



"In This Together" small grants evaluation report

January 2021

Crisis Research & Evaluation team



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Summary

We are very grateful to both Comic Relief and the Joseph Rowntree Foundation who financially supported the In This Together grants scheme. The money raised by Comic Relief supports charities and projects in the UK and around the world.

- 1 This report evaluates the Crisis "In This Together" (ITT) small grants programme. Crisis' "In This Together" (ITT) small grants programme was set up to support groups and organisations who were financially affected by additional demands on their resources and/or who have expanded their provision to accommodate the exceptional circumstances of the first wave of the COVID-19 pandemic.
- 2 A total of 199 grants jointly worth £998,908.30 were awarded to grantees across the UK to support emergency responses to the COVID-19 pandemic. This report is based on a survey of grantees. Of the 199 grantees, 165 (85%) responded to the survey.
- 3 Of 165 grantees who completed the survey, 101 organisations (61%) reported receiving match funding in addition to Crisis ITT funds. Among the organisations which attracted additional funding, Crisis ITT funds represented 39% of the overall project budget, on average. This ranged from 1% to 87%. Overall, Crisis ITT funding represented 48% of the total project costs on average for all grantees (including those, who relied exclusively on Crisis funds).
- 4 Out of 165 respondents:
 - 116 grantees (70%) reported using the ITT funding to provide food and emergency supplies to clients. Of these 116 grantees, 81 reported providing these supplies to a combined total of 19,156 beneficiaries. Another 24 grantees reported collectively providing 217,157 *meals or parcels* (could be given to the same person more than once);
 - 76 (46%) grantees used the ITT funds to provide information, advice and guidance services, advocacy and casework to a total of 35,985 beneficiaries.
 - 42 (25%) grantees used the funds to provide support and counselling to a total of 5,642 beneficiaries.
 - 39 (24%) grantees funded the purchase of IT devices for clients, collectively providing them to 1,051 beneficiaries.
 - 35 (21%) used the grant to fund additional cleaning or Personal Protective Equipment (PPE) to ensure the operation of their service overall.
 - 28 (17%) grantees supported a total of 877 clients into temporary accommodation.
 - 24 (15%) supported a total of 1,236 clients¹ into permanent accommodation or prevented their evictions.
- 5 Within these types of activities, three distinct lines of work emerged as a direct response to the COVID-19 pandemic:

¹ Incl. one grantee which reported preventing 950 evictions.

- providing food and emergency supplies to beneficiaries due to the closure of other services during the lockdown and rising levels of demand;
 - distributing IT devices to beneficiaries to enable remote operation of services and combat isolation;
 - Working with local authorities during the “Everyone In” emergency programme for rough sleepers² to support the beneficiaries’ transition into emergency accommodation.
- 6 Counselling and distributing IT devices to combat digital exclusion tackled the novel issues arising due to the pandemic identified in Crisis’ research on the impact of COVID-19 on people facing homelessness and service provision across Great Britain (“Crisis COVID-19 research”)³.
 - 7 In comparison with a similar initiative in the homelessness sector – Frontline Network’s Vicar’s Relief Fund (VRF) emergency grants⁴ – the ITT small grants programme was more skewed towards projects supporting beneficiaries with emergency supplies, and information, advice and guidance, rather than securing accommodation. The VRF emergency grants programme divided all projects into three categories: essential needs, overcoming barriers to support (such as IT device purchase) and securing accommodation. However, unlike the ITT grants, most VRF awards (46%) were made under the last category – securing accommodation. This discrepancy may reflect the fact that housing-led projects were funded through other Crisis grant programmes.
 - 8 Overall, the ITT grant has allowed grantees to maintain their services in the face of increasing demand and funding shortfalls, as reported by 44% of respondents. Of the respondents, 23% said that the grant has supported them with adapting their service to the pandemic while 12% said that the grant has allowed them to expand their service reach more clients, or set up a new type of service.
 - 9 Grantees reported that funding from Crisis signalled the grantees’ credibility to other donors. Some grantees reported that securing additional funding became easier once they had received the ITT grant.
 - 10 Grantees reported working with a diverse group of beneficiaries at risk of or experiencing homelessness. Among the top-three categories reported, 106 (64%) mentioned working with sofa surfers, 99 (60%) – with people with no recourse to public funds (NRPF), and 94 (57%) – with people experiencing or fleeing from domestic abuse.

² MHCLG (2020) [£3.2 million emergency support for rough sleepers during coronavirus outbreak](#) – press release

³ Boobis, Albanese (2020) [The Impact of COVID-19 on people facing homelessness and service provision across Great Britain](#).

⁴ Frontline network (2020) [COVID-19 and Homelessness: The New Frontline. The St Martin-in-the-Fields Charity response through grant making](#)

- 11 These most frequently-reported groups match with those identified as driving the rising service demand in Crisis COVID-19 research⁵. This suggests that the ITT funding contributed towards the support of the groups most affected by the pandemic.
- 12 Grantees listed a number of recurring challenges faced during the implementation of their projects. In particular, 34 mentioned compliance with social distancing measures and COVID-19 restrictions (both from the service and beneficiaries' point of view), 28 – rising demands and clients presenting with additional requirements, 20 – sourcing supplies, in particular in the context of panic-buying, 18 – clients' mental health, and 16 – lack of volunteers.
- 13 Going forward, funding shortfalls are a major challenge, mentioned by 79 respondents (49%). Yet, this cannot be attributed to the COVID-19 pandemic specifically, as some of the grantees may have experienced shortfalls prior to the pandemic. Other challenges mentioned were helping beneficiaries address basic needs and access services, which was partially tackled by the grant. Yet, 33 grantees (20%) mentioned it as a challenge they anticipated going forward. A lack of volunteers was mentioned as a challenge by 23 grantees (14%).
- 14 While the grant was used by at least 35 grantees to fund the purchase of PPE and by at least 39 to purchase and distribute IT equipment to adapt their services to COVID, very few grantees (two and six, respectively) listed these aspects as challenges going forward. The ITT grant may have contributed towards alleviating these issues.
- 15 Similarly, only 15 grantees (9%) listed the closure of other services as a challenge going forward. Thus, it appears that the sector organisations have largely adapted to closures of peer organisations or that the services that initially closed have now reopened.
- 16 No clear pattern emerges in terms of services' trajectories going forward: while some indicated that they were keen to return to the previous mode of operation as soon as the conditions allow, others stated they would maintain aspects of the remote/adapted service as it allowed more beneficiaries to be reached.

⁵ Boobis, Albanese (2020) [The Impact of COVID-19 on people facing homelessness and service provision across Great Britain.](#)

“In This Together” (ITT) Grants Overview

“We have residential accommodation for up to 10 residents at our purpose built head office in Preston. Our Charity Manager closely supervises the activity at the residential and it is a alcohol and drug free environment. He meets the residents at 7.30 am every morning and is available 24/7. Without the ITT grant we would be struggling to meet his salary costs and if we had to furlough him, we would be forced to close down the accommodation facility”

- Grantee 2, England

The effect of the COVID-19 pandemic has been significant on those supporting people who are experiencing and facing homelessness. Not only do they not have a safe home to self-isolate in, but people experiencing homelessness are also three times more likely to experience a chronic health problem including respiratory conditions⁶. It is therefore critical that everyone has a place where they can self-isolate and protect themselves from the risks of COVID-19. This greater exposure to risk has also had an effect on services supporting people facing homelessness who have seen an increase in the volume and need of people coming forward for help at a time when their income and fundraising models are also at risk.

Crisis’ “In This Together” (ITT) programme was set up to support groups and organisations which were financially affected by additional demands on their resources and/or who have expanded their provision to accommodate the exceptional circumstances of the first wave of the COVID-19 pandemic. Grantees were expected, where feasible, to explore other funding opportunities especially with their local authority in addition to funding from Crisis. This was to maximise the effectiveness of Crisis funding.

The ITT grants were awarded to local organisations (i.e. providing specific services in a set number of locations – not national or sub-regional) across the UK. Figures 1 and 2 show the number of ITT grantees by postcode area, and the same figure per 100,000 inhabitants, to highlight areas which received more funding relative to the population size.

ITT grantees had to be registered charities which provide services to address homelessness (homelessness may not have been their primary focus, but the funded activities had to address or alleviate homelessness). Funding could be used to meet additional demand or reduction in staffing or other resources caused by the impact of COVID-19.

Crisis aimed to respond rapidly to the changing environment, using the knowledge of best practice and pre-existing relationships with local providers. The grant programme aimed to be flexible and responsive while satisfying the requirements of good governance.

To prioritise the goal of emergency response, applications were relatively brief, with funds being awarded to successful grantees usually within days of receiving the applications.

⁶ Snyder LD, Eisner MD. (2004) Obstructive lung disease among the urban homeless. *Chest* 2004; 125: 1719–25. 5 Lewer D, Aldridge RW, Menezes D, et al. Health-related quality of life and prevalence of six chronic diseases in homeless and housed people: a cross-sectional study in London and Birmingham, England. *BMJ Open* 2019; 9: e025192

This was also evident in the overall administration of the programme: while the programme was launched on 23 March 2020, most awards were made by the end of May 2020.

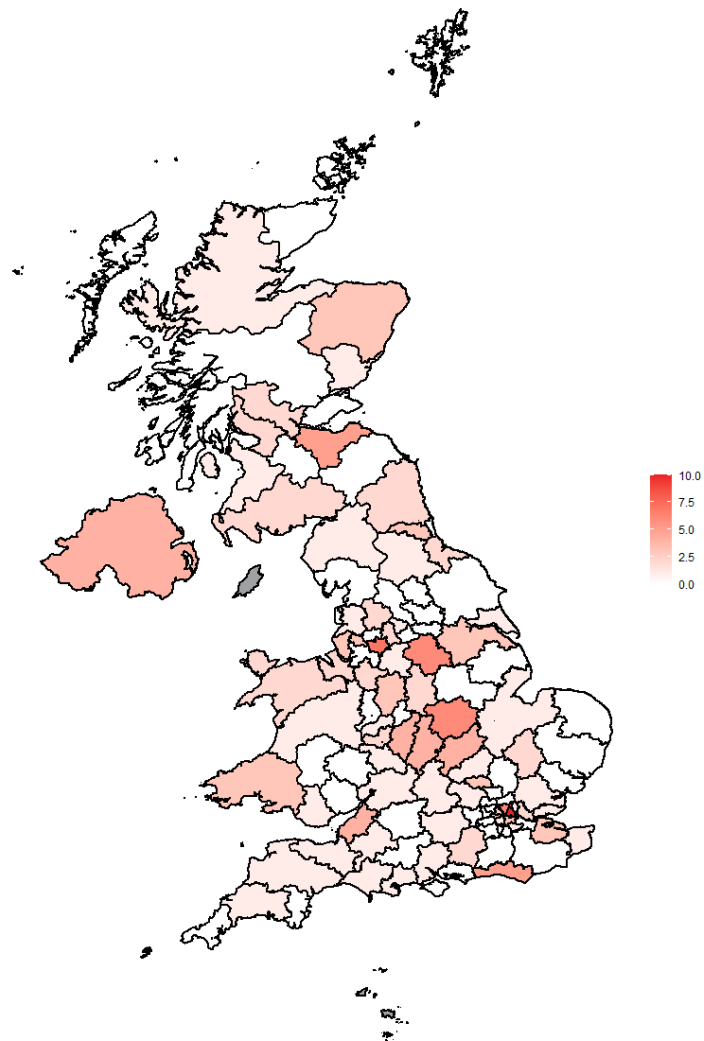


Figure 1 Number of ITT funded projects by UK postcode area. Survey respondents (N=165) only

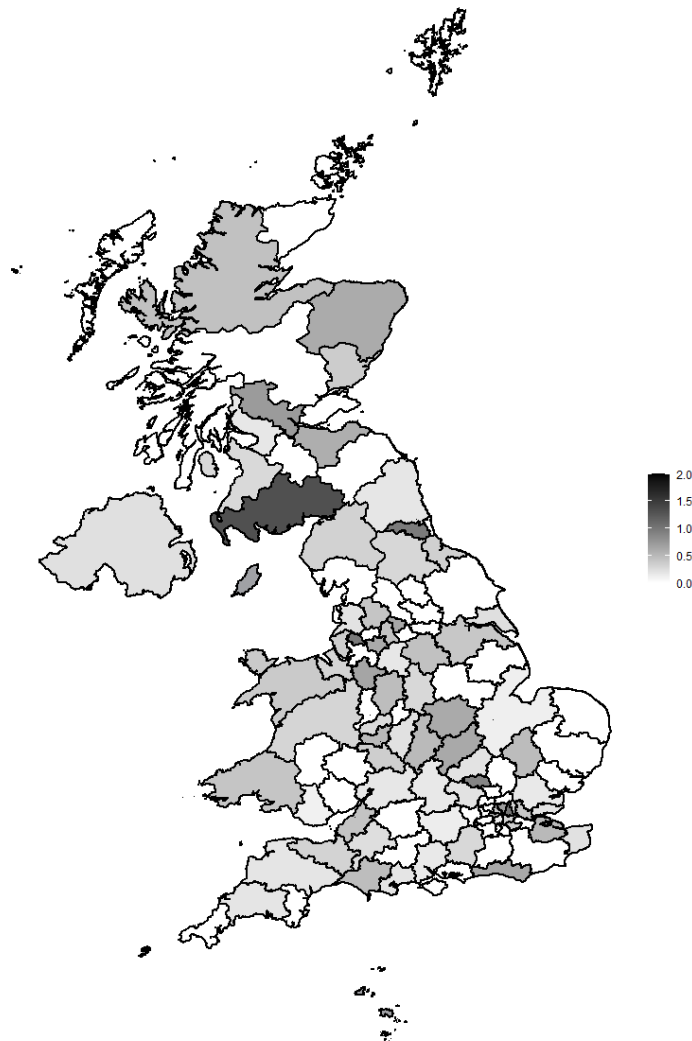


Figure 2 Number of ITT funded projects by postcode area, per 100,000 inhabitants. Survey respondents only (N=165). Values for outliers – East Central London (6.02) and West Central London (2.77) – fixed at 2.

ITT grants were initially classified into two categories:

- Small grants: awards up to £5k for short-term emergencies (projects within three months), following a limited/fast-tracked application process (payments made in advance)
- Awards up to £50k to fund long-term needs and potential expansion or change in service delivery, following a full application process (payments in advance, but with the potential for staged payments over a specified period)

From across the UK, 340 ITT grant applications (both small and large) were received.

This evaluation report covers the ITT small grants only. ITT larger grants will be covered in a separate report.

Methodology

This evaluation aims to document (1) the outcomes of the ITT small grants programme and (2) what worked well for grantees, what challenges they faced and what could be improved. The evaluation is based on the results of a survey, which the ITT grantees were asked to complete at the end of their projects. The survey method was chosen given the large number of grantees. Moreover, since the individual amounts awarded were relatively small in size, it would not have been proportionate to impose a lengthy set of monitoring requirements on grantees. On the contrary, a survey allowed the outcomes of the grant to be succinctly captured. See Appendix 1 for the exact wording of the survey questions. Grantees were asked to complete the survey in September 2020 and were initially given two weeks to do this, with two follow-up reminders.

There were 199 organisations eligible to complete the survey, of which 11 were awarded more than £5k, but whose projects were classified as fitting the remit of small grants (short-term emergency response without service expansion). These 199 grantees were awarded £998,908.30 in total.

Out of 199 grantees, 195 organisations were sent the survey in September 2020. The remaining four grantees still had their projects running at the time of writing this report, either due to a delayed start or longer overall duration. Of the 195 grantees who received the survey, 165 responded to it (85% response rate). Of these, 161 grantees have completed the whole survey, responding to all questions.

Grantees were asked about eight types of activities that their ITT-funded project could have covered (with space to describe potential other activities not listed below), and corresponding outputs and outcomes⁷:

1. Provision of food and emergency supplies to people experiencing or at risk of homelessness
2. Provision of IT hardware (such as phones) to people experiencing or at risk of homelessness
3. Information, Advice and Guidance (IAG), including advocacy/casework
4. Provision of support to people experiencing or at risk of homelessness, including counselling
5. Rehousing into temporary accommodation
6. Rehousing into permanent accommodation or preventing evictions
7. Materials to protect staff/clients from COVID-19 (e.g. PPE, cleaning) (only if these do not fall within the remit of specific services described above).

⁷ Outputs were defined as a specific description of activities that took place, e.g. "a grantee trained 50 people to achieve a qualification". Outcomes were defined as changes/benefits that the projects achieved, e.g. "someone supported by the project secured stable housing".

Grantees were also asked to indicate how exactly the ITT funding contributed to these activities. If a grantee indicated that a particular activity was part of the project, but was not funded with an ITT grant, their response was excluded from the tallies reported below. Responses were also excluded where grantees only indicated that they ran a particular activity but did not answer any questions regarding that activity.

Several projects encompassed multiple activities. For instance, an organisation may have distributed food parcels, while also providing information, advice and guidance at the point of delivery. In such instances, the number of beneficiaries was counted twice under different activities.

When asked about specific outcomes, most grantees did not report the number of beneficiaries achieving those outcomes. Hence, outcomes in this report are described at the level of organisations that mentioned them for their beneficiaries, rather than for individuals.

Organisations could report multiple outputs and outcomes of the same activity. Hence, the total number of outputs (or outcomes) achieved will usually exceed the number of organisations which ran the corresponding activity.

Where numbers of beneficiaries were reported as “dozens” or “hundreds”, these numbers were rounded to 30 and 300 respectively.

Match funding

Of the 165 survey respondents, 101 organisations (61%) reported receiving match funding, 63 (38%) reported that they did not receive any match funding for the project, and one organisation did not reply to the question. Match funding came from a variety of sources, but typically from charitable trusts and local authorities. Grantees based in Scotland additionally reported receiving funds from the Scottish Government. In extreme cases where Crisis funding represented a small fraction of the overall costs, the remaining funding typically came from large institutional donors and individual giving. One grantee reported raising additional £94,535 through individual and corporate giving. Similarly, another grantee reported raising a total of £370,000, with the largest donors being the National Lottery, the Oak Foundation and the UK Department for Environment, Food and Rural Affairs.

A breakdown of match funding received was provided by 53 organisations. Among these organisations, Crisis ITT funding represented 39% of the overall project budget, on average. This ranged from 1% to 87%. Assuming that 39% is a representative figure for all projects where match funding has been sought, overall, Crisis ITT funding represented 48% of the total project costs on average for all grantees (both those who sought match funding and those who did not).

Beneficiaries

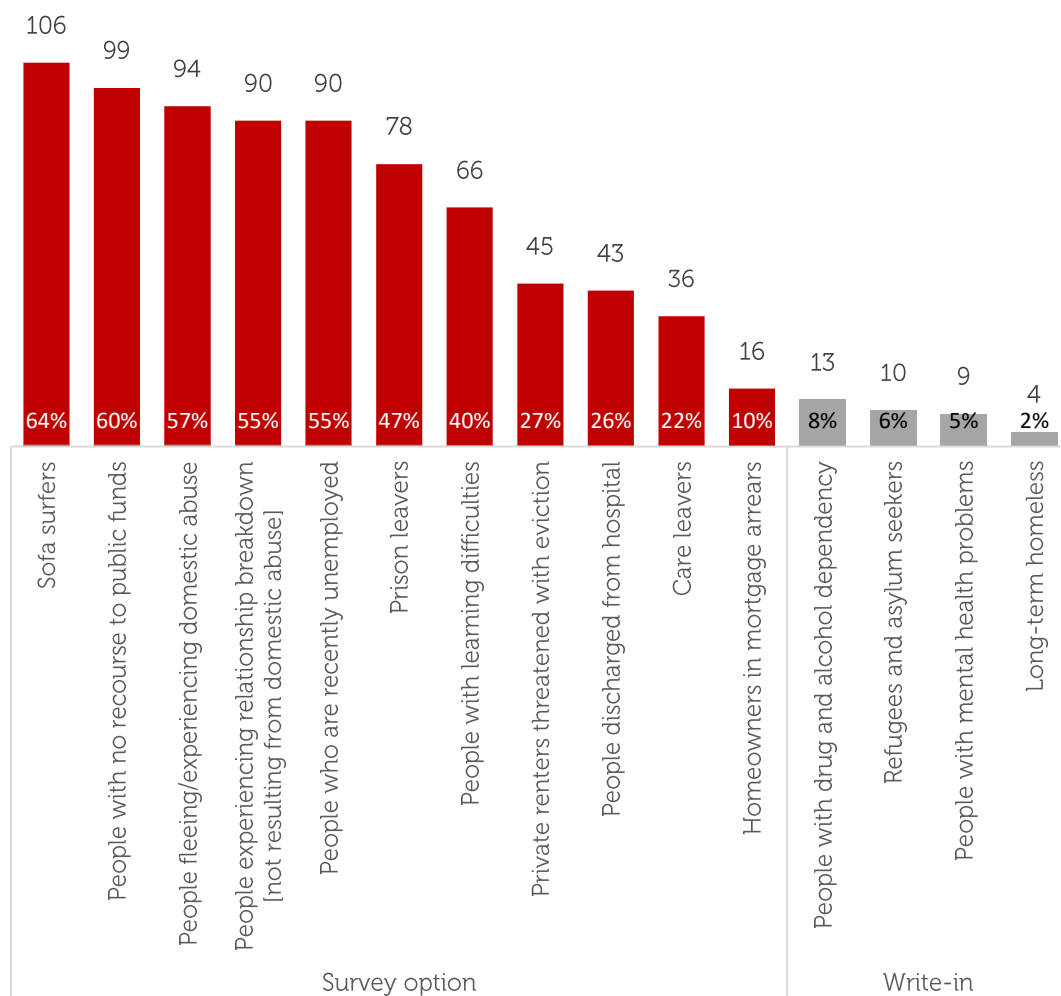


Figure 3 Number of ITT grantees which reported working with specific groups at risk of homelessness. Responses in grey indicate write-in responses under "other".

Figure 3 presents the key at-risk groups which the ITT grantees reported working with. Grantees were asked to identify all groups of beneficiaries they have worked with, with an option to specify additional groups under "other".

The most frequently mentioned groups broadly match those mentioned by the respondents to the first wave of Crisis' research on the impact of COVID-19 on people facing homelessness and service provision across Great Britain ("Crisis COVID-19 research") as driving an increase in demand during the first wave of the pandemic⁸. In particular, 106 grantees (64%) reported working with sofa surfers, whilst 60% of homelessness organisations included in the COVID-19 research reported an increase in demand among this group. Lockdown has increased the pressure on sofa surfers as they effectively had to remain in the same accommodation for a prolonged period or face

⁸ Boobis, Albanese (2020) [The Impact of COVID-19 on people facing homelessness and service provision across Great Britain](#).

other forms of homelessness⁹. This increased pressure has driven the demand from this group which was also evident among the ITT grantees.

There were 99 grantees (60%) which reported working with beneficiaries with no recourse to public funds, whilst 53% of homelessness organisations across Great Britain mentioned an increase in demand among them. People with no recourse to public funds remained a vulnerable group due to lack of access to statutory provision, but the economic impact of the pandemic likely exacerbated the risks for this group¹⁰.

There were 94 grantees (57%) which reported working with people fleeing from or experiencing domestic abuse, whose rising demands were mentioned by 58% of homelessness organisations. An increase in domestic abuse during lockdown has generally been well-documented¹¹, including in the UK¹². Other at-risk groups that were frequently mentioned by the ITT grantees were also among those with rising demands as reported in Crisis COVID-19 research¹³, and whose vulnerabilities were exacerbated by the pandemic. In that sense, the ITT funding contributed towards supporting the groups most affected by the pandemic.

By contrast, private renters threatened with eviction appear relatively low on the list – only 45 organisations (27%) reported working with this group of beneficiaries. This also mirrors the findings of the Crisis COVID-19 research, highlighting the fact that the ban on evictions has eased some pressure on this group during the first wave of COVID-19.

⁹ Ibid

¹⁰ Ibid., p.49

¹¹ Van Gelder N Peterman A Potts A et al. (2020) COVID-19: reducing the risk of infection might increase the risk of intimate partner violence. EClinicalMedicine.

¹² The Guardian (2020) [Domestic abuse surged in lockdown, Panorama investigation finds](#)

¹³ Boobis, Albanese (2020) [The Impact of COVID-19 on people facing homelessness and service provision across Great Britain.](#)

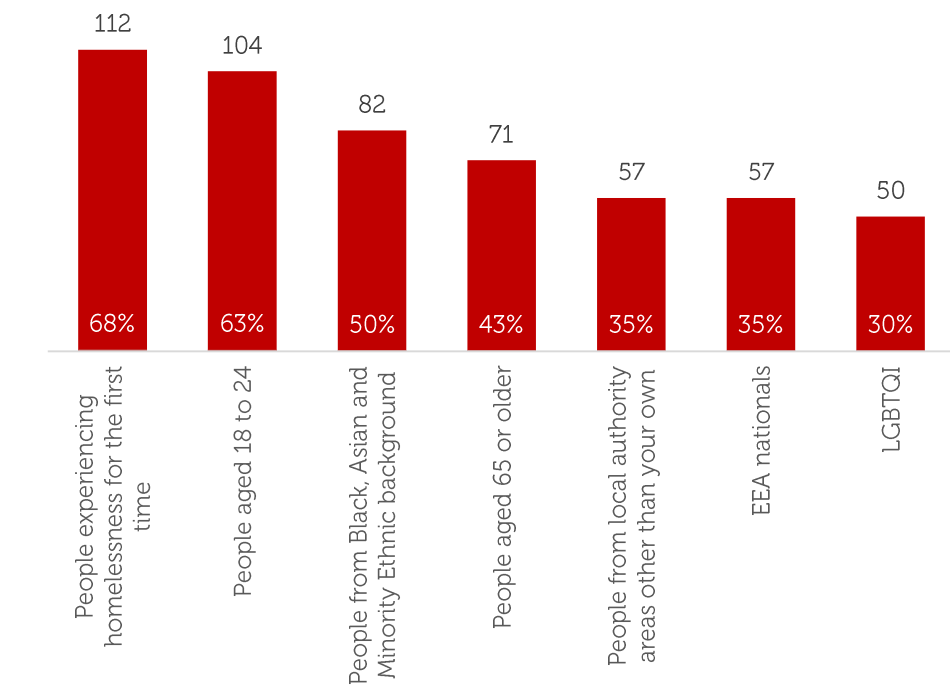


Figure 4 Number of ITT grantees who reported working with beneficiaries from specific demographic groups

Figure 4 details the demographic groups that grantees reported working with. Grantees were asked to identify all groups of beneficiaries without a limit on the number of options selected. Of the respondents, 112 grantees (68%) reported working with people experiencing homelessness for the first time. This figure contrasts with the findings of the Crisis COVID-19 research¹⁴, according to which an early increase in demand was driven by those already experiencing homelessness. However, if the grantees' definition of homelessness did not include people in transient accommodation, then the figure is consistent with broader trends across Great Britain. A large number of grantees (104, 63%) reported working with young people i.e. those aged 18 to 24. This is partially reflective of a trend identified in Crisis COVID-19 research, where some respondents reported an increase in presentations among young people. This increase was driven by relationship breakdown in multigenerational households, resulting from young people not adhering to social distancing rules. However, it is difficult to ascertain how widespread that trend was in the sample of ITT grantees.

There were 82 grantees (50%) which reported working with people from Black, Asian and Minority Ethnic (BAME) backgrounds. BAME people in the UK were 1.8 times more likely to be at risk of having a severe case of COVID-19 in comparison with people from white backgrounds¹⁵ Homelessness has also been rising disproportionately among people from minority ethnic background until 2017¹⁶. However, it is difficult to conclude whether the

¹⁴ Ibid

¹⁵ Raisi-Estabragh Z, Mccracken C, Bethell MS, et al. (2020) Greater risk of severe COVID-19 in Black, Asian and Minority Ethnic populations is not explained by cardiometabolic, socioeconomic or behavioural factors, or by 25(OH)-vitamin D status: study of 1326 cases from the UK Biobank. *J Public Health (Bangkok)* 2020;25:1–10. doi:10.1093/pubmed/fdaa095

¹⁶ MHCLG (2018) [Ethnicity facts and figures: statutory homelessness](#)

relatively large share of grantees working with BAME beneficiaries was a direct consequence of the pandemic or rather the outcome of earlier trends.

Activities, outputs and outcomes – an overview

This section provides a general overview of the funded activities and the associated outcomes as reported by the grantees.

Grantees were asked to describe the overall outcome of the ITT grant in an open-ended question.

On the most general level, the ITT grant has contributed to three major service-level outcomes. Firstly, as mentioned by 73 grantees (44%), the ITT grant has allowed their service offer to be maintained throughout the first wave of the pandemic, despite rising demand and funding shortfalls. Several grantees mentioned that they were in a strong position and prepared for the second wave.

"It has allowed us to continue as close to normal as possible in the face of dramatic loss of income."

- Grantee 2, England

Secondly, 38 grantees (23%) said that the grant has allowed them to adapt their service offer to the challenges posed by the pandemic. This usually meant introducing social distancing where services have been offered in person or switching to remote provision or deliveries.

Thirdly, a much smaller number – 19 grantees (12%) said that the grant allowed them to expand their service offer, which meant that they were working with more clients than previously or offered a new type of service.

Additionally, eight grantees (5%) mentioned that the funding from Crisis allowed them to attract other funding more easily. Essentially, even relatively small amounts of funding from Crisis may have sent a signal about the grantees' credibility to other donors, thereby helping them secure additional funding.

"The generous grant from CRISIS not only allowed us to send support packages immediately we received the funds, but it also gave us confidence as an organisation to continue with the emergency relief work. It became easier to ask for similar funding from other organisations once we could say that we had been supported by CRISIS."

- Grantee 3, England

Finally, seven grantees (4%) also praised the speed with which the funding has been awarded, which allowed them to avoid protracted funding shortfalls at times of rising demand.

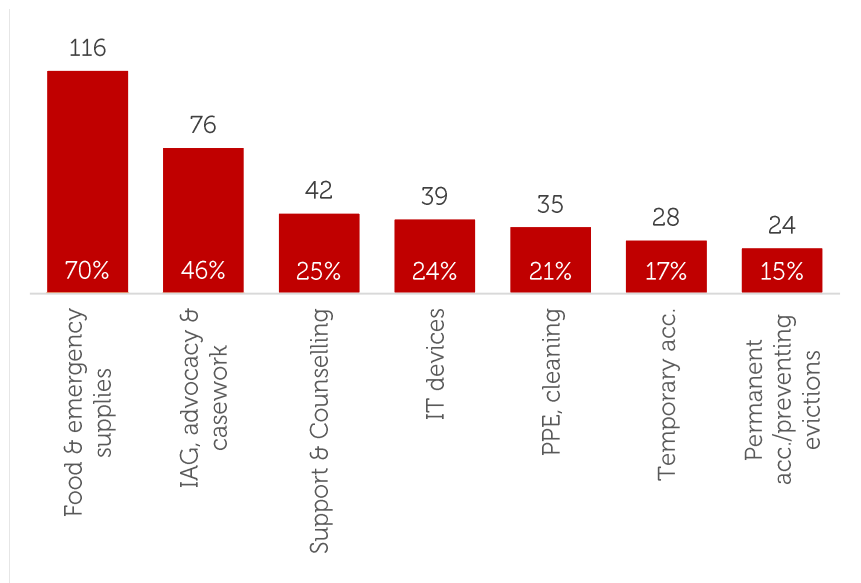


Figure 5 Activities undertaken by grantees as part of the ITT-funded projects

Figure 5 details the activities that grantees undertook with ITT funding. In terms of the most frequent activity types, most grantees (116 or 70%) reported distributing food or emergency supplies. Almost half of grantees (76 or 46%) reported providing information, advice and guidance, or doing advocacy or casework on behalf of clients, and finally, 42 organisations (or 25%) reported providing support and counselling. Given the fairly small amounts awarded, relatively few grantees used the funding to provide temporary or permanent housing, meaning that the grant has been predominantly used to relieve, rather than end homelessness.

Within these groups of activities, three distinct strands responded directly to unique challenges brought about by the COVID-19 pandemic. Firstly, the closure of other services increased the demand for food and emergency supplies, meaning that grantees had to expand their existing services or start distributing supplies where they previously have not done so to support their clients. Secondly, lockdown meant that many services had to operate remotely. This required that beneficiaries needed to gain access to IT equipment, such as phones or tablets to enable this operation. Many grantees thus purchased and distributed IT equipment to clients. Finally, some grantees were supporting local authorities with moving their clients into temporary accommodation under “Everyone In”, and kept providing support to clients, whilst they were housed in hotels.

In comparison with a similar initiative in the homelessness sector – Frontline Network’s Vicar’s Relief Fund (VRF) emergency grants¹⁷ – the ITT small grants programme was more skewed towards projects supporting beneficiaries with basic needs, and information, advice and guidance. The VRF emergency grants programme used a similar classification, dividing all projects into three categories: essential needs, overcoming barriers to support (such as IT device purchase) and securing accommodation. However, unlike the ITT grants, most VRF awards (46%) were made under the last category – securing accommodation - which also accounted for the bulk of the spending. This disparity,

¹⁷ Frontline Network (2020) [COVID-19 and Homelessness: The New Frontline. The St Martin-in-the-Fields Charity response through grant making](#)

however, may reflect the fact that housing-led projects were funded through other Crisis programmes.

A detailed description of the ITT-funded projects' activities and outcomes is provided below.

Activities, outputs and outcomes: providing food and emergency supplies to people experiencing homelessness

A large proportion of grantee organisations (116 or 70%) reported using the grant to fund the provision of food or emergency supplies, making this activity by far the most frequently reported. Grantees reported that either the closure of other services due to the pandemic forced them to start distributing food and emergency supplies themselves, or that it increased the demand for the previously existing service. Providing emergency supplies in response to the dual challenge of rising demand and closure of services was one of the major ways in which the ITT grant funding was used specifically to respond to unique consequences of the pandemic.

"Facing the problem of food shopping and storage that was created by the COVID-19 restrictions presented many people with anxiety and frustration. However, for the homeless this would have been a daily challenge combined with great uncertainty. Thankfully, the response from [Grantee 4] ensured that those in greatest need received a hot meal every day, carefully prepared, cooked, packaged and delivered by the brilliant organisations and volunteers. I can't thank all of them enough for the vitally important role that they have played in keeping those who are vulnerably housed safe and well fed."

- NHS Clinical Nurse Specialist - Homeless & Vulnerable Adults, as quoted by Grantee 4, Wales

Grantees were asked to report the number of beneficiaries to whom they provided food and emergency supplies as part of the project. Of the respondents, 81 grantees reported the number of unique beneficiaries who accessed their service, which totalled at 19,156. Another 24 grantees reported the number of *meals or parcels* provided, rather than the number of people who received them¹⁸. Collectively, they reported a total of 217,157 meals or parcels provided or delivered. Another 11 grantees provided data in other formats, such as the typical number of clients or meals provided per week, making it impossible to summarise over the whole project period.

Grantees were asked to describe what exactly has been given out to beneficiaries. Of the respondents, 115 grantees reported distributing food, meaning either cooked dishes, grocery bags or food vouchers. Another 20 reported distributing toiletries and personal hygiene products, and five reported distributing clothing. Four grantees reported distributing cleaning products and kitchen appliances and/or kitchen sets. Three grantees reported providing vouchers to pay for utilities. Also, three grantees reported including activity items such as card games in the packs they distributed. Two reported teaching

¹⁸ One person could have received a meal multiple times.

beneficiaries how to cook when distributing food supplies. Two grantees reported providing emergency cash. Four other types of goods/services provided were reported once each.

When asked how exactly the ITT grant was spent, 59 grantees reported funding the purchase of supplies that were distributed directly, 22 reported funding the distribution of supplies (incl. facilities and packaging, where applicable), 14 reported funding staff or core costs and volunteer expenses, and nine reported purchasing PPE with grant costs. Another 45 grantees did not explain which part of the activity the grant has been spent on¹⁹. Grantees also reported funding the cleaning of premises and kitchen appliances used to cook food (n=2, each).

“By allowing people and families to choose items (whether able to pay or not) we offered an experience as close to a regular food shop as possible. This promoted dignity (one of our five values), and offered a semblance of control at a time that feels out of control for many people”

- Grantee 5, England

Among the outcomes of this activity, 97 grantees listed the fact that beneficiaries were able to access food and emergency supplies. Of these, 20 described the service as a “lifeline”, since the provision of food and emergency supplies helped beneficiaries avoid destitution. For destitute beneficiaries who were housed in temporary accommodation, provision of food and emergency supplies meant that they did not need to leave the accommodation, therefore increasing the likelihood of sustainment (reported by six grantees) and reducing the spread of COVID-19 (reported by 25 grantees). The latter has been particularly important for beneficiaries who had to shield or self-isolate. Some grantees described distributing PPE and cleaning products as part of the emergency supplies packs, thereby also reducing the spread of COVID-19. Grantees also described the positive impact on clients’ mental health. Another 15 grantees noted that support workers were often the only people whom their clients met over a prolonged time, therefore deliveries and associated check-ups helped relieve isolation. Others noted that reliable provision reduced stress and anxiety among beneficiaries (n=13). There were 14 grantees which reported following nutrition guidelines, stating that food deliveries lead to healthier diets, therefore improving physical health. Finally, the delivery service offered a chance to refer beneficiaries to other relevant services, which was mentioned by 15 grantees. Three grantees mentioned that providing food and emergency supplies helped victims of domestic violence maintain independent accommodation and not returning to abusers. Three grantees also mentioned their beneficiaries learning how to cook. There were 11 other outcomes mentioned once each and 7 grantees which did not list any specific outcomes of this activity.

Activities, outputs and outcomes: providing IT equipment to people experiencing homelessness

¹⁹ Grantees were asked to describe how funding was spent when describing the activity itself (see Appendix 1). Many of them responded only to the first part of the question.

A total of 39 grantees reported providing IT equipment, such as phones, tablets, laptops and WiFi routers to people experiencing homelessness. A proportion of the ITT funds was also used to purchase sim-cards and top-ups. The total number of people who benefited from these activities stood at 1,051, with an average of 27 per organisation. As highlighted in Crisis' COVID-19 research, digital exclusion was one of the major challenges for homelessness sector organisations, and the exclusion itself exacerbated related issues with loneliness and isolation²⁰. In that sense, distributing IT equipment to clients was the second type of activity that responded directly to unique challenges brought about by the pandemic:

"At a moment in time when mobile phones became an essential tool to liaising with service users and also for them to speak to the Council and other local organisations to receive help, it was vital that mobile phones were available to be supplied to those who needed them. Through this provision, we were able to contact many people who are often hard to reach and this enabled us to support them with accessing support and accommodation. Without this many people would have been stuck in extremely precarious situations."

- Grantee 6, England

In most cases, the grant was used to fund the purchase of the IT equipment directly (n=14), five grantees reported that the grant was used to fund the salaries of staff distributing the equipment, while 20 grantees did not report what part of the activity was funded with an ITT grant.

By far the most reported outcome of this activity was clients feeling supported throughout the pandemic (n = 32), either due to being able to contact their families or by staying in touch with their caseworkers, thereby reducing the feeling of isolation and potentially improving their mental health. Another recurring outcome was clients being able to access statutory services and benefits (n=11). Four grantees mentioned that their beneficiaries were able to access educational courses with the help of the IT equipment provided. Two grantees mentioned that provision of IT equipment helped clients manage their addiction. Other outcomes mentioned included clients gaining employment, meeting clients' basic needs successfully, reducing the spread of Covid by making sure that clients do not need to leave their accommodation and monitoring clients' living conditions (n=1, each). Three grantees did not report any outcomes of this activity.

Activities, outputs and outcomes: Information, advice and guidance (IAG), casework and advocacy

Under this category, 76 grantees reported providing information, advice and guidance (IAG), or doing casework and advocacy on behalf of clients. Of these, 71 organisations collectively reported providing these services to 35,985 beneficiaries, or an average of 506

²⁰ Boobis, Albanese (2020) [The Impact of COVID-19 on people facing homelessness and service provision across Great Britain.](#)

per grantee. Six grantees did not report the number of beneficiaries who were able to use these services.

The majority of the grantees (n=54) did not report what part of the activities was funded by an ITT grant. Among the grantees who reported this information, 13 indicated that the grant was used to fund staff time or core costs, six reported that it was used to fund the IT equipment that was used to deliver IAG services, two reported that it was used to fund materials that were distributed. Grantees also reported spending funds on logistics and PPE enabling the delivery of the service (n=1, each).

Grantees reported a wide range of different outcomes of the IAG, casework and advocacy. The most frequently reported outcome was clients securing accommodation through a referral, reported by 26 grantees. Nine grantees specifically reported referring clients into permanent accommodation, while 10 grantees reported referring clients into temporary accommodation²¹. Nine grantees reported resolving clients' issues through IAG or advocacy which resulted in clients sustaining their accommodation, while three grantees reported preventing clients' homelessness. Grantees also reported providing advice which resulted in clients gaining access to benefits (n=19), employment (n=5), utilities (n=4) and education (n=1). Of the grantees, 12 reported referring clients to relevant services, without specifying the nature of these services.

"One story that stands out from the rest is the housing of a 25-year-old woman who has been sofa-surfing since the age of 16, her mother abandoned the family when the young woman was aged just 6, and nursing her father to death by the time she was aged 15. She was offered accommodation in Sheerness and Milton Keynes but with advocacy, local authorities were able to gain the insight into her long history of homelessness, resulting in the young girl finally being housed locally where she could continue to benefit from a small support system of relatives and [Grantee 7]. She started work and is now debt and benefits free for the first time in almost 10 years"

- Grantee 7, England

IAG, advice and casework were also reported to improve clients' health. In particular, 15 grantees reported referring clients to services or providing advice that resulted in improved mental health, five that resulted in improved physical health, and four grantees reported helping clients manage their addiction. Six grantees reported that IAG activities helped minimise the spread of COVID-19.

Grantees also reported referring their clients to services that helped them address their basic needs (n=4), sheltered them from domestic violence (n=4), resolved their immigration status (n=3), resolved issues with debt (n=2) and prevented offending (n=2). Six additional outcomes have been reported once each.

Generic support was described as being provided to clients by 13 grantees without specifying the nature of this support, and eight grantees did not list any outcomes of the activities in this category.

²¹ Same organisation could refer clients into both temporary and permanent accommodation.

Activities, outputs and outcomes: support and counselling

Within this category, 42 grantees reported providing support and counselling to their beneficiaries, which was funded by the ITT grant. These organisations supported a reported total of 5,642 beneficiaries, with an average of 141 per organisation. A further 26 grantees reported providing wellbeing support or counselling but indicated that the ITT funding did not contribute to this activity (their outcomes are not reported below). Mental health was a challenge consistently listed on top by the respondents to Crisis' COVID-19 research²², so again, support and counselling were an important part of the response to the pandemic.

Most grantees which indicated using ITT funding (n=25) did not report what specifically was funded by the grant. The remaining grantees described using the grant either to fund technology enabling the service (typically, mobile phones or paid Zoom accounts), or staff costs or PPE if the service has been delivered in person.

“One man was particularly depressed at one point and we took the risk of meeting him in a park while social distancing. He appreciated the care. He's actually doing well in the job we found him and seems to be steadily improving in his mental health. Combating loneliness has been hard to measure but clearly what we did manage was important to the men”

- Grantee 8, England

The majority of grantees (n=23) described running this activity in the form of wellbeing calls or check-ups (either by telephone or videoconference). Two organisations described the same activities but reported running them in person, three reported doing both. Four grantees specifically described running counselling or therapy sessions, as opposed to lower-intensity wellbeing calls and check-ups. Five organisations focused exclusively on supporting existing clients, or residents in supported accommodation. Two grantees provided health advice. One of them (Grantee 9, England) offered support aimed at addressing COVID-19, including checking whether beneficiaries experienced any symptoms, referring them to test sites and thereby limiting the spread of the virus. This activity also included a general inquiry about wellbeing.

In terms of the outcomes, six grantees described that support and counselling contributed towards reducing beneficiaries' loneliness and strengthening their integration with the local community. Five grantees reported that counselling or support helped their beneficiaries secure accommodation, and also five grantees reported that these activities helped beneficiaries sustain an existing accommodation by resolving the issues that could have pushed them into homelessness. Four grantees described the outcome as improved mental health of the beneficiaries, three described improved wellbeing. Four grantees reported that their beneficiaries were feeling more supported. Five other outcomes were described once, each.

²² Boobis, Albanese (2020) [The Impact of COVID-19 on people facing homelessness and service provision across Great Britain.](#)

Four grantees did not report any outcomes of support and counselling.

Activities, outputs and outcomes: Rehousing into temporary accommodation

Within this category, 28 grantees reported that the ITT funding contributed towards rehousing clients into temporary accommodation, supporting a total of 877 beneficiaries. It is important to note that the accommodation was often provided by local authorities as part of the "Everyone In" programme, which required local authorities to provide emergency accommodation to everyone who experienced rough sleeping during the first wave of the COVID-19 pandemic. In these cases, grantees only spent the funding to support beneficiaries moving into hotels under "Everyone In" (see below). Working with local authorities and supporting clients into hotels under "Everyone In" was the third major type of activities specifically aimed at responding to the challenges of the pandemic. Out of 28 grantees which mentioned supporting beneficiaries into temporary accommodation, 18 grantees directly provided housing. These 18 organisations housed a total of 443 people, with an average of 25 per organisation.

"This funding from Crisis has supported us to maintain, adapt and enhance our provision for vulnerable young people, women and families, ensuring consistent delivery of support within our thirty-four supported accommodation and refuge services in South Wales. Specifically, the funding has allowed us to address our additional staff overtime, relief and agency costs incurred directly through COVID 19."

- Grantee 10, Wales

In terms of specific aspects of the activity that were funded, 11 grantees reported the grant covering a proportion of the housing costs (incl. utilities). Nine grantees reported that the grant was used to assist the beneficiaries with moving into hotels, including three who reported spending the grant on transport costs. Five grantees reported spending the grant on staff salaries or core costs. Grantees also reported spending the grant on cleaning and food delivery to supported accommodation (n=1, each). Three grantees did not describe what the grant was spent on as part of this activity.

The most frequently reported outcome of this activity was the fact that beneficiaries were housed (n=16). Three grantees mentioned their beneficiaries sustaining housing (one organisation mentioned beneficiaries sustaining employment), and four mentioned that temporary accommodation allowed preventing or ending homelessness (using their own definition of homelessness). Four grantees mentioned successful move-on from temporary accommodation. Five grantees reported that temporary accommodation helped in reducing the spread of coronavirus (typically evidenced by the fact that none of the beneficiaries contracted COVID-19). Four grantees mentioned that having temporary accommodation allowed their beneficiaries to access training or education. Grantees also mentioned beneficiaries' increased safety in the temporary accommodation (n=3), particularly when it came to victims of domestic violence. Other outcomes that were mentioned were improved wellbeing (n=2) and reaching out to new clients (n=1).

Two grantees did not report any outcomes of rehousing into temporary accommodation.

Activities, outputs and outcomes: Rehousing into permanent accommodation or preventing evictions

A total of 24 organisations reported that the ITT grant was used to fund rehousing into permanent accommodation or eviction prevention. This excludes the grantees who reported that they engaged in these activities without relying on the ITT funding.

The 24 grantees reported a combined total of 1,236 beneficiaries, who were either housed in permanent accommodation or whose evictions have been prevented. This includes one grantee, which reported preventing a total of 950 evictions or repossessions through court litigation and liaising with creditors on behalf of their clients. Excluding the outlier, the total number of beneficiaries who were rehoused or whose evictions have been prevented, stands at 286, with an average of over 12 per grantee.

Grantees were asked to describe the activities which resulted in preventing eviction or providing permanent housing. The range of activities included liaising with landlords and local authorities on behalf of clients (n = 9), covering housing costs in the private rented sector (n = 7), information advice and guidance, resulting in prevented evictions (n = 4), providing supported accommodation (n = 3), casework and litigation on behalf of clients (n = 2, each), cleaning, and offering training (n = 1, each). One organisation did not describe the activities.

It is important to note that the ITT grant may have been used to fund only a proportion of these activities. Specifically, grantees reported that the grant was used to fund rent shortfalls or housing costs directly (n = 6), core costs or staff salaries (n = 5), technology enabling a service, for example, where it may have been previously delivered in person (n = 3) or cleaning (n = 1). Nine grantees did not report which part of the activity was funded with the ITT grant.

The main outcomes, beyond the fact of rehousing into permanent accommodation, were prevention of clients' homelessness (n = 8) and sustainment of tenancies close to 100% in all reported cases (n = 7). Other outcomes reported included prevention of COVID-19 cases among clients, increased skills and confidence, sustained employment and increased income (n = 1, each). One grantee reported an increased feeling of security and independence among its clients, who were all women and children previously experiencing domestic violence.

Six grantees did not list any specific outcomes.

Activities, outputs and outcomes: purchase of materials to protect staff or clients from COVID-19

“At the beginning of the pandemic 85% of staff respondents said they did not have enough PPE to feel safe in delivering support, this changed to 75% of staff reporting they had sufficient PPE to feel safe in the delivery of support at of the 3 month reporting period for Crisis. We have continued to fund high levels of PPE during the pandemic to ensure staff and service users feel safe and service levels continue to be met.”

- Grantee 12, England

“We continued to deliver fully operational services in our 24-hour staffed service and our Support Officers working across our Supported Accommodation (unstaffed) continued to support young people with shopping needs, food bank collections and other support needs through the lockdown period, and commenced face-to-face visits when it was safe to do so. PPE has been an essential requirement during this time to optimise the health and wellbeing of young people and staff, and minimise the risks in line with government guidance and safe working practices.”

- Grantee 13, Wales

Within this category, 35 grantees indicated that they used the grant to purchase supplies such as cleaning products or PPE to protect staff and clients from COVID-19. This was only to maintain existing services and separately from (and in addition to) any specific activities mentioned above.

When asked about what would have happened had they not been able to purchase these supplies, nine grantees said that they would likely have cases of COVID-19 among staff or clients.

In terms of impact on the service and clients, seven grantees indicated that inability to purchase these supplies would mean that they would have had to shut down completely, three indicated that this would have disrupted their existing offer, two indicated that they would have to reduce the service offer, and one grantee said that they would have to start offering services remotely, which would have been undesirable. Five grantees said that scaling down the service offer would have been detrimental to their clients.

In terms of impact on staff, two grantees indicated that working without PPE would have increased staff stress, and one grantee indicated that they would have had to furlough staff.

Five grantees indicated that without Crisis funding they would have had to seek or repurpose other funding towards this aim, as having materials to protect staff and clients from COVID-19 was essential.

One grantee indicated that purchase of PPE and cleaning supplies was small in scale and therefore did not have any significant impact.

Challenges faced by grantees during the implementation of the projects

Grantees were asked to describe the challenges that they faced during the implementation of their projects. The description below summarises the open-text responses. Since grantees were not asked to pick challenges from a fixed list of alternatives, percentages are not reported. For that reason, the true number of grantees who may have experienced a given challenge is likely higher than listed below.

A recurring challenge mentioned by 34 grantees was compliance with social distancing measures. This was challenging both from the point of view of re-orienting the service and ensuring that service beneficiaries or residents understand and comply with the restrictions.

“The biggest challenge was working with a very vulnerable client group and the increasing risk of contracting the virus. It was difficult to get the residents to understand the importance of hygiene and sanitation, for example washing hands, cleaning the kitchens thoroughly.”

- Grantee 14, England

Rising demand for their services or clients presenting with additional demands or requirements was reported to be a challenge by 28 grantees. To provide some anecdotal evidence, one organisation reported a 388% increase in the use of their foodbank at one point, which, however, later returned to normal levels. As a related challenge, eight grantees mentioned the closure of other services, which increased pressure on their service.

Sourcing supplies was reported to be challenging by 20 grantees, particularly in the context of panic-buying in the early days of the pandemic, and the associated restrictions imposed by retailers. Hence, they could not always secure a sufficient amount of supplies, which was specifically an issue for foodbanks. One grantee reported working with restaurants, rather than supermarkets to purchase large quantities of food.

Issues surrounding clients' mental health stemming from being in lockdown was reported as a challenge by 18 grantees. As a related concern, seven organisations mentioned staff stress and mental health as a challenge. Both are reflected by the following quote:

“What counsellors and therapists were going through in their own lives mirrored what was happening in some situations in the lives of our clients - impact of Covid-19 was shared like never before and the “big stories” our counsellors heard were really difficult ones.”

- Grantee 15, Scotland

The lack of volunteers was reported as a challenge by 16 organisations. This was evident among grantees, who relied on large numbers of volunteers in their operation before the pandemic. Increased health risks meant that some volunteers were not willing to work during the pandemic, which, coupled with increasing demand, resulted in service disruption.

"We recruited temporary staff and trained up more volunteers because many of our existing volunteers stepped down for safety reasons (we have c120 regular volunteers - over half withdrew)"

- Grantee 12, England

A variety of logistical challenges were mentioned by 14 grantees. A specific type of challenge in this regard was related to the operation of "Everyone In", where some local authorities could have moved grantees' clients into hotels resulting in loss of contact and grantees being unable to locate their clients thereafter.

"Distributing vouchers to clients with no fixed address or being temporarily housed was a challenge."

- Grantee 16, Scotland

Challenges in establishing communication with their beneficiaries when their services began operating remotely were reported by 12 grantees. This was especially evident with organisations which were providing supported accommodation. When a support worker was not present on site, it became difficult to monitor the condition of the accommodation and respond to the issues that arose.

"Regular communication with clients was difficult even with the phones and the perception that we were closed stopped people coming to our centre. We had to do much more outreach work."

- Grantee 17, England

Conflicting or unclear government guidance around COVID-19 was mentioned as a challenge by 10 grantees. These grantees felt that guidance was not applicable to homelessness sector organisations.

"Other organisations applying guidance around household socialising and gatherings to their essential work with vulnerable people and as a result having a dehumanising approach to providing support to people such as keys to temporary accommodation being thrown out of windows to people who were homeless and personal information being shared over intercoms at the entrance ways to housing offices."

- Grantee 18, Scotland, describing some of the challenges faced whilst implementing the project

There were 16 grantees which did not identify any challenges faced during the implementation stage.

Going forward: Doing things differently

While most grantees (119 or 72%) indicated that they were planning to do something differently going forward, only a proportion of these specifically described a departure from their previous mode of operation in their response. The points made by grantees

mostly referred to different ways of adapting to COVID-19, but there was no unifying trend. Some grantees indicated they were planning to continue operating remotely, as this allowed reaching more beneficiaries:

"It is early days, but we believe that online counselling will become a more common intervention in all services. We have found this helpful as if done from home it does not require space, i.e. there is no need for a counselling room. ... A hybrid service of some face-to-face and some online interventions seems most likely."

- Grantee 19, England

Yet, others hinted at reverting to the old model as soon as the conditions allow:

"Hopefully we will continue to keep the community engagement alive and when we return to normality provide more volunteering opportunities."

- Grantee 20, Scotland

"We are keen to get back to a sit down meal as soon as possible so that the social aspect of our meal together can restart. When restrictions eased we moved to a collect service which did help with better social interaction, limited though it was."

- Grantee 21, Scotland

Operating their services remotely highlighted the issues of digital exclusion that some grantees said they were going to tackle going forward:

"We plan on making our service more virtual-friendly, install broadband and supply tablets to all residents."

- Grantee 11, England

"Lockdown measures are still in place and it seems that Covid-19 is going to be with us for a while yet. This means that we will have to consider more long-term options for providing access to services. This will be beneficial to us and to the young people who use our services - we've even found that some people prefer to be able to access services online or over the phone - so we are exploring options for delivering services in a range of different ways to suit different needs in the future."

- Grantee 22, England

Another issue that was brought to the forefront by the pandemic was mental health, particularly in connection with isolation. Some grantees mentioned that their experience of running COVID-19 response convinced them to include mental health check-ins as part of their work in the future:

"Lockdown and the phone credits/mobiles which have facilitated this new way of working is a step towards us reaching out more to clients, to encouraging more conversations, asking more searching questions, and more proactively 'checking in' on their wellbeing."

- Grantee 23, England

Some grantees described moving to a more housing-led model, but this was not a universal trend:

"...We are also looking at setting up a fund that can be used to remove barriers that stop people from accessing their own homes - such as deposits. The pandemic and the funding we have received have highlighted the importance of being able to offer these."

- Grantee 24, England

One grantee noted the positive outcomes of local authorities' approach during "Everyone In", which ignored previously-used tests for statutory provision. This has led them to conclude that ending homelessness was possible, and informed their approach too:

"Services throughout our local authority area removed all barriers and took a whatever it takes approach, we as an organisation are working hard with partners to ensure this approach is not forgotten and things do not return to "normal"."

- Grantee 25, Scotland

Going forward: Challenges facing services in the next six months

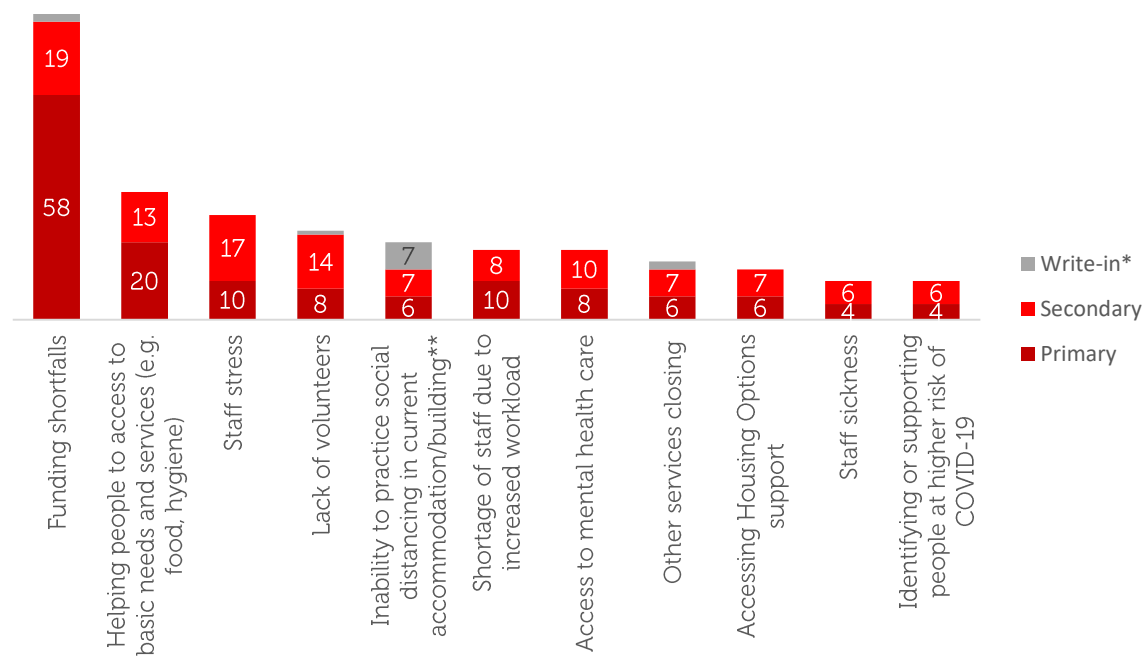


Figure 6 Challenges facing the grantees' services in the next six months following the completion of the survey. Respondents were asked to identify one primary and one secondary challenge and were given an option to describe challenges not on the list. Where these additional challenges matched with the categories listed, they are visualised on the chart as "write-in".

Figure 6 provides details of the biggest challenges facing the grantees' services in six months following the completion of the survey. Grantees were asked to indicate two challenges from a fixed list of alternatives and had an option to specify a challenge that was not listed.

By far the most frequently reported challenge was funding shortfalls, mentioned by 79 respondents (49%). Yet, this cannot be attributed to the COVID-19 pandemic specifically, as some of the grantees may have experienced shortfalls prior to the pandemic.

Helping beneficiaries address their basic needs and access services, which was largely tackled by the grant in the form of provision of food and emergency supplies, remains an issue going forward, albeit on a lesser scale: it was mentioned by 33 grantees (20%).

While the grant was used by at least 35 grantees to fund the purchase of PPE and by at least 39, to purchase and distribute IT equipment to adapt their services to COVID-19, very few grantees (2 and 6, respectively) listed these aspects as challenges going forward. While exercising caution with attributing this specifically to the impact of the ITT grant, the grant may have contributed towards alleviating these issues.

Secondly, closure of other services was a frequent concern of grantees and their activities under the grant often responded to this. However, only 15 grantees (9% of those who completed the survey) listed this as a challenge going forward. Thus, it appears that the

sector organisations have largely adapted to closures of peer organisations or the services that have initially closed have now reopened.

A lack of volunteers was mentioned as a challenge by 23 grantees (14%). Elsewhere, one grantee reported that the pandemic has highlighted the deficiency of their model, with an implied significant degree of reliance on volunteers. When the pandemic started, the number of available volunteers has significantly diminished as volunteers were less willing to work with increased health risks due to COVID-19.

The lack of suitable premises was mentioned collectively by 20 grantees (12%) as a challenge. While only 13 picked the relevant option in the survey, which specifically highlighted the self-isolation aspect, seven more grantees said that they did not have a suitable building to run their services from during the pandemic, as their previous offices became unfit for purpose.

Additionally, mental health remains a challenge going forward: 27 (18%) grantees mentioned staff stress and 18 (11%) mentioned accessing mental health care as obstacles going forward.

Conclusion

The ITT small grants programme was aimed at supporting local homelessness organisations across the UK in their emergency response to the COVID-19 pandemic. While the funding had a clear purpose overall, grantees' projects were diverse and worked towards different objectives. Setting out specific and measurable objectives at the outset of the grants programme for individual grantees to report against would have enabled more robust conclusions about the outcomes of the programme as a whole to be drawn.

Despite the considerable variety of the projects, several findings identified in this report speak to the success of the programme overall. Firstly, the key groups of beneficiaries mentioned most frequently by the grantees were the ones identified in Crisis' COVID-19 research as those driving the increasing service demand. In that sense, the grantees were working with groups most affected by the pandemic, in line with the goal of emergency response.

Secondly, while the grantees ran a diverse range of activities, three distinct lines of work emerged as a direct response to the pandemic:

- providing food and emergency supplies to beneficiaries due to the closure of other services during the lockdown and rising levels of demand;
- distributing IT devices to beneficiaries to enable remote operation of services and combat isolation;
- Working with local authorities during the "Everyone In" programme to support the beneficiaries' transition into emergency accommodation.

In addition, mental health has been identified as a key concern by homelessness sector actors in Crisis' COVID-19 research, and several grantees worked to deliver support and counselling services to address these challenges among their beneficiaries.

All of the above suggests that funding has been spent directly towards alleviating the consequences of the pandemic, again in line with the aims of the programme.

Furthermore, while a number of grantees spent the funding to purchase IT devices and PPE, few identified the shortage of IT devices and PPE as a challenge going forward. This may suggest that the grant has contributed towards eliminating these challenges.

Additionally, some grantees praised the speed with which the funding has been awarded which allowed them to prioritise emergency response and avoid protracted shortfalls. While this was mentioned by a relatively small number of grantees, no evidence of the contrary has emerged from the evaluation.

Finally, one unexpected outcome was grantees reporting that getting the funding from Crisis allowed them to attract other funding more easily. Essentially, even relatively small amounts of funding from Crisis may have sent a signal about the grantees' credibility to other donors, thereby helping them secure additional funding.

All of the above speaks to the success of the programme.

Against this backdrop, the evaluation has highlighted the limitations of the programme and some persisting challenges which will resume as the funding dries out. Firstly, funding shortfalls were highlighted as an issue by nearly half of the grantees going forward. Similarly, a lack of suitable premises or accommodation came up as a challenge, which would require more major investment than the ITT funds could cover. Finally, staff stress and a lack of mental health care for clients remain a challenge.

Additionally, ITT-funded projects were mostly centred on short-term relief in the form of distribution of emergency supplies or provision of advice and guidance. Relatively few grantees reported providing temporary or permanent accommodation, which could have ended their beneficiaries' homelessness sustainably, which can be attributed to relatively small financial amount of awards.

The evaluation also highlighted the dangers of reliance on large numbers of volunteers in emergency settings – for a number of grantees this has been and remains a major challenge, as volunteers have disengaged due to health risks.

Recommendations

- Crisis should request grantees to commit to a set of objectives and projected outcomes at the application stage. In case of emergency response programmes, these may be brief so as not to compromise the goal of a prompt response. This would enable funded projects to be more rigorously evaluated against the initial set of objectives and outcomes to identify which projects were successful at achieving their stated aims.
- Grantees should be required to submit a financial report together with their narrative report. This would allow identifying more precisely what fraction of the total project

costs Crisis funding accounted for and would also allow calculating cost-per-outcome, therefore identifying more efficient service models.

- Certain groups at risk of homelessness may be impacted by the pandemic more severely, particularly due to lack of access to statutory provision. Therefore, when designing emergency response programmes, Crisis should take into account which groups of beneficiaries are likely to be more severely impacted and dedicate a proportion of funding to grantees which work with these groups to ensure that the funding reaches the most vulnerable.
- The COVID-19 pandemic has laid bare the issue of reliance on volunteers, which was and remains a challenge going forward for some grantees. Where possible, Crisis should explore support for grantees with service models heavily reliant on volunteers to explore contingency planning or diversification of how their services are resourced

**Appendix 1:
ITT small grants
survey
questionnaire**

In This Together emergency grants: Small grants survey

Introduction

The effect of COVID-19 has been significant on those supporting people who are experiencing rough sleeping and homelessness. Crisis is calling on national governments and local councils to take emergency measures to ensure people experiencing homelessness can receive the same care as other vulnerable population groups. We also want to support groups who are financially affected by additional demands on their resources and have established an emergency grant fund for this purpose.

Congratulations on receiving a grant through the "In This Together" (ITT) grants programme.

The Crisis Best Practice Team is working with all grantees to understand how the grants have been used, what difference they have made, what has been working well with funded projects, and where there are opportunities for improvement.

We would like to invite you to take part in this survey.

We will use what you tell us to identify opportunities for learning to inform practice and policy on what works to end homelessness.

Please note: this survey is for grantees to report on projects funded by the In This Together small grants programme (grants of up to £5,000). We will be in touch separately with details for reporting on projects funded by the In This Together larger grants programme (grants of up to £50,000).

The information you provide in the survey will be kept confidential and all data will be stored electronically in a password-protected folder in accordance with General Data Protection Regulation (GDPR). This will only be accessed by the Crisis Best Practice and Research & Evaluation teams. The data and the findings from the survey will not be published or used externally by Crisis independently of a final evaluation report.

For more information, please contact: bestpractice@crisis.org.uk

If you would like more information about privacy (including how your information will be used and stored by Crisis and your rights under data protection law) please see the Crisis Research Privacy Notice (we can email or post you a copy).

Consent form

* The purpose of this survey has been explained to me

Yes

No

* I understand that the information I submit in the survey may be used in the final evaluation report

Yes

No

* I understand that the final evaluation report produced based on the information I submit may be used for external purposes such as marketing or communications about the grants programme

Yes

No

I am happy for my contact details to be shared with other grantees for the purpose of sharing learning between the projects included in the evaluation (optional)

Yes

No



In This Together emergency grants: Small grants survey

Organisation and grant details

Name of the organisation

Address

Phone number

Contact name

Email address

Please enter the grant amount

Please describe the purpose for which grant was made (please provide a short summary)

Did you receive any match funding or add any of your own resources to achieve the aims of the funded project?

Yes

No



In This Together emergency grants: Small grants survey

Match funding details

Please provide details of any match funding received or own resources added to achieve the aims of the project:



In This Together emergency grants: Small grants survey

Grant details (cont'd)

Was the whole grant spent on the purpose for which it was given?

- Yes
- No (different purpose)
- No (underspent)



In This Together emergency grants: Small grants survey

Grant underspent or different purpose

If applicable, please explain why a part of the grant was spent on a different purpose:

If applicable, please explain what has been underspent:

In This Together emergency grants: Small grants survey

Grant beneficiaries

Certain people are more at-risk of homelessness than others. Please indicate if the main beneficiaries of your project were in the following at risk groups (tick all that apply):

- People fleeing / experiencing domestic abuse
- People experiencing relationship breakdown [not resulting from domestic abuse]
- Care leavers
- People with learning difficulties
- Prison leavers
- People discharged from hospital
- People with no recourse to public funds
- Sofa surfers
- Private renters threatened with eviction
- Homeowners in mortgage arrears
- People who are recently unemployed
- Other (please specify)

Please indicate if the main beneficiaries of your project belong to any of the following groups (tick all that apply):

- People aged 18 to 24
- People aged 65 or older
- EEA nationals
- People experiencing homelessness for the first time
- People from Black, Asian and Minority Ethnic background
- LGBTQI
- People from local authority areas other than your own
- Other (please specify)

In This Together emergency grants: Small grants survey

Activities, outputs and outcomes (introduction)

This section seeks to understand how your project activities are linked to the change it is aiming to bring about, and how its success is measured.

We will be asking you to provide information about outputs and outcomes:

Outputs: A specific description of which activities took place. e.g. if your activity is 'we provide training', the outputs could be 'we trained 50 people to achieve a qualification'

Outcomes: What changes/benefits did your project achieve? E.g. someone supported by your project secures stable housing, feels more motivated, increases their skills

We will ask questions about activities that may have been wholly or partially funded through the Crisis "In This Together" grant. Please reply "yes" to the questions below if the grant was used to fund any of the following:

- The output directly. For example: food and emergency supplies
- A change to your services enabling your organisation to engage in certain activity. For example: Emergency cleaning allowing to provide temporary accommodation;.
- Staff time or expenses of volunteers engaged in a particular activity.

Below is the list of activities you will be asked about:

- Provision of food and emergency supplies to people experiencing or at risk of homelessness
- Provision of IT hardware (such as phones) to people experiencing or at risk of homelessness
- Information, Advice and Guidance (IAG), including advocacy/casework
- Provision of support to people experiencing or at risk of homelessness, including counselling
- Rehousing into temporary accommodation
- Rehousing into permanent accommodation or preventing evictions
- Purchase of materials to protect staff/clients from COVID-19 (e.g. PPE, cleaning) **(only if these do not fall within the remit of specific services described above)**
- Other (if the grant was used to fund an activity not described above)

You will have space to explain which part of a certain activity was specifically funded by the ITT grant.



In This Together emergency grants: Small grants survey

Food and emergency supplies

* As part of the ITT-funded project, did your organisation provide food and emergency supplies (excluding IT hardware such as phones and tablets) to people experiencing or at risk of homelessness?

- Yes
- No



In This Together emergency grants: Small grants survey

Food and emergency supplies (cont'd)

How many people did your organisation provide food and emergency supplies to as part of the project?

Please explain how food and emergency supplies were provided and which part of the activity was funded by an ITT grant?

What have been the successful outcomes of the project, related to provision of food and emergency supplies?



In This Together emergency grants: Small grants survey

IT hardware

* As part of the project, did your organisation provide IT hardware (such as mobile phones or tablets) to people experiencing or at risk of homelessness?

Yes

No



In This Together emergency grants: Small grants survey

IT hardware (cont'd)

How many people did your organisation provide IT hardware to as part of the project?

Please explain how IT hardware was provided and which part of the activity was funded by an ITT grant?

What have been the successful outcomes of the project related to providing IT hardware?



In This Together emergency grants: Small grants survey

IAG, advocacy and casework

* As part of the project, did your organisation provide information, advice and guidance (except counselling) or engage in casework and advocacy on behalf of people experiencing or at risk of homelessness?

Yes

No



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IAG, advocacy and casework (cont'd)

How many people did your organisation support with information, advice, guidance, casework or advocacy as part of the project?

Please explain how information, advice and guidance services, casework and advocacy were provided and which part of this activity was funded by an ITT grant

What have been the successful outcomes of the project, related to providing information, advice, guidance, casework and advocacy?



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Support and counselling

* As part of the project, did your organisation provide support or counselling services to people experiencing or at risk of homelessness?

Yes

No



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Support and counselling (cont'd)

* How many people did your organisation provide support or counselling to as part of the project?

Please explain how support or counselling was provided and which part of this activity was funded by the ITT grant?

What have been the successful outcomes of the project, related to providing support and counselling?



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Temporary accommodation

* As part of the project, did your organisation provide rehousing into temporary accommodation for people experiencing or at risk of homelessness?

Examples may include hotels and B&Bs

Yes

No



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Temporary accommodation (cont'd)

How many people did your organisation rehouse into temporary accommodation as part of the project?

Please explain how rehousing services were provided and which part of the activity was funded by an ITT grant?

What have been the successful outcomes of the project, related to rehousing into temporary accommodation?



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Permanent accommodation / preventing evictions

* As part of the project, did your organisation provide rehousing into permanent accommodation or prevent evictions from permanent accommodation?

Yes

No



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Permanent accommodation / preventing evictions (cont'd)

How many people did your organisation rehouse into permanent accommodation or how many peoples' eviction has been prevented?

Please provide the total number of rehousing cases and/or the total number of prevention cases

Please explain how rehousing or eviction prevention services were provided and which part of the activity was funded by an ITT grant?

What have been the successful outcomes of the project, related to rehousing into permanent accommodation or prevention of evictions?



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Materials to protect staff/clients from COVID-19

* Was the ITT grant used to fund the purchase of materials to protect staff or clients from COVID-19 (such as PPE, cleaning)?

Please reply "yes" only if the purchase of materials to protect staff or clients was not linked to delivery of the specific services mentioned previously, but was used to support the organisation overall.

Yes

No



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Materials to protect staff/clients from COVID-19 (cont'd)

How did the purchase of materials to protect staff or clients impact your organisation?

What would have been different if you did not have the funding to purchase materials to protect staff or clients?



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Other activities

* Was the ITT grant used to fund any other activities not falling into the previously listed categories?

- Yes
 No



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Other activities (cont'd)

Please provide the description of these activities below and please explain which part of these activities was funded by an ITT grant

How many people were supported through these activities?

If there is more than one activity, please provide separate figures

What have been the successful outcomes of these activities?



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Outcomes and challenges

Were there any positive outcomes of the project overall you were not expecting? If so, please describe them below:

Outcomes in addition to your original aims

Which challenges did you experience during the project?

How did you address these challenges?

What difference has the grant made to your service overall?



Looking ahead

Do you plan to do anything differently after this project?

- Yes
 No



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Doing things differently

What do you plan to do differently and how?



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Looking ahead (cont'd)

Do you plan to continue the work that was funded through the ITT grant after the end of the project?

- Yes
 No



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Continuing the work

How do you plan to continue this work?

Please indicate any financial or other arrangements made

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Looking ahead (cont'd)

What is the biggest challenge your service is facing in the next 6 months?

	Primary challenge	Secondary challenge
Staff stress	<input type="radio"/>	<input type="radio"/>
Staff sickness	<input type="radio"/>	<input type="radio"/>
Shortage of staff due to child care	<input type="radio"/>	<input type="radio"/>
Shortage of staff due to increased workload	<input type="radio"/>	<input type="radio"/>
Lack of volunteers	<input type="radio"/>	<input type="radio"/>
Lack of PPE	<input type="radio"/>	<input type="radio"/>
Lack of IT hardware e.g. laptops, smartphones	<input type="radio"/>	<input type="radio"/>
Lack of internet access	<input type="radio"/>	<input type="radio"/>
Helping people to access to basic needs and services (e.g. food, hygiene)	<input type="radio"/>	<input type="radio"/>
Identifying or supporting people at higher risk of COVID-19	<input type="radio"/>	<input type="radio"/>
Inability to practice social distancing in current accommodation	<input type="radio"/>	<input type="radio"/>
No dedicated space to self-isolate or quarantine	<input type="radio"/>	<input type="radio"/>
Access to healthcare for symptomatic individuals (including COVID-19 testing)	<input type="radio"/>	<input type="radio"/>
Access to mental health care	<input type="radio"/>	<input type="radio"/>
Access to drug and alcohol support	<input type="radio"/>	<input type="radio"/>
Accessing and storing opiate substitutes	<input type="radio"/>	<input type="radio"/>

	Primary challenge	Secondary challenge
Access to domestic abuse support and services	<input type="radio"/>	<input type="radio"/>
Accessing Housing Options support	<input type="radio"/>	<input type="radio"/>
Supporting people with hospital discharge	<input type="radio"/>	<input type="radio"/>
Supporting people with prison release	<input type="radio"/>	<input type="radio"/>
Funding shortfalls	<input type="radio"/>	<input type="radio"/>
Other services closing (e.g. food banks)	<input type="radio"/>	<input type="radio"/>

Other (please specify)

Is there anything else you would like to share that has not been covered already?

66 Commercial Street, London E1 6LT

Tel 0300 636 1967 Fax 0300 636 2012

Email enquiries@crisis.org.uk Website www.crisis.org.uk

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