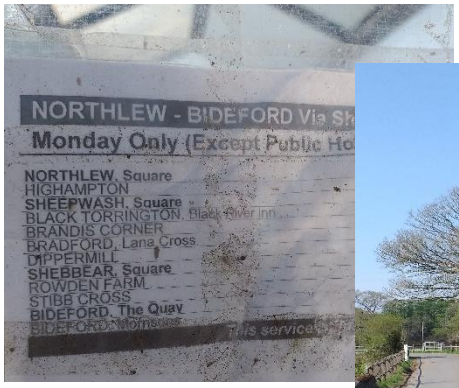
Transitions Project report Year 3 Oct 2021-Sept 22

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NAVIGATE

WD CVS
West Devon Community and Voluntary Services

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Introductions

"I felt the warmth from the minute we spoke. That just gave me so much confidence."

Transitions is a three year partnership project delivering community wellbeing events and financial inclusion and advice services across two deeply rural Devon districts - West Devon and Torridge. Our aim is to improve the quality of lives and financial wellbeing of individuals and families living across both districts.

We build skills and knowledge in individuals, empowering them to go forward with more confidence and capability. We foster community cohesion and reduce social isolation.

The project is funded by the National Lottery Community (Partnership) Fund and launched in October 2019 having previously run from September 2016 to the end of August 2019. This report captures and shares our experience and learning from working across two rural and remote communities, and the positive impact of the Transitions Project on the clients and communities we have supported and the partnerships we have built.

<u>The Transitions Project:</u>

- provides debt and money advice to people who are isolated from mainstream services by geography, health or circumstance.
- supports people to regain control of their lives and go forward with increased confidence.
- puts on community events to bring together services and the public in one place. We foster networking between agencies to build better support and close gaps in provision. We aim to make communities more aware and more resilient.
- speaks out where we find discrimination and/or injustice and finds ways of supporting change to increase inclusion.

This report specifically covers the year from October 2021-September 2022 and also brings this phase of our project to a close. References will therefore also be made across the three year duration of the 'Transitions' project (2019-22).

"It was the opportunity to establish communication with another human being, on a natural level. That was very affirming."

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1. Executive Summary

Since we began this phase of our project in 2019, we have:

- engaged with 436 people to offer advice and education
- 478 individuals have attended Community Wellbeing events across rural Torridge and West Devon.



1.1 Summary Findings 2021-2022

- 177 individuals have benefitted from advice and education
- £397,081 of income has been gained for clients
- £201,212 of debt has been written off for clients
- 435 people have benefitted from attending community events
- 146 partners have attended community events
- 15 stakeholders attended our debt awareness courses
- 3 individuals attended financial capability workshops

1.2 Headline figures calculated against six areas of client wellbeing

For every £1 invested in our services, £7.31 is created in Social Value.

During this project cycle 2019-2022, savings to the public purse include:

- £150,960 reduced anxiety and stress
- £149,574 reduced fuel poverty
- £557,780 securing housing tenancy
- £1,414,105 of additional wellbeing social value to clients as a result of a secure tenancy
- £90,004 of additional wellbeing social value to clients as a result of being debt-free
- £697,788 of additional wellbeing social value to clients as a result of being to access advice that is local to them

1.3 Client Wellbeing and Resilience

As a result of the service…

- 57% of clients are less worried or anxious
- 86% of clients are better able to budget and pay for essential living costs
- 66% of clients feel more confident about managing money

"Life changing help."

1.4 Partner feedback

Over the course of this year we conducted a survey of our working partners.

- 100% of replies rated our service as important, with 87% indicating it as very important
- 94% of partners would refer clients to us again
- 97% would recommend us to clients and other agencies

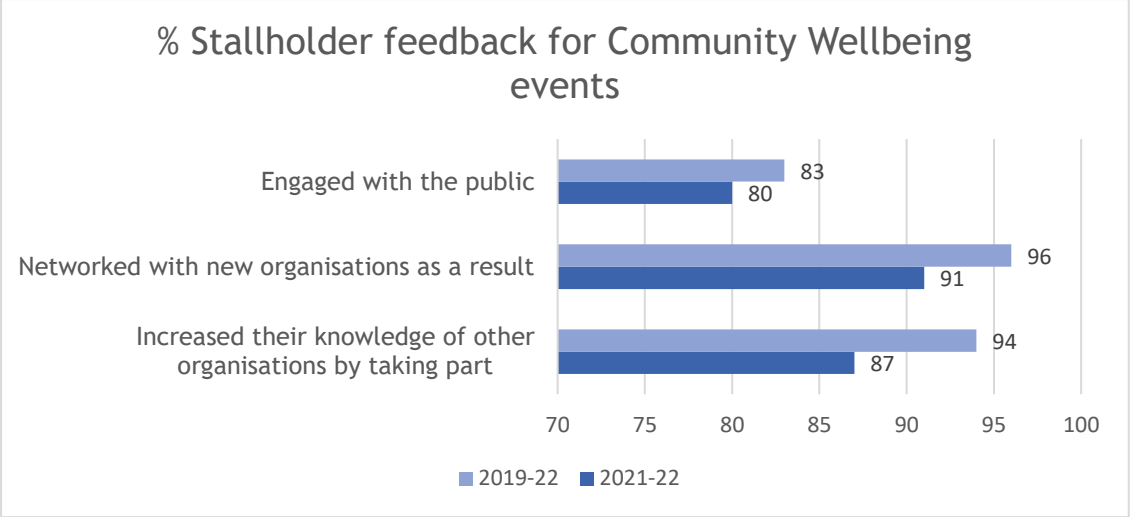
1.5 Community Wellbeing events

Community Wellbeing events	2021-2022	Total events project duration (2019-2022)
Number of events	6	8
Members of the public attending	435	478
Partner organisations involved	146	187

"I was approached at the event by representatives of different groups to discuss how we might work together and have already been emailed by others and I have emailed some myself with ideas of how we could help each other."

"It was an excellent opportunity for networking with other groups, worthwhile attending just for that."

"Lots of things don't happen anymore. I came along so I could see a few faces and get a bit of a cup of tea. Don't see many people from the farm where I live."



2. Who We Are



The 'Transitions' project (2019-22) is delivered by the Wis£rmoney partnership. Wis£rmoney is a strategic partnership between Navigate Charity and Encompass Southwest, both registered charities. The partnership delivers a range of financial inclusion projects across Devon and Somerset.

Based on a strong set of shared ethics and principles, the partnership places clients and communities at the heart of its work.

Both organisations are authorised and regulated by the Financial Conduct Authority for debt related activities.

West Devon CVS joins the Wis£rmoney partnership on the Transitions project in delivering community wellbeing events, bringing to it their connections with a wide range of local agencies with a strong track record of delivering services in the area. WDCVS is a registered charity working with voluntary groups, charities, social enterprises and other not-for-profit organisations to bring about positive change and build stronger communities. They also help to promote active citizenship through volunteering. Within the project they manage and co-ordinate the participation of partners and liaise with TTVS, their sister organisation in Torridge.

Transitions project objectives fall broadly into three areas:

<u>Client-based</u>

- Targeted debt and money advice
- Increased financial awareness and capability
- More informed decision-making
- More resilient local communities

Partner/Stakeholder work

- Inform and educate other service providers around financial inclusion
- Host Community Wellbeing events to encourage networking
- Provide signposting information to other services
- Build relationships with key local individuals and providers

Social Impact and Policy

- Collating information about issues faced by clients and sharing with relevant bodies
- Raising awareness with other organisations
- Being a voice in policy development

3. What we do

We specialise in providing comprehensive money and debt advice to those who are facing financial hardship and exclusion. We offer education in financial literacy to foster informed decision making. Our service is unique in its delivery as one of the only partnerships providing home visiting services, working at our clients' pace to ensure future financial resilience. Resilience is important within rural communities and to this end we also host community wellbeing events so that people are aware of what is available to them.



Our clients are aged 18+ and live in Torridge or West Devon. They contact us themselves, or through agency referral. We have simple referral processes: by phone, email or online.

Referrals are triaged as promptly as possible and although we now carry a waiting list, people in critical circumstances are always prioritised. We tailor our support to meet client needs through face to face home visits, remote support or signposting to other agencies, making sure we used named and consistent staff members. Our goals with our clients are realistic; we work at an appropriate pace for however long it takes. We liaise with other agencies such as the DWP, local councils, health providers, housing associations etc. to resolve issues as efficiently as possible. Looking beyond presenting problems to address wider needs, we work to empower our clients to move forward with their lives. We share their voices with the wider world.

Partnership working keeps financial inclusion on the bigger agenda by raising awareness of issues that clients face, and how organisations can help to deal with them. We:



- Aim to participate strategically to share knowledge and explore wider issues.
- Foster a collaborative partnership approach, by sharing information about other agencies that can offer support.
- Run community events where agencies can network and reach a wider public.
- Offer training in debt awareness to other agencies.
- Help to build more resilient communities by giving opportunities for agencies to be better informed.

Our Social Policy work is based on detailed information taken in our referral process and through our ongoing work. We:



- Support clients to share their stories, in their own words, so that we can highlight where policy discriminates against them.
- Evidence our work and give voice to our clients' needs in policy making forums.
- Share information with local and national organisations.
- Aim to be a voice for change.

4. Case Study: Andrew's story



"I lived here in Bideford five years with me wife, then we moved and she became very ill. She was diagnosed with cancer. It was a terrible time. From her being diagnosed with cancer she died within seven weeks. We was having a great life up to that point.

It's been about five years now. I used alcohol to numb the pain…or just follow her. I stopped eating altogether. Just drinking. Became very ill. It was a very, very lonely place. I didn't know anyone. I was isolated, out of the way of everything.

I reached out for help, trying to stay sober; going to AA and stuff, but I didn't have the strength to do it. I didn't see the point any more. To be honest, I had a suicide attempt. It was coming up to Christmas; I got drunk again and took an overdose. Boxes and boxes. I panicked and ended up in hospital.

So I got this flat. Been here four or five years. Never took pride in the place, just used to go out to pubs and be a very sociable and jolly drunk. My drinking got so bad that I was falling all over the place. I wouldn't go to hospital. One night I couldn't breathe and I was really, really scared.

I thought 'This is it. You're on your own and you're going to die in a minute.'

So I swallowed me pride and phoned an ambulance.

Ribs all cracked; cracked bone in the base of me neck. I didn't know 'cos I was numbing the pain with alcohol. I was in there for a couple of weeks. I looked on it like a detox. It slowly hit me that the life I was living was crazy.

The flat was still like a drinking den, it reminded me too much of me drinking and I thought 'Look at the state of this. God rest her soul, my wife would have went barmy at me!'

I'm in so much debt. My friend said 'Wisermoney. They'll come and talk to you.'

I said 'Argh…talking!' He said 'Just try it.'

So I did. Got a phone call, and they was nice. Met up with Kim…and I got back to basics. I was ashamed to show her me letters. I had so much letters 'cos I didn't open them. Bills and stuff. I hid them. Stacks of them. I thought 'I'm going to be on the streets. I'm in trouble – physically and mentally.' I couldn't see any way out of it, you know?

And when Kim said 'Can I see your letters?' I was ashamed. But she said 'I've seen worse. Don't worry about it.' Seen worse!! I'd been hiding. Putting me head in the sand.

She said 'There's hope. There's light at the end of the tunnel. We can work on it. Just try and watch your drinking.' I said 'Yeah, I wanna cut down.'

But I wasn't, and I ended up back in hospital. Come out…and then I really was honest with Kim. I said 'Look, I really DO want to sort everything out. I wanna pay the bills. I want to sort me flat out. I don't want to end up…' I didn't want to be like that. I'm better than that.

It was like…a step at a time. And she'd tell me things, and I could see. I'd say, 'Yes, but look at this…' and she'd say 'Don't worry.'

It's like little steps. People was helping me, so I felt obliged to help. To help meself as well. People can't do everything for you. You've got to meet them halfway.



As time went on, I trusted Kim more and more. She was a godsend, A godsend. I'd have been lost without her. She's fantastic. I felt like Kim was doing her bit for me, so I felt like I'd do my bit for me, you know? It's no use Kim giving all this and I'm doing nothing. It's not going to work. It's a partnership. I didn't want to waste Kim's time. It's a partnership. You build up a relationship. A trust. That's important.

God knows where I would have been. Meeting in your own place you can tell her your faults and stuff like that. You're not so ashamed. You couldn't do that over the phone. It's a human thing. And the long haul. If it was for a short time…like I said, I ended up in hospital; when I came out I told her everything. I really needed the help I was given by Kim and Wisermoney then. It's a different world now.

My health is a lot better. I'm eating. I enjoy life. I'm not making any major plans at all, but something might turn up that I can be useful. I hate to think where I'd be, if it wasn't for the help I was given by Wisermoney. It was a lifesaver for me.

100% lifesaver.

5. Continuing service post pandemic and on into the cost of living crisis

5.1 The ongoing effects of the Covid pandemic

The ongoing Covid pandemic and its legacy has impacted hugely on the delivery of in-person and community support services. People in rural areas often have a different relationship with the Covid virus. Significant numbers have not had Covid, and this can leave people continuing to strive to avoid infection from it. Social distancing is no longer mandatory, but signage remains and it continues to have a ripple effect through people's engagement with events and services. It also has a lasting impact on the continuation or not of a number of other rural resources. Practically, we continue to have access to a range of measures to protect staff and clients. These include PPE for staff, and an awareness of the need to ask about potential Covid contact. The partnership practices remote working from home offices as a norm so has continued to have the infrastructure in place to deliver services. Many of our clients continue to be anxious, self-isolating and vulnerable because of underlying health needs.

> **"I now know about the Holsworthy Food Bank and how to refer; I didn't know before"**
> ***attendee at one of our events***

Community events, forums, workshops and courses have been compromised by the legacy of people not participating as a result of the pandemic. This is exacerbated by the current cost of living crisis. Partnership working, whilst now beginning to be in-person or blended, often continues to be in a virtual environment, with sharing of resources online only.

Covid meant we had to instigate changes to our service delivery which we have continued to apply. We have:

- Developed a comprehensive 'needs assessment', to tier clients according to the level of support they need, ensuring they are dealt with as quickly and appropriately as possible (see 4.3).
- Continued to use phone, text, phone apps, email and video calls to broaden our communication choices for those able to access advice and support in this way.
- Circulated contact directories of services offering debt and money support to partners through community forums we are part of in Okehampton, Tavistock, Bideford and Holsworthy.
- Directly contacted organisations and individuals dealing with need such as foodbanks and social prescribers, to increase our profile.

Some agencies continue to be unable to maintain their pre-Covid level of service. Simple requests made as part of routine debt and money advice can take weeks to receive a response. This exacerbates the stress and problems our clients face. Much contact with other agencies and companies continues to be only online or digital. Our clients are frequently digitally excluded. This can be because of poor infrastructure, lack of money to pay for equipment/ contract, or lack of knowledge. The decline in client mental health evident through the pandemic continues to resonate and has had a detrimental effect on their ability to deal with financial issues.

Many clients have:

- Become isolated due to services being no longer available that have normally helped them e.g. mental health facilities being closed.
- Struggled to send back information to us or access information themselves due to no internet access or not being able to get through to organisations because of contact details being incorrect and not updated, or hold times on telephone calls being beyond reasonable.
- Not been able to navigate automated phone menus that don't fit the query they have.
- Become more invisible because of digital exclusion - there is an embedded perception now that "everyone can go online" post-pandemic; this is not true and those clients unable to have become more hidden.
- Seen an increase in addiction.
- Experienced increased anxiety and mental health issues.

An ongoing legacy of the pandemic is the closing down and the cutting back of support services. Where services do exist, access to them can be very difficult. We are unique in giving our clients direct access to a mobile phone number that will connect them directly to a named member of staff. That openness is appreciated, and rarely abused by either clients or other partners.

5.2 Effects of the Cost of Living crisis

The impact of the emerging energy crisis in 2021 has become fully clear and we now see this allied to a more general crisis in the cost of living. This is felt by all, but is more significant proportionally to those who have a low income to start with. Many of our clients fall into this category.

Living in rural areas carries a premium of its own even in easier times. Living in the South West of England particularly so. Wages here are the lowest in the country, and there are more workers at the lowest end of the wage ladder proportionally. We are seeing a change in the demographics of those needing support, with a group of people who have never been in this position before now coming to us. These are working families on low wages, perhaps topped up by Universal Credit. They have no other means of increasing their income as they are already working; they cannot access other welfare benefits and they are unable to cover their living costs.

A recent report (Sept 2022) commissioned by the Rural Services Network provided some stark figures. The percentage of rural household income spent on transport costs is 50% higher than in an urban population. Council tax bills are higher. Accommodation is lacking; there is less social housing than is needed. Recently, a single parent family of 5 supported by us were moved to a caravan on a holiday park in Cornwall as there is no housing stock available in Devon. The impact on schooling and mental health can only be imagined.

Rural house prices are 39% higher than in urban areas, which can seem attractive to landlords who decide to sell rental property. In tourist hotspots of Devon prices can be 3x above the national average. There has been a 61% decrease in rural rental property nationally since the start of the pandemic and in Devon what is available is often older and more expensive to live in. Rural rents have risen on average 11% in the same time frame. On average, rural tenants pay 47%+ of their income on rent. Between 2017-2020 there was a 115% rise in rural homelessness nationally. Pre-pandemic.

It is no longer unusual for the people we support to be living in vehicles, caravans, or outbuildings. Usually, these are illegal arrangements often to do someone a favour. The knock-on effect to supporting someone is that if they have no address (or in some cases won't tell us where they are) it becomes hard to support them through orthodox channels.

Energy costs mean many people are making hard choices. Most rural areas are off mains gas. Financial support for energy often does not extend to oil; many rural properties rely on this. Many of our clients are on more expensive pre-payment electricity meters. Energy companies are often unsympathetic.



We recently had a case where a client only received Universal Credit of £260 per month. He wanted to set up a direct debit of £40 per month to address his gas arrears. The gas provider refused to accept an arrangement for less than £140 a month; ie **54% of his total monthly income.**

Welfare benefits continue at a level which has no correlation to current inflation. Not surprisingly, this has led to a rise in demand for our services, and we now carry a waiting list in the Transitions project. This is something we have worked hard to avoid, as we know how difficult it is for people to approach any service and ask for money and debt advice, and that to support them as soon as possible is imperative. Although our waiting cannot engage with people in as timely a way as we would usually like. This has meant our ability to triage appropriately and flag crisis cases is more critical than ever.

We are seeing a growth in the number of people who are in work that need help. Minimum wage jobs pay even less when the cost of transport is factored in, and in rural areas that is more significant. These clients have little recourse to help from anyone and few safety nets, because they have been getting by before. The current crisis has tipped them over into personal crisis in a way they have not experienced before.

We have found some providers, and specifically one national utility company, have cut down or closed their vulnerable customer teams in response to the ongoing crisis. This means our support to advocate and navigate is more vital than ever.

5.3 Client Need

To enable us to deliver the most effective and efficient service to clients in the light of current pressures, we continue to use a formal and comprehensive needs assessment at the referral stage to ensure that the delivery channels offered to clients are effective and meet individual need. The assessment aims to determine the most appropriate delivery channel for the client. Needs are categorised into three tiers to ensure advice and support is accessible:

Tier 1) Low Support Needs

Tier 2) Medium Support Needs

Tier 3) High Support Needs

We will always work within the client's needs to ensure our services are accessible and as timely as possible. We are always honest about lead in times and will signpost to other agencies if their support is relevant. Advisers will consult with the client and/or referring agent to fully understand the situation. After completing the needs assessment, we can advise how we can best support to access advice.

For those with low need, able to engage in self-help services or telephone/digital advice easily, they will be referred/signposted to an appropriate agency/information. Tier two and three groups are provided with tailored support to remove barriers and maximise access to help. 118 clients have had a needs assessment completed during this year; the below table summarises clients who have scored 2 or above (medium or high support needs) in each of the assessment areas.

Scored outcome type	No. of clients	% of clients	What this means
Addiction	18	15%	Evidence of addiction which might impact on comprehension, reasoning or function.
Advice services	91	77%	Limited or no advice services in the local area and/or evidence of barriers (e.g. cost or poor public transport).
Caring responsibilities	46	39%	Evidence that the client provides a level of care to a disabled person which would cause them severe difficulties in seeking advice in person from a local agency.
Communication	73	62%	Evidence of communication difficulties including language, hearing or sight loss which impact on comprehension, reasoning or function
Digital Connection	75	64%	Limited or no access to broadband (does not have active and reliable internet connection or sufficient data/credit
Digital Skills	81	69%	Limited or no ability or confidence using digital technology (finding information, downloading/using apps, sending emails and attachments, understanding data, using video calls).
Digital technology	76	64%	Limited or no access to technology (tablet, smart phone or laptop).
Financial Abuse	7	6%	Concern or evidence of financial/domestic abuse, coercive control or other safeguarding concerns including illegal money lending.
Learning disability/difficulty	20	17%	Evidence that learning difficulties or learning disability will impact on comprehension, reasoning or function.
Mental illness	89	75%	Evidence of mental illness which impact on comprehension, reasoning or function.
Physical illness	74	63%	Evidence of a physical illness or disability which impacts on ability to engage with other services.
Presenting needs	92	78%	Multiple priority and non-priority debt or debt emergencies. Requires support with all benefits and opportunities to maximise income.
Self administering	68	58%	Evidence that client would benefit from a named caseworker. Would not benefit from a one off visit to set up the technology and acquire evidence/supporting documentation. Case would not conclude successfully without home visiting, intensive support and involvement of MHC's/Support Worker.
Self awareness	73	62%	Limited or no understanding or self-awareness of a debt or benefits trigger.
Support services	79	67%	Has some support or Requires a carer or has input from other services, without which the client would be unable to engage with the money advice process.

6. How we measure impact: methodology

The 'Transitions' project provides support not just to individuals and families, but also the wider community through learning, community events, and referral and community partnerships. We evidence this by:

- Qualitative methods : case studies, face to face and telephone feedback surveys and public consultation
- Quantitative methods: project data reports, comparison research with national partners, measuring social impact by collecting financial values

Calculating financial values

In order to give a sense of the financial impact our project has, besides detailing financial benefit to our clients we have measured our social impact in terms of:

Savings to the public purse: calculations taken from well-established research, e.g. the amount saved by a client's reduced use of local health services because of improved finances and better mental health.

Wellbeing social value: a measure of the value individuals put on improvement to their health and wellbeing; developed by HACT and Simetrica as a way of helping politicians make informed policy decisions based on national data. We have factored in a dead weight of 50%; this allows for what would have happened if our service had not intervened. These figures allow us to provide comparative data which can demonstrate the value for money our service offers.

Social Value:

Social Impact (TOTAL for 3-year project)	2019-20	2020-21	2022-23	TOTALS
Reduced Stress & Anxiety	£6,256	£70,448	£74,256	£150,960
Reduced Fuel Poverty	£8,481	£68,619	£72,474	£149,574
Tenancy Secured	£56,780	£187,040	£313,960	£557,780
Ability to maintain tenancy	£128,555	£635,429	£650,121	£1,414,105
Debt free	£39,825	£15,133	£35,046	£90,004
Able to obtain advice locally	£44,226	£318,181	£335,381	£697,788
TOTALS	**£284,123**	**£1,294,850**	**£1,481,238**	**£3,060,211**

For every £1 invested by The Lottery Community (Partnership) Fund, £7.31 is created in social value.

"I would probably have had a total breakdown. My only aim is to look after my wife. It's so hard. I don't know what I would have done without Maria. If I hadn't had the confidence in her in the first place, I wouldn't have done it. As simple as that. I could never have done it without her."

7. Facts and figures: Activity

The below table summarises the actual project activity 2019-2022 against the KPI's.

The project has exceeded the majority of the KPI's supporting more clients, engaging with more partners and challenging injustice.

The project has not met its targets for the number of people supported with financial education due to the pandemic. We are now seeing an increase in group activity but as highlighted within the report, in some rural communities there is still a significant fear to engage with community activities.

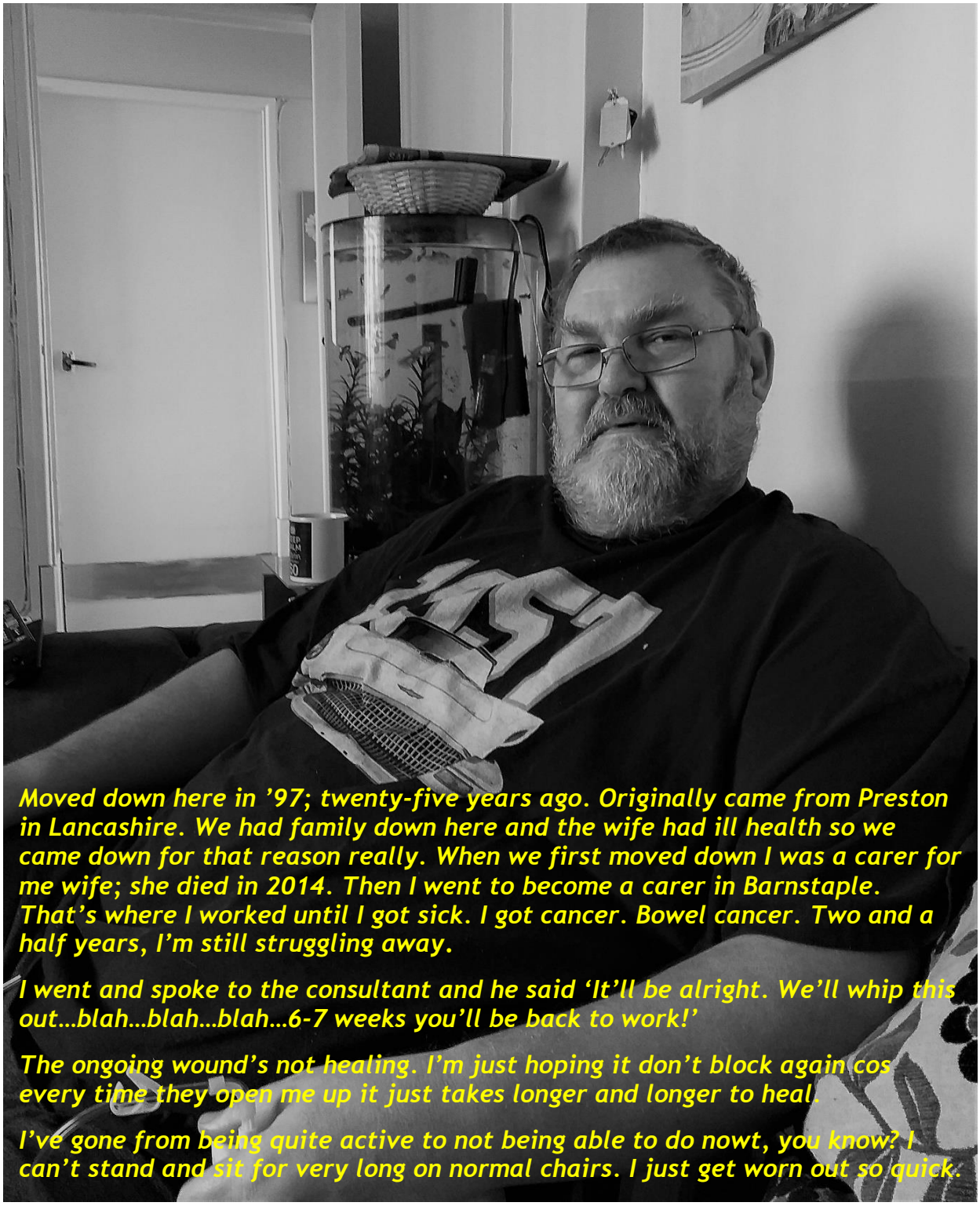
Education and Advice	**ACTUAL**	**KPI**	**% KPI**
clients engaged with advice	436	301	145%
clients referred to other advice service	228	140	163%
Referred by agency	346	N/A	N/A
Number of agencies referring	137	N/A	N/A
debt identified and managed	£1,317,826	£596,000	221%
debt written off	£461,769	£249,000	185%
income maximised	£984,370	£801,000	123%
reduction in stress & anxiety	57%	60%	
improved budgeting skills	86%	50%	
improved confidence to manage money	66%	70%	
clients engaging with financial capability courses	18	150	12%
Partner Engagement & Training			
6-monthly stakeholder forums	3	6	50%
community partners engaging in forums	37	N/A	N/A
presentations and engagement events	253	30	843%
debt awareness/financial wellbeing training - no. of courses	7	N/A	N/A
debt awareness/financial wellbeing training - no. of participants	94	N/A	N/A
Community Engagement & Events			
wellbeing events	8	8	100%
partners engaged with wellbeing events	187	N/A	N/A
members of the community engaging with wellbeing events	478	N/A	N/A
local directories	8	8	100%
rural connectors	6	6	100%
wellbeing tool kits	4	8	50%
Felt increased knowledge of other agencies	95%	N/A	N/A
Felt they would network with others	97%	N/A	N/A
Felt they had engaged with the public	85%	N/A	N/A
Social Policy & Learning			
identified areas of inequality/injustice	10	6	167%

8. Case study: Keith's story

'When Gill (advisor) got involved, she got it all stopped. It's a weight off me mind, that nobody's going to be chasing me, or banging on me door.

She said 'We'll get summat sorted.'

And she did.



Can't walk very far and get out of breath. I can drive, but I don't feel safe with all this dangling around me. I don't get out and about. It gets me down a bit. I'm on anti-depressants. I'm seeing 'Talkworks'. It's been a long struggle really. I still get days now where I can't be bothered to do anything.

Specially on days when I'm not feeling great as well. Sometimes you think 'I wish they'd never bothered,' and just lived in ignorance, if you know what I mean?

I was on just normal sick pay. That stopped, then they put me onto normal Universal Credit. Anyway, the District Nurses were coming and they got in touch with Wis£rmoney, and then Gill took over.

Gill: "He'd worked. Never been on benefits before. He's a genuine bloke with a genuine work ethic who has worked and done the right thing his whole life. He's been let down by the system and continues to be."

She said at the beginning 'We're here now. And we're in it 'til the end of it. We will keep going until we get something sorted.' That were a big benefit – that reassurance. She's been a godsend.

The first week or so she got me £500 grant from the council for heating and some food. I'd ended up with the foodbank for food. When you go there you just have to accept what they get. Tins of beans and fruit and stuff; none of that stuff I can eat. It sounds daft; but that's not necessarily any good for me cos I can't eat everything. I'm a lot better now I can actually buy the food that I need.

Gill got all me money sorted out, you know. Then she done me credit cards and things. It built up while me wife was alive; buying wheelchairs and stuff like that towards the end. I was paying it, and it was quite affordable when I went to work after she died. When I was sick meself, I just couldn't. Chasing me, banging on me door; saying they'll come to take me telly or whatever. I was devastated. I was like…what can I do? I can't magic!

It was all 'Pay £50 a month…we need something. Need summat out of you.'

'I know I've had the money and I've spent it, but it's summat out of my control and I can't pay you back. I haven't got anything to give you!'

Desperation really. I was right brought down. Gill got it all stopped. She got me a Debt Relief Order. It's been approved now. It's a weight off me mind.

"He'd had four debts-not frivolous: all basic stuff. At the time it was completely payable. With Argos, I couldn't even find who to speak to! Hours of phone calls. It took months to write it off!"

Two bedroomed flat, this. Gill argued about the bedroom tax but Universal Credit were having none of it cos nobody slept in there. Gill managed to get the council to pay for so many weeks. It all helped. And then PIP and the proper sick money. Quite a bit of to-ing and fro-ing for her. Battling away. I had to give her the relevant stuff and she did all the paperwork. Took months to do it. It worked out and we got all the back payments. She did a good job. She got me council tax and housing benefit sorted. Gill said 'Why are they not giving you your rent money?' She got into a bit of an argument:

'He never applied.' 'Well why did you not tell him?!'

Same now. They don't tell you. You've got to know what you're asking for. The trouble with the system is they don't tell you what you're entitled to.

So we got that sorted out. She kept in touch quite often in between. You knew she was still going. Kept me in the loop. It felt like I was participating a bit in it. A quite good bond; more personal. It wasn't just a client number. She really sat me at my ease. I could have been a neighbour she was helping.

She's kept at it. Probably just under two years now. She's like a dog with a bone when she's got onto something. Can't praise her enough. She explained how she'd got, where she'd got and who she'd got from. It's been the best thing for me. I didn't know where to turn.

She said' We'll get summat sorted.'

And she did.'

Case open 20 months

- **241 items of work undertaken**
- **79 hours of work**
- **£18,043.35 total financial outcome for the year**
  (this includes back payments of £5858.60 Universal Credit
  £1556.10 PIP

Our client remains on a negative income

ie less than he needs to cover essential expenditure, of

£160.35 each month

9. Facts and Figures: Partners and Stakeholders

Our chosen working style is to collaborate and share both information and good practice. We are proud of the network of community connections we have and we're continually looking at different ways to build on these, whether it be by putting information in a Car Spares shop or liaising with a Service Commissioning Lead in the NHS in Devon! We don't see the point in slavishly sticking to a formula, but rather change our approach to better achieve our goals.

This year we carried out a survey of partners with whom we have worked over the course of this project.

- **100% of replies rated our service as important, with 87% indicating it as very important**
- **94% of partners would refer clients to us again**
- **97% would recommend us to clients and other agencies**

9.1 Stakeholder Forums

Throughout 2021-22 we made a decision not to hold stakeholder forums, but instead focus on existing community forums, smaller scale presentations, the use of different media platforms and more specific targeting of organisations who are embedded in their communities.

The aims we had for stakeholder forums were to share our project findings and experience, help others to understand our services and build networks and partnerships. A liaison point and creative springboard to bring our referral and community partners together at 6 monthly stakeholder meetings to explore the realities of rural working and service delivery, the issues that underpin poor financial wellbeing and how we can collectively find localised solutions to financial and rural isolation issues. We have felt, in the present climate, that there are more efficient and direct ways of pursuing these aims.

Over the three years of this project phase, we have moved from pandemic lockdowns to a situation in 2022 where services are still trying to establish a clear way of working forward to support people. This has altered the backdrop we all work in, and the way we communicate with each other. Covid saw the springing up of many local initiatives to support communities when larger organisations sometimes struggled to deliver through their more established systems of contact. Local forums based in specific geographical areas to network and build partnerships have taken on a new life. We have developed our representation on Health and Wellbeing Alliance meetings in West Devon (Tavistock and Okehampton respectively). Through these we have had connections with 240 partners and shared our information through 64 mailouts and with the 331 members that subscribe to the WDCVS Bulletin. Through the One Communities in the Torridge area (One Northern Devon, One Atlantic, Torrington 100, Holsworthy and District Community Forum) we have liaised with community developers, sharing our information and current experiences. These multi-agency meetings have been a useful forum to raise our profile and disseminate information to a large network of organisations regarding debt awareness and points of contact to support in this. Thus we have chosen to deliver our aims through a combination of using these platforms and our local community knowledge. Alongside this, we have made presentations to over 30 partners this year and have developed links with local food hubs and church communities for example, as more direct ways of linking in with communities.

9.2 Links with Social Prescribing

The role of Social Prescribers in Torridge and West Devon has become more important than ever over the last year. We have continued to foster our links with the different teams. Some of these teams currently have waiting lists of clients. In both Torridge and West Devon we have a strong relationship. For instance, surgeries carry our information and Social Prescribers actively contact us to discuss possible client referrals and have attended our Community Wellbeing events. In West Devon we have met and made presentations to new team members. Social Prescribers make referrals to us, brokering and attending joint meetings if our mutual clients are anxious about initial contact. This has had the knock-on effect of raising our profile in other local community settings.

9.3 Training

Over the course of this year we have delivered two training sessions around debt awareness to stakeholders. These were hosted by our WDCVS partners. Both sessions were delivered online and there were 15 participants. The aims of the training were firstly for participants to identify the level of knowledge they had and be aware of the complexity of debt situations and the need to refer on to appropriate regulated advice. We then considered the difficulties around identifying debt and the need for sensitive approaches. We used our case studies and client voices to illustrate the journey people take and left participants with a directory of services they could refer people to for support.

"The session helped us recognise and respond to debt issues, rather than trying to give detailed info about benefits and other financial info."

In feedback, 100% of participants felt that the training increased their awareness, made them more likely to contact other organisations and had helped them feel more confident in identifying debt issues with clients.

"It was a relaxed way to gain knowledge and ideas. Increased my awareness."

9.4 Community Wellbeing events



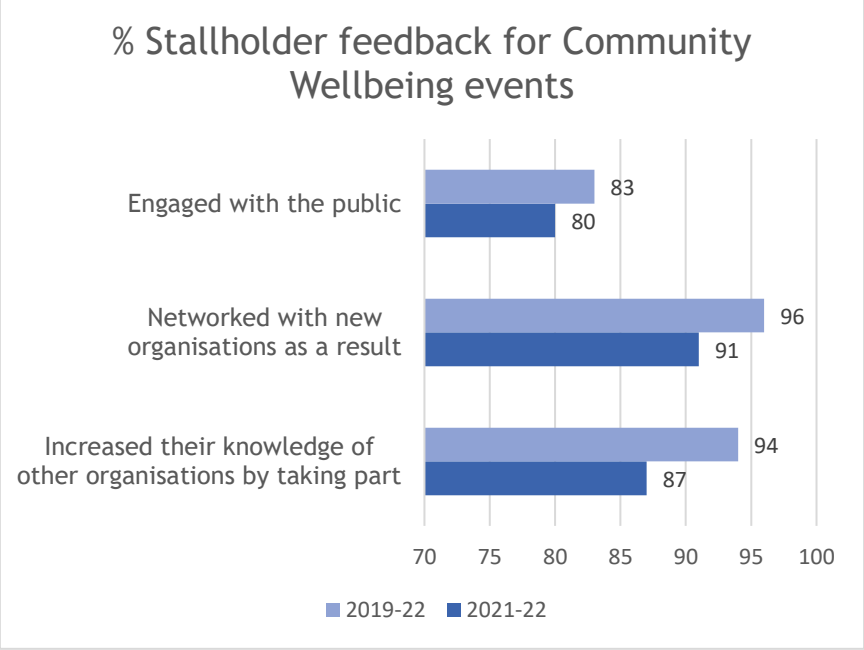
Through 2021-22 we have co-ordinated six Community Wellbeing events. In West Devon these have taken place in Lifton, Bere Alston, and North Tawton; whilst in Torridge in Great Torrington, Black Torrington and Holsworthy. These continue to be enthusiastically received by partner organisations who regard them as excellent opportunities to network and talk to the public.

"A good example of this was a conversation that I had with the local social prescriber for the Black Torrington area. She meets people who might benefit from our services, so I was able to give her the relevant information to pass on to them, but we also discussed the fact that volunteering itself is one of the activities she prescribes to people she meets so we discussed the possibility that she could be able to identify new volunteer drivers for our group."

Community Transport

We have covered a wide geographical area as well as communities ranging from small villages to rural market towns. They are all unique in their character, and we always acknowledge this through our events. We continue to attract a range of very local stallholders alongside agencies which work district, county or regionally wide. We feel this offers a good combination of stalls to reach a wide cross-section of the population.

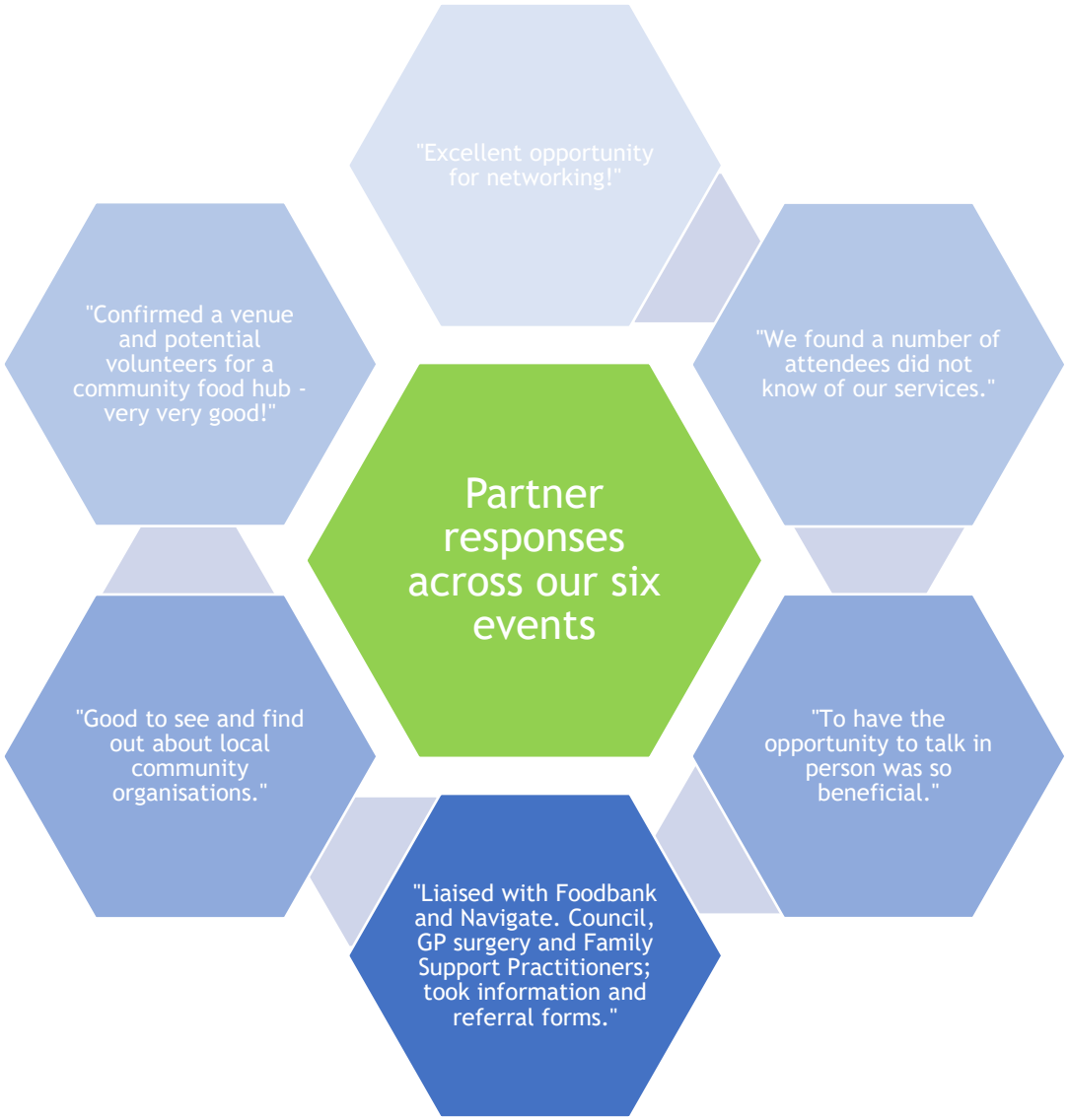
We ensure that we put together directories with the contact information for all who were involved in our events. We circulate these widely in electronic and print form after each event so that we can capture the information for a wider audience.



The threat of Covid stills hangs over rural communities. This has reflected in our public footfall this year and also led to some stallholders having to withdraw. In Black Torrington in particular, an outbreak in the community led to the school not participating in person and a low public turnout generally. This also affected the efficacy of our publicity as people were isolating. The overwhelming view from stallholders has been that they felt safe and that our events have been well-organised.



In our conversations with members of the public who attend our events, there is a clear sense that services have been lost or become more limited in rural areas. People speak to feeling disempowered by the shift towards a digital economy. Many comments are received around how services are discovered at our events, and how information will be shared by attendees. Many people have commented on the sheer pleasure in being able to attend a public event where they can meet people in their community.



The relative sparsity of in-person events has been very noticeable throughout 2021-22. We are getting clear messages from our partners that ours are valuable and appreciated. We know from our feedback that services are reaching people in a way that they might not have done, had our events not taken place. We also know that new liaisons and initiatives are being brokered between partners who have met at our events.

Community Wellbeing events	2021-2022	Total events project duration (2019-2022)
Number of events	6	8
Members of the public attending	435	478
Partner organisations involved	146	187



10. Social Policy and Social Issues

We are very aware of the sad truth that the majority of people whom we support find life challenging because of being unable to access help, services, exercise choice or understand the situation they are in or are heading towards. The reasons behind each story differ and each person is unique, as we evidence in our case stories. Often however, the difficulties people have are because of unfairnesses that can and should be challenged. We aim to do this through our commitment to highlighting and acting on social policy and social issues. This year we have built on our progress. We know that we can give a voice to people who are in danger of being voiceless

Our clients are increasingly showing more complex needs. We only work at the speed they can, and so this can often slow our casework. They have no-one else to turn to as there are no longer other services to support them. This leads to a greater need for advocacy on their behalf to ensure they are not discriminated against or overlooked.

Example: The case of A. outlined below is a recent one.

> **"'Alan' is a 30 year old male who has been forced to stop working and become dependent on benefits; a devastating blow. Having glaucoma in both eyes (due to a rare autoimmune condition which started in 2019) he has had numerous eye procedures and his vision continues to deteriorate. He was moved by a Housing Association to a flat in a town in Torridge where he feels really vulnerable. No carpet, no washing machine, no furnishings. Socially isolated too. Can't afford to fund bills as explained. He is trying to deal with becoming blind, hostile living conditional and minimal finances"**
>
> *Alan's Social Worker*

Although this example is only one person's experience and not necessarily that of a large group of people, it is an example of the magnitude of the struggles our clients often have. The quote above is from a social worker who was assigned his case as a result of a safeguarding referral. 'Alan' is struggling with anxiety and depression at this change in his life, and was not on the correct benefits to support his disability. He had no-one else he felt he could turn to. His housing association has a Financial Inclusion Officer; he did not feel she offered methods of support he could access. When he asked his consultant at the local eye clinic for a written statement about his eye condition to support his benefit claim, his request was declined and the response was 'I have already done a lot for you'. Whilst NHS staff have no obligation to do this, the response was stark and unhelpful to someone struggling with depression at his condition. Unable to see to read forms and fill them in accurately, not surprisingly his application was turned down. A nurse flagged her concerns as a safeguarding issue, resulting in the referral to us.

We supported his appeal resulting in a success and a back payment of £6500. This has taken a year; in the meantime he has had almost nothing to live on and debts have accrued. 'Alan' was failed by the DWP who did not carry out an in-person assessment even though they offered it. 'Alan' felt he was failed by his consultant who refused his cry for help. 'Alan' is also being failed by the housing association who offer financial inclusion support but have not delivered it in a way appropriate to his needs.

"This is to inform you that 'JG' was hoping to get to Barnstaple to get her Natwest bank statements needed for her backdated claim on 19th September, as the Bideford branch is now shut. She does not get paid until 19th Sept so had no funds to be able to get there before. Can you please note the account that we have been in touch to let you know the evidence will be late, please."

This is a quote from one of our advisors, writing a casenote for her client.

The only way this person can access her statements is in person, as she cannot use digital platforms and suffers from anxiety. The cost of the journey she has to take, as this is the only option she feels is open to her, is prohibiting her from being able to address her situation with our advisor.

This year the number of people we are working with who are dealing with mental health issues has risen from 59% to 75%. The number with communication difficulties from 50% to 62%. Both of these leave people finding it harder to process and access information.

We have raised this in conversations with the vulnerable customer teams of a number of energy providers. This has led to clearer contact routes and simplified access to registration on the Priority Services Register for our clients, whereas before, our clients were being discriminated against by not being informed of more appropriate access routes. We approached a local council who were administering Hardship Fund donations but only if you had an email address. The majority of clients we work with are digitally excluded; we pointed this unfair access out to them, adding our voice to a weight that changed the council communications.

The economic climate has hardened through 2021-22. The backdrop we are working in has changed significantly during the life of the Transitions project. The people we support have been adversely affected in greater proportion than in the general population. We have been looking at why this is and where we can record where social policy issues are contributing to it. We have met with other advice agencies to learn more about their different approaches to recording social policy issues, and also how they then collate and use their data to the best effect. The conclusions we have come to will inform our work going forward.

We are not a national campaigning agency so we need to choose carefully where our energy to share information will have the greatest effect. We know that our strength is in our local knowledge as an organisation but combined with the enormous detail generated by the casework carried out by our advisors.

Our task is to identify trends that we are seeing; shortfalls or gaps where provision is either not doing what it is supposed to or else is non-existent.

10.1 Recording information

We want to maximise the impact our unique insight gives us and to this end we have created a social policy team which has put together a new way of approaching this complex area of our work. We have redesigned our secure recording platform to ensure the simple and effective capturing of evidence to move forward with. We continue to identify the most appropriate places to share this data with. We have recently re-set the framework for doing this and undertaken training with our whole team to ensure a common approach.

"You become very isolated. The support from you has been tremendous. There wasn't that sense that 'we've got to get it all done', with that added pressure. The feeling that if it's not done by 'now' it won't be done. Six weeks, or something like that. It dehumanises you. And removes you from the experience. I felt I had a responsibility to you to get something done. That was important to me."

Alongside the overt social policy issues we are identifying, we also continue to use our client's own words to evidence the personal impact. We also understand the importance of giving a platform to people to share their experiences through, particularly when they become easily invisible within systems, and isolated by their difficulties. We know these case stories, which we have shared through a variety of media, have sometimes been taken forward by other agencies to a national audience.

10.2 Sharing information and contributing to the design of services

Our underlying mission is always to evidence our work and use it to give voice to our clients' needs. We do this the raise the profile of our clients and their difficulties publicly, but also in policy making forums. These can be on a local or national level. These include:

- Being part of meetings involved in the countywide conversation about how the Devon VCSE sector works together with the new NHS Integrated Care Board in Devon to develop our services and improve what's available for people we support.
- Providing client based evidence to NHS commissioning managers to help a bid for financial inclusion be supported in the Devon Integrated Care Board.
- Being part of the NEA regional forum on fuel poverty and sharing information accordingly (which helps to inform government policy)
- Keeping contacts with energy companies and vulnerable customer teams.
- Being part of the ongoing county mental health framework discussions and developments in the West Devon locality area.
- Undertaking radio interviews to highlight the issues faced by people in need of money and debt support.
- Supporting our social media platforms to disseminate information.
- Sharing good contacts with other organisations, such as local forums and alliances to enable better community knowledge.

11. Fundraising

When our application for funding was submitted in 2018-2019 we were operating in a very different funding environment. We had aimed to secure match funding towards the project for years two and three, and at the time of application, we were confident that our match funding aims were realistic and achievable.

The impact of the pandemic, and now the cost of living crisis, on funding activities has been unprecedented. Many funders have closed the doors to new applications or will no longer accept unsolicited applications. Where funding is available, the demand has been enormous. A recent funder shared that for a £40,000 pot of funding, over 437 applications were received and they short-listed 80 applications to progress to the next stage.

We secured £10,000 during year two in match funding for the Transitions project which falls significantly short of the funding aims.

This year 2021-22, 67 applications have been submitted totalling £2.069m. Currently waiting decisions on 46 bids totalling £1.625m.

Of those closed:

- 13 outstanding applications have been closed as "no reply" – no acknowledgement or contact from the funder at all.
- 2 application secured for work across the Somerset area.
- 6 rejected by funders.

Of those who have contacted to reject our funding applications we received the following feedback:

1) Following a strategic review, the trustees have decided to make donations to fewer, larger national and international charities and to considerably reduce the number of charities the Trust has supported in the past. Unfortunately, this has meant that the Trust has had to drop its support for a considerable number of charities that it has helped in the past. As a result, and having given consideration to your request, the trustees regret that they are unable to help you with your *application*.
2) Unfortunately your request has been unsuccessful as the Trust's charitable donation budget remains fully committed at present. Please note that in future only successful applications may be notified as to the outcome of their applications.
3) The Trustees identify charities that are invited to present proposals for the trustees to consider. On this basis the Foundation has distributed funds to a number of charities operating both in the UK and overseas. As you will appreciate the Foundation has finite funds and receives many unsolicited requests. The proactive approach of inviting applications from charities enables the Trustees to effectively manage the Foundation's distributable resources
4) We received 437 initial applications and shortlisted 80 organisations to work up full proposals; shortlisting further organisations without significant additional funds being available would not be appropriate. Such was the scale of demand, we have been unable to shortlist many great organisations delivering high quality work with older people.

Work in progress: 15 applications totalling £90,500 which will be submitted over the next six-weeks. We continue to seek new funding opportunities and apply weekly where we are eligible and the funding meets our charitable aims.

The Wis£rmoney partnership has operated on grant funding, from a wide range of public and charity sources, since its inception. We are committed to sustaining the service with a range of actions including community capacity building, partnership development, joint funding applications and diversifying the partnerships income streams.

12. Future Plans and Learning

12.1 Our Team

Over the course of the project, much has been asked of our team of staff: changing contact methods in lockdown, adapting to 'virtual' isolation from each other and our clients and difficulties of partnership contact and joint-working being some. Now, the knowledge that even supporting as thoroughly as they do, it is common for clients to still not have enough income to cover their basic needs. We recognise the need for our team to be able to share their frustrations to each other and feel well supported too.

- We have asked for their feedback on what they need to help and have acted on responses. We have re-introduced more regular face to face team meetings and encouraged the use of buddy groups for general wellbeing as well as safety.

12.2 Clients



We know our clients are becoming more complex. We also know that the demographic we are seeing become more vulnerable is those on the minimum wage for whom there is little financial support available. The Cost of Living crisis is hitting them especially hard. They are already working and earning all they can with no option to increase that. Clients we support who have disability benefits to pay for extra help they need, are spending this on essentials just to get by. It is now not uncommon for our clients to be left in a deficit budget even after we have put in all of the help to maximise income and minimise expenditure – that means they do not have enough to pay for what they need on a monthly basis.

- We are trying to make our referral process easier to access, partly by re designing our website.
- We are looking at the way we gather information at triage to ensure accurate decisions can be made and priority given where it is needed urgently.
- We have broadened the number of staff we call upon to triage to deal with the number of referrals we are receiving.
- We have appointed a new Money and Debt Advisor.
- We are having to be clear where we cannot help people but always provide signposting to other possibilities for them.
- As clients become increasingly anxious about the way forward in the current economic crisis, we are having to understand the pace of work can be slower. We have to be flexible and acknowledge people need to work at the pace they can.
- The increase in clients with addiction issues and mental health problems is acknowledged in our working processes, with the difficulties that brings to staff and clients.
- We continue to build our joint knowledge of grants, available funding and agency support and actively share information to make sure our clients benefit.
- We have targeted our 'Navigate the Money Maze' courses and workshops more. We are building links with schools to do preventative work, and using partner organisations to host our sessions to help people manage what they have more effectively.

- We continue to place a great importance on gaining feedback from clients on how they feel about the way we support them.
- We encourage people to give voice to their experiences through sharing their case story.
- We always give clients a direct mobile phone number to a named member of staff, rather than their having to go through a central holding number.
- We will build on our community presence by approaching more specific groups within villages when we host our events.

12.3 Partners and Stakeholders



We work with so many different types of agencies. People know we do a good job; our survey results bear this out. We have a wide-ranging knowledge. Working with money and debt advice means looking at other areas: utilities, energy, housing, benefits. Agencies contact us as a first point because we are thought of as the people "who get it done." We know that even when other agencies are actively involved in someone's situation they can prefer us to be the link rather than the client. We often find ourselves working as an intermediary, say between a client and a housing association. With closures and cutbacks to services, those left operating in rural areas are often under great pressure. Agencies sometimes refer on to us when a client isn't appropriate, but so that they have been seen to 'move them on'. We have to be clear about our priorities and boundaries of our service in order to maximise the work that we do for our clients and communities.

- We will continue to network widely, making sure that other organisations know about us and know what we do.
- We will continue to have a presence in local forums and alliances to provide information and support.
- We will develop our training offer around debt awareness to help partners to identify earlier.
- We will liaise with local initiatives aimed at helping meet the Cost of Living crisis, such as a recent surgery we ran for the community at TTVS in Bideford.
- We will reinstate stakeholder forums. We know from our track record that these are valuable to all partners involved. With the added pressure we and other organisations are under as a result of covid and the cost of living crisis these need to be even more relevant to be worth us all participating in and add value to our community and partnership work.

12.4 Social Policy



We work with people who are living in difficult circumstances. Our clients need support to understand their situations and find ways through them. As a project, what drives us is our sense of injustice at the difficulty of this journey, made harder by an unfair system. People living with, exclusion, ill health and disability feel punished by the lack of understanding and support available. Even in instances where this is supposed to be there.

We know where the strengths in our knowledge lie. We have set ourselves the task of better documenting this knowledge, so that we can use it to shout about problems and identifying the most effective way of campaigning to use it to make a difference.

- We will continue to build our knowledge on how other organisations maximise their impact.
- We have simplified our recording structure and placed social policy at the front of our recording systems.

- We have created a team who have a timetable for recovering information to identify trends and look to where these need to be evidenced.
- We will continue to encourage clients to speak for themselves through their case stories.
- We will continue to have a presence at a strategic local level to feed our into policy making decisions around health and access.
- We will use different media to assist us in raising the profile of social policy issues.

13. Summary

The Transitions Project has spent the last three years working across rural communities in West Devon and Torridge. We help to make those communities more resilient and more aware of what is available to them by running community events. We create opportunities for services and agencies to network together. We support individuals struggling with debt and money problems who are beyond the reach of mainstream support services; people dealing with rural isolation and at risk of or experiencing poverty. We work alongside people to enable them to regain control of their lives, sometimes with life-changing results. We expose issues of social policy that discriminate against our clients. Our overall outcomes to date have been outstanding – huge financial gains; debt written off and managed. And most importantly, people and communities left more empowered, resilient and knowledgeable going forward.

We are extremely proud of our work. Our unique delivery methods are right for the client groups that we work with.

We understand the value of face to face services, delivered in a setting someone feels comfortable in.

We know that people take time to build relationships and confidence to begin to run their lives again.

We have already seen a rise in referrals leading to a waiting list for support as a result of rising energy costs, when people often have no choices available to them with regard to how and what they use for heating. We recognise our role in trying to alleviate the despair and lack of agency that people feel in the face of the Cost of Living crisis.

We have exceeded our delivery targets in many areas and we know that demand is rising. We have created better ways of recording and capturing data going forward. We have put in systems that triage effectively and quickly. We are confident that we can continue to respond to the growing need we see in our rural communities. Need that is often masked by geographical isolation and patchy service provision.

The Transitions project continues to meet its aims in an ever-changing environment We will be flexible and adapt to ensure that we continue to meet the Transitions aims - to improve the lives and financial wellbeing of individuals and families living across both districts, to strengthen the resilience of their partners, build community cohesion and reduce social isolation.

WISERMONEY

The Transitions Project

October 2022