

Home Visiting

Arun and Chichester Citizens Advice

Funding year one: December 2019 – November 2020



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Introduction and purpose



citizens advice Arun & Chichester

COMMUNITY FUND

Do you need advice but can't get out to see someone?

Our **Home Visiting** service can help.

If you'd struggle to get to one of our centres because of a health condition or caring responsibility, we can come to you.

Thanks to the National Lottery Community Fund, we can give advice on topics such as benefits, debt, housing, employment, relationships, consumer, immigration, health and care, **all in the comfort of your own home.**

We cover all areas of Arun and Chichester.



Having trialled services that included advisers being able to visit clients in their own homes over many years, it became clear that a holistic service was needed that could support clients with disabilities/long-term health conditions or caring commitments with all advice topics, take on casework as appropriate and have the knowledge to deal with complex situations.

The recruitment process allowed us to use both internal staff with different levels of experience and 1 FTE role being fulfilled by an external candidate, who completed the training programme very quickly. The rest of

the training time could then be used to conduct joint home visits to encourage peer support and knowledge sharing, and establish guidelines and procedures that promoted the safety and wellbeing of both clients and our staff.

Each adviser was assigned wards within Arun and Chichester that they had responsibility for, including promoting the service, which involved building relationships with referrers. Printed flyers were created which were shared with organisations to give to potential clients, as well as being displayed in our centres and outreaches. Our team of 120 volunteers within our core advisory service have also been key in highlighting the service to those who call, email or webchat with us because they can't get in to receive face-to-face advice, as well as identifying clients that have found it difficult to attend or mention relatives or friends that need advice but can't come into our centres.



If you'd struggle to come into our centres, call our Adviceline on **0344 477 1171**.

Our advisers will take the details of your issue and try to help you over the phone.

If you need to receive advice in person, the adviser will send your details to our **Home Visiting** team.

Your local Home Visitor will call you back to arrange a convenient appointment.



If you'd like to find out more, you can call us on **01243 866233** or email **admin@arunchichestercab.org.uk**

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The outbreak of COVID-19 meant that all our services had to adapt, and new procedures were developed to ensure we could still support clients who needed

advice remotely. Since 23rd March 2020, all our teams have been working remotely. New funding pots and services have emerged that have enabled us to deliver new aspects of support to those that need it. Many people's mental health has also declined, and some have developed new mental health issues because of the effects of COVID-19 and lockdown, and this has meant clients who may otherwise have been considered capable, have needed extra support to access the help they require.

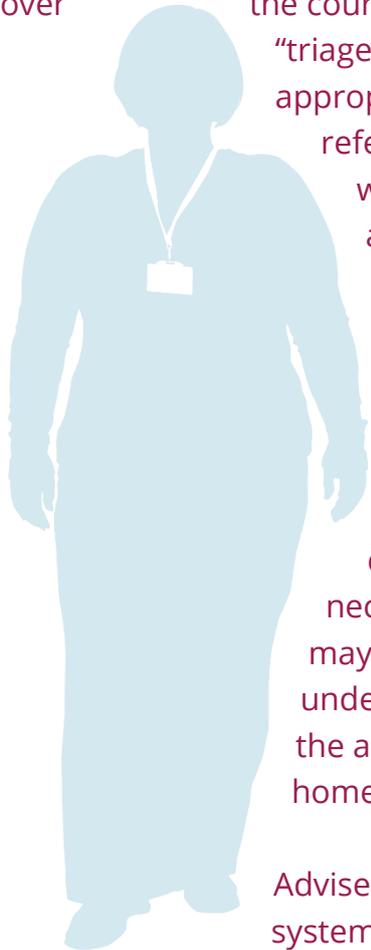
We briefly returned to office working in September 2020 while infection rates were low in the area but discovered that many people with disabilities/long-term health conditions or caring commitments continued to shield and did not want to access face-to-face services. Some also confirmed that they would not welcome an adviser into their home at this time due to the risk of infection. Many staff and volunteers within our service had to also consider the risk to themselves and their household and felt home-working was still appropriate. As an increase in infection rates then followed, it was deemed appropriate to return to remote working but with the knowledge that we had made our offices COVID-secure and had all the PPE required for our staff to deliver home visiting at a later date.

The priority of the home visiting team has been to ensure that their client demographic is still able to access the advice, support and services they need. To ensure we reach as many people as possible, we created an online third-party referral route which allows frontline workers to send referrals to our team. Since its launch, we've received referrals to the service from organisations such as Adult Social Services, charities offering support to carers, food banks and homeless services.

The pandemic has allowed us to build stronger links with other organisations and offer new ways of supporting clients which will be vital as we continue to lockdown and consider clients who will not want face-to-face contact for a long time to come.

What the service looked like

For the launch in January, we offered bookable appointments with each adviser over the course of the week. Some clients may have already been



“triaged” by volunteer advisers and established they were appropriate to be seen by the team, whilst some clients were referred by other organisations and the team member would call the client to discuss their needs and arrange an appointment.

Advisers would agree with the client the extent to which they would take the case on; some clients just required guidance whilst some required phone calls made, or letters written on their behalf. Being in the client’s home allowed advisers to have access to the documents the client may not have thought were necessary to the advice-giving process, which otherwise may have caused delays. It also allowed the adviser to understand more about the client’s circumstances, such as the aids and adaptations they used or lacked within their home.

Advisers set tasks for themselves through our confidential systems to ensure they followed up with clients to see if the advice had resulted in a favourable outcome or if any further advice was needed following their initial session.

Since just before the announcement of the first lockdown, home visiting ceased due to the risk to advisers and clients alike. Whilst we established the practical aspects of working from home, all paid staff were asked to help cover all previously booked appointments as well as answering calls on our Adviceline, which saw the greatest number of calls in history on the morning after the first lockdown was announced. The management team distributed equipment to volunteers and staff to ensure going forward we were able to support as many clients as possible.

This meant that the home visiting team had provided support to some clients who would fall outside of their usual demographic whilst the remote service established but still followed their usual processes of giving quality advice and

recognising where a client needed further support. The data gathered therefore shows clients who fit our usual criteria but also some additional clients who required support.

Our telephone line is shared with our neighbouring Citizens Advice service (Citizens Advice in West Sussex (North, South, East)), we also provided support to clients who lived elsewhere in West Sussex. As this service does not offer a similar home visiting service, the expertise of advisers who deal with those with disabilities/long-term health conditions and carers on a regular basis has been a very welcome addition and again, has allowed the volunteer force of both teams to focus on providing support to those without disabilities or caring responsibilities.

The team have created new ways to support clients remotely, such as creating versions of forms that can be completed by the adviser online and then posted to the client to send in paper format to submit.

Our Social Prescribing service in the Littlehampton area has also provided numerous referrals for the team and has demonstrated a terrific joined-up approach to client support, with the Social Prescriber focussing on improving wellbeing while the adviser supported with advice needs.

We were able to ensure our clients that were “clinically vulnerable” were able to access services to pick up food or prescriptions, including linking with our local authority Community Hub providing food parcels and our local foodbanks. We were also successful in funding bids for support with fuel costs and, more recently, costs associated with Winter hardship. Our volunteering team has supported with the delivery of “baby bundles”, food parcels and topping up key meters in the absence of other services.

Funding received through BEIS has also allowed us to look at the barriers disabled people may be facing in accessing advice at this time, know as the Innovation Project. The project worker has been working closely with the home visiting team to understand and overcome barriers, create more accessible content and encourage advising in new ways. Through this, the team have started to implement an easy-to-use video service, which allows screen sharing which has greatly aided remote form filling and again, has allowed us to see the aids and adaptations clients have (or don't have) in the home, and fetch paperwork as needed.

Summary

- 376 clients helped from within our project demographic
- An additional 130 clients helped
- 1,579 issues helped with including 879 benefit-related issues
- £611,851 in financial outcomes for clients
- Press release at service launch published in local papers, on our website and social media channels
- 120 volunteers involved in the process of promoting and referring into the service
- 16 clients recorded as carers
- 100% of clients surveyed had an improvement in their Short Warwick-Edinburgh Mental Wellbeing Scale scores, with the greatest improvement on “I’ve been thinking clearly”
- 97% rated their overall experience of the service as “very good”
- 92% of target met in terms of client numbers including 1 month dedicated to training and being unable to offer a face-to-face service for approximately 9 months
- Kept up to date on all legislative changes including continuous changes through lockdown and the pandemic

Who did we help?

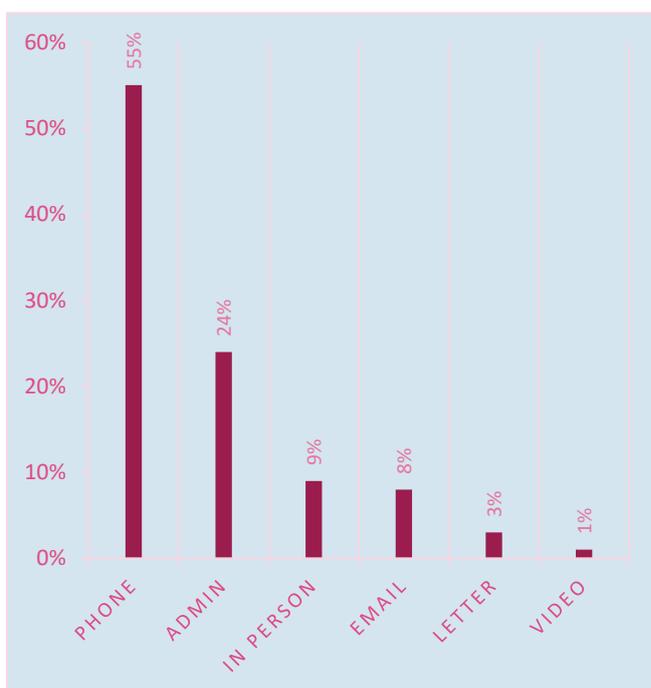


Being able to help clients of all ages was a factor we felt was very important in the project and the numbers reflect the need of the service for all ages. Prior projects have been restricted to those of pension age only but for this project, our highest numbers have come from those aged 50-54.

We have also been able to support teenagers and those in their twenties which historically is an age group that does not engage greatly with our services so we feel this is a great achievement.

This has meant that our advisers have had to keep up to date with the

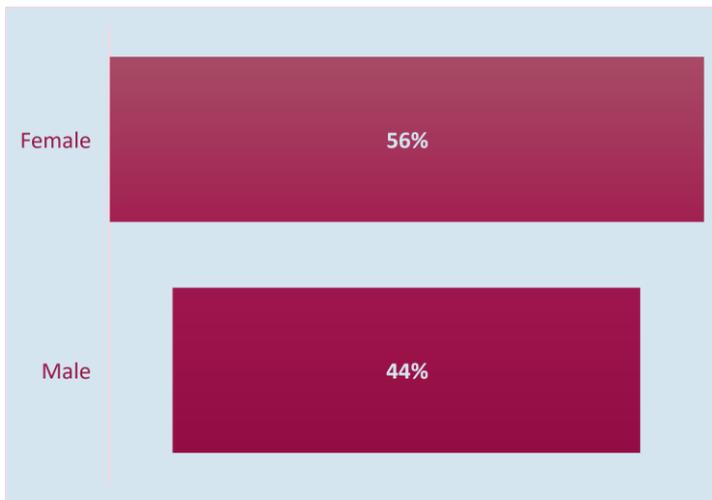
changes for both working age and pension age people in relation to benefits and social support.



As expected during the pandemic, the majority of clients were assisted by the telephone.

Through work with our Innovation Project, we expect the contact for clients supported under the home visiting funding to have increased contact via video call. We also hope that we can increase face-to-face contact later in the year.

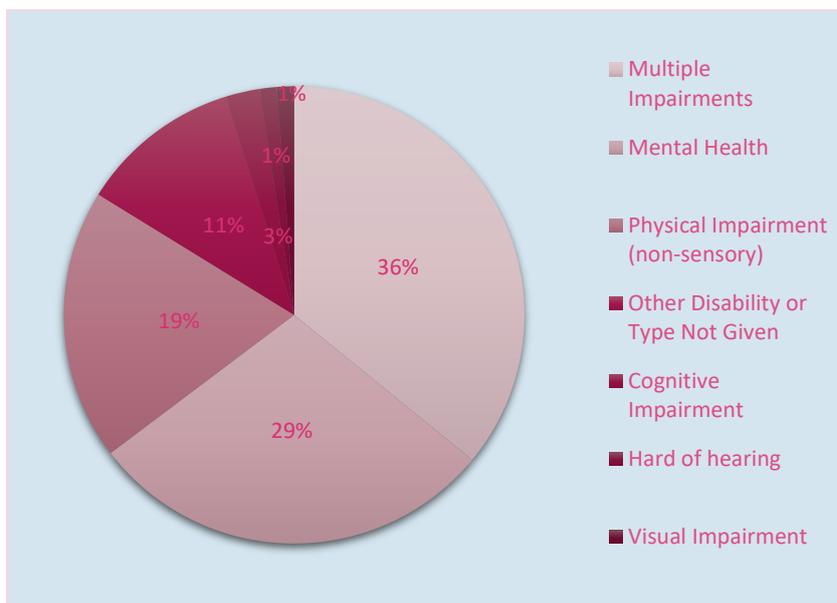
The administration time reflects the time taken to review files, write letters/emails on behalf of clients,



contacting third party organisations or processing incoming correspondence. As the client groups supported by the funding often require a more “hands on” approach, this is higher than the admin time required of our generalist advice service.

The gender split of the clients remains close to even, which again tells a different story to previous home visiting projects where we have restricted the topic or advice subject and has previously showed a larger female majority.

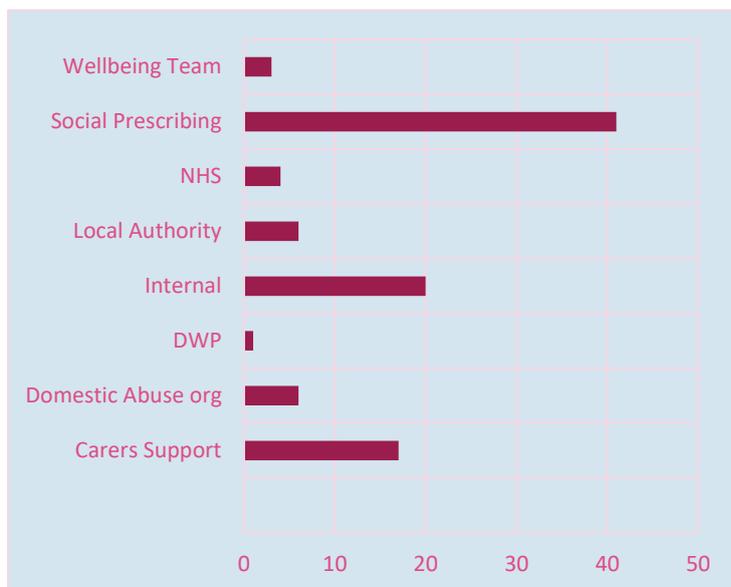
As has been seen across our entire service, many clients do not relate to the label of disability and identify as having a long-term health condition instead. It’s often the case that our clients aren’t sure if they meet the definition of disability but appear to meet the Equality Act 2010 definition on further exploration. Part



of the work we do is highlighting disability discrimination and the duty services have to make reasonable adjustments to help disabled clients. If clients don’t know they fall under the definition of disability, they may be unaware of when they’re being discriminated about. As our organisation

follows the social model of disability, we’re always looking to champion the rights disabled people have in having barriers reduced or removed.

Now having the data about our disabled clients that have accessed the service, we can consider how we can continue to improve to make our service more accessible in future, both in lockdown and thereafter, taking into consideration the clear barriers our clients may be facing.



Whilst the majority of our clients have been contacting us directly, we've also received referrals from other organisations who have been supporting individuals. Our biggest referrers are social prescribing teams, both from our internal team that covers Littlehampton and the service delivered by the local authority in the Chichester district. As the focus of social

prescribing is improving wellbeing, the volume of referrals from social prescribing services demonstrates the strong link being wellbeing and advice.

Whilst the majority of clients have been White-British, we have also supported clients who were White-Gypsy/Irish Traveller, Asian, Black-African and mixed race. Due to the known disparities the BAME communities have experienced during the pandemic, we will consider how we can target clients from the BAME community in the year 2021. We will promote the availability of our translation services, including our new video BSL service and access to the Relay service.

Of the data recorded, 31% of clients lived in a local authority or housing association owned property, 27% of clients lived in private rented accommodation and 27% either owned their home outright or had a mortgaged property. More than a third of clients (37%) lived in single person households, meaning our advice during lockdown became even more significant, as we were also ensuring the client was connected with services so that they didn't feel lonely or isolated, as well as accessing all the essential services they needed.

The following table demonstrates the wards the clients helped live in. The areas with values of 1 or less have been removed. This shows that the majority of clients remained within Arun & Chichester, but with some expansion into other areas of West Sussex as clients have been accessing advice through our shared Adviceline with our partners in West Sussex. As we will be unable to offer document pick up or home visits in areas outside of Arun and Chichester, as lockdown is lifted, we plan to appropriately close the out of area cases or handover to caseworkers in other areas, ensuring clients have had all the help they need or are supported to access other services.

Local Authority Ward	Local Authority	Clients
Courtwick with Toddington	Arun	22
River	Arun	22
Marine	Arun	17
The Witterings	Chichester	16
Chichester East	Chichester	12
East Preston	Arun	12
Pagham	Arun	10
Chichester South	Chichester	9
Hotham	Arun	9
Orchard	Arun	9
Chichester West	Chichester	8
Rustington West	Arun	8
Bersted	Arun	7
Harbour Villages	Chichester	7
Angmering & Findon	Arun	6
Felpham West	Arun	6
North Mundham & Tangmere	Chichester	6
Pevensey	Arun	6
Marine	Worthing	5
Barnham	Arun	5
Central	Worthing	5
Selsey South	Chichester	5
Southgate	Crawley	5
Yapton	Arun	5
Aldwick East	Arun	4
Beach	Arun	4
Chichester Central	Chichester	4
Chichester North	Chichester	4
Ferring	Arun	4
Goodwood	Chichester	4
Loxwood	Chichester	4
Rustington East	Arun	4
Aldwick West	Arun	3
Bewbush & North Broadfield	Crawley	3
Brookfield	Arun	3
Burgess Hill Victoria	Mid Sussex	3
Easebourne	Chichester	3
Felpham East	Arun	3
Gaisford	Worthing	3
Lavant	Chichester	3

Midhurst	Chichester	3
Sidlesham with Selsey North	Chichester	3
Storrington & Washington	Horsham	3
Arundel & Walberton	Arun	2
Broadfield	Crawley	2
Burgess Hill Franklands	Mid Sussex	2
Burgess Hill Meeds	Mid Sussex	2
Colgate & Rusper	Horsham	2
Cowfold, Shermanbury & West Grinstead	Horsham	2
Dormansland and Felcourt	Tandridge	2
East Grinstead Town	Mid Sussex	2
Forest	Horsham	2
Gossops Green & North East Broadfield	Crawley	2
Harting	Chichester	2
Haywards Heath Bentswood	Mid Sussex	2
Middleton-on-Sea	Arun	2
Offington	Worthing	2
Petworth	Chichester	2
Pulborough, Coldwaltham & Amberley	Horsham	2
Selden	Worthing	2
Southbourne	Chichester	2
Southlands	Adur	2
Three Bridges	Crawley	2

What did we help with?

In line with our core advice service, benefits were the topic most clients required support with, including growing numbers requiring support with Universal Credit. We expect the Universal Credit numbers to increase further with the removal of the Severe Disability Premium gateway in January 2021, meaning more disabled people will move to Universal Credit and may require support

	Issues
Benefits & tax credits	697
Benefits Universal Credit	182
Consumer goods & services	20
Debt	192
Discrimination & Hate & GVA	44
Education	1
Employment	51
Financial services & capability	27
Health & community care	40
Housing	119
Immigration & asylum	4
Legal	29
Other	53
Relationships & family	21
Tax	3
Travel & transport	50
Utilities & communications	46
Grand Total	1,579

with understanding the differences between it and legacy benefits. Understanding transitional payments will be a further learning point for our advisers too as this will be the first time our area is affected by this.

349 of the benefit-related issues were about Personal Independence Payment. When assisting clients with their PIP claim or appeal, we highlight the criteria to clients so that they feel confident in challenging incorrect decisions. We also use the data submitted by

clients on incorrect awards to aid our national campaign to improve the claiming process of PIP, to help make things better for future claimants and ensure disabled people are treated fairly.

Debt was the second-highest topic and typically requires casework to help produce an accurate financial statement, maximise income, reduce expenditure and consider the right debt option. By going through this rigorous process, clients can not only have their immediate worries alleviated but also feel confident that their finances are much more stable and are less likely to fall into debt again in the future.

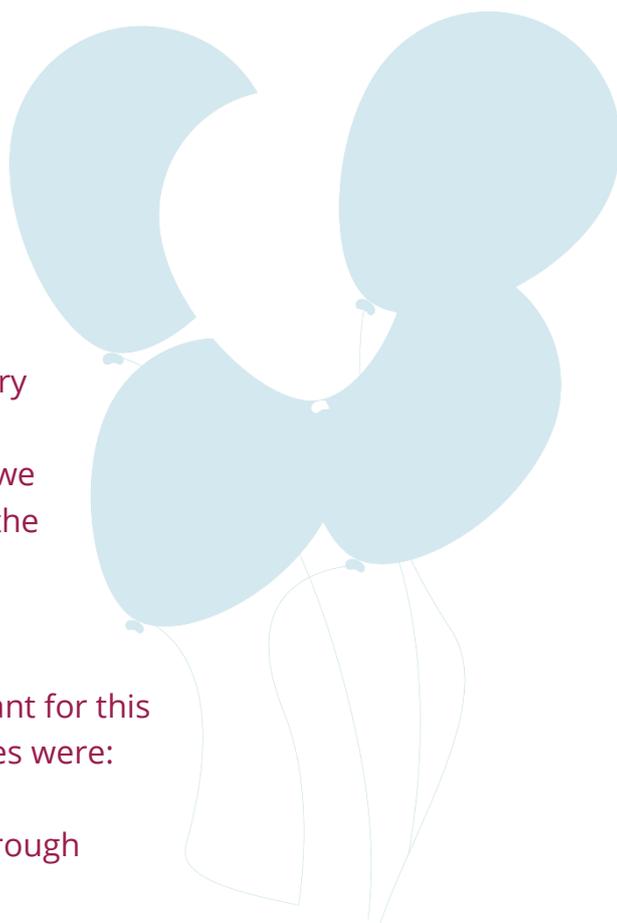
Due to the interlinking nature of topics such as debt, housing and benefits, our advisers ensure they are holistic in their approach and take the time to break the advice into manageable chunks for the client. In 2021, we look to focus more on how we can make our advice more accessible in content, appealing to different styles of learning and different needs.

Outcomes

The total financial outcomes achieved for clients in the demographic groups in year one totaled **£611,851**. Of this, £421,252 related to Personal Independence Payments and Attendance Allowance: the awards for these vary between 1 and 10 years and the figure used describes just 1 year of payment. Therefore, if we averaged all awards to a conservative 3 years, the total financial benefit to our clients from year 1 would be **£1,263,756**.

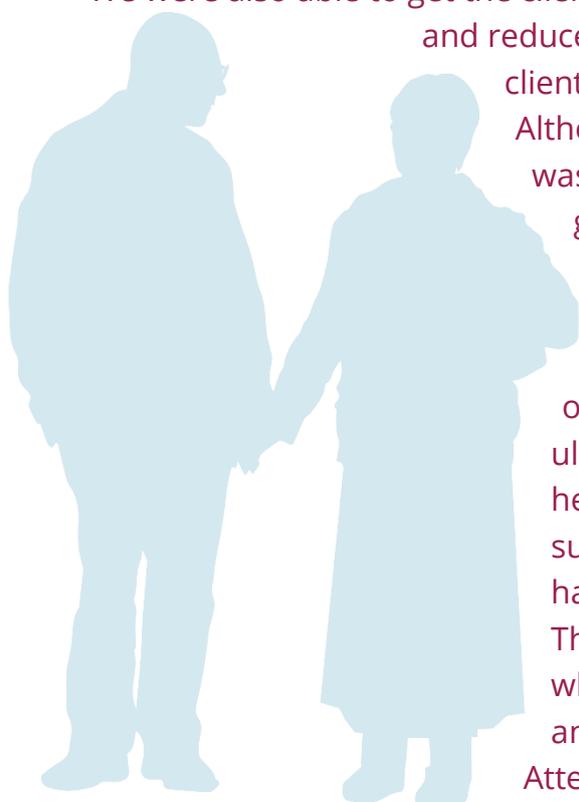
It's not just financial outcomes that are important for this project. Some of our top non-financial outcomes were:

- Obtaining blue badges
- Arranging a care or carer assessment through Adult Social Services
- Helping clients understand their budget
- Getting them on the Priority Services Register, so they'll still have power in a blackout
- Help understanding forms or documents
- Linking to mental health support services
- Help making complaints against unfair practices
- Understanding employment rights
- Identifying and challenging discrimination
- Linking with digital support to improve digital skills



Case Studies

1. Our client was a male in his fifties, married with a teenage daughter and adult step-son. His wife was alcohol-dependent and verbally and physically abusive to the client and his daughter, with the step-son sometimes involved in the abuse also. The client had mobility issues and was awaiting an operation. The abuse had worsened during the pandemic. The client obtained a non-molestation order that expired. His wife monitored his calls so he found it difficult to get support. Initially the local authority did not accept the urgency of the client's situation but with our help, we were able to help the client move into emergency housing. We were also able to get the client's name removed from his old tenancy and reduce the liability for outstanding rent the client had when his wife failed to contribute. Although the client has a long road ahead, he was incredibly grateful for the support we gave him in escaping abuse and getting prepared for his new life with his daughter.



2. Our client had conditions including osteoporosis, partial hip replacement, ulcerated ankles, diverticulitis, hiatus hernia, prostate cancer and Alzheimer's. As such, we dealt with the client's wife who had Power of Attorney to act for the client. The couple did not drive and relied on taxis which were becoming expensive to get out and about. Our adviser suggested claiming Attendance Allowance and helped the client's wife complete the form as she was unsure how

to put across the difficulties the client has. We were able to secure the client the highest rate of the award, equalling over £4,500 per year. This meant they could afford to go out and about more which greatly benefited both the client and the client's wife. We also identified eligibility for a blue badge to use when travelling with others. Due to the client's Alzheimer's, we identified that they could also receive the SMI discount on their Council Tax, freeing up even more income to spend on things that helped both the client and the client's wife's wellbeing.

Financial summary

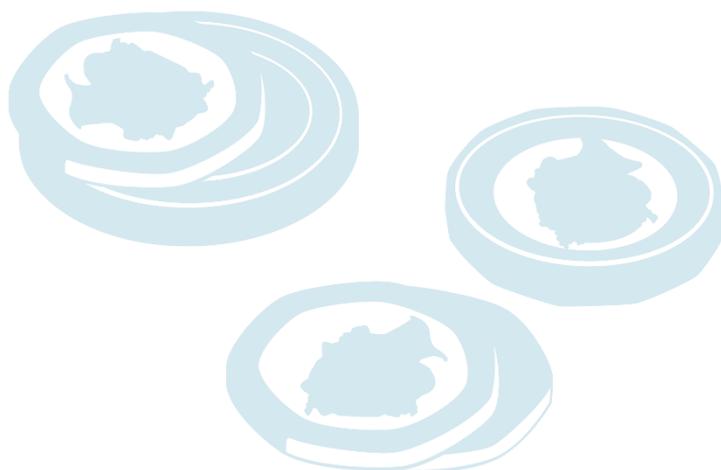
The budget for year 1 totaled £76,843. Our actual total expenditure was £77,110; a small variance of -£267.

Underspends:

- Recruitment – we were able to draw in a good number of applications through free resources such as Indeed, our social media platforms, our website and internally, so paying for extra recruitment resources was not necessary.
- Training – the team were able to mostly complete a self-study plan with support for the existing in-house trainers and management team.
- Travel – this was reduced substantially due to moving to remote working at the end of March.
- Premises – this was slightly reduced due to reduced usage of premises by the project during home working.
- Office equipment – this is just a marginal underspend of £3.

Overspends:

- General running costs – This is a small overspend of £76.
- Staff overheads – Again, this is a small overspend and is balanced by some of the areas of underspending.
- Office costs – There have been increased costs in this area due to the need for extra equipment needed for our advisers to work remotely.
- Governance – This was more than initially anticipated but again has been balanced by reduced expenditure in other areas.



Learning

1. The home visiting service was immediately well received by the community who felt it was a much-needed service, as evidenced by the immediate update from referrers and clients alike.
2. Our policies and procedures we have created have helped our staff to feel confident and safe in their work. Some extra support was needed to understand potential safeguarding issues so we improved our training around this which will benefit the whole organisation.
3. Some staffing changes have allowed us to understand the essential qualities of a home visiting adviser further, including the different skills needed in comparison to a generalist adviser. We have now built a team that are confident independent workers with excellent research skills and are sensitive to the needs of disabled people and their carers.
4. Joint working with internal and external services has allowed for a smoother client journey, allowing us to ensure a client is helped holistically and doesn't have to repeat their story to multiple people.
5. Working in a preventative manner, as well as reacting to presenting crises, has helped clients to feel more in control of their future, e.g. identifying where inaction could lead to homelessness, ensuring bailiffs don't visit clients, improving income to reduce risk of debt.
6. We can consider home working for future work, potentially reducing office costs, travel costs and increasing adviser productivity.
7. In the absence of a face-to-face services, we have developed new ways of working that should still be considered when helping clients in future, such as short visits for document collection.
8. Being able to fully tailor the service to the client is essential and the next year will be spent further enhancing this to ensure we cater for all needs and our approach is truly person-centred.
9. The pandemic has affected everyone but in particular disabled people who may have had their health services reduced, become more isolated and had changes to the way they access their services. We will need to monitor the effects of the pandemic on disabled people and carers in our community and consider if our support fully meets these new or exacerbated needs.
10. Whilst this year has been very challenging, we have been able to seize new opportunities including different ways of working, connecting with new community partners, linking with grant support and increase our knowledge of online tools that can help us use our time more effectively.

Conclusion and outlook

We are very proud of our first year of delivering the home visiting service. It doesn't look exactly how we originally planned but our service, staff and clients have all adapted and we have still helped a huge number of clients. Our outcomes speak for themselves in volume and amount. But there is still more to be done.

With 2021 looking to be an equally challenging year, we're setting ourselves some clear priorities to ensure we continue to support our targeted client group in a way that meets their needs.

1. Continue to provide door-step collection of documents – we believe this offer has been essential for clients with urgent issues, literacy issues, digital exclusion, etc. We therefore believe it's important to keep this operating, as long as government guidance allows.
2. Tackle digital exclusion for disabled people and their carers – linking with other services and projects, we will consider the digital connection clients have and see how we can link them with grants for technology and internet connection and skills courses, with a goal of empowering them to be able to independently access online services and reduce loneliness through connecting with people online.
3. Adapt our service – We don't know when we can offer home visits again so in the meanwhile we must consider how we can support as many disabled people as possible. Alongside the Innovation Project, we will look at how we can make essential content more accessible, e.g. easy read documents, BSL videos, and adapt the way we contact clients to meet their needs, e.g. text, voice notes, video call. As we move to a return to face-to-face services, we will continue to consider that some clients will still feel unsure of having in-person contact and so may prefer adapted support through another channel.

Whilst our team might not always be giving advice in clients' homes, it's clear that it's essential that those with disabilities and their carers are offered support through a dedicated caseworker who can help with all issues, give clients all the time they need and work towards goals together to improve overall wellbeing and prevent future crisis.

We look forward to another exciting and challenging year ahead!