

# HOUSEHOLD SUPPORT FUND INSIGHTS

Full Report

Qualitative Insight Team, Public Health – Wirral Council

March 2025

## Contents

<b>Contents</b> .....	<b>2</b>
<b>List of acronyms</b> .....	<b>3</b>
<b>Document information</b> .....	<b>3</b>
<b>Project Background</b> .....	<b>4</b>
Household Support Fund in Numbers.....	4
<b>Structure of the Report</b> .....	<b>7</b>
<b>Summary of Findings</b> .....	<b>8</b>
<b>Methodology</b> .....	<b>11</b>
Data analysis .....	11
Residents' demographic data.....	11
<b>Key Findings</b> .....	<b>13</b>
<b>1. Themes on Reasons why People Access Support</b> .....	<b>13</b>
1.1. Insights from Residents.....	13
1.2. Accessing Support from Multiple Organisations.....	15
1.3. Insights from Professionals .....	17
1.4. Accessing Support from Multiple Organisations.....	19
<b>2.Themes on Barriers to Accessing Support</b> .....	<b>20</b>
2.1. Insights from Residents.....	20
2.2. Insights from Professionals .....	24
<b>3. Themes on Communication About and Around HSF</b> .....	<b>28</b>
3.1. Insights from Residents.....	28
3.2. Insights from Professionals .....	29
<b>4. Forward Planning and Recommendations:</b> .....	<b>30</b>
4.1. Insights from Residents.....	30
Impact if the Fund was Cancelled.....	30
4.2. Residents' recommendations with Regards to HSF .....	31
a. Plans for the Future.....	32
4.3. Insights from Professionals .....	33
<b>Case Studies</b> .....	<b>35</b>
1. Nancy's story .....	36
2. Barbara's story .....	37
3. Musa's story .....	38
4. Zane's story .....	39

## List of acronyms

<b>QIT</b>	Qualitative Insight Team
<b>HSF</b>	Household Support fund
<b>WMO</b>	Wirral Multicultural Organisation
<b>WC</b>	Wirral Change
<b>PID</b>	Project Initiation Document
<b>UC</b>	Universal Credit
<b>PIP</b>	Personal Independence Payment
<b>DWP</b>	Department for Work and Pensions
<b>VCFSE</b>	Voluntary, Community, Faith and Social Enterprise

## Document information

<b>Document by:</b>	Petronella Munhenzva and Jonathan Roberts
<b>Document date:</b>	<b>20/03/2025</b>
<b>Reviewed by:</b>	Katriona Lloyd
<b>Review date:</b>	<b>26/03/2025</b>
<b>Approved by:</b>	Nicola Jones
<b>Approval date:</b>	<b>15/07/2025</b>
<b>Accessibility checked:</b>	
<b>Accessibility check date:</b>	

## Project Background

The QIT (Qualitative Insight Team), based in Public Health, Wirral Council, works with residents to ensure that their voices are heard when informing council policy and decision making. The team supports the delivery of the Health and Wellbeing strategy, in which residents' voices are a key strand. The QIT were asked to support the Household Support Fund team to help them understand the experiences of people distributing and receiving support from the Household Support Fund.

## Household Support Fund in Numbers

The Household Support Fund (HSF) was introduced by the UK government in September 2021 as an initial £500 million fund to help vulnerable households with essential costs such as food, clothing and utilities. Since its launch, the government has allocated over £3.5 billion to the fund with local councils determining how to distribute funding. Wirral Council receives the fund from the Department for Work and Pensions (DWP) and distributes it locally through the Voluntary Community Faith and Social Enterprise sector (VCFSE). The latest extension of the HSF is from April 2025 to March 2026.

In the most recent full reporting period, Wirral Council received £3,049,345.09 in funding for the 6-month period from September 2024. The spend profile is broken down as follows:

### **Small Grants Programme (£850,000)**

Grants of up to £20,000 enabling community-based food and welfare support groups to provide food and essential items to those most in need in their local communities.

### **Food provision, hampers and pantries (£650,000)**

Local charity Neo Community will deliver food support to people who are struggling. They will help by:

- Offering hampers of food and other essential items during school holidays to eligible families with children.
- Supporting School Food Pantries, where local schools with appropriate storage facilities will receive fresh produce to complement the dry and long-life items provided through the School Pantry project
- Supporting Care Leavers Food Pantry, which provides fresh food items to local care leavers to complement the existing pantry offering dry and long-life goods

### **Financial support with fuel and with fuel and water debt (£470,000)**

Supporting vulnerable residents who are unable to pay for the fuel they need to heat and power their homes, or are struggling to deal with fuel and water debt:

- Those with pre-payment meters can request a fuel voucher (gas and electric) from national charity, Fuel bank Foundation, via their local delivery

partners [Citizens Advice Wirral](#), [Involve Northwest](#) and [Energy Projects Plus](#) as well as via the Council's [Emergency Financial Support Scheme](#).

- People struggling with fuel and water debt can request help to clear or reduce their debt from [Citizens Advice Wirral](#) and [Energy Projects Plus](#).
- People in crisis situations who are unable to repair or replace broken or obsolete heating and do not qualify for help under other programmes can apply from [Energy Projects Plus](#) under their Crisis Support With Heating scheme.

### **Emergency Support Fund (£30,000)**

Allowing the council to enhance its existing Emergency Financial Support Scheme to help more people in crisis situations.

### **Quality of life support for over 65s (£75,000)**

Around 650 older people in Wirral to benefit from the fund through the Age UK initiative, which will deliver a range of projects. These will focus on nutrition, maintaining and increasing independence at home, avoiding hospital admission, practical and financial support for carers and vulnerable older people with essential items and bills. For more information [contact Age UK Wirral](#).

### **Crisis support with white goods (£70,000)**

Vulnerable residents who do not qualify under the council's Emergency Financial Support Scheme can apply for white goods, including washing machines, cookers and fridges, and other essential household items from North Birkenhead Development Trust (project is not restricted to Birkenhead) and St Vincent de Paul Society, Wirral. Applications should be submitted via local referral agencies such as [Citizens Advice Wirral](#) and [Involve Northwest](#).

### **Out of school activities - holiday activities and food support (£37,500)**

The Household Support Fund will provide the food element of the holiday activity and food programme (HAF), which engages thousands of [free school meal-eligible young people](#) across Wirral during the school holidays.

### **Housing Support costs (£40,000)**

Housing costs can be supported in exceptional cases of genuine emergency where existing housing support schemes and Universal Credit cannot help. This scheme cannot provide housing support on an ongoing basis, support unsustainable tenancies, or provide mortgage support. [Read more information](#).

### **Heating and plumbing appliance repair and replacement (£20,000)**

Residents on a low income who are in urgent need of repairs or a replacement to their heating or plumbing systems or appliances can apply for help from [Energy Projects Plus](#).

## **Performance April 2024 - March 2025**

The following data was collected for the period April 2024 to March 2025 relating to HSF spend.

The total number of grants awarded from HSF funding was 111,430 across multiple households. The majority of awards were to households with children (65,808) followed by Households with pensioners (17,269) and households with a disabled person (17,213).

The majority of awards and support came via Community, Voluntary and Faith sector organisations (102,808) and the key route to access HSF for households was through application-based support (83,143) compared to proactive support (28,287).

Overall, the grants primarily focused on support with food provision (excluding Free School Meals 94,875) and energy and water support (6,461).

### **The aim of the qualitative insight gathering was to understand:**

- The underpinning reasons and root causes that require households to seek support from funding streams, including from HSF.
- If residents are accessing multiple elements of HSF i.e. food bank, fuel support.
- Barriers that exist when accessing current support.
- The extent of residents' reliance on the HSF

### **The gathered insights:**

- Showed the varied experiences of households receiving the HSF through the different organisations.
- Explored the criticality of the support to the lives of residents; the level of dependency on the support, what are the (if available) alternative sources of support should the fund be withdrawn.
- Showed the multiple barriers that people experience with regards to accessing support available to them.
- Explored the communication around the fund and available support.

## Structure of the Report

The report structure is organised around four key themes that align with the aims outlined in the Project Initiation Document (PID) reflecting the core objectives of the project.

### **1. Reasons for accessing support**

- Experiences with accessing support from multiple organisations.

### **2. Barriers to accessing support**

- Residents lived experiences of barriers to accessing support

### **3. Communication regarding HSF**

- Experience hearing about support.
- How the fund should be advertised.
- Improvements needed with the current communications systems available.

### **4. Forward planning:**

- Future opportunities and challenges.
- What will people do if the fund be cancelled.

The QIT engaged with two different cohorts of people:

1. Professionals working in stakeholder organisations distributing the HSF
2. Residents receiving support from these organisations.

The researchers observed that, while there were some points of convergence, in certain instances professionals and residents held different vantage points in their perception and experience with the HSF which only served to further enrich the insights collected. Therefore, the reporting will explore the insights shared by professionals and residents under specific themes separately. This will provide a more nuanced understanding of how different people experience the HSF and also capture the depth of insights provided by different viewpoints.

## Summary of Findings

This piece of qualitative research contributes to data being gathered in Wirral examine residents' experiences with the Household Support Fund.

### **Reasons why people access support.**

Insights gathered from residents demonstrated complex and layered reasons as to why people access support. The overarching theme is financial difficulties. However, what is clear from all the insights collected is that the challenges that people are experiencing are multilayered. While financial hardship was a common outcome, the paths that led individuals to this point were complex and shaped by a variety of interwoven factors. Mental health emerged as one of the key themes that affects people's lives and their ability to take care of themselves. The struggles people shared included the challenges associated with being foreigners, dealing with family breakups, dealing with loss which affected their ability to work, leaving them in precarious financial positions. Institutional problems, particularly not having the right to work in the UK also emerged as a theme in the reasons why people access support. Older residents also shared the challenges that come with aging affecting their ability to fully take care of themselves. Particularly challenging for older residents was the thresholds for pension credits and possessing skillsets that are now less relevant in the current job market. Physical injuries were also identified as a significant factor driving individuals to seek support. Many residents also highlighted the absence of a personal support system as a key reason for turning to local organisations. Without these services they would have nowhere else to seek help.

Insights gathered from professionals for the reasons why people access support echoed some of the insights shared by the residents. Professionals shared that there is a wide demographic of people who access support offers from organisations and the HSF. They also observed that recently they have been seeing cohorts of residents who managed well in the past now struggling financially. Examples shared include professional/working families, younger/healthier people, landlords, homeowners. Professionals shared that it is typically a change in circumstances that leads residents to access support from their organisation and the HSF. Some of the themes that emerged under this umbrella of 'change in circumstances' include systemic and financial challenges, unplanned life altering developments such as relationship breakdown, job loss, domestic abuse etc. Professionals also shared how some people seek help when they find themselves in situations where everything has gone wrong, and they are in what professionals called "in crisis."

### **Barriers that people face with accessing support.**

Residents shared their experiences with barriers that have affected their ability to seek or access support that is available for them. Themes emerged from the insights they shared such as the reluctance to seek help early mainly stemming from stigma and pride. Residents shared how they had feelings of embarrassment, or felt too proud to access support, preferring to be self-sufficient. Computer literacy also emerged quite frequently as a significant barrier. Many support services have transitioned to online platforms and residents who were not comfortable with technology faced difficulties in

accessing help. The subject of language was raised as barrier particularly for residents whose first language is not English.

Another barrier that emerged from the insights shared by residents was cultural differences. What is interesting is that this manifested itself in two different ways. Firstly, it was the cultural differences that emerge with residents who migrated from a different country to the UK. Secondly, it is the cultural difference that emerge between the younger and the older generation. Residents also shared how mental health challenges also present a significant barrier in their ability to seek or access support. Some residents reflected on how they think that support services often provide generic advice or assistance that does not fully consider the unique personal circumstances of the residents. For residents with health challenges, their physical limitations often made it difficult to access support. Selected residents also felt a lack of trust in larger bureaucratic systems, such as government bodies or private service providers for instance the UK Home Office, DWP, benefits team, energy providers among others.

Professionals provided further insights on the barriers that residents encounter in accessing services. Similar to residents, professionals shared how some people do not engage with organisations or disengage from support due to feelings of pride and wanting to keep issues private. Professionals also believed that one of the biggest barriers to support is around uncertainty in the continuation of the fund. They shared that there were consistent and repeating periods of uncertainty each year when the fund would review capacity to be delivered/recommissioned.

Professionals shared that mental health challenges also present a barrier for residents, particularly when it comes to attending appointments, this echoed what residents had shared about their experiences. Another key theme that emerged from discussions with professionals about barriers to delivering support was that, despite organisations' best efforts to help individuals improve their circumstances, accepting assistance ultimately remains the client's decision. Professionals noted that reluctance or a perceived lack of urgency among some residents can hinder engagement. The effectiveness of support, they observed, often depends on individuals openly sharing their situation and actively collaborating with professionals.

Additionally, they acknowledged that their organisations may not always be the most trusted source of help for every individual. Reflecting on their experiences, professionals highlighted how sudden changes in people's circumstances can create further barriers to accessing support. When situations shift rapidly, both the needs of clients and the capacity of organisations to respond effectively can be impacted.

### **Communication of the HSF.**

Insights gathered from residents showed how almost all the residents the QIT engaged with had heard about the support they received through word of mouth. Residents unanimously shared how word of mouth is their most preferred mode of communication for them to hear about support offers. They also believe that it would be one of the most effective ways of sharing information about future support because ["people will always be talking to people."](#)

Insights gathered from professionals also provided more broad ranging insights regarding communication about and around support. This is most likely due to the diversity of their experiences from engaging with many people using multiple mediums of communication. Professionals shared that residents engage with HSF organisations in many different ways that include residents calling organisations, speaking to staff/professionals in retail spaces e.g. shops and cafes, attending organisation drop-ins for walk-in support, attending outreach appointments and through partner referrals from other organisations. Professionals shared how residents also benefit from websites and email/referral forms, neighbours, family members or a friend raising that someone they know may be struggling.

### **Forward planning and recommendations.**

Residents shared that if the support was cancelled it would tremendously affect their lives. The QIT gathered quotes to illustrate residents' fears and contemplations at that possibility. Residents also shared recommendations based on their individual experiences on how to navigate some of the barriers they identified. The recommendations they shared included improving communication about and around the HSF. They also talked about the need to improve how messages are shared through word of mouth.

Professionals shared recommendations based on their experiences within their organisations on how to navigate some of the barriers to improving communication about and around the HSF and other suggestions on how they believe that the support offer can be improved. Examples include a need for confirmation and certainty for future funding to enable better planning and efficient delivery of the support, continued support if the support is cancelled because there is a chance that people can be left destitute, among other varied and insightful recommendations.

**The final section** of this report provides a deep dive into residents' individual stories and their experience with the HSF through case studies.

## Methodology

The data collection for the project took place between January and February 2025. The research engaged two qualitative research methods:

1. Focus groups
2. In-depth interviews.

The QIT held a focus group with five professionals who work in partner stakeholder organisations that distribute the HSF. They also held ten in-depth interviews with residents who have received support from the HSF.

## Data analysis

The insight gathered from this project was analysed using a thematic analysis process. The researchers collated the different insights gathered and pulled the common themes, topics, ideas, and patterns. This was a systematic and reflexive process that enabled the researchers to find rich and useful insights and organise the data to see the broader context.

## Names/pseudonyms/quotes

All the names of people used in the report are pseudonyms. No real names are used to protect the identities of the residents and the organisations that took part in the research. Direct quotes extracted from engagement are written in blue throughout the report.

## Residents' demographic data

The QIT collected demographic data for the residents.

*Table 1: Residents Age data*

Age range	Number of people
Under 18	0
18 – 29	1
30 – 39	0
40 – 49	2
50 – 59	3
60 – 69	2
70 – 79	2
80+	0
<b>Total</b>	<b>10</b>

Table 2: Residents Gender data

Gender	Number of people
Male	5
Female	5
Transgender	0
Non-binary	0
Prefer to use my own term (please specify)	0
Prefer not to say	0
Not disclosed	0
<b>Total</b>	<b>10</b>

Table 3: Residents Ethnicity data

Ethnicity	Number of people
White – English/Welsh/Scottish/ Northern Irish/British	5
Black or Black British – Caribbean	1
Black or Black British – African	3
Asian or Asian British – Chinese	1
<b>Total</b>	<b>10</b>

## Key Findings

### 1. Themes on Reasons why People Access Support

#### 1.1. Insights from Residents

Residents who engaged with the researchers shared many reasons on why they needed and accessed support. The overarching theme was financial difficulties. While financial hardship was the major theme, the paths that led individuals to this point were complex and shaped by a variety of interwoven factors. For example, Karen a female resident in her fifties shared how she used to be a paramedic, a job she really loved. In 2019, her ex-partner committed suicide. She shared that the trauma from this event still lingers in her and her children, and she feels stuck, unable to move forward. She now works 16 hours a week caring for a lady with dementia and is facing multiple challenges, including health, financial, housing, and social issues. She is also struggling with being unable to access sufficient benefits support as she feels she is above certain thresholds. She has applied for PIP (Personal Independence Payment) and Universal Credit (UC). Though she has been approved for PIP, she is still waiting for the official decision to be sent to her by letter. In the meantime, she shared that she is facing mounting arrears. Her story reflected all the stories shared by the other residents. Below are the main themes that emerged from the insights shared by the residents.

#### **Mental health**

One of the common themes among the residents we engaged with was mental health challenges stemming mainly from family breakdown affecting their ability to work.

- Musa, a foreigner from Egypt, reflected on his struggle with mental health, “My head was constantly spinning, I couldn’t keep everything under control, and it all went to hell. At one point I almost lived in my car or on the streets. I knew then that something had to change. That was when I packed up my whole life and moved here to a new place. I knew no one and no one knew me.”
- Mathew, who has lived his whole life in the UK is facing significant challenges as he navigates his life after a relationship breakdown. At sixty-six years old, he has struggled to find work, he feels this is due to his age and the decreasing demand for his skillset, particularly from his background in shipbuilding. This has left him unemployed and feeling that his options are limited. He also shared that he struggles with feelings of social isolation. Reflecting on his journey he remarked, “People need to help people {...} because practical issues like this can turn into mental health problems, suicidal problems.”

#### **Institutional: not having the right to work and earn a living in the UK**

Institutional challenges presented mostly by the inability to work in the UK due to lack of the legal rights. This was a common theme raised by foreigner communities.

- Jing, a resident who is a foreigner from China spoke about the only thing she is looking forward to the future being “having papers and having an opportunity to work for my family and give them a comfortable life. I want to give my children the things they see other kids with, I cannot afford”

- Zane, a foreigner from Trinidad and Tobago, recounted his life back in his home country. He spoke on how he worked days a week, fishing, bricklaying and running a corner shop with his wife, which was passed down to him by his father. “I had a nice home and a good standard of living {...} I was very happy there. I had a wife and 6 children ...One day the gangs came to my door and killed my son. They threatened to kill me and my family {...} My son was just 17 years old, and he had represented my country in rugby. He toured the UK and Scotland playing rugby {...} the gangs wanted my son to run errands for them and sell drugs, but this isn’t the way of our upbringing.” In desperation, Zane decided to flee with his family: “I snatched what I had and bought tickets for my family to come to the UK, I didn’t want to leave all that I worked and lived for. “Their asylum application has been denied, including at the Tribunal. They are restricted from working or having internet access as part of asylum rules.
- He explains the struggles of living on minimal financial support: “We get £45 each” about £350 for the family of 6 per week. He shared, “This gets us nowhere.” It is insufficient to meet their basic needs.
- He emphasised that if they were allowed to work, they could better support themselves. He believes that many asylum seekers have valuable skills and could contribute to society: “The Asylum seekers that I see receiving money stretching their hand out for it, it could all be avoided if we were allowed to work, I can work, even at sixty-two. My daughter could work. I think that nine out of ten asylum seekers are skilled workers.”

### Challenges associated with aging:

Older residents also shared the challenges they encounter that come with aging:

- **Inadequate pensions.** Nancy, a resident who is in her seventies, shared how she found out that she was above the pension threshold; “What happened was I originally went in to see them (Age Wirral) about whether I was entitled to pension credit... when they went through, I wasn’t. It was just over the threshold.”
- Mathew, who is in his sixties, echoed Nancy’s views, he shared with the researchers that he is currently waiting on a review decision in relation to his pension credit, despite some support he had received around budgeting and submitting his application, he was not optimistic, “the numbers just don’t add up under their eligibility criteria...I suspect I’m just over the threshold to receive it.”
- **Skillsets that are now less relevant in the current job market.** Mathew, who is a former engineer/police officer amongst other roles, also talked about his struggles with trying to secure work, but some of his skills (from engineering in ship building) are less in demand now and he feels his age is a significant barrier.

## Physical Health

Challenges resulting from physical injuries emerged as one of the reasons that people access support. Ben's story provides a deeper understanding of how someone can be left in a precarious position financially due to health challenges. He is currently working less due to an injury to his neck and the medications he was prescribed cause long-term complications. He used to work as a film editor, however after his injury his savings have been depleted, and he has needed to claim Universal Credit and PIP.

- In this time, he has also accrued debts. Despite receiving support from HSF, Ben's financial troubles remain significant, particularly due to his ongoing health complications, which led him to secure a debt relief order to ease some of his financial burdens.

## Absence of a support system

- Residents also shared that the reason that they seek support with organisations is because they do not have a support system to lean on. Without these organisations they would not have anywhere else to go and ask for help. Musa's reflection on this resonates with the experiences of other residents. Speaking on his situation as a foreigner he said, "I don't have any support outside of these organisations. My family is in Egypt. If the support I receive here at WMO was ever cancelled I would have nowhere to go for help because as it stands now it takes a lot for me to go out of my flat and come here and ask for help, couldn't imagine doing it anywhere else."
- While his particular experience is informed by his foreigner status, his views were reflected and echoed in the stories of those who were born and raised in the UK who also struggle with not having a support system to lean on in times of challenges.

## 1.2. Accessing Support from Multiple Organisations

The majority, if not all the residents we spoke to, communicated that they did not know that they were receiving support from the Household Support Fund. To them, they were just receiving support from an organisation they work with.

There were a few who shared that they had received support from multiple organisations for different needs. For instance, Mathew shared that after moving into a flat with the help of a friend, he was able to settle in with the support of local organisations, including Age UK and Citizens Advice, which predominantly assisted him with benefits and energy-related issues. St Vincent's Church provided him with a range of white goods, including a kettle, toaster, microwave and some cups and cutlery, for which he tells us he was very grateful for "everything you see in this room was free - how about that! The church (St. Vincent's), and the foodbank have been a godsend".

A few residents also spoke of receiving mental health support and other forms of support from multiple organisations. In their focus group, professionals however shed more light on the issue of residents accessing support from multiple organisations. They told us that a person can only make one application for HSF support. Hence,

residents do access support from multiple organisations, just not specifically for the HSF.

While some residents shared their experiences of accessing support from multiple organisations, other residents communicated feeling a strong attachment to the organisation they are accessing help from and expressed a reluctance to go anywhere else. A few themes emerged in explaining why this was the case for them:

A deep fear of not being able to belong and not being accepted anywhere else.

- Zane, a foreigner from Trinidad and Tobago, remarked, “I don’t know where I would go, I spoke to Wirral Change because I didn’t know where to go, (Wirral Change) WC stretched out a hand to me and so this is the place that I come to. I wouldn’t go elsewhere to access help.”

Another theme that emerged particularly from foreigners of minority ethnic populations was not being able to access any other organisations because they do not have papers.

- Saif, an asylum seeker from Nigeria, shared, “One day I went to a certain organisation and the only thing they ask you is: where is your paper and without papers, they can’t help you {...} everything is just about your status. Without papers you don’t get much.”

Some residents also communicated that they do not seek support with other organisations because they do not have enough information on what is available.

- Nancy, a lady in her 60s, shared that she doesn’t know or work with other organisations other than Age UK, “I don’t really know of any other organisations to be honest. Used to go to the community centre here and the library. But it’s gone now, it closed last year or the year before. I am not sure {...} I have been to the food bank once, and that was a couple of years ago.”

For single parent’ households, they shared that they do not have time to engage with multiple organisations due to different commitments.

- Abena, a single mother to a four-year-old daughter, remarked, “I don’t have time to go to other organizations or volunteer because I have to take care of my daughter.”

### 1.3. Insights from Professionals

Professionals shared their appreciation of the flexibility that the HSF provides them such as applying for funding to support the unique situations of their clients that may not be covered by other funding streams. This is particularly useful for people who do not have recourse to public funds, for instance people seeking asylum, people who have unique requirements/barriers that are restricting their health and wellbeing, or for people who do not have the social support of friends, families or organisations to support their needs. This helps organisations to resolve/fix smaller issues that can become bigger issues if people are not able to resolve them or have no social support or organisations to support them.

Professionals shared that there is a wide demographic of people who access support offers from organisations and the HSF. They also observed that recently they have been seeing cohorts of resident who managed well in the past who are now struggling financially. Examples shared include professional/working families, younger/healthier people, landlords and homeowners. More examples include:

- People in debt for the first time in their life.
- People unable to work due to their health failing.
- Professional/working families.
- Single people, pensioners, couples.
- Homeowners with significant increases in mortgage payments impacting on their ability to afford other essential costs.
- Landlords with significant increases in mortgage payments leading to rent increases for tenants who then may struggle financially or end up in rent arrears if they cannot pay, or landlords issuing Section 21 notices to evict tenants so they can sell their property.
- One professional remarked; “In these past five years, since energy bills skyrocketed, our client base has been getting younger {...} it’s completely changed because everybody’s struggling”.

Professionals shared that it is typically a change in circumstances that leads residents to access support from their organisation and the HSF. Below are some of the themes that emerged as they reflected on the reasons why people access support from their organisations.

#### **Systemic and financial challenges**

- Professionals shared that there are wider systemic challenges that have been affecting most households and almost everyone equally leading some people to seek support because they are failing to manage. These systemic challenges include the cost-of-living crisis, energy crisis, increase in mortgage rates affecting homeowners and landlords.
- Professionals also shared that people are dealing with financial challenges such as debt, income reduction, maternity leave, pension thresholds, delays in receiving initial Universal Credit payments, not receiving benefits they feel they

are entitled to (e.g. pension credit), and people just over the threshold for support (pension credit and fuel allowance).

- There is also another group of older people who are experiencing financial issues for the first time. These are people who managed financially when working, only to struggle during retirement, needing to budget for the first time due to limited pension income.
- Professionals observed that for people with limited back up funds when challenges like these emerge often the only option left for them is to seek support from charity organisations or wherever it is they can try and find it.

### **Circumstantial/Unplanned Life Altering Developments**

- Professionals also explored how some people seek support due to life changes that are unplanned and in most cases beyond their control. These include but are not limited to:
  - Relationships breakdown.
  - Job loss.
  - Domestic abuse.
  - Landlord increasing rents due to mortgage rate increases.
  - Finding themselves asset rich but cash poor.
  - Bereavement of partners (with some households going from two incomes to one income).
  - Taking care of family members who get sick with permanent illnesses such as dementia among other illnesses.

### **“In crisis”**

- Professionals also shared how some people seek help when they find themselves in situations where everything has gone wrong, and they are in what professionals called “in crisis.”
- Professionals spoke on how people will look for help when the lights are turning off, energy turning off and everything has gone wrong. One professional remarked; “It used to be the case, maybe 10% of our clients were in crisis when we first met them and now, I think it's more than 50%, so they're already at a point where they can't cope and we're not getting to them soon enough to prevent the crisis from happening.”

### **Some resident groups access the HSF specifically because they are not eligible for other forms of financial support:**

- One professional who works with an organisation that primarily works with foreigners remarked; “quite often with our clients, they are not eligible for anything, and [the HSF's] just the only thing we could do for them because they have no public funds”

#### 1.4. Accessing Support from Multiple Organisations

With regards to residents accessing multiple elements of the HSF, professionals shared that people could apply to the HSF for a variety of different support needs. They also shared how organisations work with clients to understand their situation, how their organisation can support, how other organisations can support, and what HSF can be used for beyond this, so support is not duplicated.

A few other interesting themes emerged around support offers and communication around the fund between the council, the organisations and the residents. Professionals shared that:

- It is only the Council who have a central database of people who had access the HSF.
  - Organisations keep their own records/systems, so they know what funding has been approved, what had been declined, and why.
  - Professionals think the system they have now works fine. They would not want a centralised/accessible database as this could impact on GDPR and their relationship with clients, i.e. if they have access to a client's case from another organisation.
  - Professionals feel confident to contact Council representatives and other HSF organisations to follow up on HSF information, with permission from clients.
- Organisations do have mutual clients, but they would not know this unless the person told them, or if permission was given by their client to speak to another organisation.
- Some organisations do not capture demographic information but might benefit from doing so to report on this.
- People accessing organisations do not tend to request support from the HSF specifically. Organisations are usually the ones to tell their clients there is a fund available that they may be able to support. However, there have been occasions where people have said their neighbour or friend has been given support from the HSF and they want it too. Organisations then have to explain that eligibility requirements for the HSF are dependent on individual circumstances.

## 2. Themes on Barriers to Accessing Support

### 2.1. Insights from Residents

Residents shared their experiences with barriers that have affected their ability to seek or access support that is available to them. Below are the themes emerging from the insights:

#### **Reluctance to seek help early mainly stemming from stigma and pride:**

- Residents spoke about the difficulty in seeking support before issues escalated. Residents spoke on how people often wait until they are in crisis before reaching out, due to feelings of embarrassment, stigma or pride or fear of judgment.
  - Reflecting on her journey, Karen, a mother of two in her fifties, highlighted the difficulty of accessing support because she did not know where to find it at first and acknowledges that the process of reaching out for help often comes too late, when the person is already deeply distressed [“People are too embarrassed to ask for help, I mean you’re working full time and you’re still struggling, people should be encouraged to put out feelers for support much earlier, before things get bad.”](#)
- Some residents shared that they had feelings of embarrassment, or felt too proud to access support, preferring to be self-sufficient. At times, these feelings were brought about by cultural pressures or obligations, other times reflective of the status quo of how they have always approached sufficiency, despite obvious changes in their living situation.
- These feelings often do more harm than good, as financial, emotional, and physical health issues often exacerbate the situation before any intervention is taken. Many residents told us there needs to be more communication encouraging people to access support at an earlier stage. Issues of stigma and pride could be explored further to inform actions to address this barrier.
  - Reflecting on her first experience with the foodbank, Karen, commented, [“I went to a foodbank in Liscard, CAB referred me {...} I really needed food support, it was very basic, but beggars can’t be choosers, you have to take what you can {...} but it is an embarrassing situation.”](#)

#### **Communication and Technological Barriers:**

In many cases, people told us they felt lucky to be approached by the organisation who offered support and would not have known what to do had this not been the case. From the residents that we spoke to, connections were predominantly made via word of mouth.

- However, computer literacy was a significant barrier emerging frequently. As many support services have transitioned to online platforms, residents who were not comfortable with technology faced difficulties in accessing help. This digital divide created a significant barrier, especially for older individuals or those less familiar with digital processes.

- Mathew, a resident in his 60s, shared, “Anyone over my age is more likely to struggle with computers and communications I appreciate they’re getting rid of paper to save money and the environment, but I need paper documents and letters really” This highlights an opportunity to improve computer literacy among residents who have expressed a need for additional support in this area. Strengthening these skills could play a key role in promoting greater self-sufficiency in the future.
- In some instances, organisations were able to help residents overcome these barriers when they offered more tailored or group support. However, other residents had to seek technical help from family/friends in this regard to access support.
- There was a clear preference for paper and in-person support from residents, preferring paper forms and in-person communication, as they found digital methods confusing or inaccessible, preventing them from engaging fully with support services.

## Language

- Closely related to communication is the subject of language being a barrier particularly for residents whose first language is not English.
- Residents not being able to speak English, were unable to access organisations that primarily use English. This also explains why some residents would not go anywhere else for support beyond the organisations they work with which specialise in supporting ethnic minority communities.

## Communication challenges for asylum seekers

Insights gathered from the residents showed that there are specific communication challenges with specific subsets of the population particularly asylum seekers.

- Reflecting on his journey of many years of asylum seeking in the UK, Zane, an foreigner from Trinidad and Tobago told us that communication is a significant challenge for asylum seekers, especially since his experience of witnessing many people seeking asylum, have their phones confiscated at immigration which results in limited opportunities for internet access. He tells us that Asylum seekers, particularly those arriving on boats, face immediate isolation when they arrive in the UK: “Some people who come to the UK, such as people on boats when they arrive, the UK Home Office takes their phone from them, they are immediately cut off, they have little forms of communication, no phone, no internet.”
- Zane suggested several ways to improve support for foreigners and asylum seekers. He believes that providing leaflets or printed materials would help people access information.

## Cultural differences

Cultural differences were raised as a further barrier to accessing support, this manifested itself in two different ways. Firstly, it through cultural differences that emerged when residents had migrated from a different country to the UK. Secondly, through the cultural difference between the younger and older generation. The older generation reported that they were from a generation when asking for help was frowned upon and seen as weakness. Hence, creating a barrier for them in old age when they really need support. Below are two examples that illustrate these differences further:

- Jing, a resident who is originally from China, shared how in Chinese culture, the norm is wanting to keep family problems a secret. She further spoke on how she is now having to share them out of necessity.
- Nancy is in her seventies; she was born and grew up in the UK. She spoke about being part of an older generation that does not know how to ask for help because of the perceived shame in asking for help when desperately needing it. In her words, “I've never really asked for help because I haven't known where to go {...} And I'm of the generation which have never asked for anything. I've never been unemployed {...} I wouldn't think of mentioning, you know, just because older people don't, they're not going to go to somebody and say, I can't stay warm. No, they're not going to admit it. No {...} I didn't actually think about help. That's why I was overwhelmed.”
  - Nancy also shared a touching experience of the time she went to a betting shop in Bromborough Village and asked if she could be allowed to come in without betting “just, you know, for a warm”. Despite going through all these challenges, Nancy shared that she would not go out and seek support if the HSF is discontinued.

## Delays in receiving support:

- Some residents often struggled with long wait times and delays in accessing necessary support, such as waiting for appointments for generic services, i.e. budgeting, council tax assessment, benefits assessment and review, and responses to general queries. Several residents encountered hurdles like paperwork, long queues, and administrative delays. Reflecting on his journey, Ben shared that one of the key barriers he faced was the difficulty in accessing timely support. He mentioned, “We couldn't get an appointment due to availability; they were just so oversubscribed.” Additionally, although Ben was granted a Council Tax Disability discount, the process was far from straightforward. “They only gave us a 1-year rebate, despite waiting 2 years for a decision”. He highlighted the additional complications that arose from this, “The issue is that, whilst you're waiting for your revised bill and for your bill to be banded, if you can't afford to pay they don't chase you, and then when the bill is generated they start chasing you for it a lot, and obviously in the meantime your bill is growing.”
- Delays in receiving financial support (e.g., benefits or allowances) often exacerbated the financial strain on participants, making it difficult for them to manage ongoing bills or emergencies while waiting for support that was

scheduled or had been applied for. They often resorted to seeking financial support from dependants or high-interest sources of debt/finance to bridge the gap.

## **Mental health challenges**

- Residents shared how mental health challenges presented a significant barrier in their ability to seek or access support. The experiences they shared varied, some shared how isolation made them feel like they were alone and there was no one who could help. Others spoke of not having the strength to seek help. Musa's story demonstrated profoundly how mental health challenges can be crippling.
  - In his words, Musa remarked, "For someone like me it's not even one barrier, It's lots of them! Starting with the language. Maybe I can't deliver my message because my English is very bad {...} It is also my mental health struggles. Because I switched off from the community for seven years I struggled with re-integration back into the society. You see; I worked at a local college, had my own business and was known in my community in Liverpool and then I lost everything. That hit me hard and made me just shutdown from everything and everyone. I haven't even seen my children in years and all of it damaged me because I hated myself and that is damaging."

## **'One-size-fits-all support':**

- Some residents reflected on how they think that support services often provided generic advice or assistance that did not fully consider the unique personal circumstances of the residents, i.e. budgeting advice issued in leaflet format. This makes them feel like there is no need for them to ask for help because the available help would not be tailored to their needs.
- Residents shared that they prefer individualised help, because without a tailored approach it made it difficult to fully address their specific support needs. Reflecting on his experiences, Ben told us that the support he received was, at times, often too generic and did not take his unique circumstances into account. "Their support was good, but it was very generic, it didn't seem to account for my personal circumstances and the stressors I was under." This lack of personalised support was a barrier in his efforts to secure the help he needed.
- Related to the theme of some residents feeling like they were receiving generic support, others shared their frustrations with what they believe to be complicated processes for seeking support particularly with regards to financial assistance. They shared how they faced difficulties accessing financial support due to complicated procedures, such as needing additional evidence or navigating the process of benefits reviews, which created further stress and delay in receiving help.

### **Physical limitations:**

- For residents with health challenges, their physical limitations often made it difficult to access support. They shared that they valued the services that approached them directly and appreciated more accessible, flexible support to manage their health and wellbeing. Due to health issues, some residents were unable to independently manage aspects of their lives, like transportation or physical tasks, which created additional barriers in accessing support services, in some cases having an advocate organisation proved helpful.

### **Mistrust of institutions:**

- Selected residents felt a lack of trust in larger bureaucratic systems, such as government bodies or private service providers for instance the Home Office, DWP, benefits team and energy providers among others.
- This was especially when they felt that they were not given opportunities to contribute to society in the form of work permits and an opportunity to work and earn their own money to support their families.
- This was also the case, in instances when they had felt that their efforts were undervalued when they had attempted to pay overdue bills, but their offers did not satisfy expectations, although it was all they could offer at the time, they felt the system did not recognise the effort they went to, to pay what they could.
- However, some residents expressed a deep trust in local community organisations.

## **2.2. Insights from Professionals**

Professionals also shared their experiences with barriers that have affected their ability to offer and deliver support. They spoke of the barriers they have observed affecting the residents they work with and those who they do not work with. A few themes emerged from the insights they shared:

### **Stigma, pride and shame around asking for help**

Similar to residents, professionals also shared from their perspective and experience how some people do not engage with organisations or disengage from support due to feelings of pride and wanting to keep issues private, this can restrict some residents from accessing support. Below are some examples of their experiences:

- **Cultural differences:** “I’ve tried to come in and do debt advice, but nobody wants it, they won’t come because it’s a community thing, it’s a pride thing, and they don’t want people to know.”
- **Generational differences:** “We don’t tend to get a huge amount of people who actually reach out to us because that population is proud, and they don’t like to

say that they need it. When you do say, why don't you apply for Attendance Allowance, 'oh no, I can't do that'. It's like, you absolutely can."

### **Uncertainties in the continuation of the fund**

- Insights gathered from professionals showed that they believe one of the biggest barriers to the delivery of support is uncertainties in the continuation of the fund. The uncertainty from the government not confirming funding also the change in government which delayed the announcement last year.
  - This uncertainty leads to a lot of time being spent planning for potential closure of the fund. This is also often accompanied by a hesitation to offer support, particularly between January and March. Additionally, when funds are reissued/commissioned they have to spend time readjusting to building up capacity and planning to deliver the fund to residents.
  - Overall, this narrows the window for organisations to deliver the fund effectively and confidently to residents. One professional captured these concerns strongly, "the government has committed to this money existing in the next financial year, but they haven't shared any more information than that {...} yes, they're extending it for a year, but that doesn't mean it will be the same things. So, we can't just carry on spending our money in the assumption that in April it will all be refreshed".
- Some professionals also shared that their organisations have to rely on their own charitable reserves to support clients whilst waiting for funding/reimbursements, but not all organisations have the resources to do this.

Closely related to the continuation of the fund is the **anxiety of waiting for the decision** on whether or not they have got the fund. Professionals shared that their respective organisations have to apply to HSF and then have to wait for a decision. This presents two frustrations; first, waiting for the decision and secondly the fact that people are without the support they need in that waiting period.

### **Gaps in knowledge about the support available for residents**

- Professionals also shared that another barrier they have to navigate is dealing with residents who do not know that they are eligible for support or what organisations can do to help them in their situation.
- They think that communication/education about what support is available, and eligibility criteria is important.

### **Mental health and/or not feeling ready to engage**

- Professionals shared that that mental health challenges also present a barrier particularly when it comes to attending appointments. Their views echoed what

residents had shared about their experiences. Professionals spoke about “people losing their nerve on the day.” They observed that despite critically needing the support they would just not be ready to access it. Other instances relate to home visits; some residents get to the day of the appointment and don’t want professionals to see the inside of their homes due to embarrassment.

- Reflecting on their experiences professionals observed that residents are not always ready to engage with support at the time. It is more the understanding and reassurance of what organisations can do that is needed, then they can come back to organisations when they’re ready to engage.

### **Language:**

Professionals shared that language presents a significant barrier in some people accessing support.

- Certain individuals will access Wirral Change initially due to their language barrier, particularly if other organisations do not have translation available for a particular language. Wirral Change then refer people on to further organisations based on need.
- Professionals from another organisation also shared how they recognised the language barrier to their service and recently set up an account with Big Word to provide translation for Wirral Change clients to better support them. They also reflected on how they have used google translate in community settings, if needed, to engage with people and direct them to support.

### **People do not like the solutions organisations give**

- Professionals identified that despite organisations working hard to help people to improve their situation it is ultimately their client’s choice to accept the support they offer.
- Clients might refuse help, prioritise different things or choose not to engage with referral organisations. Professionals highlighted the implications this might have on lowering people’s quality of life.

### **Organisations need people to meet them halfway**

- Professionals told us that another barrier to access is reluctance or a perceived lack of urgency on the part of some residents. They observed that the success of the support provided depended on what people share about their situation and them working together with the professionals.
- They shared that their teams also need to feel confident that clients will progress actions given to them, engage with referral partners, and answer the phone/door to professionals. If not, clients risk delays in support, organisations

not being able to progress their case, and organisations being hesitant to engage with them in the future (i.e. if they have not engaged).

- Professionals reflected on missed appointments and how that can affect the efficient delivery of support. They spoke on how missed appointments result in time lost chasing up people, unfruitful journeys/travel to appointments with professionals not being able to wait around as they have other appointments and people to support.

#### **Trust barrier:**

- Professionals reflected on how their organisations are not going to be the trusted person/organisation for each individual. An example provided was that of older people being fearful of spam callers and being ripped off, which impacts on their willingness to pick up the phone when referral partners contact them. One professional aptly observed, “I think a lot of time, if it's a trust barrier from a particular community, we're never going to be the trusted person for them, and this is why it's good for the organisations to work together because if you can provide some of our advice, then that's fine.”
- Professionals observed that some charities/organisations may be trusted points of contact for people, but their staff may not have the knowledge/training to guide people to support.

#### **Transition periods/changes in circumstances:**

- Contemplating on their experiences, professionals observed that a rapid change in people's circumstances can present a barrier on their ability to receive the support needed. They shared that when things happen quickly it impacts on what needs clients have and what support organisations can provide.
- An organisation that works with asylum seekers shared that people seeking asylum mainly use the HSF for support with food and essentials, as they live in Serco accommodation which pays for their gas and electricity and food. However, when an individual is granted refugee status there is a massive difference in scenarios. They will have to find accommodation, apply for benefits, pay for bills and look for work.

## 3. Themes on Communication About and Around HSF

### 3.1. Insights from Residents

Almost all the residents the QIT engaged with shared that they had heard about the support they received through word of mouth in one way or another. A few examples below illustrate their experiences,

- Abena spoke on how her journey with Wirral Multicultural Organisation (WMO) started out as a “random coincidence” According to her one day in ASDA she met someone who works at WMO who invited her to come over and see what support was available for her. She took the card but did not call for a few days. After a few days she called and went over to WMO and for her, “this was the best decision I ever made. This place has been Godsend to me.”
- Jing was signposted to WMO by her GP when she needed support with the language barrier, she was experiencing in trying to access medical care.
- Nancy believes in word of mouth as an effective means of communication. She spoke on how she signposted one of her neighbours who also got support from Age Wirral “I mentioned when they said about helping me. I mentioned another neighbour. Who was the same. They interviewed her and gave her help as well. But I suppose it's word of mouth. But you can't just sort of give money away to anybody {...} I think they got to know people.”

The rest of the residents’ stories demonstrate how pivotal word of mouth communication has been on their journey of seeking and receiving support. They also shared how word of mouth is their most preferred mode of communication for them to hear about the support that is available to them. They believe that it would be one of the most effective ways in sharing information about future support because “people will always be talking to people.”

### 3.2. Insights from Professionals

Professionals provided more broadly ranging insights regarding communication about what support is available. This is most likely due to the diversity of their experiences of engaging with many people using multiple mediums of communication.

Professionals shared that residents engage with HSF organisations in many different ways that include:

- Residents calling organisations.
- Speaking to staff/professionals in retail spaces e.g. shops and cafes (brand recognition).
- Attending organisation drop-ins for walk-in support.
- Attending outreach appointments.
- Partner referrals from other organisations, website and email/referral forms.
- Neighbours, a family member or a friend raising that someone they know may be struggling, finding out about support options from other people/networks and following up with organisations.

Professionals shared that organisations use a variety of engagement methods to share information about the support they provide:

- **Walk-ins/open door policy** – for organisations where this is possible.
- **WhatsApp** – organisations setting up different WhatsApp groups for people with different needs such as those seeking asylum, different communities and different languages where information can be shared from their organisation and by members of the group to support one another.
- **Website and email referrals** – some organisations accept website referrals and others shared that if people can explain their situation, they can respond directly with advice or ask them to call back for an appointment.
- **Outreach appointments** – partnership with other organisations.
- **Social media** – to promote activities/services and good news, updates and information about what they do, and to share information with partners.
- **Advice terminals in public spaces** – One professional spoke on how their organisation recently provided advice terminals to reception areas in Social Housing accommodation. These encourage self-sufficiency as people can access the information and advice they need directly. If more complex advice is required, people can contact them on the phone number they provide. They believe that this method can lead to less people calling their helpline which frees up staff/capacity to support people with more complex needs.
- **Door knocking** – engaging with people on their own doorsteps.

## 4. Forward Planning and Recommendations:

### 4.1. Insights from Residents

#### Impact if the Fund was Cancelled

Residents shared that if the support was cancelled it would tremendously affect their lives. Below are a few quotes to illustrate residents' fears and contemplations at that possibility:

- **Karen**, "Without support - everything is another building brick that compounds your issues {...} My problems would just keep piling up without them [support organisations] I couldn't keep on top of it at the moment my health and my need to work despite my physical health, makes managing life all the more difficult."
- **Ben**, "I don't know {...} I was just very lucky, the help I got was valuable, it was perfect, and it really supported us a lot."
- **Barbara**, "If Age UK hadn't come to me, I'm not sure I would've known much about the kind of support that was on offer, like the transition to home from hospital or respite care/support and adaptations for my home."
- **Zane**, "I don't know where I would go, I spoke to Wirral Change because I didn't know where to go, WC stretched out a hand to me and so this is the place that I come to. I wouldn't go elsewhere to access help, If I didn't have the money, I wouldn't go anywhere else, I have what I need."
- **Mathew**, "I don't know, I don't think without good friends' people like me would be here...'Without Charity organisations, without good friends, all of a sudden you could be in the gutter, it could happen to anyone {...} People need to help people, because practical issues like this can turn into mental health problems, suicidal problems."
- **Jing**, "I wouldn't know where else to go as I doesn't really have friends or family around {...} Even if I had friends, I wouldn't want them to know my family problems."

## 4.2. Residents' recommendations with Regards to HSF

Residents shared recommendations based on their individual experiences on how to navigate some of the barriers they identified, improving communication about and around the HSF and other general suggestions on how they believe that the support offer can be improved. Below are some of the themes that emerged from the insights shared:

- The need to improve how messages are shared through word of mouth, i.e. WhatsApp, volunteers in charities/retail/public places, etc., due to the belief that word of mouth is the most common mode of communication for support offers.
- Increasing communication touch points - organisations, workers and volunteers to be educated more about the available opportunities so that they can share the information with the people they work with and those who walk in.
- A need for better communication and wider availability in support systems, "People think there's just one place to go they just go to the benefits office"
- Making sure that available information is up to date. Some residents felt that often information is out of date by the time people find it "You don't hear about support options until they have already gone {...} information is out of date."
- Making use of local Councillors to share the information on the support that is available as they work with people on a local level and will be more likely to know the people who need help.
- Residents who are asylum seekers recommended that giving asylum seekers the right to work would be much more beneficial than the current rules that prevent them from working: "let them work, it's much better to let people work and earn more, they can provide for their family and pay tax and contribute to society {...} I would like to work, pay tax and contribute to society."
- Targeted sharing of available support such as discounted food at foodbanks to marginalised communities such as asylum seekers, "Asylum seekers need to be given more information about support that is available to them, this would help more than 250%. It will help {...} things like social supermarkets selling food for half the price, people need to know this, there's no way they could know otherwise."
- Communicating available support through care organisations as they work with and know people who need support in the community.
- A focus on early intervention and encouraging people to have more positive, proactive attitudes to seeking support that is out there. "A little bit of help, at the right time, can stop things snowballing, from getting worse."
- There should be more financial options for specific needs such as second-hand items like white goods "We had to buy a new cooker on finance as there weren't any financial options to get a second-hand one i.e., we would be happier loaning money interest-free to purchase a cheaper, second-hand one."
- Free advice centres.
- Improving digital communication:
  - Some residents suggested "a website with all the available opportunities and support for people." Such a service exists through Wirral Infobank. This gap in knowledge of what is available indicates the need for more communication on what is available for the residents.
  - Newsletters

- Emails.
- Finding the balance between communicating available support and not overwhelming the fund's capacity because not everyone "would be genuine".
- "Let's improve what is already there by paying attention to people's needs. The council and organisations should be more humane and just pay attention to people {...} the main thing should be a way of letting people know that there is help out there".

a. Plans for the Future

As a positive reflexive process at the end of the conversations, the residents were also asked to talk about the things they were looking forward to in the future. The following key themes emerged:

- **Financial Security:** Looking forward to settling down and receiving the money they feel they are entitled to, including benefits reviews, to alleviate daily stress and worries.
- **Personal Wellbeing:** Hoping to regain a sense of normality and enjoy activities they love, like walking, or engaging in group social activities after dealing with significant relationship trauma, loss and personal health challenges.
- **Family Support:** Focused on providing better educational opportunities for their children and ensuring their future wellbeing.
- **Stress Relief:** Seeking to resolve social or financial challenges, particularly concerning bills and the fear of consequences like service cut-offs, dealing with these issues would relieve their mental strain to focus on quality-of-life improvements.
- **New Experiences:** Looking forward to positive new experiences, such as holidays or other personal activities, despite health or personal struggles.

### 4.3. Insights from Professionals

Professionals shared recommendations based on their experiences within their organisations on how to navigate some of the barriers they identified, improving communication about the support that HSF can offer and other general suggestions on how they believe that the support offer can be improved. Below are some of the themes that emerged from the insights they shared:

- **A need for confirmation and certainty for future funding to enable better planning and efficient delivery of the support:** They communicated the anxiety of not knowing and how despite the Government confirming that funding will continue into next financial year, they do not know exactly what this will look like, and they cannot guarantee they will be able to provide the same support as they do now.
  - Professionals also shared that this would support with longer term funding for HSF they shared that even twelve months provision requires a substantial period of time and capacity to set up support offers at the beginning and exit strategies at the end, before further funding is confirmed. Organisations shared that there may only be limited time in the middle of funding schemes where the depth of support can be provided to residents.
- **New referral pathways** – to support more charities, organisations, staff and professionals to know how people in need can be supported and what organisations they can refer people to.
- **Continued support for rent arrears** – If the HSF support was removed, people may become evicted and potentially become homeless.
- **Continued support for fuel arrears** – some energy providers do not allow their customers to move providers if their fuel arrears are a high amount. This means people may not have the best company or energy tariff for their circumstances. HSF support enables people to pay off fuel arrears so they can then do energy comparison checks, move to more suitable and sustainable providers, and get on tariffs suitable for them. Without HSF, people are stuck. Further, energy prices rose in January 2025 and are expected to rise again in April 2025, so people will likely be spending more on energy costs.
- **Energy education for everyone** – whether you are in a crisis or not. In the past, “nobody needed to be educated because we could all afford it” but as energy prices have risen, the need for greater understanding has risen.
- **Improving how suppliers support residents** – some suppliers are better than others in supporting complex situations.
- **Supporting residents to become more self-sufficient** – such as increasing knowledge and understanding of energy use, the use of self-help terminals in public spaces, working to remove digital deprivation so people have access to digital devices, and supporting digital inclusion for different needs and communities.

- **Funding staff time and capacity to support the Household Support Fund**  
Professionals shared they are supporting clients to access HSF on top of their normal services, with no funding to support staff capacity or advertising, “this is something we’re doing on top of what our normal services are because we believe in it and we know it’s needed”, but it could provide additional capacity and resource to organisations to support the needs of their clients.

## Case Studies

The four case studies below offer a deep dive into residents' individual stories and their experience with the HSF.

## 1. Nancy's story

***“I spoke to [Age UK] at my local Warm Hub; we went through my pension credit application but found out I was just over the threshold.”***

- Age 78.
- Lives in Bromborough.
- Local to the area for 18+ years.
- Lives in an assisted living community.
- Has financial struggles due to low income.
- She is particularly worried about fuel bills and staying warm.
- Nancy received fuel support from the Household Support Fund.

<b>Nature of Support from the Household Support Fund:</b>	<i>“[I got] woolly hats, blankets and draft excluders” {...} “I’m really grateful, it’s why I cried, nobody’s done anything for me before”.</i>
<b>Barriers:</b>	Nancy told us she felt shame in asking for help, and that people from her generation do not tend to ask, despite desperately needing it. <i>“You can’t stay warm {...} you feel like you’ve failed and can’t take care of yourself”.</i>
<b>Communication:</b>	Nancy believes in word of mouth. She also advocates use of local Councillors. Local people ‘in the know’ who can assist people within their communities, also being well connected with care organisations and advice centres who can help to spread the word about services for older people.
<b>Future Opportunities and Challenges</b>	Nancy is hesitant about accessing the fund again – as she feels she’s had her entitlement - <i>“there’s no way I’d go and ask for help again because I think, well, I’ve had it! - I can’t go back again every year”</i>

## 2. Barbara's story

*"If Age UK hadn't come to me, I'm not sure I would've known much about the kind of support that was on offer, like the transition to home from hospital and adaptations for my home."*

- Female.
- 72 years old.
- Lives in New Brighton.
- Assisted living apartments, been there for 11 years.
- Received a cancer diagnosis in 2014, at the time she was working in accounts/clerking for a company in Moreton, tells us she was one of the 'Waspy' women, so her pension was delayed.
- Just transitioned home from hospital under St. Johns Hospice.
- Her Cancer complications have progressed, including kidney issues, so adaptations and extra care are needed.
- Barbara's Family live nearby for support.

<b>Nature of Support from the Household Support Fund:</b>	Barbara told us that small, yet essential adaptations came at the right time and dramatically improved her daily life. <i>"Age UK and the Household Support Fund approached me in hospital and provided my home with an adaptable bed, a raised toilet seat, and a stool in the kitchen for sitting whilst cooking these things were a godsend"</i> .
<b>Barriers:</b>	She had initial concerns regarding the communication between her GP and hospital, she told us that these challenges were quickly addressed by Age UK: <i>"[They were] dealt with quickly, Age UK came in and visited different people within the ward, especially as the ward was mostly older people."</i>
<b>Communication:</b>	Barbara told us the approach that support organisations used suits her preference for speaking to people more personally  <i>"I like face-to-face communication; I will use the telephone, if necessary, but I'm not very good with the internet or computers."</i>
<b>Future Opportunities and Challenges</b>	For Barbara, this more personal, holistic approach could be extended to groups in her assisted living facility <i>"People living here would benefit a lot from more information about support, as many people have some sort of ailment, maybe [group talks]"</i> .

### 3. Musa's story

***“I didn't even know how to find help, even from professionals. I gave up looking for help...it's better now, after being referred to organisations.”***

- 59 years old.
- Has lived on the Wirral for 7 or 8 years now.
- Moved to the Wirral from Liverpool.
- He had lived in Liverpool for more than 30 years, running a family shop business and held a position of respect in his community.
- After his divorce he moved to Wirral.
- In the early months/years of moving to Wirral he struggled with depression and anxiety –particularly with constantly feeling low energy, not cooking or doing anything, just eating whatever was available.

<b>Nature of Support from the Household Support Fund:</b>	<p>Musa's divorce greatly affected his life, his mental health and his confidence and his entire livelihood unravelled. He was signposted to organisations for mental health support by his GP, such as Companero's and Wirral Mind. Then he was referred to Wirral Multicultural Organisation, he has been working with them for five years now. He says, <i>“It has been a good change for me, something to take me out outside and rejoin the community.”</i></p> <p>Describing the nature of support he receives from WMO, <i>“Here I get support with everything basically; my benefits, a place to stay I got my place through here {...} A few months ago, I got my slow cooker here.”</i></p>
<b>Barriers:</b>	<p><i>“For someone like me it's not even one barrier, it's lots of them! Starting with the language. Maybe I can't deliver the message because my English is very bad {...} It is also my mental health struggles. Because I switched off from the community for seven years I struggled with re-integration back into the society.”</i></p>
<b>Communication:</b>	<p>Musa felt that the main suggestion should be a way of letting people know that there is help out there.</p>
<b>If support was discontinued:</b>	<p>He told us he did not have any family or friends locally to lean on for support and he would struggle knowing where to go <i>“I don't have any support outside of this organisation. My family is in Egypt. If the support at WMO was ever cancelled, I would have nowhere to go.”</i></p>
<b>Future Opportunities and Challenges</b>	<p>Musa shared that he was looking forward to a <i>“better life and to just being a human being.”</i></p>

#### 4. Zane's story

***“I never like to seek other entities to get things or help for me, all my years I never depended on anyone before now. [...] I want to work and contribute to society.”***

- Male, in his sixties
- Lives in Eastham, originally from Trinidad and Tobago.
- Married with 5 children.
- The Family have been seeking Asylum in the UK for several years; their asylum application is being reviewed at Tribunal Stage.
- Zane worked 7 days a week at home, fishing, bricklaying and running a corner shop with his wife, which was passed down to him by his father.
- He is not allowed to work in the UK under Asylum rules.

<b>Background:</b>	Zane reflected a lot on his life in Trinidad and Tobago: <i>"I had a nice home and a good standard of living... I was very happy there. I had a wife and 6 children."</i> Their peaceful life was shattered when gangs targeted their family: <i>"One day the gangs came at my door and killed my son... {...} They threatened to kill me and all my family."</i> His son, just 17 years old, was a promising athlete - <i>"My son toured the UK and Scotland playing rugby, he had a lot of friends and was well liked {...} The gangs wanted him to sell drugs, but this isn't the way of our upbringing."</i>
<b>Nature of Support from the Household Support Fund:</b>	Zane's family received early support from Wirral Change, asylum support from his local Councillor and a referral to the local foodbank. <i>"The CEO of Wirral Change came to help us on the day we moved in. [They] stretched out a hand to me and so this is the place that I come to. I wouldn't go elsewhere to access help."</i>
<b>Barriers:</b>	Zane tells us his biggest barrier is not being permitted to work, as an Asylum Seeker. He feels they could better assimilate, be self-sufficient and contribute to their society if they were allowed to work <i>"I handle the volunteer money at Wirral Change, I'm trusted. I volunteer to go and buy food, I'm not paid, I can't thieve or steal, we are trusted, yet we are not allowed to work."</i>
<b>Communication:</b>	Zane told us that communication is a significant challenge for asylum seekers, - <i>"Some people who come to the UK, such as people on boats when they arrive, the UK Home Office takes their phone away, they are immediately cut off, little forms of communication, no phone, internet - so they have to come to Wirral Change in person, many every day"</i> . He told us that physical communication is best, such as leaflets and word of mouth.
<b>Future Opportunities and Challenges</b>	Zane remains hopeful for the future, particularly regarding his children's education: <i>"I am looking forward to staying in this country, my children have a big challenge when it comes to education but it's better than where they came from. I'm looking forward to seeing them get an education, education is key."</i>

## **Contact**

For further details, or to give us feedback please contact:

[qualitativeinsightteam@wirral.gov.uk](mailto:qualitativeinsightteam@wirral.gov.uk).

## **About us**

Qualitative Insight is a type of research that speaks to people to gather their thoughts, experiences and ideas on particular subjects. The Qualitative Insight Team at Wirral Council work with residents to ensure that their voices are heard when informing council policy and decision making. The team supports the delivery of the Health and Wellbeing strategy, in which residents' voices are a key strand.