recognised that other factors played their part in this – in particular a tendering process affecting a number of agencies.
Sustainable funding

As is frequently the case in the voluntary sector, much management time was diverted to completing applications to secure funding and the project’s future, particularly in the second year. Unfortunately, the economic climate means competition for funding has increased exponentially over recent years causing huge levels of oversubscription to many funds. Other funders approached considered that the work should be met by the statutory purse at a time when costs and services are being slashed.

Without Recovery Essentials partner agencies will struggle to follow up referrals to other agencies as they did before. We are aware that this will put increased pressure on other advice services in these times of ever-reducing resources and increased demand. Our project partners are keen to build links with advice agencies to improve working connections and potentially to collaborate on developing/fundraising for new posts in the future.

Stephanie Rose’s study makes the following points (amongst others) with regard to service delivery:

• There are preventative services often run by the third sector (sometimes in partnership) which attempt to prevent negative outcomes arising or prevent further negative outcomes from arising (this will be the ‘cheapest’ point of intervention and also the point most vulnerable to spending cuts and yet the point at which negative outcomes have the greatest chance of being averted)

• There are public services which should be designed to be as preventative as possible

Recommendations for the sector

• Consider sustainability from Day 1
• Consider partnership with existing advice services such as CABx to deliver embedded services
• Invest time in producing good data early and have confidence in it
• Invest time in promoting public profile
• Don’t underestimate the importance of courting political allies from an early stage with a view to strengthening the position for sustainable funding

Recommendations for collaboratives

• Set clear expectations in a Memorandum of Understanding
• Set clear roles and responsibilities of Advisory Group members that underpin need for active engagement in development and decision-making
• Use Data Sharing agreement to maximise information sharing for benefit of client
• Ensure good communication at all levels
• Understand, accept and embrace differences in organisational culture
Conclusion and recommendations

Recovery Essentials has been a positive experience – it has been inspiring to see the success of partnership work and the difference a dedicated team can make to people’s lives, not only financially but also in terms of building personal resilience.

In terms of the way forward, the partnership would recommend that the experience and evidence from Recovery Essentials is used to influence the way that ‘mainstream’ advice services (and public services in general) are delivered so that, where necessary, they have flexibility to be less systems driven and work with people on their own terms. This last factor being crucial in building trust, confidence and lasting change.

If there is a genuine commitment to prevention as an integral factor in service delivery, more commitment and investment is required to address inequalities ‘upstream’ so as to mitigate against them causing greater harm to individuals and greater cost to communities.

It is hoped that Recovery Essentials project partners will be able to use this report to inform future development and that they will be able to collate data on the impact on their service and their clients of not having a financial inclusion worker on site.

The lessons for EVOC as host organisation are around:

- careful construction of collaboratives
- supporting collaboratives to sustainability
- performing an ‘honest broker’ role for organisations seeking a host.

EVOC has a wealth of statistical data on the Recovery Essentials client group and the nature of their interactions with the project and would welcome approaches from suitable candidates to carry out further in-depth analysis.
Further Resources

Resources developed by Recovery Essentials

Essential info leaflets – available on the EVOC website:

- Essential Info – How to complete an ESA50
- Essential Info – Personal Banking
- Essential Info – The Scottish Welfare Fund
- Essential Info – Universal Credit
- Essential Info – Avoiding Sanctions and how to challenge them
- Essential Info – Council Tax arrears (Edinburgh specific)
- Essential Info – Get what you need from your phone call (Effective Communication)

Our Spending Diary and Group work sessions will also be made available the EVOC website.

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Appendices

APPENDIX 1 – Project structure and caseloads

APPENDIX 2 – Client Profile information

APPENDIX 3 – Data Sharing Agreement

APPENDIX 4 – Evaluation Grid summary

APPENDIX 5 – Submission to Addiction and Obesity Consultation

APPENDIX 6 – Peer Support

APPENDIX 7 – Group work

APPENDIX 8 – Advice Issues – patterns and trends
APPENDIX 1

Project Structure and overall outcomes

Appendix 1 – RECOVERY ESSENTIALS - Project Structure and Overall Outcomes
APPENDIX 2 - RECOVERY ESSENTIALS – Client Profile Information

ALL LOCATIONS

**Gender**

- Male: 61%
- Female: 35%
- Not answered: 4%

**Age**

- 18-25: 0
- 26-35: 50
- 36-45: 100
- 46-55: 200
- 56-65: 250
- >65: 300
- Not Answered: 350

Appendix 2 – RECOVERY ESSENTIALS – Client Profile Information
Appendix 2 – RECOVERY ESSENTIALS – Client Profile Information

### Underlying Issues (%)

- **Not Answered**: 20%
- **Prefer not to answer**: 3%
- **Current issues with offending**: 7%
- **Homelessness**: 13%
- **Mental health issues**: 45%
- **Blood borne virus(es)**: 5%
- **Currently abstinent**: 32%
- **Issues with alcohol addiction**: 33%
- **Substance misuse**: 32%

### Housing Status

- **Social Housing Tenant**: 48%
- **Homeowner**: 1%
- **Private Renting**: 4%
- **Student**: 4%
- **Living with parents/family**: 3%
- **Living in a hostel**: 4%
- **Living in a B&B**: 10%
- **Living in supported accommodation**: 2%
- **Rough sleeping**: 4%
- **Sofa surfing**: 4%
- **Not Answered**: 20%
Appendix 2 – RECOVERY ESSENTIALS – Client Profile Information

First Contact
- Accompanied visit 2%
- Appointment 55%
- Case work 1%
- Drop in 31%
- Email 1%
- Group work 3%
- Home visit 3%
- Referral 2%
- Telephone 1%
- Not Answered 2%

All Contact
- Accompanied Visit 7%
- Appointment 44%
- Case work 7%
-Drop in 20%
- Email 3%
- Group Work 2%
- Home Visit 4%
- Not Answered 2%
- Telephone 12%
Appendix 2 – RECOVERY ESSENTIALS – Client Profile Information

Household Composition

Client Postcodes
APPENDIX 3

Data Sharing Agreement
between partners in the Recovery Essentials Project

1. Purpose

1.1 This data sharing agreement sets out the principles by which the partners involved in the Recovery Essentials project will work with respect to data handling in the provision of the service.

1.2 Recovery Essentials project work will involve staff from each of the organisations named above working as part of a team to provide support to people affected by substance use in which welfare and benefits support is an integral part of their care and recovery.

2. Reasons for sharing data

2.1 In order to respond appropriately to referrals and to make informed decisions about clients, and to ensure the best possible support is offered, there will be a requirement to share information between the Financial Inclusion Workers and partner project staff.

2.2 It is standard for supporting services working as part of the wider multidisciplinary context to share information across key partners on a need-to-know basis to uphold the best interests of clients. All partners seek the agreement of clients for this information on joining services and when dealing with specific care and support needs.

2.3 On this basis, information may be shared between Recovery Essentials workers and partner staff within the partner project, with a clear agreement that this will be treated confidentially and only shared with the consent of service users and on a need-to-know basis.

2.4 Personal client data will not leave the partner organisation of which the client is gaining a service. Only high level, statistical data and anonymised case material will be shared across the Recovery Essentials project for reasons of monitoring, evaluation, quality assurance and training.

2.4 Clearly in any matter of child or adult protection the matter of consent is superseded by the responsibility to pass on any information of concern.

3. What information will be shared

3.1 Typically the type of information that will be shared across partners will be:
- referral information
- core details of clients to enable appointments to be made and risk assessment to be carried out
- client data provided to one member of staff which is relevant to the work of another member of staff, where the client agrees or requests for this to be shared (for example, information on health diagnosis relevant to claims and appeals)
- information on benefits applications, appeals, pending assessments and tribunals may be shared by the Financial Inclusion Worker to partner organisation staff to support care planning

3.2 It is unlikely to be necessary for partner agency staff to share personal client information on their care and support plan with the Financial Inclusion Worker, unless this is important to safe working or issues such as potential client fraud.

3.3 Client letters and paperwork relevant to supporting their welfare, debt reduction, banking and benefits needs may be copied and stored at the request of the client in a secure client file. All such information will be recorded and made available to the partner organisation staff.
in cases such as those mentioned in paragraph 2.3. This information will not leave the partner organisation except to make client visits or to accompany the client to appointments.

4. **Service User Consent to Sharing Information**

4.1 Each client receiving the Recovery Essentials service will be advised of the partnership and provided with a consent form to enable them to make an informed decision about consenting to information being shared or not.

4.2 This will be retained by the partner agency copied to Recovery Essentials to create a shared record of agreement. This consent should be reviewed whenever the nature of the data being shared or kept changes significantly.

5. **How Information will be shared**

Information may be shared between the partners and Recovery Essentials staff by:

- Email marked “confidential for the recipient only”, usually containing reference to a secure file location in which information is stored, rather than attaching information to the email
- Paper copy
- Case discussions or meetings

6. **Security of Data and data transfer**

All shared service user data must be handled and kept in accordance with the Data Protection Act using the policies and procedures set out by each partner host organisation.

7. **Retention and Destruction of Data**

7.1 Edinburgh Voluntary Organisations’ Council is a data controller under the Data Protection Act and all data relating to the Recovery Essentials project will be kept according to EVOC policies and procedures.

7.2. Client information will be retained and destroyed according to EVOC policies. In the case of client files, consent will be sought for these to be destroyed five years after last contact with the Recovery Essentials project. EVOC will destroy closed cases on that basis.

7.3 At the end of the project clients will be asked if they wish their files to be passed to the relevant partner organisation for future use where the data could be necessary to provide continuity of support. If the client agrees, the information will be passed to the relevant partner organisation. Each partner organisation will retain and destroy data according to their own policy and provide a named Data Controller to ensure this is adhered to.

7.4 Should the client not wish their file to be passed to another organisation, EVOC will retain the file and destroy according to policy as set out in 7.2.

8. **Access by Service Users**

The Recovery Essentials project will consider any client requests for access to their personal data at any time during or after the termination of the service.

9. **Staff access to information**

9.1 Staff recruited to the project will be considered suitable to be party to client personal information and to handle this safely, responsibly and confidentially.

9.2 Copies of up to date Disclosure Certificates for Recovery Essentials staff will be checked by the Recovery Essentials project manager and copied to partner organisation managers on request.
10. Review of this agreement

This agreement will be reviewed six months after it is first signed by the partners and reviewed annually thereafter until the conclusion of the Recovery Essentials project.

11. Signatories to the Data Sharing Agreement

<table>
<thead>
<tr>
<th>Name</th>
<th>Organisation</th>
<th>Signature</th>
<th>Date</th>
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APPENDIX 4 - Evaluation Grid Summary

An extensive questionnaire was used at the start of the project to fully assess each client’s financial situation and attitude to spending. However Financial Inclusion Workers felt that in many cases the questionnaire presented a barrier to building a relationship with clients and establishing their trust.

We developed an Evaluation Grid (see overleaf) which enabled Financial Inclusion Workers to explore issues with clients as well as ask clients to assess their financial wellbeing/level of confidence in respect of those issues. The grid allowed a more natural conversation between adviser and client at the same time as allowing a thorough diagnosis of money matters. We deliberately included setting a savings goal in this conversation so as to introduce discussion around hopes for the future and something to aim for. This worked well for many clients although some were not able to think positively about the future at that stage.

The grid was trialled initially and then used regularly from late 2015. Clients were asked to evaluate their financial wellbeing with regard to the following categories; Benefits, Utilities, Budgeting, Bills, Housing and Access to IT. Clients were then contacted via phone once their case had been closed and asked to complete the same evaluation grid.

Start: The results are from 69 completed evaluation grids from clients that engaged with RE advisers at seven partner agencies

<table>
<thead>
<tr>
<th></th>
<th>Benefits</th>
<th>Utilities</th>
<th>Budgeting</th>
<th>Bills</th>
<th>Housing</th>
<th>Access to IT</th>
</tr>
</thead>
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<td>51%</td>
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<td>25%</td>
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<td>36%</td>
<td>9%</td>
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<td>16%</td>
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<tr>
<td>Fairly confident</td>
<td>10%</td>
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<td>12%</td>
<td>13%</td>
<td>17%</td>
<td>16%</td>
</tr>
<tr>
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<td>17%</td>
<td>23%</td>
<td>26%</td>
<td>29%</td>
<td>39%</td>
</tr>
<tr>
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<td>12%</td>
<td>1%</td>
<td>6%</td>
<td>0%</td>
<td>16%</td>
</tr>
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End: The results are from 18 completed grids from clients that engaged with RE advisers at nine partner agencies.

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<th>Bills</th>
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<th>Access to IT</th>
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</thead>
<tbody>
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<td>17%</td>
<td>6%</td>
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<tr>
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<td>11%</td>
<td>28%</td>
<td>28%</td>
<td>17%</td>
<td>0%</td>
</tr>
<tr>
<td>Some worry</td>
<td>22%</td>
<td>11%</td>
<td>17%</td>
<td>17%</td>
<td>6%</td>
<td>0%</td>
</tr>
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<td>33%</td>
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<td>33%</td>
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</tr>
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</table>

Benefits: The percentage of clients who were ‘Very worried’ about benefits decreased from 51% to 7% between the initial and final evaluation grid. Overall the levels of confidence increased. It is worth noting that given the complexity of the benefits system, high levels of confidence would be surprising.
Budgeting: The percentage of client who reported being ‘Confident’ in their budgeting increased from 35% to 50%.

Housing: 46% of clients stated that they were ‘Very worried’ or ‘Worried’ about their housing situation during their initial evaluation. This reduced to 17% after working with a RE adviser. The levels of people who reported being ‘Fairly confident’ or ‘Confident’ rose from 46% to 78%. As the biggest risk to peoples’ housing situation is rent arrears, greater financial stability as a result of help from the Recovery Essentials team will have contributed significantly to this.

Overall: 62% of clients responded selected the ‘Fairly confident’ and ‘Confident’ categories in the end evaluation, compared to 38% during the initial evaluation.

Savings Goals:

- Clothes
- Holiday
- Christmas
- Funeral
- Dog grooming business
- Driving lessons and a car
- To live comfortably
- Financial stability

Comments from clients completing the final evaluation grid:

- “Simon helped me through a difficult patch”
- “Working with Sam was excellent, he knows what he is doing. I will be lost with RE and the project needs to get funding.”
- “Sam was there for me and really knows his stuff so he got things sorted for me. The project is a lifeline and works well with other services. I am not settling for the fact that the service is ending.”
- “Morag really helped, without the project it feels like I’m back to square one”
- “I’ve improved a lot since I worked with Pauline, she really helped with getting my benefits and budgeting. I don’t know where to go for help now, I will struggle.”
- “I have never needed as much help with my benefits as I do now. Other agencies have a long wait time and I can’t get help in time.”
- “Morag was the most help person and got me access to benefits that I had tried to get for years, she gave me a lifeline.”

Observations and recommendations

- The initial grids were completed by Financial Inclusion Workers together with clients in part as a diagnostic tool as well as for monitoring and evaluation purposes.
- The ‘closing’ grids were completed with clients by phone once their case had been closed. Many calls to numerous clients were made however the majority of clients did not respond to the calls. A contributing factor here is likely to be the reluctance of many people to respond to calls from unknown numbers. We would recommend building in the completion of closing grids to the final contact with clients. Careful thought is required into how best to do this as our experience was that this method posed some different challenges around the timing of this and engagement – particularly as, for a variety of reasons, it was frequently difficult to plan the final contact.
- It would be possible to use the grids more frequently in a structured programme to assess progress. Again, careful thought around the timing of this would be needed.
Name: ______________________________
Location: ______________________________

Your Recovery Essentials advisor can help you with your concerns about money – whether it’s benefits, keeping track of spending, or other issues. It might be something urgent that you need help with, or just something you’d like a little more information about. We use this form to help get a clear and complete picture of your money issues so that we can offer you all the help and advice we can.

Circle the number you feel best shows how you feel about the 6 headings listed on the left

<table>
<thead>
<tr>
<th></th>
<th>Very worried – causing stress or feels out of my control</th>
<th>Worried</th>
<th>Causing some worry, but not urgently</th>
<th>Fairly confident, not too worried</th>
<th>Confident and in control, I know where to get help if I need it</th>
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</thead>
<tbody>
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<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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</tr>
<tr>
<td>Utilities</td>
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<td>Budgeting</td>
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<td>Bills</td>
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<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Access to IT</td>
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<td>5</td>
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</tbody>
</table>

We can make sure you are receiving all the benefits you are entitled to and help you make the most of the money you have. Why not discuss with your adviser if there is something that, in an ideal world, you would like to be able to save towards.

**MY SAVINGS GOAL IS:**

________________________________________________________
APPENDIX 5 – Consultation Response

Recovery Essentials Project
14 Ashley Place
Edinburgh
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TO: ADDICTIONANDOBESITY.REVIEW@DWP.GSI.GOV.UK

Telephone: 0131 555 1000

10 September 2015

The Recovery Essentials project aims to provide greater financial security for people in recovery through welfare benefits and budgeting advice as well as fostering skills to use benefits, banking and housing systems effectively. Our clients are people in Edinburgh at all stages of recovery from substance misuse, mental health, and homelessness – the service users of our partner agencies.

Our Financial Inclusion workers are based within drug and alcohol services, as well as other community projects, and provide advice and support, develop group work on financial inclusion issues, and explore the most effective methods of working with people with challenging needs and circumstances. Placing our inclusion workers at sites already providing other recovery and support services means that we can help to offer a complete approach to recovery and reduce some of the stress that can sometimes lead to relapse.

The staff team have contributed to this response to the call for evidence at a meeting this week. Our responses focus primarily on issues facing people with addictions and draws on our experience of helping them navigate the current benefits system. We do not claim to have extensive knowledge of employment support services or of the national picture. We would be happy to contribute to further discussions.

1 What is the experience of people with obesity or drug or alcohol conditions within c) the benefits system - Our experience is that people with addictions frequently find the benefits system even more difficult to navigate than some other vulnerable groups. They often struggle to keep appointments and suffer sanctions as a result of lateness or missed appointments. We observe sanctions placing additional stress on already difficult lives – they can act as a trigger for relapse. Our clients often also suffer from low self-esteem which makes self-advocacy harder and is exacerbated by the sense of stigma they feel and the lack of understanding of their situation that they are often faced with.

2 What specialist employment support services are available to people affected by drug or alcohol addictions, or obesity? Does this vary from area to area? Are there examples of good practice? What evidence is there on the effectiveness of integrated services? We have a worker based at Access to Industry’s Transitions project in Edinburgh which is a specialist employability support service http://www.accesstoindustry.co.uk/about-transition. Different services are provided in different areas of Scotland. Transitions is part of the Edinburgh Drug and Alcohol Partnership (EADP) and clients are referred to it during the later stages of recovery by treatment providers in the City. The EADP and SUNE (Substance Use Network Edinburgh) ensure effective links between recovery services.
3 What other physical and mental health conditions are these groups likely to face? People with addictions frequently suffer both physical and mental health conditions. Often health conditions are a major contributing factor to the development of the addiction in the first place. They can also be exacerbated or caused by addiction. Some examples of mental health issues our clients face are: psychosis, depression, anxiety, short term memory, paranoia, PTSD, schizophrenic tendencies. Physical conditions can be infections, hep B, C, HIV, reduced cognitive ability.

These conditions can combine to induce lethargy, lack of motivation, exhaustion, a sense of hopelessness and low self-esteem which are all significant barriers to engaging with employers and/or employability services.

How do these interact with non-health related barriers to employment? Some people have no experience or understanding of what is expected in the work environment. Other barriers such as literacy and numeracy issues, self-harm/track marks, criminal records, finances (ie money for clothes, bus fares) can make getting, starting and maintaining employment even more difficult. Lack of credit for mobile phones and lack of access to internet are other common issues.

What additional support or interventions might be required to help people overcome these barriers to employment?

- Extra support to attend appointments, understand benefits and money matters
- Help with time keeping
- Clear information or training on what needs to be disclosed in applications with respect to health conditions and criminal records is also required
- Re-instatement of job grants for clothes/bus fares
- A four week benefit run on (such as with HB and WTC)
- Support with literacy and IT (both access and training) and realistic timeframes for learning
- Increased awareness of effects of conditions for JCP staff
- Regular appointments/catch ups
- More information on what is available at JCP for clients
- Better integration of services
- A more holistic person-centred approach

4 What works to a) treat those affected and b) help them back into work? We would particularly welcome robust evidence of formally evaluated programmes both in GB and internationally. There are successful recovery programmes in Edinburgh where our financial inclusion team are based which will no doubt be submitting evidence regarding treatment and its effectiveness. The voluntary nature of the programmes is highly valued.

Recovery is the important first step without which many other interventions would be destined to fail – no matter how good. The integration of our welfare rights and financial inclusion service in these agencies enables joint working to build stability both in health and finances. Partner agencies have noted regularly the effect of the help of our team on their clients’ ability to engage with the recovery work – benefits difficulties and consequent cash flow problems increase stress and chaos which in turn can often push people to relapse. Help with benefits and money worries, reduces this. Once a certain level of stability is achieved, job readiness training is more realistic.

5 What evidence exists on the effectiveness (including cost effectiveness) of treatments and interventions that facilitate a return to work (including evidence on
Mapping of services and good referral processes are needed so that people are directed to appropriate services. Referrals are made by JCP staff when appropriate – either directly with the client’s permission or by recommendation to clients. In Edinburgh referrals are made also between treatment providers/recovery services as appropriate depending on the stage of recovery.

6 How do health professionals/commissioners/JCP staff and wider employment support-related staff make decisions related to these groups? Our impression is that many of our clients face stigma from some health professionals and job centre staff and that this results in a lack of trust leading to poor communication. It seems that in quite a number of cases a lack of understanding can lead to a failure to treat people as deserving of help which in turn can create a huge barrier between people and services. For example, some clients are prevented from going to JCP because of their appearance/smell of alcohol – this can lead to sanctions which in turn leads to ill-health, worsening conditions and chaos which is hard to recover from without help. When sanctioned, most people have neither sufficient information nor funds to making the necessary telephone calls to resolve the situation. Some clients can’t answer security questions (for some their address changes frequently) which is also a barrier to resolving problems.

Lack of co-ordination between services can mean that much of the information gathering work is done by clients or their advisers. GP letters can be costly for individuals but DWP do not routinely seek medical information in support of people’s claims. Frequently clients are left to co-ordinate information from different DWP departments. We acknowledge that millions of benefit claims are processed without difficulty but suspect that the majority of those that don’t relate to the most vulnerable claimants and that they are disproportionately affected. The additional difficulties they face only serve to exacerbate their vulnerabilities and increase the inequalities they face.

Clients are often referred to Universal Jobmatch without the skills to use it nor consideration as to whether they have access.

How do these pathways and integration vary across groups and areas of the country? Not answered.

7 What are the legal, ethical and other implications of linking benefit entitlements to take up of appropriate treatment or support? Although of course keen to support their service users to get closer to the employment market, Recovery Essentials and Partner agency staff are concerned that linking benefit entitlements to treatment for addictions will not only be ineffective but damaging. Some of our concerns are that:

- providers already have waiting lists for people being referred on a voluntary basis – who may be displaced by people ‘coerced’ into seeking treatment
- there is a risk that the relationship between treatment provider and service user would alter from being voluntary in nature to coercive
- interventions with people accessing help with their addictions because they risk losing benefits otherwise are less likely to be effective
- being required to provide information on each client in receipt of benefit on a regular basis is likely to place an increased administrative burden on the agencies
• reporting a missed appointment might trigger a sanction - missed appointments are common place for our clients. This could have serious implications for the client/provider relationship

• the existing system of sanctions acts punitively rather than an incentive in our view. Our clients report sanctions being applied for minor issues and usually without warning or explanation. Our experience is that these measures are counter-productive to the stated end goal of getting someone stable and job ready. Support is what is needed, not sanctions.

• as described previously, there is a clear link between additional stress and unstable finances and relapse/worsening of addictions and other conditions

How are children and families affected? If sanctions are applied whole family affected financially but also physically and emotionally. Knock on impacts are increased reliance on foodbanks, increased stress and potential damage to family relationship in an already difficult situation. Stigma and social difficulties for children and families also increase. Children may have more caring responsibilities.

What are the views of employers on supporting these groups to stay in work or return to work, or of recruiting people with histories of these health conditions? Some employers are prepared to specifically encourage certain disadvantaged groups in employment. However usually such encouragement is linked to subsidized programmes or limited to 3rd sector agencies and social enterprises. The current employment climate is competitive – even volunteering has become competitive in some sectors and people who are socially excluded (whether through mental, physical, societal circumstances) are those with the fewest opportunities. Employers are subject to the same preconceptions as the general public and are likely to view people in recovery from addictions as less employable and a potential risk.

We would welcome examples where employers have successfully employed people affected or formerly affected by addictions or obesity. ‘All in Edinburgh’ is a project to help people with a disability or long-term health condition - a similar approach might benefit these groups. There are also examples where employers are subsidized to employ those from certain disadvantaged groups. Setting quotas to ensure and encourage this kind of responsibility for employers will be important as is setting up systems to ensure that subsidies are not taken advantage of.

What help, services and support do employers need? What would help?

• Subsidies
• Quotas
• Training programmes and work placements that give people an opportunity to prove themselves.
• Employer understanding of conditions
• As mentioned above, training for people in recovery as to how much or how little they need to disclose about their health/addiction

What is the experience of people currently in work with these conditions? Our clients have a wide range of experiences that very much depends on their stage in recovery, the size of the employer and their willingness to be understanding and outside factors that can trigger relapse.
Who are the groups most ‘at risk’ of being affected by these conditions in the future? What protective and preventative measures might be taken to reduce the risk that they fall into patterns of long-term worklessness? Studies show that those most likely to fall prey to addiction issues frequently have high levels of insecurity often arising from:

- Parental mental ill-health/Parental substance misuse
- Emotional/material neglect
- Abuse (emotional/physical/sexual)

Young people at risk frequently demonstrate ‘acting out’ behaviours which are well recognised such as truancy, disruptiveness, drug use etc.

Others at risk of long-term worklessness are people with disabilities and older people. In poor economy fewer chances.

What can be done?
- Investment in early intervention projects for young people at risk with increased opportunities
- Investment in provision of good opportunities giving real options to people
- Awareness raising with employers and JCP
- Alternatives to online applications and provision of more face to face options
- Provision of adequate training and facilities
- Recognise that access to IT is very difficult without funds to pay for it
- Recognise that whilst many have phones, not everyone has credit
APPENDIX 6 – Peer Support

Peer support is a relationship of mutual support where people with similar life experiences offer each other connection and understanding as they move through difficult or challenging experiences. Peer support can be experienced in many different ways - from the informal sharing of knowledge and experience through to the formalised peer support worker role within services.

This important part of the project aimed to build the capacity of the team, the partners and individuals through the development of peer supporting financial inclusion workers. The mark of success would be an experience that benefitted the peer supporters, the clients and the project alike. A training programme was developed to start in April 2015 and to repeat in October 2015. Our target was to involve 20 peers in helping to deliver the project.

Recruitment

The role stipulated that peer supporters should be one year abstinent. At a number of the partner agencies, this requirement significantly reduced the available pool of volunteers. The opportunities were therefore advertised also through Volunteer Edinburgh and the Scottish Drugs Forum. Most of the volunteers recruited and retained through training were from Transition where most service users are close to the job market and have reached a period of relative stability. In total 15 peers with lived experience and five other volunteers were recruited:

<table>
<thead>
<tr>
<th>Volunteer Role</th>
<th>Numbers recruited</th>
<th>Outcome</th>
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<tbody>
<tr>
<td>Peer supporting FIW</td>
<td>9</td>
<td>- 3 into employment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- 2 volunteering elsewhere</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- 3 left due to other commitments</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- 1 seeking employment</td>
</tr>
<tr>
<td>Peer supporting group worker</td>
<td>4</td>
<td>- This was a difficult role to maintain given the issues the project faced across the board in attracting people to group sessions.</td>
</tr>
<tr>
<td>Interpreter</td>
<td>2</td>
<td>- 1 retained by project and trained as peer FIW too</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- 1 temporary volunteer only</td>
</tr>
<tr>
<td>Reception (peers)</td>
<td>2</td>
<td>- Temporary roles</td>
</tr>
<tr>
<td>Social Policy</td>
<td>3</td>
<td>- 3 found employment</td>
</tr>
</tbody>
</table>
Supporting the peer supporters

Supporting our peer supporting volunteers was a high priority and one that involved the whole team. The Project Manager was overall responsible for recruitment and training and the Project Administrator took on the role of volunteer co-ordinator and both held regular meetings with the peer supporters to check they felt they were progressing well. The majority of the day to day supporting role fell to the Financial Inclusion Workers who mentored the peers onsite at the partner agencies.

This involved the team developing skills in volunteer support and mentoring. This was achieved through a variety of means:

- Discussion at staff team meetings
- Involvement of the FIWs in training sessions with the peers
- Joint development of guidelines on Boundaries with peers
- Development of mentor guidelines so that expectations of peers and FIWs were clear
- Regular whole team meetings where experiences could be shared

These sessions had multiple benefits in terms of developing a sense of team, allowing staff and peers to get to know each other as well as the underlying training function. In addition, much of the learning was on-site ‘on the job’ development which had to be responsive to the various sites and the different skills and interests of the volunteer peer supporters.

An important part of the process was also adjusting the expectations of the role over time, learning from the experiences of the peers we recruited and their development.

We carried out two training programmes, the second a refinement of the first. The role of welfare rights adviser and financial inclusion worker is a complex one. During the first programme we noted that some of the peers would benefit from a staged approach to enable them to build skills and confidence over time. We therefore developed distinct stages to the peer supporting financial inclusion role. Both stages were designed to last about six months with the second stage being an optional development for those interested in carrying out casework and possible employment in advice work:

1. **Shadowing and support** - A role allowing the peer supporter to gain an overview of the Financial Inclusion Workers role and also to start to get to know service users. In time, specific tasks that the peers took on were:
   - Carrying out the initial interview (explaining the Data Protection Agreement, taking contact details, statistical information and drawing out issues where help required)
   - Accompanying people to medical assessments and JCP appointments
   - Assisting clients to make phone calls to a range of organisations
   - Assisting with promotion, facilitation and deliver of group work

Clients and FIWs found that the lived experience that the peers brought to financial inclusion work provided an extra invaluable element to the help the team offered.
2. Financial inclusion role - After six months in the shadowing and support role, further development would be offered to those peers with an interest in undertaking more in-depth training and taking on increased responsibility. Our experience indicates that many of the peers we engaged did not wish to progress to this stage but that there was definitely appetite amongst some who were considering advice work as a future employment option.

Observations and recommendations

- Ensure enough time, training and support given to Financial Inclusion Workers to perform mentor function which was a challenge to fit in amongst the other responsibilities and demands of the role.
- Advice staff don’t necessarily come with experience of support or mentoring. Indeed, all staff recruited to team require time to adjust to new and demanding role, some needed welfare rights and financial inclusion skills training and not necessarily able to take on additional responsibility of mentoring a peer immediately.
- Ensure enough time, training and support given to peers. It can be a challenge to ensure sufficient support and continuity when peers are based in outreach particularly when faced with staff changes.
- Ensure support also given by partner site so that peers are integrated in their teams too. We did face issues of capacity and space at partner locations.
- General preference of peers and partner agencies was for peers to be placed at a different agency from where they had received support for their own recovery. Community Member agencies were an exception to this rule.
APPENDIX 7 – Group Work

The impact of welfare reform on our client group is particularly severe as people struggle to make and maintain their claims in the first place - even before the question of budgeting can be addressed. When they come to us, many of our clients are frequently in chaotic situations and have limited capacity to resolve issues themselves – be it in terms of understanding, confidence, self-esteem and/or communication skills. An awareness of this formed the basis of the group work developed.

The original project outline described various group work sessions: Budgeting; Communications Skills; Behaviour Change workshops; Fuel bill reduction and Recycling sessions.

It was a challenge to attract participants to the group work sessions at the majority of locations despite efforts to promote them. The level of partner involvement in promoting the sessions was found to have an influence on engagement and sessions were also successful when delivered to pre-existing groups that met regularly at non-partner agencies. Early indications were that the sessions appealed more to clients who were more settled and further on in recovery than for those in active addiction. This remained our experience throughout the life of the project.

The sessions were developed continually as a result of feedback from participants. In 2015 we merged the budgeting, communication and behaviour change work into a single series. We consider that incorporating practical role play and discussion exercises in the sessions has made them more powerful and the impact more lasting. The sessions include quizzes looking at spending behaviour, song title rounds and other activities.

Some of the peer supporting volunteers who had attended the initial sessions and helped to facilitate others were involved in the development of the new series which contains the following sessions:

- **Week 1: Benefits** - Maximising your income and dealing with changes to your circumstances
- **Week 2: Budgeting** - Keeping control over your money
- **Week 3: Consumer rights** - Your rights, opening bank/credit union accounts, price comparisons/switching, insurance and purchase planning
- **Week 4: Debts** - How to deal with debts, avoiding problem debts, dealing with the anxiety money problems can cause
- **Week 5: Food** - Meal planning, eating healthy on a budget, accessing cooking classes

Recovery Essentials also developed a Spending Diary which proved to be very popular and helped people understand and monitor their spending. Effort was put into the design of the Diary to ensure that people felt comfortable about using it.
The feedback from the sessions was positive. What participants found useful:

- “Writing everything down in spending diary. Noticed different prices of things in different shops.”
- “Budget planner gave me more confidence in my spending. Will not carry too much money to be tempted.”
- “Knowing where to go in times of trouble and gave me the confidence to know I can do it.”
- “Knowing different benefits, consequences of not paying.”
- “Different types of benefits, importance of support and communication and priority bills.”

Other comments:

- “Fun Learning environment and a group leader with a positive attitude.”
- “Interesting session and very interactive.”
- “The course has been very helpful and beneficial. Pamela knows her stuff and makes the groups fun to attend.”

‘Old’ series deliveries

<table>
<thead>
<tr>
<th></th>
<th>Budgeting</th>
<th></th>
<th>Communication</th>
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<tbody>
<tr>
<td></td>
<td>Workshops</td>
<td>Attendees</td>
<td>Workshops</td>
<td>Attendees</td>
</tr>
<tr>
<td>Sept 14 - Mar 15</td>
<td>12</td>
<td>15</td>
<td>15</td>
<td>1</td>
</tr>
<tr>
<td>Mar 15 - Sept 15</td>
<td>39</td>
<td>101</td>
<td>43</td>
<td>3</td>
</tr>
<tr>
<td>Sept 15 - Mar 16</td>
<td>See New</td>
<td>See New</td>
<td>3</td>
<td>11</td>
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‘New’ series deliveries: All September 2015 – March 2016

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<tr>
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<th>Budgeting</th>
<th>Benefits</th>
<th>Debt</th>
<th>Food</th>
<th>Consumer Issues</th>
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<tr>
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<td>Workshops</td>
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<td>Attendees</td>
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Unfortunately given uncertainty over the project future, staff changes and instability in partner agencies, these new sessions have run only at one location.

The budgeting statistics include one workshop that was delivered through Lothian and Edinburgh Abstinence Programme and two workshops delivered at Edinburgh College. These sessions were arranged with Transition which has close links with both of these organisations.
We partnered with Changeworks (CW) for sessions on ‘Reduce, Reuse, Re-cycle – Save!’ and on fuel poverty sessions. These sessions were also hard to attract attendees to.

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<thead>
<tr>
<th></th>
<th>CW: Recycling</th>
<th>CW: Fuel Poverty</th>
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<tbody>
<tr>
<td></td>
<td>Workshops</td>
<td>Attendees</td>
</tr>
<tr>
<td>Sept 14 - Mar 15</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Mar 15 - Sept 15</td>
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<tr>
<td>Sept 15 - Mar 16</td>
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<td>7</td>
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**Observations and recommendations**

- Our spending diary was very popular and helped people understand and monitor their spending. Effort was put into the design of the diary to ensure that people felt comfortable about using it.
- Consider the stage of recovery of services users at locations when planning delivery – in early recovery people do not generally wish to attend group work. The sessions were successful with clients who were in positions of greater stability and closer to the job market. The sessions were also successful when delivered at non-partner agencies to pre-existing groups that met regularly.
- Some clients with anxiety and other mental health issues preferred to develop their skills in 1-2-1 sessions with their advisers.
- Ensure partner engagement - sessions were more popular where partner agencies took the time to promote the group work and support the Financial Inclusion Worker.
- At the busiest venues finding time to promote the sessions due to pressure of 1-2-1 work was a challenge. Developing peer support to help with the promotion is ideal.
- Financial inclusion is a notoriously difficult subject to ‘sell’ to people no matter what their circumstances or background are so having peer supporters able to describe the benefits helps.
- It is worth investing time to support peer supporters to promote and help facilitate the sessions as it is a great opportunity to build skills and confidence. We fully expect one of our peer supporters who will continue to help with the group work at one of our partner agencies to start delivering the sessions himself in the future.
APPENDIX 8
Advice Issues – patterns and trends

As can be seen from the chart below, benefits issues formed the majority of the enquiries brought to the Recovery Essentials team. Income maximisation is the first step of financial inclusion work and accessing benefits is a major part of that process. However, retaining engagement beyond this stage is a recognised challenge. The other factor that influences the high proportion of benefits issues dealt with is the urgency with which they are presented by clients compared to other issues.

One of the values in recruiting peer supporters to develop financial inclusion skills was to alleviate the pressure on the team and to increase the focus on longer-term financial inclusion work and skills building.

*Graph 1 - Proportion of issues handled by advice area*

Analysis was carried out of the correlation between the types of benefits claim helped with and the underlying issues of the clients. Benefits was the category chosen for analysis as welfare rights work formed by far the majority of the work carried out by the FIWs. The level of benefits work was dictated by client demand, in turn dictated by need.

**Correlation between benefits type and underlying issues**

The graph below shows the number of clients with each underlying issue who interacted with a given benefit category at least once.

In order to analyse the correlation between underlying issues and benefits issues the benefits/services interactions were categorised into 8 groups:

1. Children - Child Benefit (CB)
2. Emergency – Community Care Grant (CCG), Crisis Grant (CG), ELTF application, referral to food bank
3. Employment (means tested) – Jobseekers’ Allowance (JSA), Working Tax Credit (WTC)
4. General - Education Maintenance Allowance (EMA), Other benefit info, Other grant application, Social Fund
5. General (means tested): CTR, IS, OT free school meals, Universal Credit (UC)
6. Housing (means tested): Housing Benefit (HB)
7. Ill health: Personal independence payment (PIP), Carers’ Allowance (CA), Disability Living Allowance (DLA), Blue badge, Bus pass
8. Ill health/employment (means tested): Employment Support Allowance (ESA)

Graph 2 - Correlation of underlying issues and benefits types

The graph shows that clients with mental health issues and those who were abstinent form were the two largest groups presenting with benefits issues. It should be noted that clients in the ‘currently abstinent’ category may be abstinent from alcohol and/or substance misuse. The length of abstinence can range from a very recent change to abstinence that has lasted for years. Clients’ stability in terms of that abstinence is also variable depending on a number of factors.

Observations:

- More clients presented with enquiries relating to health related benefits than any other irrespective of the underlying issues. However, for those with mental health issues, enquiries regarding health related benefits are a significantly higher proportion of the enquiries made than for those with other underlying issues.
- Emergency issues and other applications for funds (General) were the next most common problem across the range of clients.
- Although the numbers of clients presenting with each issue varied, the pattern of issues they presented with was similar overall.

Benefits

At 74% of total enquiry issues, benefits far outweighed all other advice areas. Health related benefits (ESA, PIP and DLA) were almost 50% of the benefits enquiries overall. The graph below illustrates this and indicates that Housing benefit, Jobseekers’ Allowance and Council Tax reduction were the next most common themes.
Graph 3 - Benefits issues handled (March 2014 – February 2016)

Debt

The vast majority of the debt issues our clients faced were housing, council tax or benefits related as shown in the graph below. We daily saw people really struggling to make ends meet and very rarely saw people who had amassed significant levels of consumer debt. The Citizens Advice Scotland (CAS) Advice in Scotland 2014/15 report identifies the two most common debt issues as Council tax arrears (13%) followed by card debts (11%). This could be attributed to the difference between the client groups of Recovery Essentials and Citizens Advice Bureaux.

As can be seen in the graph below, Council Tax arrears are a huge issue for our clients but overall the breakdown of issues brought to the Recovery Essentials team shows the struggle to meet basic needs. 64% of the debts we discussed with clients relate to council tax, housing costs, benefits and utilities.
We were able to work with clients to resolve many of these issues by helping with housing benefit claims, applying for council tax reduction and manageable repayments via direct deduction. These interventions at this stage are instrumental in preventing evictions, disconnections and people going hungry. In addition, in working out repayment options, there is a good opportunity to review budgets and discuss spending patterns with people.

We helped over 100 people with rent and mortgage arrears which are the primary causes of eviction.

Where clients were considering sequestration, had multiple consumer debts or assets they were referred to accredited money advice services.

Utilities

Utilities issues are an ongoing concern for many people. Understanding billing information and communicating effectively with utility companies can be a hugely frustrating and disempowering experience. The team were able to help with these issues either by resolving them with the client or enabling the client to do this themselves.

Energy assistance applications (such as the warm homes discount) formed the largest single utilities issue discussed with clients. Many people are unaware of their entitlement to warm homes discounts of £140 towards fuel costs. Financial Inclusion Workers were able to inform clients about these and help them negotiate the application processes which vary from company to company (Changeworks produce a useful guide to the array of options which is available on their website).
Cases were referred to Changeworks depending on the complexity of the case, the workload of the adviser and the ability of the client to manage the situation without support from Recovery Essentials.

**Graph 5 - Utilities issues handled (March 2014 – February 2016)**

**Housing**

Whilst housing issues per se were not within the remit of the project the Financial Inclusion Workers did work with many clients in need of help with housing applications, who needed to present as homeless and as described above were at risk of homeless as a result of rent arrears. Many of these latter cases could be resolved through housing benefits claims. These cases where there was a risk of eviction are a combination of the rent arrears issues shown in Graph 3 and the issues highlighted in the housing issues graph below.

In complex cases, and those where formal proceedings had been started, clients were helped to access specialist housing services. Graph 2 shows that housing benefit cases were most prevalent amongst clients with mental health issues or who were abstinent (the two not being mutually exclusive).
Financial

Fewer clients than anticipated had difficulty with setting up bank accounts and other basic financial matters although the verification process requirements were difficult for some to fulfil. The partner location where clients had the most problems with bank accounts was the Big Issue where a number of EEA (non-UK) nationals sought help. The budget review element refers to those cases where clients specifically presented for help with budgeting and does not indicate the entirety of the budgeting help offered. Financial Inclusion Workers and clients reviewed budgets in many contexts in the course of the work done. Personal budgeting patterns were also reviewed and discussed in the context of group work sessions.

The team produced a Personal Banking ‘Essential info’ leaflet with tips on how to manage bank accounts and how to understand some of the banking processes relating to current accounts.

The project outline anticipated encouraging people to consider purchasing home insurance. This was discussed with clients but was not often a priority compared to the need to resolve income and benefits issues and was only discussed in full on a very few occasions.
Graph 7 - Financial issues handled (March 2014 – February 2016)
Further information on Project Partner organisations

**The Big Issue Edinburgh:** The Big Issue Foundation seeks to deliver social & financial inclusion by supporting Big Issue vendors in the self-help process of buying & selling the Big Issue Magazine. www.bigissue.org.uk

**The Castle Project:** Provides access to services such as one to one support, medication, specialist nurses, counselling, and more. www.castleproject.org.uk

**Circle Harbour Project:** Works with children and families affected by parental drug/alcohol use and/or imprisonment. www.circlescotland.org

**Crew 2000:** Drugs counselling, outreach, drop in and training in substance use and sexual health. www.crew2000.org.uk

**Crisis Skylight Edinburgh:** Works with adults who are homeless or at risk of homelessness. www.crisis.org.uk/pages/crisis-skylight-edinburgh.html

**Edinburgh Young Carers Project:** Works with and on behalf of young carers in Edinburgh. www.youngcarers.org.uk/

**Fresh Start:** Help for people who have been homeless to get established in their new home. www.freshstartweb.org.uk/

**Grassmarket Community Project:** Offers education programs, social enterprise, and social integration activities to support people through transitions in their lives and re-connect disengaged people. www.grassmarket.org/

**NEDAC:** North Edinburgh Drug and Alcohol Centre. Services for those affected by substance use problems. www.nedac.co.uk/

**Serenity Café/COMAS:** Recovery café offering opportunities for volunteering, learning, and a programme of activities for people in recovery. www.serenitycafe.co.uk; www.comas.org.uk

**Simpson House/Crossreach:** Counselling for people affected by their own or another’s drug use. Other Edinburgh Crossreach referring partners were Rankeillor Initiative and Cunningham House. www.crossreach.org.uk

**Spittal Street Centre:** NHS community drug problem service. www.nhslothian.scot.nhs.uk/GoingToHospital/Locations/Pages/SpittalStreetCentre.aspx

**Transition-Access to Industry:** Develops education and training programmes for excluded people that encourage and facilitate access to employment and higher education opportunities. www.accesstoindustry.co.uk/about-transition

**Turning Point Scotland Edinburgh:** Support for people seeking help with substance misuse issues and also people who are homeless or at risk of becoming homeless. www.turningpointscotland.com