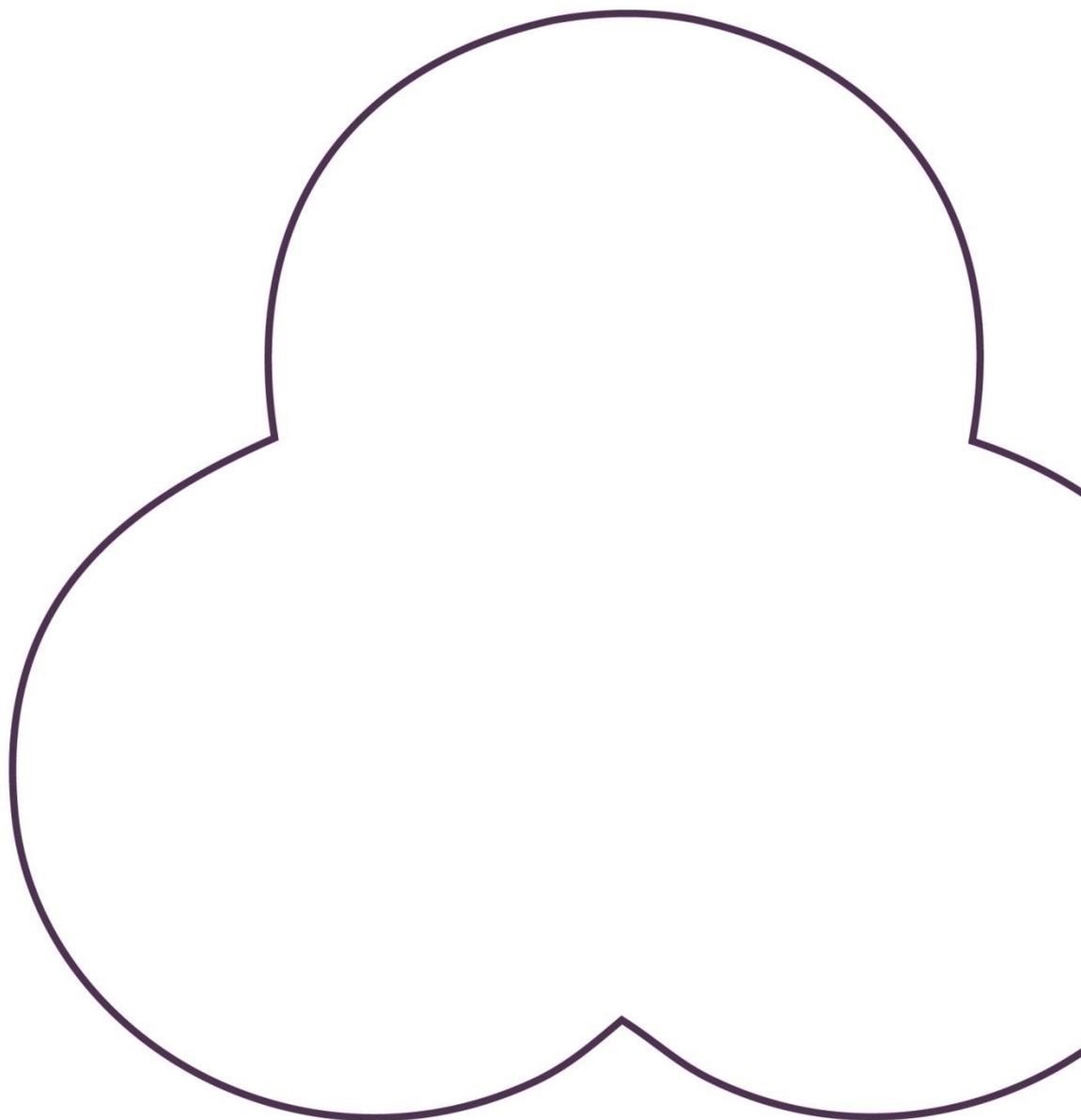
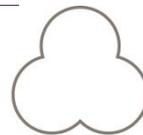


**nef**  
consulting



**Evaluation of Hackney Family Service**  
**Shelter**  
*June 2015*

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# 1. Introduction

## Hackney Family Service

Shelter is a national campaigning charity, providing a range of housing advice and support services in England and Scotland. In 2013, Shelter raised funds from a range of companies, trusts and individual supporters to fund Hackney Family Service (HFS), a dedicated support service for families who are homeless<sup>1</sup> or at risk of homelessness in Hackney.

The HFS delivers a range of interventions to resolve problems linked directly and indirectly to sustaining a home. The HFS brings together the strengths of existing and developing partnerships, drawing on expertise and support from services in the community and the sector, securing contractual partnerships with local specialist services to provide a 'supply chain' of interventions for Shelter clients.

Shelter's nationwide strategy (2012-2015 and 2015-18)<sup>2</sup> focuses on supporting families – who are homeless, at risk of homelessness or are badly housed – as a way of reaching more people and effecting long term, generational change. As such, the HFS focuses on families rather than individuals; homelessness (or the lack of a permanent home) can have particular negative impacts for families and children. These negative impacts can include the loss of friends and extended family networks and frequent changes of schools or child care arrangements, leading to a lack of stability. This in turn may affect children's learning and development, health, and wellbeing.

### Local context

The London Borough of Hackney is the one of the most deprived local authorities in England, and has very high rates of child poverty. It is estimated that 17,640 households in Hackney are living in unsuitable housing, a figure representing 18.7% of all households in the Borough<sup>3</sup>. There are high levels of need particularly amongst lone parent families.

An analysis of market conditions was carried out to inform a business case for the service prior to its implementation. This business case identified unmet demand in Hackney for support services for families at risk of homelessness, particularly in the private rented sector. Through consultation with local providers, advice services, services for low level mental health problems (such as counselling and group work) and education, training and employment services were identified as being specifically important.

The national context of and need for the HFS is further explained in Appendix 1.

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<sup>1</sup> Throughout this document, homelessness is defined in its broadest sense to encompass any family that is roofless or without safe, suitable, affordable and settled accommodation who consider themselves to be homeless.

<sup>2</sup> Shelter (2012) *Helping more people: Shelter's strategy 2012-15*: [https://england.shelter.org.uk/\\_data/assets/pdf\\_file/0017/203552/Shelters\\_Strategy\\_201215\\_LOW\\_RES.pdf](https://england.shelter.org.uk/_data/assets/pdf_file/0017/203552/Shelters_Strategy_201215_LOW_RES.pdf)

<sup>3</sup>Hackney Housing Needs Survey, 2009

## About this research

This report sets out the results of an evaluation of Shelter's Hackney Family support service. The aims of the research are to:

- Understand the effectiveness of the HFS as a means of working with families to tackle the direct and indirect causes of homelessness, and therefore helping families to keep or access safe, secure, stable accommodation
- Provide evidence and information to understand the appropriateness of the design of HFS, with its multi-partner delivery mechanisms, and using safe, secure housing as a platform, to improve family outcomes
- Illustrate and quantify the potential cost savings to "the system", as a result of HFS' activities

## Methodology

The following activities were undertaken to inform the evaluation:

- An initial rapid review of homelessness prevention literature, as well as Shelter and HFS' management information and data collection tools to inform and frame our research and methodology.
- Development of a 'Theory of Change': this is to understand how the HFS creates change for families through its tailored support programme. This Theory of Change was developed initially through a workshop with HFS staff, and verified with a short literature review and through 14 face-to-face interviews with HFS clients and four other local service providers who work closely with HFS, including a social worker, legal caseworker, ASB officer and a midwife. This Theory of Change is further explained and included in Section 3 of this report. The interviews also allowed us to identify the characteristics and elements of the HFS that contribute to its success, and why HFS is effective is described in Section 4.
- Analysis of data gathered through Shelter's Management Information Systems. This data was analysed according to the outcomes defined in the Theory of Change, to understand the effectiveness of the HFS in creating change for families, both in terms of tackling the direct and indirect causes of homelessness, and in using housing as a platform to improve additional family outcomes. Results are woven in throughout Section 3.
- The 14 in-depth interviews with HFS clients and four in depth interviews with professionals were used to create case studies to represent the service activity and also assess potential cost savings to the "system". These case studies are presented throughout the report, and the value to the "system" summarized in Section 5.

Note that the HFS is a support service with an advisor embedded within it and thus provides both long term in depth support and one-off advice to families. However, the focus is on support work, and thus interviews were with support clients and the evaluation focussed on the support work, although some results and details of the advice work are presented at the end of Section 3.

## 2. Aim of HFS

The ultimate aim of the HFS is to **improve family wellbeing via a safe and stable home and better living conditions**. Homelessness is caused by a complex interplay between a family's individual circumstances and adverse external structural factors/barriers that may be outside their control. HFS supports families to improve their own individual circumstances – both material conditions and personal resources – that are the direct or indirect cause of families not living in safe, suitable, sustainable homes. HFS uses housing support as a route into the lives of families in need; so that safe, secure housing can be a platform to improve wider family outcomes.

HFS works to:

- Prevent homelessness and improve housing conditions
- Address the root causes of homelessness
- Improve wider family outcomes (such as working with parents to improve school attendance)

The characteristics of the delivery model and its appropriateness for achieving change for clients are discussed in Section 4, which draws out factors unique to HFS' delivery model as identified by Shelter clients, staff and referral services.

In order to be eligible for the service, families must be at risk of homelessness and have identified other significant factors contributing to this risk. Many of these factors can combine and exacerbate each other. In addition, the links between the causes of homelessness, and its impacts, are non-linear and difficult to untangle. Poor mental health can both be the cause of homelessness, and homelessness can in turn lead to the further deterioration of mental health. Alternatively, a stable home can be seen as a contributory or protective factor against poor mental health. This highlights the need for a holistic service, such as the HFS, which works to build the resilience and capacity of families to maintain a home.

The case study below illustrates the journey of families coming to the service; the support offered and the results achieved.

### **Case Study One, Hackney Family Service – Artem and Kristina**

Artem approached Shelter for housing advice after being found intentionally homeless and asked to leave the hostel accommodation he and his wife and daughter had been staying in. The complexity of the family's mental health needs meant they were also allocated to HFS for in depth support.

*I don't know how to express it... basically [Shelter] saved my whole family*

Artem and Kristina are both from Russia and English is not their first language, although they have been living in the UK for the last 7 years, moving to find work from London to Scotland. They have a daughter, Nastya, who is now three years old and they previously had another child, who died in 2009 and is buried in Lewisham. Both Artem and Kristina suffered from mental health problems following the death of their daughter, Artem experiencing depression and Kristina, psychotic depression.

The family had then been living in Scotland where Artem had found work, but were unhappy there far from their daughter's grave, so decided to move back to London. They found private rented accommodation over the internet, paid a deposit and initial rent of £3000 and gave up their tenancy in Scotland. When they arrived in London, they found that it was a scam: the person to whom they had paid rent did not actually own the property and someone else lived there. They had already borrowed money from other family members abroad, and were no longer able to afford a deposit on any other accommodation.

They had nowhere to go.

Both were socially isolated and lacking support outside the family: finding themselves homeless had a profound impact on the family and their already fragile mental health deteriorated. *'If I use a scale zero-ten [to describe my mental health] at that time, I felt like a zero'.*

The family presented as homeless to a local authority in central London, who placed them in emergency accommodation whilst reviewing their case. However, the council found the family intentionally homeless and gave them notice to leave the hostel in ten days' time. At this point Artem became suicidal: *"I tried to kill myself... I tried to get hit by a car".*

Shelter immediately referred the family to social services in order to safeguard Nastya and they assessed the family, placing Nastya on a child in need plan.

*[Shelter] helped us contact some of the other agencies... Going to meetings, going to see doctors, the school, all the small details in life they helped us with... The FSW came to our house every two weeks... and every time they helped with everything big and small.*

In the meantime, HFS requested a review of the homeless application, and settled accommodation upon review. They supported the family to gather evidence for their housing case to explain how they had come to be homeless, and got the temporary accommodation extended while they waited for an answer.

HFS ensured that the whole family was registered with a GP, and initially accompanied both Artem and Kristina to medical appointments to discuss their mental health. With their housing situation more settled, both were able to receive treatment for **their mental health, which is now improving.**

*Shelter helped us to collect evidence... they sent all the evidence to the Council. Social worker came to us to help us... and also other people, like health care people for physical and mental issues, to try to help us...and they [the Council] changed their minds.*

The homeless application was then accepted, and **the family moved into a two bedroom flat**, from where they are now happy they can visit their daughter's grave. As the family had identified their lack of support networks as a factor in their poor mental health, HFS supported them to **find Russian community groups** and to **apply for schools for Nastya**, so they could begin putting down roots. Both began counselling to work on the long term impact of their daughter's death.

The family is **now securely housed**, and report **feeling much happier and healthier.** Artem **has been able to find work**, and Nastya is **no longer on a child in need plan**, as

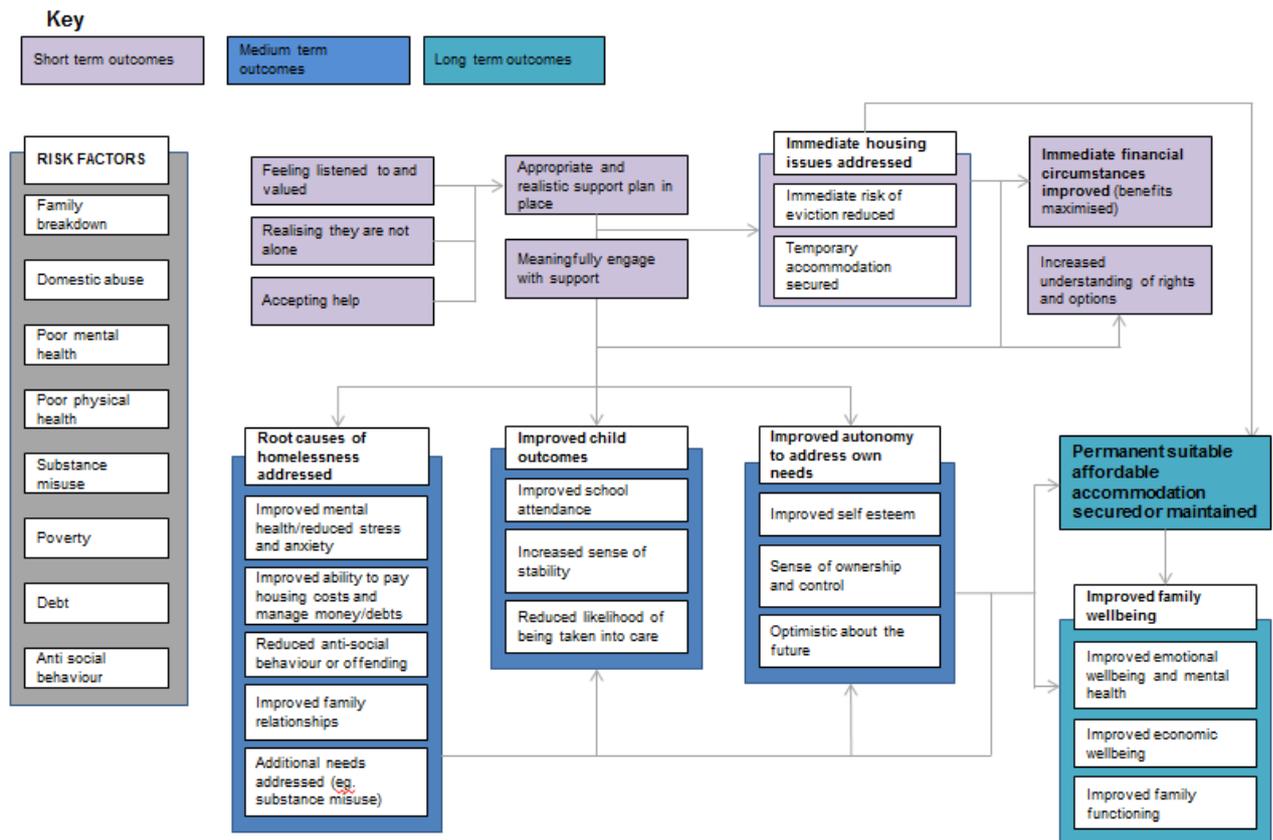
her needs are being addressed by the family.

*This is all because of Shelter... Right now I feel like a ten. My wife's dream (has) come true... she can visit our oldest child's grave... she is pretty happy.*

### How HFS creates change for families

The Theory of Change for HFS (see diagram below) describes the way in which holistic family support and individualised case management can create change in the lives of families who are homeless or at risk of homelessness, through tackling the direct and indirect causes of homelessness and using safe, secure housing as a platform to improve additional family outcomes. Further information on the background to Theory of Change can be found in appendix 2.

The program's overall Theory of Change sets out a high level understanding of how HFS can create change for families of its support service:



In practice, the theory of change works to achieve long-term outcomes for support service clients in the following ways:

- A detailed assessment of the family takes place over a four–six week period drawing on information shared by the family and other professionals.
- The assessment takes into account the individual needs of each member of the household, parenting capacity as well as family functioning.
- Once the assessment is completed a holistic personalised support plan is agreed that addresses the immediate housing crisis, as well as the underlying needs that could impact upon a family's ability to sustain a tenancy, their health, relationships, and achieve economic well-being on a longer term basis.
- Support plan goals are jointly owned by the support worker, the family and other agencies i.e. An Education Welfare Officer may hold school attendance issues.
- The family support worker (FSW) will pull in and coordinate the support to ensure consistency, non-duplication of work, and that needs are not being missed. Families are also invited to participate in meetings via team around the family meetings, and are actively encouraged to take ownership of their support plans.
- Original plans for the service envisaged the HFS securing contractual partnerships with local specialist services to provide a 'supply chain' of interventions for Shelter clients. Further details are provided in the learnings section on p.36.

### **The service so far**

From its opening in January 2014, the service took a phased approach to reaching support capacity, aiming to reach full capacity by August 2014. The service has a capacity at any one time of around 48 families, and the service's current caseload is 48 families, all at different phases of assessment, support, review and planned closure. Additionally, advice has been provided to 404 families (details of which can be found at the end of this section.)

Over that period the service worked to publicise the service offer and work with referral agencies to increase appropriate referrals. Some cases will be opened for assessment, but then assessed as inappropriate for the service or best led by another agency to avoid duplication, so for the evaluation we analysed all cases open and closed for the data on ethnicity, family size, household type and tenure, and we analysed 39 closed cases who had received a full programme of support for the outcomes achieved so far.

Hackney Family Service client demographics can be found in Appendix 3.

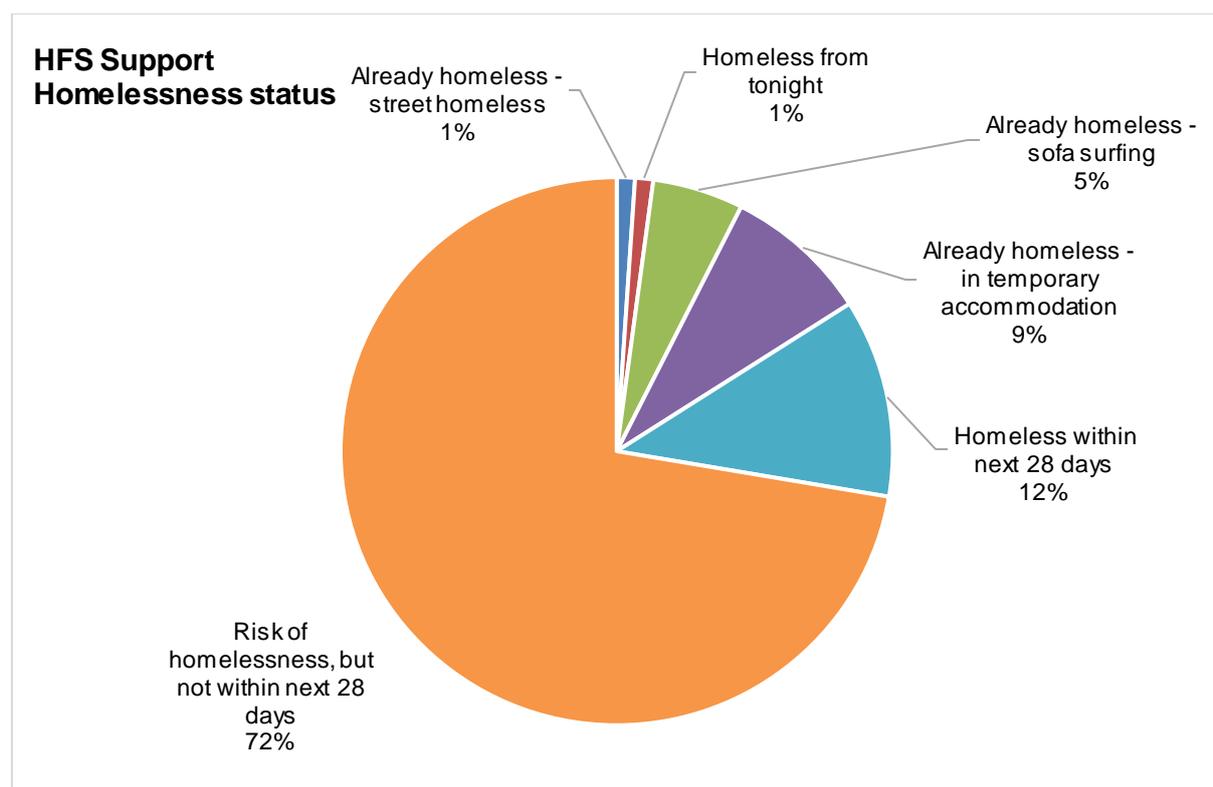
### 3. Outcomes for families working with HFS

The narrative presented below gives an understanding of pathways of change that are likely to occur for support service clients, synthesised from client interviews, professional interviews and consultation with Shelter staff. Details on housing outcomes for advice clients are also presented at the end of this section.

#### Support Service

#### Housing Outcomes

Upon referral to Shelter, the majority of support clients are at risk of homelessness or will be homeless within the next 28 days. A key focus of the service is therefore preventative – i.e. supporting clients to stay in their homes.



If families are threatened with eviction HFS will immediately take action to prevent the eviction, such as supporting the parent/s to address historic rent arrears and complete relevant court paperwork, provide supporting evidence regarding medical issues, and where necessary referring the family for legal advice to Shelter's in house legal team.

The family support workers coordinate other professionals working with the family to provide evidence to back up the family's case.

*"No one was listening to me. I was just a Joe Bloggs in a house. As soon as someone jumps in and asks the right questions, things get done. They thought I owed over £3000, but it turned out they owed me!"*

Alternatively, if families are already homeless, they are supported to explore their **rights and options**, liaise with the relevant local authority to secure temporary or permanent accommodation or explore alternative routes into housing via the private rented sector.

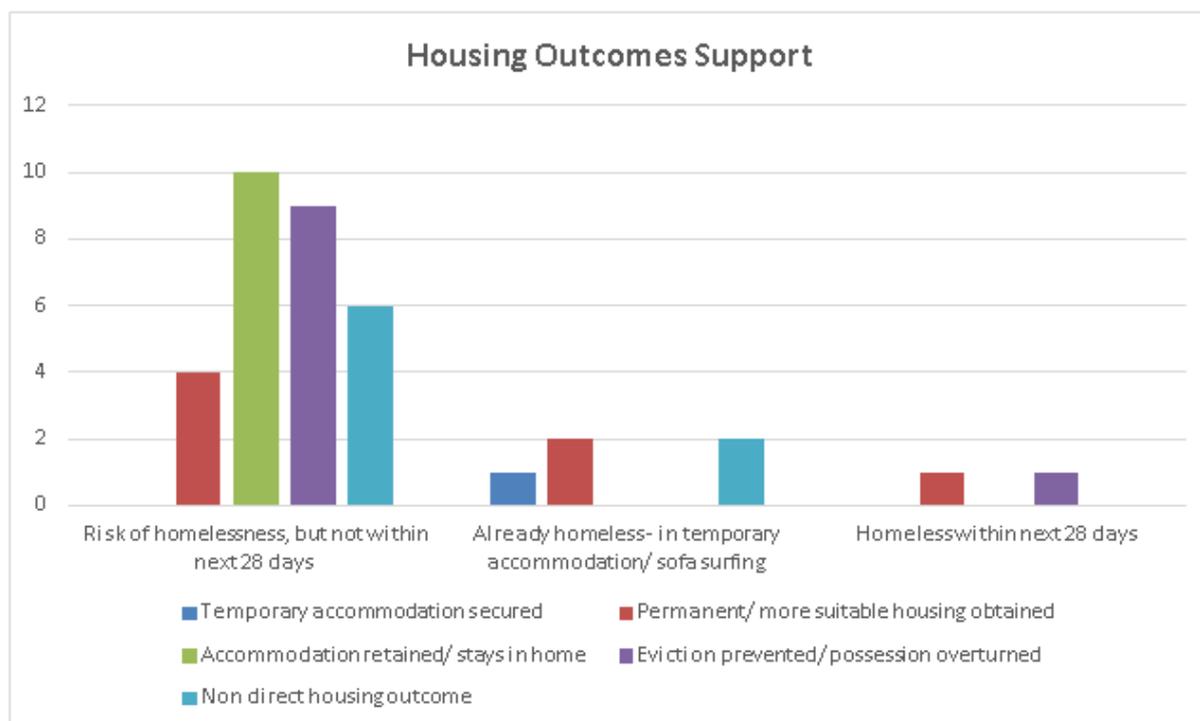
*"Previously I didn't know what I was doing. I was fed up and didn't want to speak to them anymore. Now I got mouth for days!<sup>4</sup> I know my rights and what I'm entitled to."*

The chart on the following page shows the housing outcomes as a result of HFS's work, for the different housing statuses on referral, where data on housing outcomes is available. Shelter's data collection systems allow the recording of up to three outcomes per family (although it is hoped this may soon change). This chart shows data for the primary/ main outcomes achieved which are both direct housing outcomes and some other outcomes (such as "better able to pay housing costs" or "increased understanding of rights and options") which may assist clients in attaining housing outcomes down the line or in the case of an increased understand may be highlighting to clients what the local context or legal situation means, and what their options therefore are.

Direct housing outcomes were recorded at case closure for 75% of the sample. In terms of these housing outcomes, all clients who were at risk of homelessness and eviction (both within 28 days and over the longer term) either successfully remained in their home/ prevented eviction (80% of sample) or obtained new or more suitable accommodation (5 clients). The housing outcomes for clients who were already homeless were obtaining new permanent or temporary accommodation.

These outcomes recorded at case closure do not capture the long term housing situation of clients and this is only known through follow up. For example, since conducting this research we know that one client who had been placed in temporary accommodation and was bidding for properties has successfully secured a permanent two bedroom home for herself and her son.

<sup>4</sup> "I got mouth for days" is used here in the sense of *I can speak for myself*.



Where families are still searching for permanent accommodation the main barrier is a lack of affordable and appropriate housing in Hackney and London more widely. These results are unsurprising given a lack of affordable and appropriate housing in Hackney, and are reflected elsewhere. A government report from 2011<sup>5</sup> found that nearly half of households in temporary accommodation wait two years or more to access alternative accommodation.

It is recommended that outcomes continue to be tracked over time to identify whether permanent accommodation is secured following Shelter support more quickly than the average otherwise.

From the first meeting and throughout the initial assessment phase, alongside understanding why the family may be homeless (e.g. due to not paying rent) the support worker also discusses and explores with families the underlying causes (e.g. not paying rent due to underlying depression leading to not going to work and then ignoring letters).

The family support worker will work with the family to develop an **appropriate and realistic support plan**, which sets out the steps and actions needed to get families from where they currently are to where they want to be, both in terms of housing and any direct or indirect risks for homelessness. Clients appreciate the very practical and action-focused approach, and begin to believe in the possibility and have a desire to change.

*"[The family support worker] was like hi I'm x, I'm from Shelter, I'm going to help you with this, what's our plan?...I was like yes, this is good, this is what I've needed is someone to come in and give me a kick up the bum and say we're doing this, we're going to stick to the plan"*

<sup>5</sup> Mayor of London (2011) *Housing in London: The Evidence Base for the Housing Strategy*

As time progresses, gradually **housing issues are resolved or improved**.

*"If it wasn't for [my support worker] and Shelter then I wouldn't be living here because I'd have been chucked out for arrears that I didn't owe."*

*"Without Shelter I would have been in big trouble with the Housing Association...I wouldn't have a home"*

## **Other Outcomes**

At case closure clients were asked what they considered to be the underlying cause of their homelessness, or what had brought them to a position where they were threatened with homelessness, and to what extent there had been positive change in their housing situation. The three key areas identified by families were: economic wellbeing, emotional and mental health and family functioning (e.g. relationships).

In most cases, families identified more than one cause. Every single family identified money difficulties, including difficulty with budgeting and managing finances, incorrect benefits and lack of employment. The second most common identified cause was emotional and mental health, followed by family functioning.

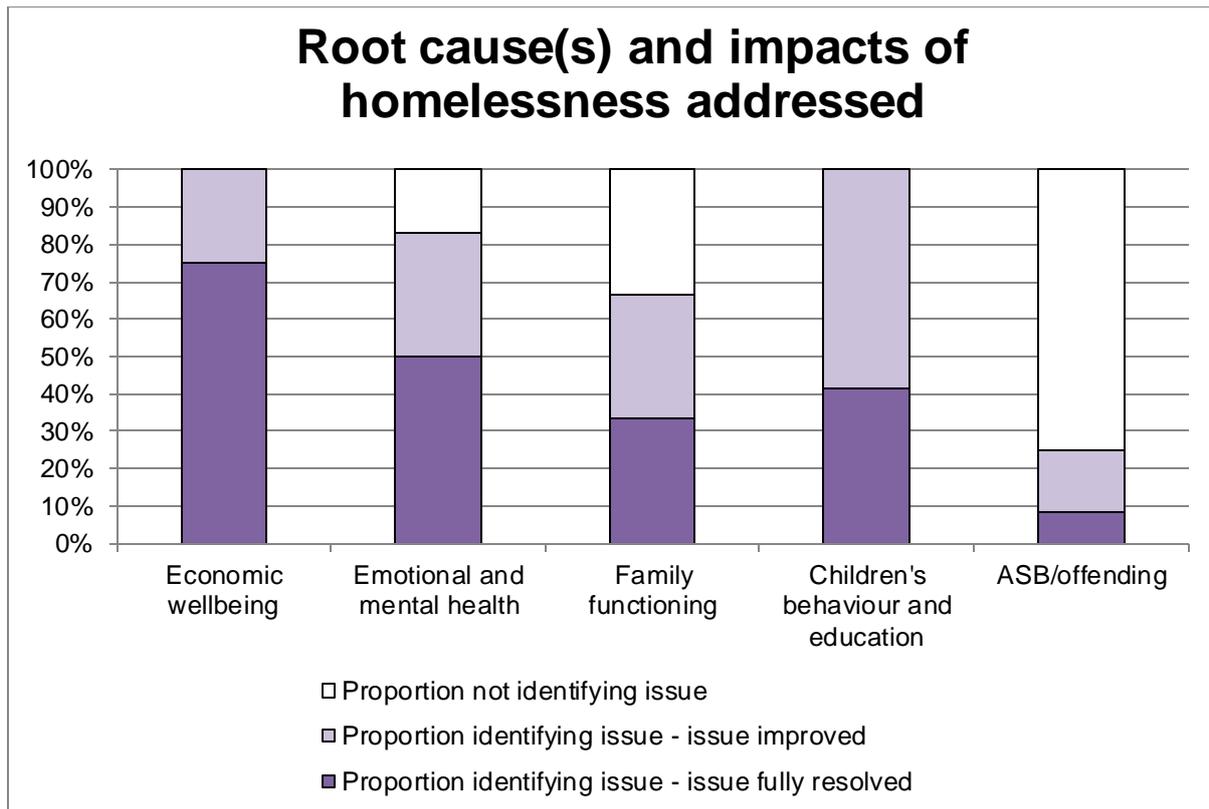
ASB/offending was also identified but to a lesser extent – with only four families identifying this as a risk to their tenancy. Initially, it was thought that ASB would be an issue in a higher proportion of cases, but it has been much less prevalent than expected. However, where ASB has been an issue, it is a significant risk factor for families risking losing their homes.

Many families pointed out that there was an interaction between factors; for example, that they did not feel able to pay bills as they were struggling with depression, could not work, and ignored letters. Pathways were different for different clients, and some identified the reverse, i.e. that the build-up of bills and economic difficulties was causing stress, sleeplessness and ultimately damaging their health, leading to an inability to cope.

In every case where a need had been identified, families said that support workers had talked to them about the issue, and worked together with them to find potential solutions and/or additional support or referrals if appropriate, as described in the TOC narrative. However, the extent to which these actually addressed the root cause of homelessness varied.

The following graph shows the proportion of families identifying particular root causes of homelessness or risk thereof (in purple), and compared to the proportion who did not identify the issue as relevant to them as a family. Those who identified an issue have been further broken down into those that felt the issue has been resolved and those who consider it improved but not resolved. All families stated there had been some change, but not all felt the issues had been resolved.

All families identified economic wellbeing to be an issue, and this was fully resolved in three quarters of cases. Children's behaviour and education was also an issue identified by all families, and was fully resolved in nearly half of cases. Other families note that improvements were seen. Only a families identified anti-social behaviour or offending to be an issue.



The remainder of this section explores economic/ financial situation; emotional and mental health and family functioning in more detail, drawing on the in-depth qualitative interviews.

#### Economic/ financial situation

Shelter supports families to understand and **improve their immediate financial circumstances**. They support clients to apply for all the benefits they are entitled to, ensuring income is maximised.

*"It's so confusing, what you should get, what you're allowed and what you're not. It's almost like they make it so complicated so you don't bother applying. But she [FSW] talked me through every bit of paper I needed to do and I got there in the end!"*

Another key focus is the family's **ability to pay housing costs**. Once a family's debts are identified, HFS will work with the family to get debts written off or reduced if possible, and liaise with the landlord, council or housing association to get a suitable debt repayment plan in place. They will work together to develop a budget within the family's means. As Shelter quickly identified budgeting as an issue across many families, the service arranged a money management course for service users to come together and learn as well as share their own experiences and ideas. Clients report feeling "more confident" with money management following the course.

Case study 2 below illustrates how HFS addressed the client's debt; established a payment plan and enabled her to manage her money on a sustainable basis.

## Case Study 2, Improving financial circumstances: Vicky

*"It was quite bad back then. I know it was only a year ago but the change now is just a lot different."*

Vicky is a single mother to two children, Alex, aged 8 and Beth aged 18 months. Upon referral to Shelter, Vicky had problems with drugs, had fallen into debt, and was in disputes with her neighbours who wanted her evicted.

Vicky lives in a housing association flat in Hackney, who were taking action against her on two fronts: firstly, because of rent arrears which she had built up, and secondly, because of persistent noise nuisance caused by her and her young family to her downstairs neighbour.

*"I was trying to cope with being a single mother again ...They're not even my rent arrears; they are his [ex-partner]... that's where it all stemmed from... One of my problems is that I have depression, I shut things off. I put things to one side and they all pile up. I was in a bad place... I just couldn't deal with things*

As well as Vicky's depression, she has a history of drug abuse, turning to cannabis and alcohol when feeling under pressure. She also has a large number of personal debts dating back as long as 10 years from loans and credit cards. *"I had a bailiff come to my door once... it was scary. If they were to take my washing machine or my fridge... I couldn't [afford to] replace it."*

With Shelter's encouragement and support, Vicky approached her Housing Association who agreed to halt any eviction proceedings if she began to stick to her payment plan and her anti-social behaviour was addressed. *"I was having trouble with my neighbour... she was threatening."*

The Family Support Worker also offered support around dealing with the neighbour, and worked on how Vicky could not rise to or respond aggressively to the neighbour when challenged. The **relationship improved** and **anti-social behaviour reduced** after she requested that the Housing Association install carpets to **reduce the noise pollution**. *"Because everything around me has been falling into place it's made me calmer... so I can just deal with things... I can try and calm the situation down"*.

The Family Support Worker assisted Vicky with addressing her other debts and referred her to a specialist Debt Advice service, Step Change. Without Shelter, *"I would have had more bailiffs at my door... more things piling up... I just wouldn't have dealt with things"*. This service has taken on management of all of Vicky's other debts, including Council Tax, meaning that she makes a single payment each month to them, which they then distribute in line with payment plans. This clarity has allowed Vicky **to manage her finances accurately each month and avoid any further debt**.

Vicky had identified her mental health and lack of support networks as the underlying factors which had led to the risk to her tenancy and her large debts. Since the support, her **mental health has improved** and she has addressed her cannabis use: *"Where Shelter has put me in the right direction, I wouldn't say I'm the happiest girl, but happier... I've accomplished so much... there's been so much good stuff that has happened"*.

Vicky also has been able to make changes for her daughters: *I always took my daughter to*

*school... sometimes she missed school or was late if she stayed with her step-dad... I had to pay a fine. That's all been dealt with now...I'm spending more time with my children now."* She reports feeling more confident and able to deal with difficulties herself: *It's amazed me how much has changed in the last 9-10 months... They've given me the kick up the bum I needed to sort it out.*

### Emotional, mental and physical health

Often the underlying root causes and consequences of clients' housing situation are related to **physical and mental health problems** and **well-being**.

*"I have depression so I kind of shut things off so...instead of opening letters I'll put them to one side until they pile up and pile up...I was just in a bad place and had just, I wouldn't say lost the will but was just like I don't want to deal with that right now, I just can't deal with it."*

In the short term, families report emotional changes; families are **listened to and valued**. Some families report feeling defensive initially, however, over the course of a couple of weeks, begin to build up trust towards the family support worker. Others report relief immediately in **realising they are not alone**, and a weight being lifted from their shoulders:

*When I started working with Shelter] there was a lot of issues... I used to have panic attacks. With them... The way they work... I never felt one panic attack because I felt relaxed. Today I feel 100% better than I was.*

Families work towards goals they have agreed with their support worker: for example accessing counselling for mental health difficulties or, if physical health is an issue, they may be supported to register with a GP if not already, and supported to access suitable health services or health clubs.

*"I didn't realise that Shelter helped with every different facet of homelessness including mental health, physical wellbeing and all these different things – that slowly came to light"*

Many clients reported feeling overwhelmed by stress and unable to perform daily basic tasks needed for themselves and their family to function. The support offered by HFS allows parents to reduce feelings of stress and anxiety and become more capable of addressing their family's needs and day to day functioning.

*"Shelter have been so helpful. Without them I wouldn't be here... I think they do more than just help people out with their housing. I think there's a lot of emotional support that they help with as well. "*

Some families find it difficult to accept help at first, or have previously struggled in engaging with support services, but through HFS' encouragement, they begin to have an increased understanding of help available to them and the benefits of support and as a result, they are able to begin to **meaningfully engage with additional support**. Sometimes it takes several months for sufficient trust to build between the support worker and the client in order for them to feel comfortable revealing certain difficulties (such as drug use or mental ill health).

*“she [support worker] made me feel secure”*

Case study 3 below illustrates the mental and physical health problems that can be experienced by HFS clients; how this impacts on their lives and how the support of the service can enable them to receive therapy and improve their physical health.

### **Case study 3, Addressing mental and physical health: Maria**

*“Everything was falling around my ears.”*

When the eviction letter came, Maria says, *“I knew I had to get help... I went to the doctor...I went to the job centre to sign on and I tried to find a solicitor on my own... I wasn't getting much help. It was after that I was told [by friends/ family] I should go to Citizens Advice and they put me in touch with the solicitors who work for Shelter”*.

Maria is the mother of five children. One adult son, John, lives with her, as well as her youngest son Tom, aged eight. The others live with their father. Maria has long term mental health problems and a history of substance misuse. For many years she has struggled with illness and unemployment.

As a result of a history of severe depression, ill health and unemployment, Maria had been struggling to pay her rent. She felt unable to manage her finances, open official letters, or even leave her flat. *“I had suffered with really bad depression and anxiety and I couldn't even leave the house. My rent had spiralled out of control...I was in debt up to my eyes... £10,000 pounds in rent [arrears]”*.

At the time of referral to Shelter, a suspended possession order had been breached, not keeping up with the payments the court had ordered. She also had multiple other debts and had not been paying utility bills. Her house was also in a state of extreme disrepair. However, she felt too stressed and anxious to deal with the letters. Due to the complexity of Maria's case, she was referred to the HFS for more intensive support.

Maria's mental health difficulties meant that she had been neglecting her own physical health, her home and at times, her young son. Tom was missing a great deal of school as Maria felt unable to take him. At the point of referral, his school attendance rate was around 70%. *“He was only going to school in fits... [school] would ask me to go round to talk... I just couldn't. I mean I would get up and look after him. I was very robotic but there was times that... there was no sheet on the bed... Because I couldn't cope physically or mentally there were times that he did suffer.”*

In addition, Tom suffered from health problems including asthma, although this was not being appropriately treated. Instead of accessing healthcare for the asthma via the GP, the family often took trips to A&E.

The FSW allocated to Maria's case began, with Maria, unpicking the chain of events behind the risk to her family home. To stabilise the tenancy, she immediately assisted Maria to apply for backdated housing benefit to cover the periods she had been too unwell to claim, and to apply to charity grants for assistance with periods outside that. In time, the level of **rent arrears was brought down** to £2,500. The FSW supported Maria through the legal process, liaising between her and her income officer and gradually supporting Maria to manage this herself. *“She (FSW) came with me to court... and all my appointments... she*

*was always there. She challenged everything... she got the debt down. We are starting to pay it back off now.*" Maria **began to make regular payments** and set up a direct debit herself to ensure that no payment would be missed. **Court action was first adjourned and then stopped altogether.**

The Family Support Worker also assisted Maria with some of her additional financial difficulties. She opened negotiations with other creditors, with a view to agreeing payment plans with each. Where Maria felt able, the Family Support Worker also encouraged her to make telephone calls herself, thus beginning to rebuild her confidence. The **other debts have also now been slowly paid down.** *"Over time I started doing more things for myself...going to appointments...generally things that involved other people."*

While Maria had **managed to keep her property**, it remained in poor condition. The Family Support Worker's supported Maria to liaise with the Estate Management Team to get in a number of internal repairs completed and carpet fitted. She was also able to source some additional furniture through other charities and paint from a recycling centre.

Thinking about what would have happened without Shelter's help, *"I don't think I would have kept my daughter...I doubt I'd be here"*. She thinks she wouldn't have coped with losing the house and children.

As the housing began to feel more in control, the FSW unpicked with Maria the reasons for Tom's poor school attendance. Tom is *"going to school much more now"*. Her fear of what might happen if Tom suffered an attack at school, meant that Maria often kept him at home. The FSW encouraged and supported Maria to meet with the school nurse, and putting a plan in place so that she could be confident sending Tom to school and thereby promoting his attendance, which is **still improving but is now consistently above 85%**.

Maria had identified her own health as well as her lack of support network, as the underlying reasons for the risk to her home and her family. Maria **herself has started therapy** to address her long term depression. Now *"I'm in a lot better place than what I was...She [FSW] linked me up with mental health care... it was exhausting but brilliant"*.

She has found this challenging but it has ultimately led to a **new found confidence and motivation**. She has **started taking sole charge of her affairs**, attending appointments alone and socialising, and **her physical health has improved** too: *"I'm out a lot more, I'm walking a lot more... it's a slow process. I have some lovely neighbours. I wasn't in a good condition.* Now *"I feel much better... my health has improved now"*.

Maria has started a volunteer scheme and **eventually wants to move into work**.

*"When I went to Citizens Advice and they referred me to Shelter... it was probably the best thing I've ever done..."* She considers the year she received support from Shelter to be "one of the best in 20-30 years".

### Family functioning

As parents become more able to look after their own physical and mental health and wellbeing, and as they develop more confidence, they are also more able to look after the **wellbeing of their children**.

HFS works with parents and in partnership with dedicated family and children's services to address any **behavioural issues of children**, or focus on **improving school attendance**, as in Case Study 5, for example. Involvement with HFS in this case increased school attendance for both children, and also decreased bullying of the children, as help was provided for the mother to engage with the school and address the key issues the children were facing and being bullied over.

Where necessary, and where safeguarding issues are identified HFS will refer the family or child to social services and other relevant provision such as the multi-agency teams within children's centres. As a result, children may be placed on Child in Need or Child Protection Plans and families are supported to engage with these plans to ensure that children's needs are addressed.

*"Without Shelter, I don't know. I think they would have taken my kids"*

*"My elder son... [the support worker] helped us build a better relationship"*

Also, where appropriate, parents are encouraged to attend parenting courses, or attend family counselling with their children. Case study 4 below illustrates the support for the whole family and how a referral to social services and a children's centre help to bring about positive outcomes.

#### **Case study 4, family outcomes: Clare**

Clare suffered abuse from her family throughout her teenage years. This intensified when she fell pregnant by her then partner, who is black – the family made threats against her and the child, Harry. She fled her family and moved in with her partner in London: after the baby was born, the relationship broke down and Clare was told to leave within 7 days. With nowhere to go and no friends in the city, Clare and her child were at risk of returning to her family and the domestic violence she had suffered there.

Following a visit to the GP, Clare was referred to a service providing assistance for those affected by domestic violence. Recognising that she had significant housing needs that they could not help her to address, they referred Clare to Shelter.

During the assessment of her case, Clare and her support worker identified and discussed a number of issues which had contributed to her now finding herself and child homeless - including her own mental health, feeling unable to look after herself and Harry and her difficulties with working with other services – and began creating a plan to address these. Due to her circumstances, Clare's physical and emotional health had suffered. *"I weren't eating, I weren't sleeping, I couldn't look after myself."*

Clare's benefits had been stopped previously and she had not felt able to contact her local Job Centre to apply again: her support worker helped her to make a claim immediately. Clare had also been struggling with Harry. He was physically unwell and often refused to eat. His speech was delayed and his behaviour was challenging – he was prone to violent outbursts and Clare did not feel able to cope. *"[My son] was a handful. He wasn't speaking and he was ill. He had an ear infection. He kept getting worse and I thought it was something I was doing."*

Clare's short term housing situation was resolved immediately with the support of her Family

Support Worker, who helped her fill out paperwork and supported her to explain her case to the Council. *“Within a week they were dealing with housing...That's when everything changed”*. Clare and Harry presented as homeless and were placed in temporary accommodation. With her own space now, Clare was able to address the other issues she had identified.

Recognising the long-term impact of childhood abuse, Clare's support worker offered Clare the opportunity to begin seeing a therapist from Mind, one of the HFS' partners. Clare attended an assessment with Mind and began to regularly attend sessions there: *“I feel better within myself. They've helped lift things off me so I can focus”*. **Her mental health began to improve.**

Seeing the difficulty Clare experienced in coping with Harry's behaviour, the family support worker made a referral to Social Services and **supported her to work with them.** *“I was fed up and didn't want to speak to them anymore. Didn't trust them...Now I got mouth for days! I know my rights now and what I'm entitled to.”*

The Family Support Worker also referred the family to a Children's Centre for Harry's difficulties. He initially received group speech and language therapy but when this was not working, with the support of her support worker Clare *“got in touch and said can he get proper support for just him. That changed and it was better. Now he can say his first word”*. Since that time, Harry's **physical health has improved**, and his **behaviour has calmed down**. Harry has also now secured a place at a local nursery for when he is old enough.

The support worker helped Clare to gather evidence to ensure the abuse she had suffered from her family was reported to the police. Clare felt her support worker was alongside her as a voice of authority in the meetings she needed to attend: *“Previously I didn't feel I was being believed... they make you feel more comfortable”*. This allowed Clare to learn more about her rights so that she feels able to assert herself and access the services she now knows she is entitled to without assistance in the future.

*“[I] did sign off the other day, it was quite emotional. But [it's] not a forever thing... you have to stand on your own two feet.”*

Clare is still living in temporary accommodation, as she has not been able to find any suitable or affordable accommodation yet in the area. She **bids weekly** and is confident she will find the right place in time. While Clare is still not where she wants to be in terms of accommodation, she is optimistic about the future. Once Harry is in nursery, **she aims to return to college** as she received little school education when she was younger; she would like to be able to support her son as he learns; and in the long term, she take a course to become a bus driver.

As time goes on, HFS begins to shift the emphasis from directly providing support to supporting families to help themselves. Families are encouraged to advocate for their own needs with statutory or other support services. This increases feelings of competence and **self-esteem**:

*“It felt good doing it myself...I was doing what they would have done”*

Clients begin to develop a **sense of ownership and control**, and although this may initially feel scary, most know that HFS cannot support them forever:

*“I did sign off the other day, it was quite emotional. But I always knew this wasn’t a forever thing....you have to stand on your own two feet.”*

Through working with support services, as well as attending events run by Shelter for their clients to meet up, families **build community links and establish a network of support**:

*“Knowing that there’s groups I can go to, that’s good to know ‘cause if I do need, it’s there”*

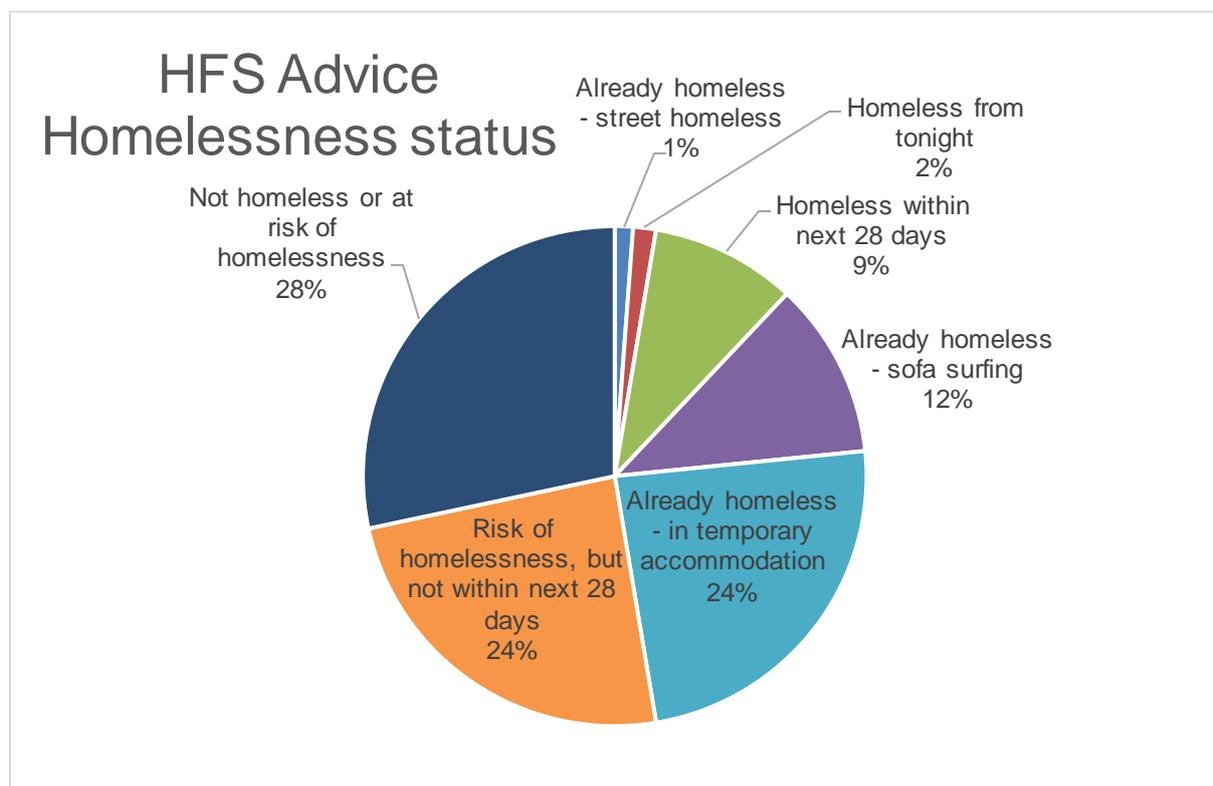
As a result of immediate problems being addressed, and feeling supported, clients may begin to feel **optimistic about the future** and increase their aspirations. Families are likely to become more resilient against future shocks and have an improved ability to deal with problems. Where employment or training has been identified as a need, clients can start working towards getting a job or becoming job-ready; although this is not possible for all clients.

Ultimately, clients will have developed increased personal capacity to meet needs of self and family.

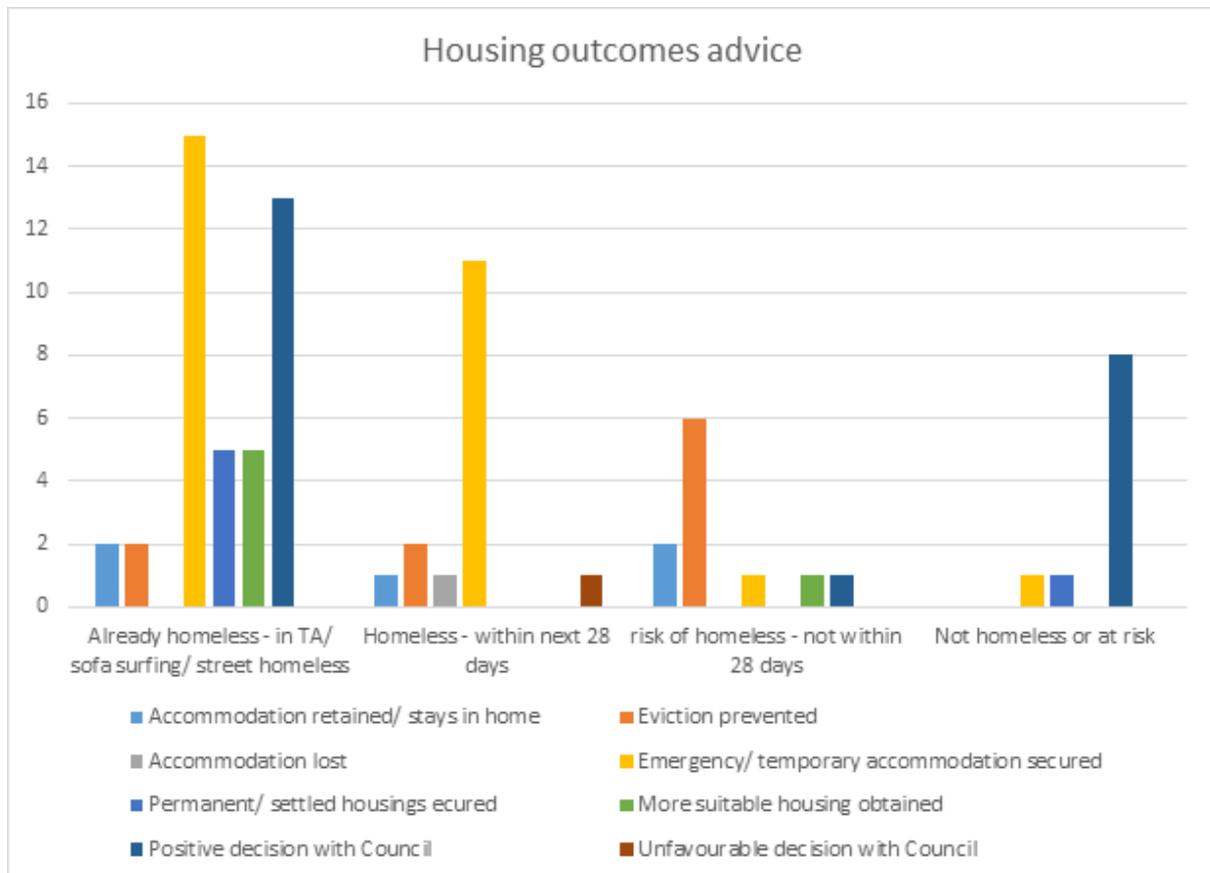
**Advice Service**

**Housing Outcomes**

Advice clients are more mixed than support clients, with almost 50% being already homeless; one quarter being at risk of homelessness and over a quarter not being at risk of homelessness.



The chart below shows the housing outcomes for advice clients. Direct housing outcomes were recorded at case closure for 79 advice clients (out of the 249) and it is these direct housing outcomes presented here. With advice cases, it is often only possible to determine the direct housing outcomes by following up with the client later down the line which is why they may not be recoded at closure. The chart shows that the known housing outcomes for advice clients are also more mixed, reflecting the more varied housing status on referral. Across all clients, two housing outcomes recorded were not the desired positive results (accommodation lost/ appeal unsuccessful). Where direct housing outcomes have been recorded for advice cases, almost two thirds of cases the client secured permanent accommodation, stayed in their home, or achieved a positive, desired result at the Council. The remainder secured other emergency or temporary accommodation and were on a pathway to into longer-term accommodation – either with deposit and rent in advance ready for a private rented option or in temporary accommodation and bidding for permanent housing.



## 4. Why is Hackney Family Service effective – the delivery model

The interviews with clients and referral agencies, and consultation with Hackney Family Service itself, drew out the factors unique to HFS's delivery model. Referral agencies interviewed were:

- A social worker with Hackney Children and Young People Services
- An anti-social behaviour officer from Hackney Homes
- A legal case officer from Hackney Council
- A public health midwife

Critical success factors that are crucial to HFS' approach are:

### 1. A holistic, whole family approach

HFS takes a holistic approach to improving family outcomes. It focuses on the immediate cause of (risk of) homelessness, but also aims to uncover and tackle the root causes that lead to families being unable to sustain a home; using a stable home as a platform to improve wider wellbeing outcomes for families to enable them to flourish. Key aspects of this approach are:

- The approach that is **flexible** and **tailored** to the needs of the family, accommodating whatever needs are affecting ability to maintain a home. Therefore the service works is able to work with a variety of service users experiencing similar problems but tailoring individual plans based on need.
- **Whole family approach** means the service can look at all the issues around children and adults in the family and focus on those in need rather than in specific age groups.

### 2. Asset based approach

HFS takes an asset-based approach, focussing not just on family or community needs and deficits, but on their strengths and potentials. It works together with local services and families themselves to co-develop a package of support that takes families from where they are, to where they want to be. Key aspects of this approach:

- Connects families to existing community and statutory support, **building on local assets** to create a trusted, reliable, supportive and sustainable network of providers.
- HFS makes **no judgment** about family situations, treating individuals with dignity and respect. In turn, clients feel valued, understood and supported. Clients report that they feel listened to and not alone, often for the first time.

*“Going through things like that is quite shameful for some people, me being one of them, and there was a respect for that. They had a real*

*humility... It was a real feeling of just two human beings trying to communicate to resolve something."*

*"She was always very positive and that's what kept me going ... the positiveness of it all"*

### 3. Coordinating multi-agency support

Often those most in need are often least likely to access support. Having a family support worker who can negotiate access to a range of options and support available can be a crucial first step for families to understand their need for and benefit from services, where to go for additional support, and helps build resilience for the future. Key aspects of this approach include:

- Shelter has a neutral association where clients may be suspicious of council or statutory support:

*"... a big part of this is having someone who's not a social worker... someone who's just trying to support you... a support that doesn't have the threat that we carry with us" – Hackney Homes ASB worker*

*"She wouldn't let us in. She let Shelter in" – Hackney Council legal caseworker*

*"I'd previously found them [the council] difficult... Shelter made me see I can actually talk to these people"*

- Shelter is diligent in maintaining lines of communication between all services supporting a family. All professionals we spoke to mentioned that communication was excellent and this allowed them to remain updated and continue to provide relevant, informed support.

### 4. Preventative approach

In addition to the four family support workers who work with families who are at risk of becoming homeless, there is an advice, guidance and support worker embedded into the programme providing housing advice to the families as well as additional families within the London Borough of Hackney. This has multiple advantages: it allows clients and support workers quick access to specialist advice and it allows HFS to provide a gateway into the service for clients/referrers unsure if they need support or advice only. It allows the service to offer a preventative intervention long before a family becomes at risk of homelessness, and to reach more families who are in need.

### 5. Key worker approach

Each family is assigned one key support worker who manages their case. This allows the build-up of trust between families and the support worker. In turn, this means clients

are more likely to open up and share more about the underlying causes of their situation, ultimately leading to more long-term sustainable change.

*“The way she presented herself, she was not like a professional, she had empathy which was really good.”*

## 6. Long term intensive support

The HFS uses a model of intensive support, gradually reducing over time to build family autonomy and control. Key aspects of this approach:

- **Consistent and regular ongoing support** characterised by low caseloads and long term intensive flexible support.

*“All of the other services I've tried to refer myself to, haven't had any sense of continuity ... you get a yes on something and then about 6 months later it actually comes through whereas Shelter has had continuity throughout. “*

- **Gradually reducing intensity of support.** Individuals are initially supported intensely, to overcome barriers preventing engagement with additional sources of help and to obtain access to entitled statutory support, but are also empowered to advocate for themselves over time.

*“She believed in me that I could do more if I had confidence in myself”*

## 7. An assertive and persistent approach

Professionals appreciated Shelter's persistence in engaging positively with hard to reach clients:

*Some clients are very difficult to reach.... working with Shelter provides an avenue of a different interaction, a platform with offending parties... whereby Shelter advocates for them too.  
Hackney Homes ASB officer*

## 8. Highly knowledgeable staff

Housing and benefit entitlements can be complicated and difficult to navigate. Professionals appreciated Shelter staff's specialist knowledge:

*“They did an amazing job with supporting the family with benefits and housing” – Children's social worker*

Families appreciate this practical knowledge which leads to tangible results:

*“You feel like there's people there helping you...you can see that they're actually doing things for you.”*

One professional observed that an effect of this is that families have been more likely to engage with Shelter than other services whose primary engagement route tends to focus on

less tangible, emotional support (such as social workers). Similarly, clients felt that the HFS was more involved in their support than other organisations:

*“Other places aren't interested. They just deal with you one time, they don't really care...Shelter do follow up...others don't”.*

All interviewees noted that changes appear to have started when they started engaging with Shelter:

*“Shelter initially helped with me with my rent arrears... that helped start things off...”*

*“When I went to Citizens Advice and they referred me to Shelter... it was probably the best thing I've ever done... it all snowballed from there...”*

## 5. Value for money analysis

This report has discussed how the HFS creates change, and what change is created for families. We now turn to the question of the potential value this could create for investors in the service. An analysis of representative case studies demonstrate that the service can generate cashable savings to local authorities and the government of between **£1.22** and **£3.52** for every **£1** invested within the first year of provision. These are **conservative** estimates that do not include the long-term benefits, or social benefits to the individual. Given that this is a preventative service, implying benefits will continue to accrue in the future, this is a very healthy ratio.

A fundamental concept behind the delivery model of HFS is that investment to minimise the problem of homelessness at its root will lead to prevented ongoing and future costs. A report by *Acclaim Consulting* commissioned by Shelter in 2010 to understand the value of prevented homelessness compared to 'full duty' acceptance<sup>6</sup>, found that prevention is cheaper than acceptance by £1268 to £7680<sup>7</sup>. A 2009 government evaluation of its *Supporting People* Programme, a programme providing strategic housing-related services as part of a package of support to vulnerable people, found savings of £2.11 to be generated for every £1 invested<sup>8</sup>.

**The most value is created when homelessness is prevented, as homelessness proceedings are immediately costly in the short term. Where homelessness has already occurred, it is harder to help families, and less direct short term value is created to the state as often families must be supported in emergency accommodation, although this does mean such families should not be helped.**

Calculating the true value of preventative services presents a challenge. It requires an understanding of:

- **What would have happened in the absence of the intervention?** The value of prevention is that costly crisis events do not occur, but it is difficult to know for certain that the events would have occurred without the intervention. Here we present illustrative cost savings, which show indicative but realistic ranges of value based on conservative judgments of the counterfactual.
- **To whom should the benefits be attributed?** HFS coordinates support from multiple different organisations and as such some of the benefits must be attributed to these agencies. However, in interviews with HFS clients, many indicated that they would not have meaningfully engaged with additional support services without Shelter. Therefore for the purposes of this analysis, we have included both the costs

<sup>6</sup> Where a family is homeless and the government carries out its legal obligation to assess the application to consider where it has a duty of care – where the family is unintentionally homeless and eligible for assistance.

<sup>7</sup> Shelter (2010), *Value for Money in Housing Options and Homelessness Services* - [http://england.shelter.org.uk/data/assets/pdf/file/0008/297224/VFM\\_in\\_housing\\_options\\_and\\_homelessness\\_services\\_full\\_report\\_Oct\\_2010.pdf](http://england.shelter.org.uk/data/assets/pdf/file/0008/297224/VFM_in_housing_options_and_homelessness_services_full_report_Oct_2010.pdf)

<sup>8</sup> Ashton et al (2009), *Research into the financial benefits of the Supporting people programme* - [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/16136/1274439.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/16136/1274439.pdf)

and benefits of additional support provided where this is known, when it was indicated that engagement with these services would not have occurred without Shelter.

- **Over what time period are the benefits accrued?** Many of the benefits of support will be felt significantly in the future. For example, the health benefits and savings to the National Health Service of families living in more suitable and better quality secure accommodation will be felt much further into the future than the initial cost of supporting them to remain in their homes. However, the further into the future we project, the less certain we can be of results, as we cannot predict changes to future circumstance. Therefore, a conservative one year benefit period has been defined, which likely under-estimates benefits.

The cost of Shelter's support is assumed to be £4000 per case, based on estimations by Shelter staff. Additional costs are specified where appropriate, if they fall on Shelter or are accrued as a result of Shelter support and encouragement.

The box below summarises the key value generated as a result of HFS's work. The subsequent tables highlight the detailed outcomes and associated savings to the state from the five in-depth case studies.

#### Summary of potential savings:

- Prevented costs of eviction
- Move from emergency accommodation to social housing due to acceptance of homeless application
- Reduction in ASB and crime
- Reduction in emergency healthcare use
- Reduction in children truant or excluded from school
- Reduction in children requiring monitoring by social services

Case summary	Intervention activities	Cost	Outcome	Cost not incurred/benefit due to intervention
- Homeless - Parental mental health - Child at risk	Shelter family support and service coordination	£4,000	Able to secure tenancy as homeless application accepted; move from bed and breakfast accommodation	£8,731 <sup>9</sup>

<sup>9</sup> This represents an accommodation cost of £5868.72 (Based on average cost of benefit claim in London as £112 per week - using 2013 data of £107 rising in line with inflation - <http://www.londonpovertyprofile.org.uk/indicators/topics/receiving-non-work-benefits/housing-benefit-values/>) compared to the average cost of hostel accommodation of £14,600 (Curtis C. (2010) *Unit Costs of Health & Social Care*, PSSRU, University of Kent, and local Registered Social Landlord rent data. Costing assumes two rooms in bed and breakfast at the cheapest local rate of £20 per person per night), giving a saving of £8731

Counselling	£1,300 <sup>10</sup>	Prevented inpatient treatment for mental health episode	£3,115 <sup>11</sup>
Social services assessment of child	£933 <sup>12</sup>		
<b>TOTALS</b>	<b>£6,233</b>		<b>£11,846</b>
RATIO:			<b>£1.90</b> saved for £1.00 spent.

Case summary	Intervention activities	Cost	Outcome	Cost not incurred/benefit due to intervention
- Rent arrears and debt - Tenancy at risk - parental mental health difficulties - Poor school attendance	Shelter family support and service coordination	£4,000	Prevented cost of eviction	£7,276 <sup>13</sup>
	Addressing housing benefit arrears (backdated 6 months)	£3,533 <sup>14</sup>	Prevented cost of inappropriate health service use (going to GP for son's health difficulties rather than A&E)	£495 <sup>15</sup>
	Counselling	£1,300 <sup>16</sup>	Prevented fiscal cost of persistent truancy	£1,832 <sup>17</sup>
			Prevented cost of child needs	£1,151 <sup>18</sup>

<sup>10</sup> Assuming 6 months of counselling at £50 for one hour per week.

<sup>11</sup> Assuming prevented cost of Kristina having a psychotic episode; average stay of 7 days, at cost of £459/day. National Schedule of Reference Costs 2011-12 for NHS trusts and NHS foundation trusts.

<sup>12</sup> Department for Education (2010) *Extension of the cost calculator to include the cost calculations for all children in need* -

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/182479/DFE-RB056.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/182479/DFE-RB056.pdf) . Cost of Children in Need plan.

<sup>13</sup> Shelter (2012) *Research briefing: Immediate costs to government of loss of home*

<sup>14</sup> Assuming housing benefit to be equal to the average LHA in Hackney of £147.20, backdated over the maximum allowable backdated claim; the past 6 months.

<sup>15</sup> Curtis C. (2010) *Unit Costs of Health & Social Care*, PSSRU, University of Kent. Cost of four A&E appointments of £536, compared to the equivalent costs of 2 GP appointments of £41.60

<sup>16</sup> Assumes one session a week at £50/hour for 6 months

<sup>17</sup> NPC (2007), *Misspent Youth* updated to 2014/15 prices

<sup>18</sup> Cleaver et al (2004) *The Assessment Framework: A Structured Approach to Assessing Family Capacities and Children's Needs - research summary*

assessment

<b>TOTAL</b>	<b>£8,833</b>	<b>£10,754</b>
<b>Ratio</b>		<b>£1.22 saved per £1 spent</b>

<b>Case summary</b>	<b>Intervention activities</b>	<b>Cost</b>	<b>Outcome</b>	<b>Cost not incurred/benefit due to intervention</b>
- Rent arrears and debt - Anti-social behaviour - Tenancy at risk - Drug and alcohol abuse	Shelter family support and service coordination	£4,000	Prevented cost of eviction	£7,276 <sup>19</sup>
	Counselling	£1,300 <sup>20</sup>	Prevent cost of dealing with ASB incident	£673 <sup>21</sup>
			Prevented healthcare costs related drug and alcohol misuse	£3,727 <sup>22</sup>
<b>TOTAL</b>		<b>£5,300</b>		<b>£11,676</b>
<b>Ratio</b>				<b>£2.20 saved per £1 spent</b>

<b>Case summary</b>	<b>Intervention activities</b>	<b>Cost</b>	<b>Outcome</b>	<b>Cost not incurred/benefit due to intervention</b>
- Homelessness - Domestic violence - Child health difficulties	Shelter family support and service coordination	£4,000	Repeat domestic violence prevented	£13,832 <sup>23</sup>
	Temporary accommodation secured in a hostel	£5,720 <sup>24</sup>		
	Speech and language therapist	£806 <sup>25</sup>	Savings associated with increased school	Unquantified as falling in future years

<sup>19</sup> Shelter (2012) *Research briefing: Immediate costs to government of loss of home*

<sup>20</sup> Assuming 6 months of counselling at £50 per month

<sup>21</sup> LSE (2003) *The Economic and Social Costs of Anti-Social Behaviour: a review*

<sup>22</sup> Curtis C. (2014) *Unit Costs of Health & Social Care*, PSSRU

<sup>23</sup> Brookes et al (2013) *Unit Costs in Criminal Justice*, PSSRU. Assuming single incident to be conservative.

<sup>24</sup> Temporary accommodation in a hostel at a cost of £110 per week for 9 months

<sup>25</sup> Assuming 6 months of therapy at a cost of £31 per hour.

	readiness aged 4-5	
	Fiscal benefits of Clare returning to work	Unquantified as falling in future years
	Benefit of Clare securing cheaper settled accommodation	Unquantified as falling in future years
<b>TOTAL</b>	<b>£10,526</b>	<b>£13,832</b>
<b>Ratio</b>		<b>£1.31 for every £1 spent</b>

### Case Study Five – value for money: Jane

Jane's was a long and complex family history; a lone parent of five and the family had had repeated involvement with social services.

Jane was referred to Shelter by the Anti-Social Behaviour team due to the risk to her tenancy caused by the persistent anti-social behaviour of her teenage children who were lighting fires, damaging property and intimidating neighbours, had been identified as having gang affiliations and were actively committing criminal offences.

The family had large and increasing rent arrears of around £4,000 due to the benefit cap. Jane had been served with a notice seeking possession and was due to return to court in six months' time.

Other debts had accrued and the family faced fuel poverty on a weekly basis, for half the week doing without heating or hot water. The children's clothes couldn't dry properly and they were teased at school for the damp smell of their clothes.

The children (regardless of age) were not accessing educational provision on a regular and consistent basis, and were making little strides in terms of learning and achieving. During the course of support, the eldest son, Billy, went on to commit further offences.

The older children were involved with Young Hackney youth offending teams, and the younger children were subject to Child in Need plans. Jane herself had little confidence in managing her family and their needs, and avoided attending Child in Need review meetings.

Her family support worker supported Jane to clear the rent arrears entirely by applying for discretionary funds and charity grants; set up payment plans with utility companies and apply for charity funds to pay off utility debts.

By working in partnership with Children's Services Council and the Youth Offending Team around the children's education, the multi-agency team reduced and then stopped the anti-social behaviour, and the Anti-Social Behaviour team dropped action against the tenancy.

To address these issues in the longer term, Shelter supported Jane to apply for a transfer to a smaller and more suitable property, where the family now live. Utility bills are significantly lower and manageable. As Jane was subject to the benefits cap, her support worker supported Jane to engage with the council's benefits team, to begin the process of becoming job-ready.

HFS nominated the family for a 'Family Futures' programme run by Trafford Hall and funded by

Berkeley Foundation, which focused on family functioning. Taking part in the weekend away helped Jane to decide that she needed to make some stark choices about protecting her children from the actions of their older brother, Billy. As a result, she wouldn't agree for Billy to be bailed to the home address because of the disruption to the rest of the household.

Her support worker supported Jane in communicating with Children's Services and Local Education Authority about her daughter Sarah, ensuring she accessed a school that could work with her complex learning and behavioural difficulties. Upon case closure, Sarah had 90 percent attendance, and was also accessing breakfast and after school clubs without prompting. Sarah's anti-social behaviour reduced when she started going to school and stopped completely, after the move.

Her family support worker supported Jane to engage with the school and children's services to discuss some of the challenges the family were facing, as the younger children's attendance was poor (less than 70%).

As a result new school uniforms were provided, the children were given new book bags so they could take books home from the school library, and a school-run agreement established. Jane was also able to maintain their uniforms once they moved as she could afford the heating and hot-water costs associated with keeping them clean. School attendance had significantly improved to 86% at case closure.

Challenges remain for the family, but the case has not escalated to child protection, and Jane is actively engaging with the various professionals around her family. She reports feeling more confident in expressing her views and opinions, and less afraid of consequences that might result in sharing pertinent information.

Case summary	Intervention activities	Cost	Outcome	Cost not incurred/benefit due to intervention
- Rent arrears and debt - Anti-social behaviour - Tenancy at risk - Truancy	Shelter family support and service coordination	£6,000 <sup>26</sup>	Prevented eviction	£7,276 <sup>27</sup>
	Additional learning needs support secured	£2,850 <sup>28</sup>	Truancy reduced for 3 children	£5,496 <sup>29</sup>
			Child no longer in PRU	£13,000 <sup>30</sup>

<sup>26</sup> The cost of support is higher for Jane's family due to the level of support and time received.

<sup>27</sup> Shelter (2012) *Research briefing: Immediate costs to government of loss of home*

<sup>28</sup> NPC (2007), *Misspent Youth* updated to 2014/15 prices

<sup>29</sup> NPC (2007), *Misspent Youth* updated to 2014/15 prices

<sup>30</sup> NPC (2007), *Misspent Youth* updated to 2014/15 prices

	Reduced police call outs for anti-social behaviour (on average 3 per month at first engagement; reduced to 1 by end of contact)	£5,384 <sup>31</sup>
<b>TOTALS</b>	<b>£8,850</b>	<b>£31,156</b>
<b>RATIO</b>		<b>£3.52</b> for every £1 invested

<sup>31</sup> DCLG (2013), *The cost of troubled families*

## 6. Summary and key findings

The results of this evaluation conclude that Shelter's Hackney Family Support service is effective in supporting families, and provides value for money. The service users interviewed for this evaluation were all positive about their experience with HFS. Clients experienced multiple positive impacts as a direct result of their involvement with HFS, including resolution or improvement of their housing issues, as well as increased personal capacity to meet their individual and familial needs in the future.

The following sections provide a summary of:

- The key findings of this evaluation
- Why the HFS model is effective
- Comparison to other services
- The returns to the state
- Key challenges/ learning and identified recommendations

### Key findings of this evaluation

- All clients who were at risk of homelessness and eviction either successfully remained in their home/ prevented eviction or obtained new or more suitable accommodation<sup>32</sup>.
- Where direct housing outcomes have been recorded for advice cases, almost two thirds of clients either secured permanent accommodation, stayed in their home or achieved a positive, desired result at the Council. The remainder secured other emergency or temporary accommodation and were on a pathway to into longer-term accommodation.
- The service has supported or is supporting a total of 91 families as of June 2015, and provided advice to 404 families in that same time, reaching a total of 495 families overall.
- The majority of families interviewed felt the root cause of their homelessness had been addressed.
- A key focus of the HFS is mental health and wellbeing. Many clients present with stress, depression and/ or anxiety and other mental health problems. The support offered by HFS, including access to counselling, allows parents to reduce feelings of stress and anxiety and become more capable of addressing their family's needs and day to day functioning. For example, the story of Artem and Kristina in Case Study One.
- The HFS supports families to understand and improve their immediate financial circumstances. They support clients to apply for all the benefits they are entitled to, ensuring income is maximised and they work with clients to reduce debt. For example, the story of Maria in Case Study Two.

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<sup>32</sup> Where clients were referred and had a legally preventable eviction, all evictions were prevented. This has been shown to be true throughout the findings in this report; Shelter's data and the interviews we conducted.

- HFS works with parents in partnership with dedicated family and children's services to address any behavioural issues of children, or focus on improving school attendance. HFS may also refer the family or child to social services and other relevant providers such as the multi-agency teams within children's centres, where necessary. For example, the story of Jane in Case Study Five.
- One feature of the original design of the service involved securing contractual partnerships with local specialist services to provide a 'supply chain' of interventions for Shelter clients, including substance misuse, domestic violence and mental health services. In practice, and taking on board feedback from local service providers, this was soon refocused on interventions from services which could effectively be purchased on an individual basis, such as counselling and healthy cooking, and excluding services which operate on the basis of need alone, such as domestic violence services. In case study 4, Clare describes the positive impact of the counselling which Shelter provided for her via their partner, City and Hackney Mind. The service continues to commission these tailored therapies where appropriate and where mental health support of this kind has been identified by clients as a means of creating change.

### Why is the HFS model effective?

The following eight critical success factors of Shelter's approach have been identified:

1. A **holistic, whole family** approach
  - HFS focuses on the immediate cause of (risk of) homelessness, but also aims to uncover and tackle the root causes that lead to families being unable to sustain a home
2. **Asset-based** approach
  - HFS focusses on family or community needs and deficits, as well as their strengths and potentials. It works together with local providers and families themselves to co-develop a package of support that takes families from where they are, to where they want to be
3. Coordinating **multi-agency support**
  - HFS coordinates support from multiple different organisations and as such some of the credit should go to these agencies. However, in interviews with HFS clients, many indicated that they would not have meaningfully engaged with additional support services without Shelter
4. **Preventative approach**
  - In addition to the four family support workers, there is an advice, guidance and support worker embedded into the programme providing housing advice to the families as well as additional families within the London Borough of Hackney. Ultimately it leads to reaching more families who are in need
5. **Key worker** support
  - Each family is assigned one key support worker who manages their case. This allows the build-up of up of trust between families and the support worker
6. Long term **intensive support**
  - The HFS uses a model of intensive regular support, gradually reducing over time to build family autonomy and control.

7. Assertive and **persistent**

- Persistence in engaging positively with hard to reach clients

8. Highly **knowledgeable** staff

- Practical knowledge which leads to tangible results. An effect of this is that families have been more likely to engage with Shelter than other services whose primary engagement route tends to focus on more intangible, emotional support (such as social workers).

### Comparison to other services

In addition to the above, interviewees identified the ways they felt the HFS model compared to other services. In particular, interviewees identified the following:

- HFS provides consistent and regular ongoing support. Interviewees identified that other services don't provide the same level of continuity or care.

*“All of the other services I've tried to refer myself to, haven't had any sense of continuity ... you get a yes on something and then about 6 months later it actually comes through whereas Shelter has had continuity throughout. “*

- HFS offer extremely practical advice and support which leads to tangible results. This practical approach leaves clients feeling well supported. Some other services focus only on intangible, emotional support without resolving clients fundamental physical needs.

*“You feel like there's people there helping you...you can see that they're actually doing things for you.”*

- HFS accesses multiple channels of support and seeks out the best advice and support services for clients. Interviewees indicated that their relationships with statutory services could be challenging, as they may have control (or perceived control) over their housing and personal situation.

*“... a big part of this is having someone who's not a social worker... someone who's just trying to support you... a support that doesn't have the threat that we carry with us” – Hackney Homes ASB worker*

*“I'd previously found them [the council] difficult...Shelter made me see I can actually talk to these people”*

### Returns to the state

The service also creates positive returns to the state of between £1.22 and £3.52 per £1 invested, in the first year. Given that this is a preventative service, implying benefits will continue to accrue in the future this is a very healthy ratio. The most value is created when homelessness is prevented, as homelessness proceedings are immediately costly in the short term. Where homelessness has already occurred, it is harder to help families, and less

direct short term value is created to the state as often families must be supported in emergency accommodation, although this does mean such families should not be helped.

### **Key challenges/ learning and identified recommendations**

- The majority of comments about the programme were positive. Criticism of HFS from staff, service users or other providers was rare. One identified concern is that time periods of support are not absolute; clients know they can ring Shelter for further support, even when a case is closed. This is helpful for families to feel they still have support and are not completely alone; however, it raises concerns over the sustainability of the programme. There are both practical and moral questions for staff to consider over how best stopping working with families who still remain vulnerable.
- The service has only been running for just over a year, and so long term outcomes cannot yet be determined. In particular, families who have been supported into temporary social housing through the Council have, on the whole, found it difficult to secure long term housing. This is largely due to a lack of affordable housing in the area – a problem particularly prevalent in London. It is expected that this might not be the case elsewhere. HFS has identified this to be a problem and intends to address this in future by allocating staff time specifically to sitting down with families to look for appropriate private accommodation.
- Shelter's monitoring systems should additionally capture data on wellbeing outcomes and internal changes to clients. Current systems capture short term changes (particularly housing changes), but tend to focus less on the personal and emotional resources that are necessary to sustain a home. In addition, the preventative approach will have long term benefits realised over the next few years and these should be monitored to give a true picture of impact.

## APPENDIX 1 - The context for HFS

Shelter is operating in a challenging climate. The country is in the grip of a housing shortage. This coupled with the specific challenges faced by families and significant changes to welfare and other support systems have created a gap in the availability of a safety net for those who are homeless or at risk of homelessness.

The underlying causes of homelessness are multifaceted and rarely simple, instigated by a complex interplay between individual circumstances and adverse external 'structural' factors outside a family's direct control. This section discusses both of these factors, within the current UK economic and policy context to demonstrate the need for a support service that works with families to address the multiple and complex underlying causes of homelessness with a view to equipping them to sustain long term suitable accommodation and build the resilience to tackle future challenges. The context of these challenges is outlined in this section, which frames our understanding of why family support services are needed.

### National housing and welfare policy

Welfare benefit cuts, combined with a constrained housing supply, have led to a crisis of affordable housing.

Recent welfare reform has had a significant effect on the affordability of homes for those on low incomes. In 2011, housing benefit caps were introduced for private sector rents based on number of bedrooms and have since been amended to reflect the bottom 30% of private market rents in an area. Therefore low income families, particularly large families, may have to make up more of the rent themselves, or potentially move into smaller, potentially overcrowded accommodation. Subsequently, housing benefit has been linked to the consumer price index. Independent research by the Cambridge Centre for Housing & Planning Research (CCHPR)<sup>33</sup> suggested these housing benefit reforms shifted 84,000 households into poverty.

Additional welfare reform, such as the introduction of a total benefits cap under the Welfare Reform Act, 2012, sanctions under JSA/Employment and Support Allowance, the Council Tax benefit reforms, the 'Spare Room Subsidy' (commonly known as the 'Bedroom Tax') and localisation of the Social Fund, all serve to exacerbate this problem.

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<sup>33</sup> CCHPR (2011), *How will changes to Local Housing Allowance affect low-income tenants in private rented housing?*  
[http://england.shelter.org.uk/data/assets/pdf\\_file/0010/290539/CCHPR\\_lha\\_cuts\\_summary\\_pdf\\_final.pdf](http://england.shelter.org.uk/data/assets/pdf_file/0010/290539/CCHPR_lha_cuts_summary_pdf_final.pdf)

At the same time, there is a decline in the rate of new housing. The exceptionally low 2012/13 levels of house building reflected the severity of recent economic and housing market downturn. The latest household projections for England suggest that household numbers will grow at an average rate of 220,000 a year over the decade to 2021. Even allowing for the contribution from dwellings created through conversions and changes of use, the rate of new house building would need to almost double from the low 2012/13 level (of almost 125,000) to keep pace with the rate of new household formation, let alone to reduce housing market pressures.<sup>34</sup>

### **Supporting families with complex and multiple needs**

A number of different personal and social factors can lead to families or individuals becoming homeless, and both the causes and consequences of homelessness can be significant and wide ranging. Those served by the HFS are families who are experiencing severe and multiple disadvantages. These families have interlocking needs, and can fall through the gaps in services and public policy, which may focus on the single presenting needs to which their service can respond.

Pathways into homelessness for families can be complex, many and varied. Factors contributing to an increased risk of homelessness include:

- A lack of monetary resources and debts – especially mortgage or rent arrears – or a lack of money management skills.
- Poor mental and/or physical health – poor health can cause deterioration in ability to maintain a home, contributing to homelessness.
- Substance misuse
- Relationship breakdown – this is the most common reason cited for homelessness recorded by local authority statistics. Disputes with family members or friends with whom a family is living can lead to families being unable to remain in their homes.
- Domestic violence
- Anti-social behaviour – councils and housing associations can evict tenants for anti-social or criminal behaviour, and parents are responsible for the conduct of children and adults living with them.

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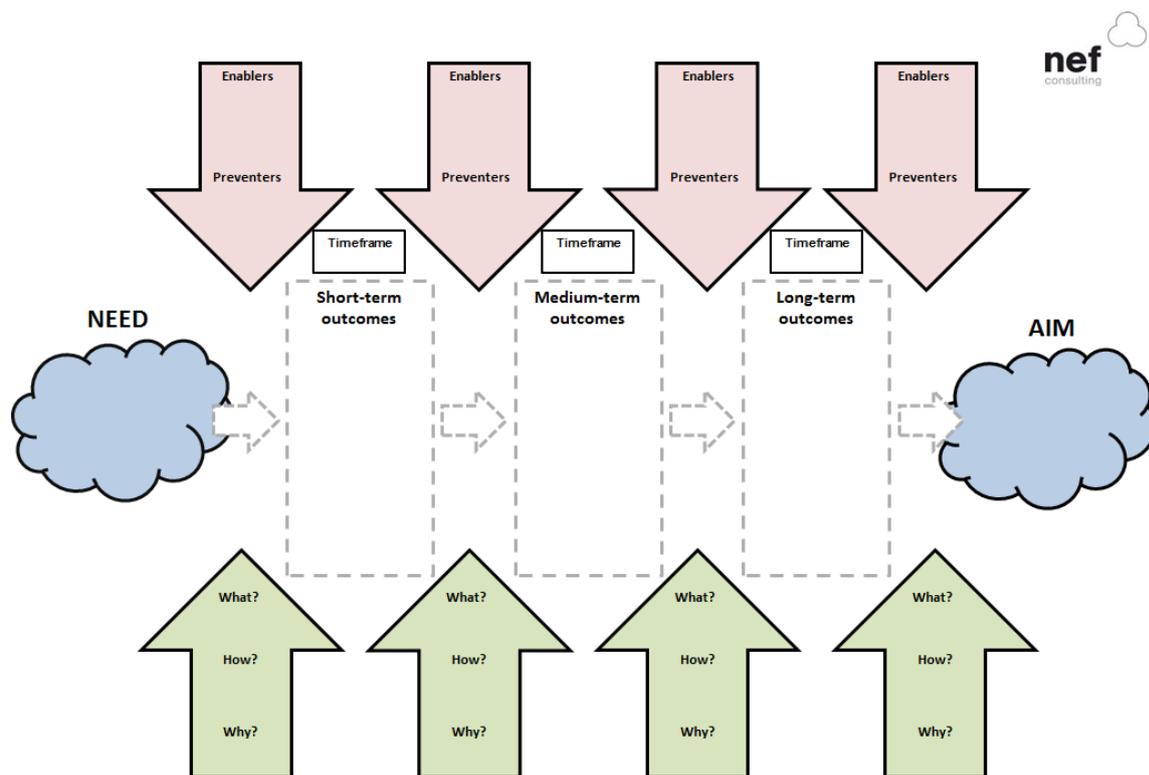
<sup>34</sup> Crisis (2015), *The Homelessness Monitor: England 2015*  
[http://www.crisis.org.uk/data/files/publications/Homelessness\\_Monitor\\_England\\_2015\\_final\\_web.pdf](http://www.crisis.org.uk/data/files/publications/Homelessness_Monitor_England_2015_final_web.pdf)

# APPENDIX 2 – What is a Theory of Change?

The evaluation of Hackney Family Service is underpinned by a clear understanding of the Theory of Change of the intervention. A Theory of Change defines the building blocks required to bring about a long term goal. It articulates 'how' and 'why' change is expected, as well as the assumptions underpinning the journey of outcomes from the short to medium to long term. This Theory is tested through rigorous measurement to understand the extent to which Hackney Family Service creates the intended change. By moving beyond components of delivery, a Theory of Change can help to strengthen the understanding of how and why the project is/ is not effective.

In developing the Theory of Change, we draw upon Figure 1 - the approach developed by NEF Consulting.

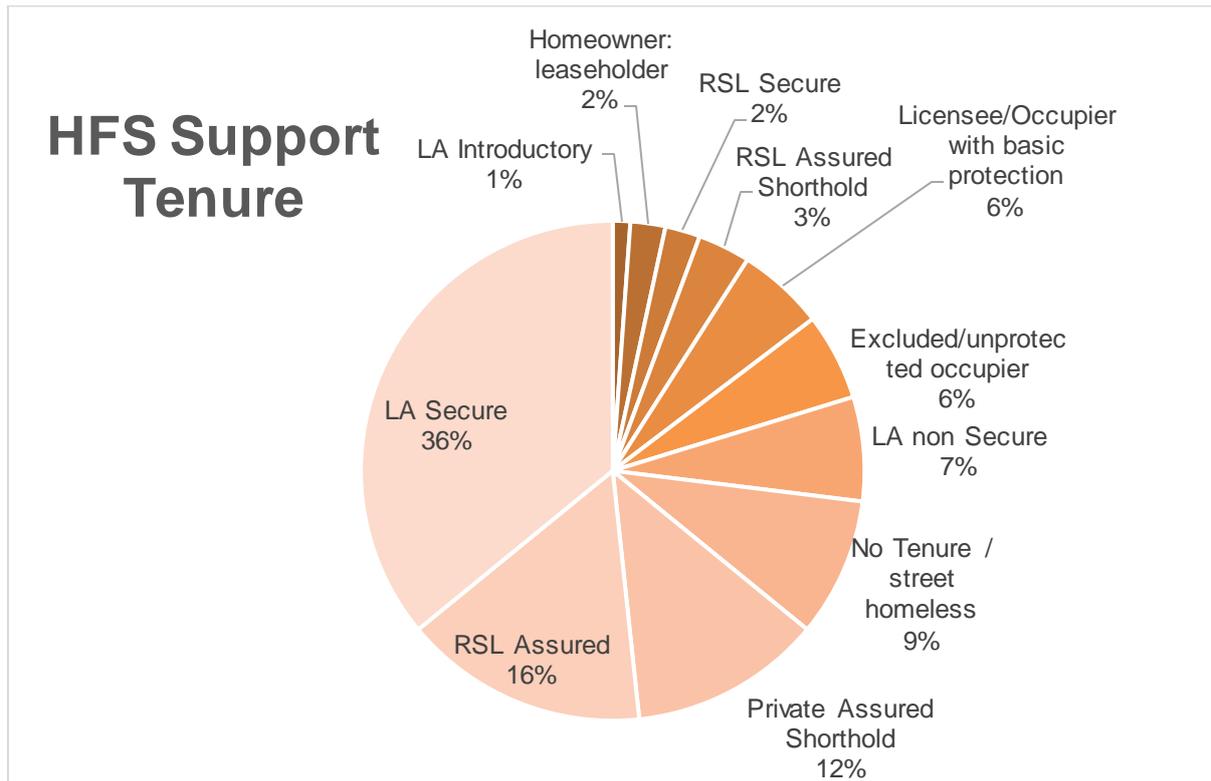
Figure 1: An overview of the Theory of Change approach

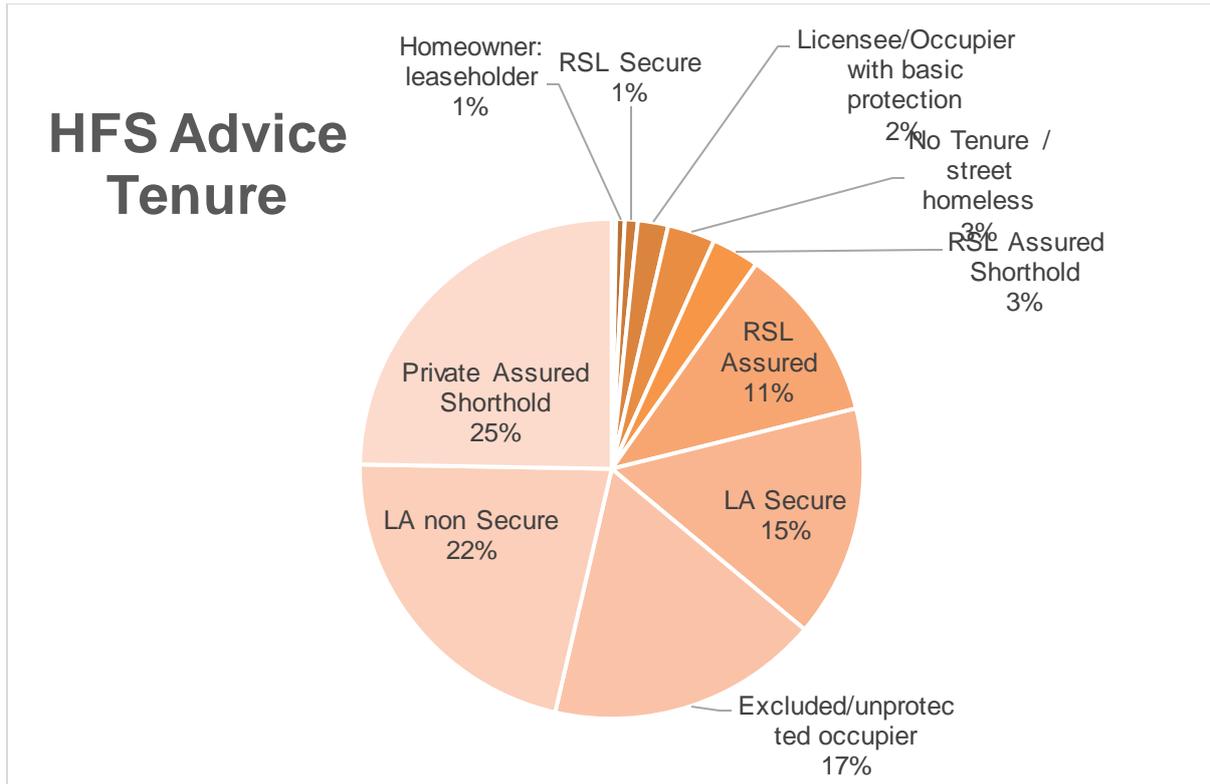


This diagram presents a simplified way in which to understand change; in most social programs, change is not linear, and short and medium term outcomes have a catalytic or reinforcing effect. However, to aid in measurement of change, we present change chronologically, as we understand it.

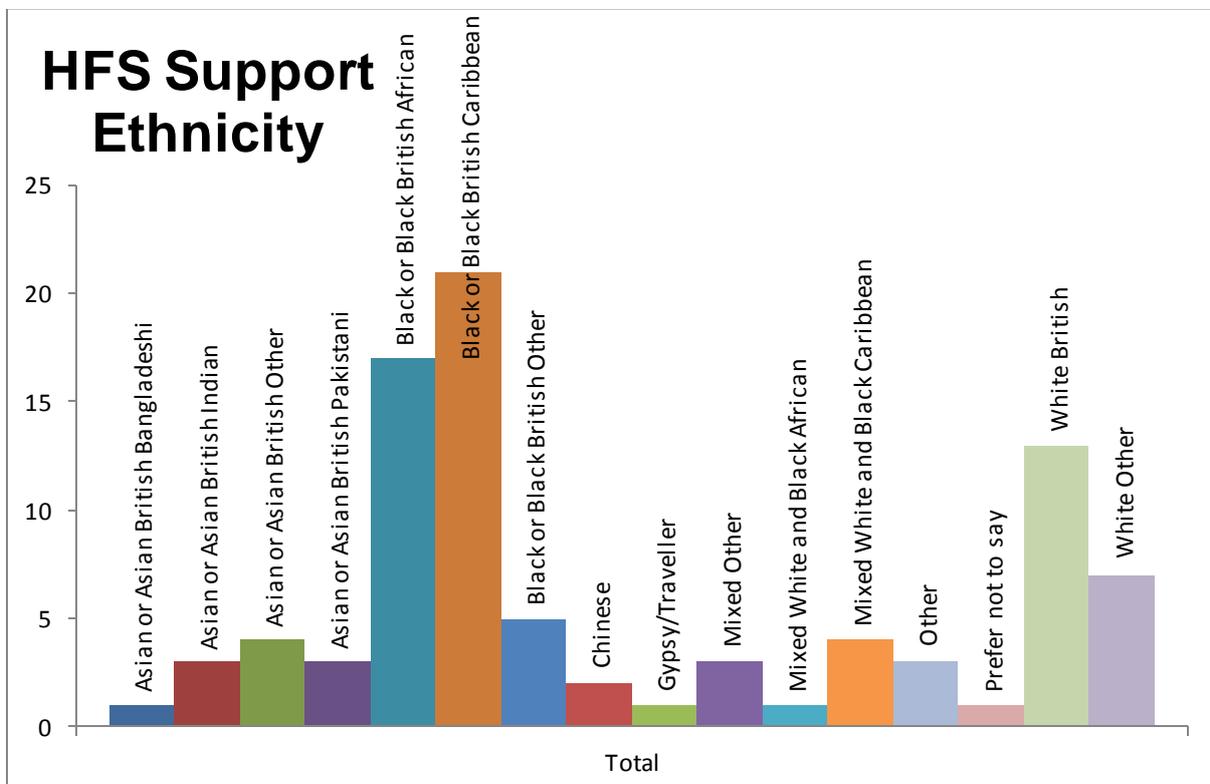
## APPENDIX 3 – Client demographics

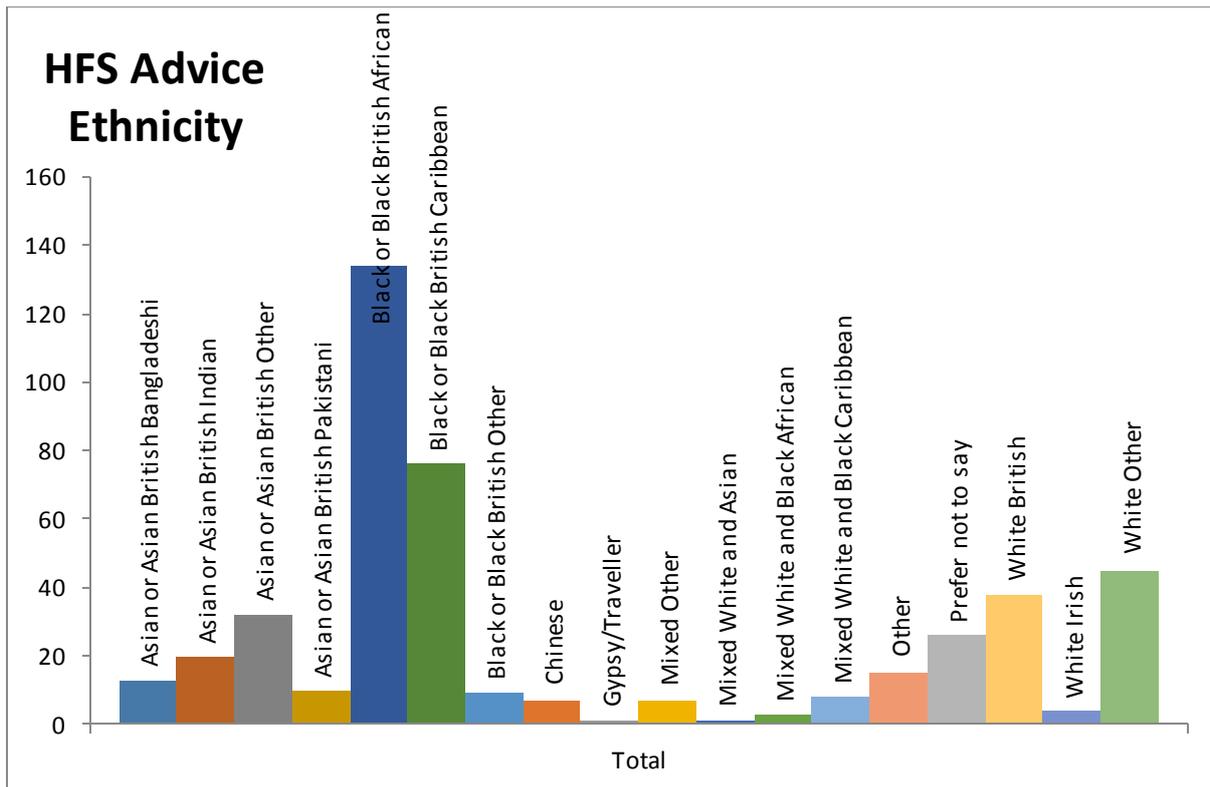
Of the clients that Shelter has worked with, two thirds of support clients were living in local authority/ housing association accommodation when they came to Shelter and 12% were living in the private rented sector. This compares to advice clients where a quarter were living in the PRS and around a third were living in housing association/ local authority accommodation.





Hackney Family Service works with a diverse range of advice and support clients with the largest proportion of clients being Black or Black British African, or Black or Black British Caribbean.





Half of support clients have a disability, with almost one third having a mental health condition. The majority of advice clients do not have a disability.

