#### **Tackling Poverty Locally Online Directory**

## The Care Rights Project SPIRU Researcher Proforma V11



#### Part 4 - How-to Guide

This guide offers more detailed information and advice for those who may be interested in adopting or adapting the initiative in their local area.

This document comprises the following sections (click hyperlink to skip to that section)

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### The Care Rights Project SPIRU Researcher Proforma V11



- <u>Initial Idea</u>
- Early Development of the Project
- Accessing the Service and Engaging with Service Users
- Working with People with Lived Experience of Poverty
- Leadership, Governance and Partnership Working
- Links to Wider Policies, Strategies and Statutory Requirements
- Funding
- Staffing and Resources
- Monitoring and Evaluation
- Reach and Impact
- Learning from Experience

Title	The Care Rights Project
Organisation	The Care Rights Project, CIO
Category	Emerging
Poverty Impact	Mitigation

#### **Introduction to the Project**

The Care Rights Project is an ongoing charitable initiative launched in December 2021 to reduce homelessness and destitution among migrants with no recourse to public funds (NRPF). NRPF restricts access to welfare benefits and social housing due to immigration status. Under the Care Act 2014, local authorities can provide accommodation and support to those with care needs. The project links NRPF provisions with the Care Act, offering free advice to individuals, specialist guidance to organisations, and training to build capacity. Operating across England, with most clients in London, it addresses both urban and rural needs for vulnerable populations.





#### **Initial Idea**

#### Who had the initial idea?

Rachel Balabanoff and Abi Brunswick

#### How did the idea for the project come about?

The project emerged from Project 17, which continues to offer support to migrant families with NRPF with children. Local authorities had the duty to support families with NRPF under the Children Act, although the parent could not get homeless help and benefits. Project 17 had been running for more than 10 years. Rachel Balabanoff and Abi Brunswick (Director of Project 17) discussed options to expand the organisation to also include working with people who could get support under the Care Act. The Care Act 2014 sets out the powers and duties of local authorities in relation to adults with care needs and those who care for them. This includes how and when to carry out assessments, providing support whilst those assessments are in progress, and how ongoing services should be provided where it is established that an adult has needs for care and support. Under Section 21 of the Care Act 2014, people with no recourse of public funds (NRPF) must show that their needs for care and support have not arisen solely from destitution or its effects. Although it is possible for people with NRPF to access social care in theory, in practice it is often very difficult for individuals to navigate this path on their own. The Trustee Board considered making Care Act work part of Project 17's remit, however, they decided against this and instead The Care Rights Project was established as a separate project specialising in promoting and protecting the rights of migrants with care needs.

### Were plans informed by any published reports / papers / research evidence or practice from elsewhere?

Ten years of work and experience within Project 17 informed the development. Due to a lack of research pertaining to The Care Act, there was nothing they could have drawn on.

#### Was anyone else involved in developing the initial idea of the project?

Not specified.





Were those with lived experience of poverty involved in developing the initial idea of the project?					
No.					
Was funding required to support th	e develo	pment (	of the initial ide	ea of the project?	
No	xxx	Yes			
Please provide details of the funding that was used to support the development of the initial idea of the project.					
Which organisation provided funding?					
How much was required?					
What was the specific source of funding? (e.g., particular grant or policy)					



Were specific resources – other than funding - needed when developing the initial idea of the project?			
No	Yes	xxx	
Please provide details of the resourtidea of the project.	rces that were required when developing the init	ial	
Staff/Volunteer Time	N/A		
Facilities / Workspace	N/A		
Equipment	Yes: To establish an online case management system.		
Local Knowledge	N/A		
Food and Drink	N/A		
What, if any, barriers had to be over	ercome when developing the initial idea of the pr	oject?	
They wanted to involve clients, people with lived experience, in their management structure. However, not only are there language and time barriers, but the people they work with are also very sick and have particular care needs that prevent them from further engagement.			
What, if anything, helped enable de	evelopment of the initial idea of the project?		
It was helpful to draw on the extens	ive experience and knowledge of Project 17.		
How long did it take between havir	ng the initial idea and starting the project?		
Not specified.			
Who made the decision to introduc	ce the project?		
Rachel Balabanoff.			



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# **The Care Rights Project SPIRU Researcher Proforma V11**



#### Early Development – Pilot Project or Feasibility Study

Was there a pilot project or feasibility study?	
No	xxx
Yes, a pilot project	
Yes, a feasibility study	





#### **Accessing the Service and Engaging with Service Users**

Is there a referral process?		
No		
<b>Yes</b> (please provide details in the space below of how does the referral process works, e.g., self-referral, referred by other agencies, identified from an existing database)	xxx	
Clients can refer themselves via a contact form on the project website. They can also refer through e-mail, telephone, WhatsApp, or text message.	o self-	
Most clients come through other organisations. The project works with migrant centres, immigration advice providers, solicitors, and all the other organisations that are in contact with migrants with NRPF. If partner organisations identify people who they think might have care needs, they can either refer the client to the project or support can be provided to the organisation to provide the service support required.		
Is referral the only way that potential clients are made aware of the project?		
Yes		
No	xxx	
Other than referral, how do potential clients come to know about the project?		
Not specified.		
What is the most common way through which users typically access the service?		
Usually through other organisations who refer them to the project.		





Do you take steps to keep in touch / reach out to service users?		
No		
Yes	xxx	
Contact is maintained through phone or texts. Clients often prefer WhatsApp as this is for free if there is WIFI available.		





#### **Working with People with Lived Experience of Poverty**

Are those with lived experience of poverty involved in <u>delivering</u> the project?		
No	xxx	
Yes		
Are people with lived experience of poverty involved in managing the project or project governance?		
No	xxx	
Yes		
Are people with lived experience of poverty involved in any other aspect of the project? If so, please describe below.)		
No	xxx	
Yes		





#### Leadership, Governance and Partnership Working

Who is responsible for managing the project?		
Rachel Balabanoff (Coordinator).		
Is this the only responsibility of the person managing the project?		
Yes		
No	xxx	
The coordinator is also responsible for casework, delivering second tier advice, designing and delivering training, supporting and supervising their freelance caseworker, and any policy or strategic work with other organisations and fundraising.		
What proportion of the manager's overall workload is given over to this project?		
Most of it		
About half of it		
Just a small proportion of it		
Is there a Project Steering or Advisory Group?		
No	xxx	
Yes		



Are any other governance arrangements in place to review strategy and performance?		
No		
Yes	xxx	
The project has a Board of Trustees (five) that is convened every two months. The Board provides oversight and has overall responsibility for the project.		





#### Links to Wider Policies, Strategies and Statutory Requirements

In your opinion, is the project aligned with national and/or local anti-poverty strategies and priorities (e.g., local authority or health board priorities)?		
Don't know		
No		
Yes		
Not specified.		
In your opinion, has the project benefitted from being part of this anti-poverty str	ategy?	
Don't know		
No		
Yes		
Is the project part of any other strategy?		
Don't know		
No	xxx	
Yes		
In your opinion, has the project benefitted from being part of this strategy?		
Don't know		
No		
Yes		





Is the project delivering a service that is a statutory commitment?		
No	xxx	
Yes		





#### **Funding**

Has external funding been secured to support the work?			
	No		
	Yes	xxx	
Please provide details of the external funding that was used se	cured to support this	work?	
Which organisation provided funding?	Greater London Author The Blue Thread Foundation., the AB Charitable Trust., and Catalyst.	• •	
What was the specific funding stream/source/scheme?	Grants.		
How much funding was secured?	Not specified.		
For how long has funding been secured?	Not specified.		
Is future funding from the same external source a possibility?			
Don't know			
No			
Yes			
Is future funding from the same external source based on pre-agreed outcomes or outputs being delivered from this work?			
No	X	xx	
Yes			





Has a specific sum been secured from the host organisation to support this work?			
No			
Yes			
Please provide details of the funding that was used secured fro support this work?	om the host organ	nisatio	on to
How much funding was secured?			
For how long has funding been secured?			
Is future funding from the host organisation a possibility?			
Don't know			
No			
Yes			
Is future funding from the host organisation based on pre-agreed outcomes or outputs being delivered?			
No			_
Yes			
What are the future - longer-term - prospects for this work if existing funding sources were no longer available?			
Not specified.			





#### **Staffing and Resources**

Do existing staff from the host organisation contribute toward the work of this project as part of their broader work for the organisation?		
No		
Yes		
Not specified.		
Are existing staff from the host organisation paid extra (for example, taking on extra hours) to contribute toward the work of this project?		
No		
Yes		
Not specified.		
Have additional paid staff been employed to contribute toward the work of this project?		
Have additional paid staff been employed to contribute toward the work of this p	roject?	
Have additional paid staff been employed to contribute toward the work of this p	roject?	
	roject?	
No	roject?	
No Yes	roject?	
No Yes Not specified.	roject?	
No Yes Not specified. Are volunteers involved in delivering the project?	roject?	



Are specific resources – other than staff/volunteer time and money - needed to support the delivery of the project?			
No		Yes	XXX
Please provide details of the resour	ces that	are required to deliver the project?	
Facilities / Workspace	N/A	N/A	
Equipment	Computers, phones, office stationery, website.		
Local Knowledge	Not specified.		
Food and Drink	N/A		
Are any of the resources needed to deliver the project provided in-kind, rather than budgeted from project funds?			
No			
Yes		XXX	
The trustees and the two staff members bring relevant knowledge and expertise and engage in networking with relevant partners and the local community. The coordinator and freelance case worker conduct casework, advice offer trainings. Additionally, the project uses interpreting services.			
Were new IT systems, additional software, or upgrades existing software (databases, Apps) required to deliver this project?			
No			
Yes			xxx
Purchased an IT case management system.			





Was additional training – for staff or volunteers - required to deliver this project?		
No	xxx	
Yes		





#### **Monitoring and Evaluation**

Is there baseline data to describe what things were like before the start of the project?			
No	xxx		
Yes			
The project has been able to make a positive difference to some clients who are eligible for Care Act support. In these cases, the project staff has been able to compel Local Authorities to provide accommodation, a basic level of financial subsistence, and a suitable package of care. Unfortunately, there were also clients who were not eligible for Local Authority support, and in these cases the project was not always able to make a significant difference.			
Is the difference that the project is making measured or monitored by the host organisation?			
Yes	xxx		
No			
Who within the host organisation is responsible for monitoring the impact of the project?			
Staff.			
How often is the impact of the project monitored or measured by the host organisation?			
Continuously.			
What methods, techniques or strategies are used by the host organisation to impact of the project?			
User feedback.			





What information is collected by the host organisation about the project?				
Number of users	Yes	xxx	No	
Profile of users	Yes	xxx	No	
Experience of users	Yes	xxx	No	
Outcomes for users	Yes		No	
Anything else	Yes	xxx	No	
Operational data.				



Has the data that has been collected by the host organisation been used to adapt the way the project works?		
No		
Yes		
N/A. However, they are responsive to changing demands and emerging issues.		
Has an external organisation been employed to formally evaluate the project?		
No	xxx	
Yes		
Has the insight from the external organisation's evaluation been used to adapt the project works?	e way the	
No		
Yes		
Is there an intention to employ an external organisation to evaluate the impact of the project in the future?		
Don't know / no current plans		
No		
Yes		
Is there an intention to undertake your own formal evaluation in the future to estimate the impact of the project?		
Don't know / no current plans		
No	xxx	
Yes		





#### **Impact**

To what extent have the aims of the project been achieved?			
Fully met			
Making progress toward meeting Aims			
Not making progress			
Not specified.			
However, the project's aim is to reduce destitution among migrants with NRPF who have care needs. Although they can say that they have been able to do this for a proportion of the clients they have assisted directly, or supported through other organisations, the scale of this problem is enormous and very significant legislative and policy changes will be necessary in order to make any real difference.			
What difference has the project made?			
The project has been able to make a positive difference to some clients who are eligible for Care Act support. In these cases, the project staff has been able to compel Local Authorities to provide accommodation, a basic level of financial subsistence, and a suitable package of care. Unfortunately, there were also clients who were not eligible for Local Authority support, and in these cases, they were not always able to make a significant difference.			
Have conditions or demand changed since the project was introduced?			
No			
Yes	xxx		
There are a massive number of people who still need support. They see an increasing number of clients contacting them as other organisations become aware of the service and refer or signpost them to the project.			





Has the project had the capacity to meet these changing conditions and demand?			
	Yes	xxx	
	No		
Has the project change	ed through time?		
	No		
	Yes	xxx	
What changed	The board expanded and there is a much bigger client base. They also took on a freelance case worker to do 8 hours a week of case work besides the project coordinator.  No changes in regard to the people targeted, but new referral		
	pathways have been established with other organisations.		
Why has it changed	The changes appeared as a natural development of the development of the project and aligned with the capacity to meet demand.		
Has the project had ar	ny unexpected or unintended outcomes?		
	No	xxx	
	Yes		
There were no unexpected outcomes as such, but they did face some resistance from local authorities and 'gatekeeping' has restricted impact. Also institutionalised racism and a culture of disbelief, whereby clients are not believed (that they are homeless or sick), has made some of their work difficult.			
In your opinion, is the project having an impact on tackling poverty?			
	No		
	Yes	xxx	
Yes, the project is supporting individuals to access a financial 'safety net'. It is also joining with other organisations to raise awareness of migrant destitution, and tackling the poverty caused by NRPF.			

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#### **Learning from Experience**

#### What is working well?

The overall model: a three-pronged approach, is working really well.

It allows the Project to provide direct casework and advocacy for individuals, alongside secondary advice for organisations, and training. This means the Project can also build capacity in other organisations.

#### What, if anything, is working less well?

The Project is currently restricted by the number of staff capacity to provide direct case support. Having an additional staff member would help but needs additional funding.

#### What are the key learning points that you'd like to share with other practitioners?

It would have been easier not to set up the organisation as a CIC first.

#### Are there plans to develop or expand the project in the future?

No	
Yes	xxx

They are planning to employ extra staff.

#### How easily do you think this project could be replicated in another setting?

It is replicable and replication would be desirable. It requires a functional understanding of the law pertaining to the Care Act and an understanding of how to use this to provide the support to which migrants are entitled.

