

1. Activity and outcomes monitoring

Please refer to the Action Plan you provided in your project proposal form and provide an update. If activities have changed, please provide a brief explanation.

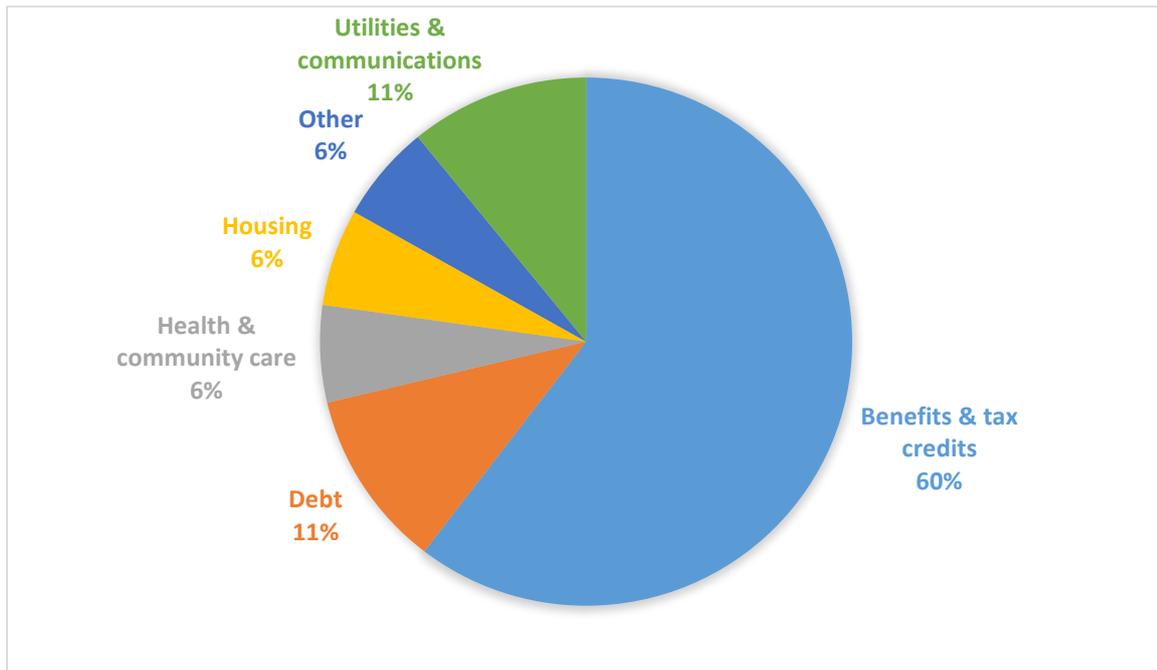
Actions / activities – what has been delivered? (Please include the week/month of the activity)	Reason for any changes, if applicable	Number that participated or benefited. (Include details of any key communities.)
Outreach sessions at St Mary's Parish Centre, East Finchley, including follow-up and casework on behalf of clients.		26 residents of East Finchley Ward

Outcome Use the Outcomes that were agreed in your project proposal form.	Progress Describe who is benefitting and what changes are happening?	Evidence of change Describe how you know the change is happening.
150 appointments provided over the year	26 appointments attended in this quarter (July-Sep). There has been a slow start to the project, with initial take-up low. This may have been due to lack of awareness of the service. Publicity has meant that numbers have now begun to increase.	More clients attending appointments now that at the beginning of the quarter.
£16,000 of financial outcomes for these clients, benefitting local economy.	£1,134 recorded so far, through rescheduling of debt repayments. This apparently low figure is expected, simply because disability benefit applications and appeals take time and the results of this work will not be immediately apparent. All cases are followed up and outcomes recorded when they occur.	Cases flagged for follow-up.

Client Demographics and additional information for Q1 of the Project:

a) Issues Breakdown

For the period July-September 2016, the clients who attended Outreach sessions had the following breakdown of issues:



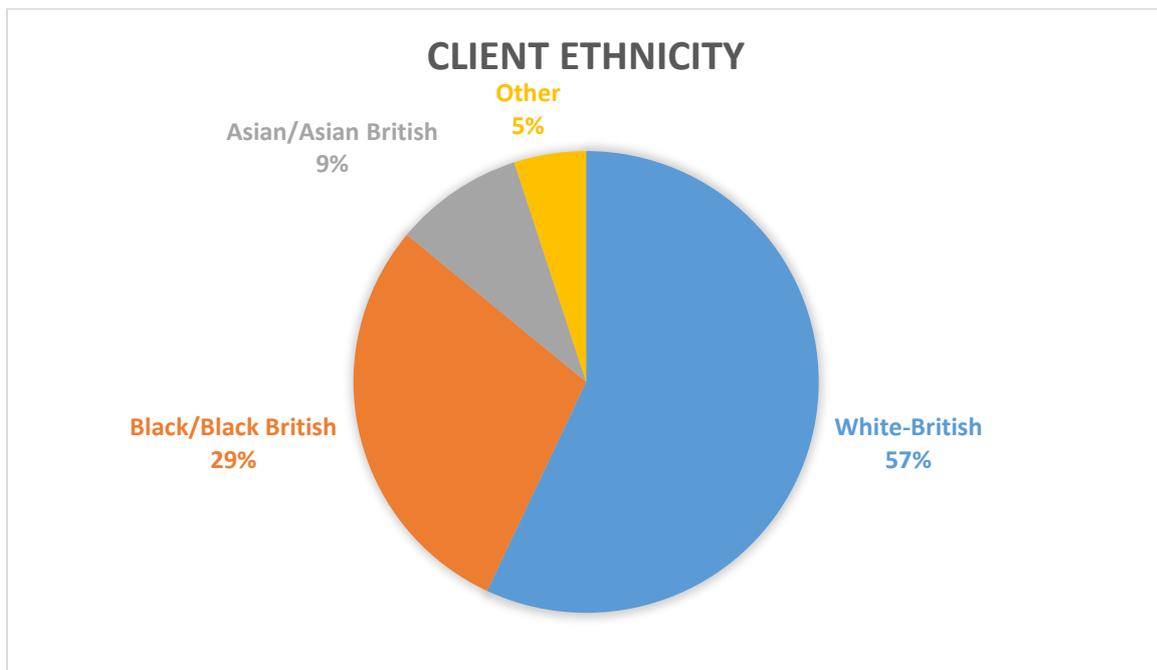
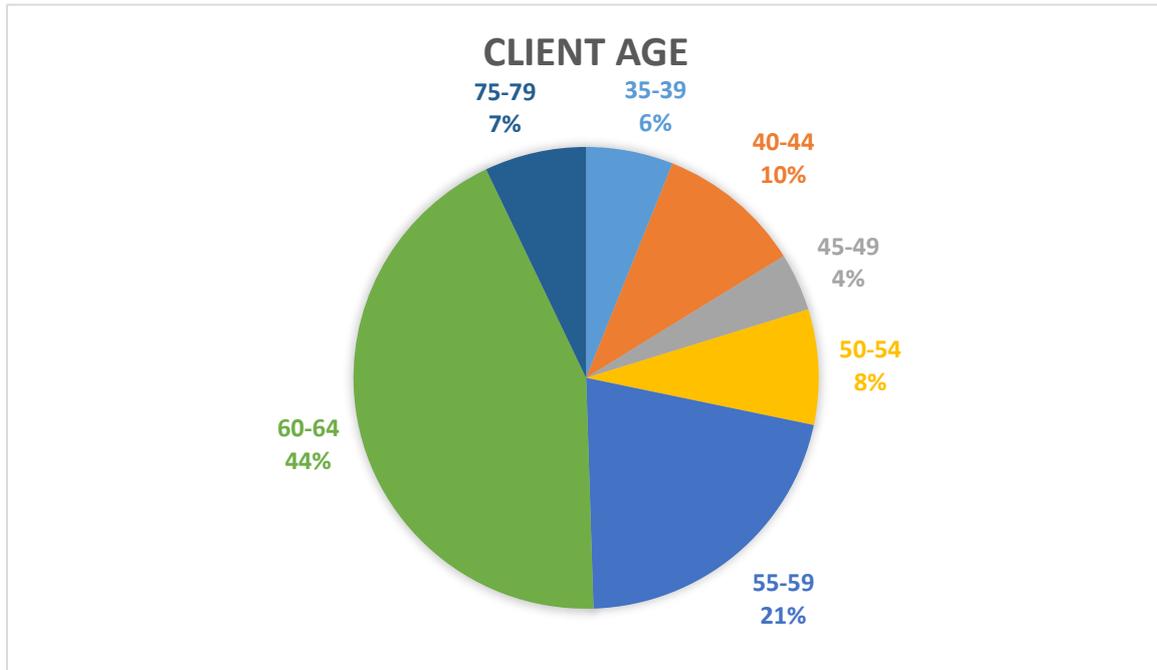
b) Resolution of cases

Cases resolved:	73%
Cases Unresolved ¹ :	4%
Cases awaiting resolution ² :	23%

¹ Cases where the client was advised but the situation could not be moved on. The clients nonetheless are more informed about the legal aspects of their situations than before they sought advice.

² This is where applications and interventions have been made on behalf of the client and an outcome is still awaited.

c) Diversity Information



Additionally, 79% of clients were Female and 21% Male; and 76% of clients were disabled or suffering from a long-term health condition.

d) Volunteers Recruited/Trained

We have recruited a volunteer solicitor from the Grange area, who has started to attend our pro bono clinic, offering Family Law advice.

e) Feedback and Suggestions from clients

Clients have been positive about the advice received, and there have been no negative comments or complaints made to us in this regard.

One client did suggest that security at the Outreach location could be improved, and several have said that the location is difficult to find – and that better signage would improve this.

f) Case Study

Mr E suffers from severe mental health conditions including schizophrenia and PTSD. He lives with his wife and young son in a one-bedroom Council property.

Due to his increasingly frequent episodes of challenging mental health behaviour, he was advised by his GP to move to larger accommodation where it will be easier to contain and manage his conditions. He had approached the Council on several occasions for a housing transfer, supplying a letter from his doctor describing his needs but felt he was always fobbed off. He was registered for mutual exchange (home swap) but due to his property being on an upper floor with no lift, there was no interest in swapping homes with him.

He heard about the GBL Outreach service from a friend and came to a session. Over the next couple of weeks we were able to gather enough information about his situation and draw an action plan to assist him with his housing needs. After contacting the Local Authority, they told us they had no record of his request for housing assistance.

We helped Mr E make an application as homeless under Part VII Housing Act 1996, due to the combination of overcrowding and the unsuitability of his current accommodation due to his mental state. He was immediately accepted as a person with housing needs and is currently being assessed as a vulnerable person based on medical grounds.

Initially, the Local Authority had not applied their own policy on reasonable preference based on medical grounds. Without our intervention, Mr E's need for rehousing would not have been considered due to internal red tape or administrative error, and he would have assumed that he had no right to more appropriate accommodation. By making him aware of his rights and helping him to assert them, he is now in a much stronger position to get the help he needs.