

Innovation in the Community Legal Service

Annexes to Chapter 2: Mental Health Projects

- Annex 1 Access to Advice**
Garston CAB
- Annex 2 Flintshire Mental Health Advocacy Service**
- Annex 3 Mental Health Caseworker**
Middlesbrough CAB
- Annex 4 Mental Health Caseworker**
Redcar & Cleveland CAB
- Annex 5 Mental Health Debt and Money Advice Project**
Tameside MBC
- Annex 6 Mental Health Outreach and Legal Services
Development Project**
Brighton Housing Trust and partners



Annex 1 – Access To Advice (Garston CAB)

Aims and objectives

The Access to Advice project aims to address the unmet advice needs of people experiencing mental health problems by providing them with independent and confidential advice, information and representation. In particular, the project aims to target people entering or maintaining employment or training, homeless and transient people, and people from black and minority ethnic groups including refugees and asylum seekers. It focuses on maximising income, and so provides services on welfare benefits and debt. PIB funding of £342,961 was awarded over a three-year period.

Background and rationale

In 2000 Garston CAB received funding from Liverpool City Council Social Services to increase advice provision, focusing on income maximisation, for people with severe and / or enduring mental health issues. This followed research showing how many people with poor mental health fail to access their full entitlement to benefits and the services available to them. The resulting Income Maximisation Project (IMP) involves Garston, Toxteth and Anfield Citizens Advice Bureaux, who provide services in debt and welfare benefits. Referrals to IMP come from social workers and Community Psychiatric Nurses, but also from potential clients themselves.

Before the PIB project, the IMP initiative received many enquiries from people with less severe or chronic problems, but was unable to offer them support since the project's scope does not cover people who have only mild to moderate mental health needs. When, in 2001, the Community Legal Services Partnership (CLSP) identified provision of advice services to people with poor mental health, regardless of severity, Garston CAB sought PIB funding in order to extend services to this group.

Set-up and operation

Resources

The Access to Advice project (A2A) employs three caseworkers and one co-ordinator.

In order to operate effectively, the project required central office equipment, and needed to identify suitable locations for outreach services (with access to a private room, telephone, and someone to accompany clients if necessary). Garston CAB works in partnership with Anfield and Toxteth Citizens Advice Bureaux, with one caseworker based in each Bureau.

Match funding is provided from Citizens Advice, Speke Garston Partnership, and Liverpool City Council Social Services. The Mental Health Consortium and the Citizens Advice Bureaux also contribute match funding in kind (staff time, including management time) and partner agencies provide locations for outreach free of charge. Both the IMP and A2A projects are overseen by a joint steering group, which includes representatives from among health professionals and clients who access the services. The Bureaux hold Specialist level Quality Marks in the relevant categories of law.

Targeting organisations

Garston CAB and its partner Bureaux re-launched both the IMP and A2A projects, with social workers, day centres, Community Psychiatric Nurses and clients of the IMP project.

It identified partners for the A2A project as its preferred way of accessing potential clients of the outreach-based service. There are currently 17 partner organisations (some of whom offer advice services) and while the service is available to anyone experiencing mental distress, the clients of these organisations are predominantly:

- homeless, transient or vulnerably housed people;
- BME clients, including asylum seekers and refugees; and / or
- people waiting to access employment and training to get back to work.

Process

Once engaged, referral protocols are established and some basic problem-noticer training is provided to enable the partner agency to identify clients who might benefit from the project and to ensure a smooth referral process for clients. A risk assessment is carried out.

Each project worker is based in a different CAB, and works with agencies focusing on one of the three groups of clients identified above. Each partner agency works exclusively with its allocated project worker, and so the information it holds about the project is customised and specific.

The partner agency faxes a client referral to the project. The allocated caseworker then phones the client to arrange a visit. This takes place in either the referring agency's premises or at the client's home, whichever is most appropriate. In no circumstances will an initial appointment be arranged to take place at the Bureau itself. Appointments are made during office hours only as caseworkers need to access backup systems from Bureaux.

Impacts

Garston CAB strongly believes that the Access to Advice project is already beginning to achieve what it set out to do.

Impacts on clients and the partner agencies that refer them

Both clients and the agencies that refer them have experienced benefits from the project; there is a great deal of anecdotal evidence that the service has had hugely positive impacts for clients in particular. The project has set up focus groups of people who access its services.

Many referrals come about as a result of word-of-mouth signposting among client communities, and the project receives more referrals than it can currently support.

It estimates that 80-95% of people accessing the service have not received advice before. As a result of the project, clients who access it increasingly feel able to access advice through mainstream services at the CAB.

Impacts on CAB partners

The project has had a positive impact on Garston CAB, and together with the IMP project has raised awareness of mental health issues within the workforces of all local Bureaux. It has also raised awareness of Bureaux among client communities, and has led to a more enhanced service and increased geographical coverage for the client group. Although Garston CAB (as well as the other Bureaux) has developed considerable expertise in delivering services to this client group, it does not believe that this has diverted resources or otherwise detracted from other areas of work.

Wider impacts

Local doctors and health professionals of all kinds now understand the benefits of the service. A significant achievement of the project is that it has now become easier to obtain medical reports from GPs in support of welfare benefits claims.

Challenges, lessons and critical success factors

Project staff have been shocked by the sheer scale of need for the service, and despite previous work with people with severe or chronic mental health problems feel that the project underestimated the need for the Access to Advice project in the development stages.

Linked to the high levels of need for the service, a key challenge has been to manage the expectations of partner organisations making referrals. The project is unable to provide a full time caseworker for each partner agency, something many of them would like since they believe the level of need justifies it.

Although in general referral protocols are working well, some agencies are still uncertain about where to signpost clients for drop-in sessions.

In retrospect Garston CAB would have bid for more money to provide more administration support and an additional caseworker for the central region.

There has not been the time or resource to undertake social policy research around key trends appearing in clients across the service. However, the Bureau has secured additional funds from Community Chest and the Neighbourhood Renewal agenda to take this forward, and plans to involve a focus group of clients of the service.

Garston CAB feels it has learnt a great deal about what kinds of data it is necessary and appropriate to monitor among this client group, and how to do this. The database that has been developed to support this is sophisticated and transferable.

It strongly believes that the work of the Access to Advice Project could not be carried out under the existing Legal Services Commission contract system. This particular client group requires additional time in order to give advice effectively, and given that the project deals mainly with debt and welfare benefits, there is evidence to suggest that the specialised nature of their needs are not limited to issues around mental health provision and systems, such as tribunals.

There have also been issues around the Quality Mark and supervision standards, which also relate to the fact that the service targets a particular client group rather than a category of law.

Future plans

Garston CAB is very aware of the need for a financial anchor post PIB funding, and is looking to the Legal Services Commission, the health sector and statutory sector for longer term funding.

Annex 2 – Flintshire Mental Health Advocacy Service

Aims and objectives

Through this project, Flintshire Mental Health Advocacy Service aims to expand its services for residents of Flintshire who define themselves as suffering from mental health problems. The Service defines advocacy as taking action to 'help people say what they want, secure their rights, represent their interests, and take the services they need'. Specific objectives include developing outreach sites in areas of deprivation and offering an advocacy service in all three in-patient hospital sites used by Flintshire residents.

The project is receiving £111,423 in PIB funding. As it is a second round project, it had been operational for only six months at the time of the evaluation visit.

Background and rationale

People suffering from poor mental health are currently the only group of individuals whose rights can be affected by the Mental Health Act. In 1999 a steering group was set up and they employed a research worker to establish whether advocacy services were needed for those suffering from mental ill health and the model of advocacy that service users wished to have in Flintshire. The resulting report established the preferred model and in June 2000 a Scheme Coordinator was appointed to develop the service. For the first three years Unllais, the Mental Health Development Agency in North Wales, managed the service until it was in a position to appoint a Board of Trustees and become a Company Limited by Guarantee in March 2003. The original service was run by the Director on a part-time basis together with a volunteer base, and experienced difficulties in recruiting volunteers into this particular field. The sole source of funding for the service, until the Director applied for PIB funding, was from the Local Authority, with match funding from the People with Disabilities monies from the Welsh Assembly Government.

Set-up and operation

Resources

The service comprises the Director, who also provides supervision and strategic management, together with two part-time paid advocates (one funded by PIB) and a part-time volunteer co-ordinator. The part-time advocate funded by PIB trained as a psychiatric nurse, so her induction focused on the role of an advocate. The volunteer co-ordinator (also funded by PIB) works within Social Services on a part-time basis and brings knowledge of the statutory sector. At the Advocacy Service he trains and co-ordinate volunteers, and promotes the service to relevant groups.

There are currently five volunteers. Two have been volunteering for three years, and several use, or have used, mental health services. Volunteers undertake training one day a week for four weeks before a mutually agreed decision is made as to whether they should be taken on as an advocate. Advocates need to have skills in understanding issues of confidentiality, empowerment, and assertiveness as well an understanding of the role, namely the empowering of the individual to resolve his or her own issues. Once

training is complete, an interview and police checks follow. If accepted, they will work on their own only when they are ready to do so.

As the aim of the project is to expand the service, it moved from a small office in Mold to a larger office base in Holywell.

Reaching clients

The service targets potential clients via posters within mental health services, and by making leaflets available in libraries, GP surgeries and other services accessed by the client group. There is no hospital in Flintshire, so people are referred to one of three acute units in neighbouring counties, two of which host outreach sessions.

The project is currently working at capacity, and avoids over-publicising the service, as it does not want to operate a waiting list. Individuals can self-refer or clients may be referred by a third party, such as a Community Psychiatric Nurse or a social worker (but only with the client's consent).

Clients fall into two broad categories – those who require support for one specific issue, and those with a variety of problems. At the point when they first contact the service, most are experiencing a crisis, such as being about to be made homeless; however, there are often other problems underlying the presenting problem.

Process

The first contact with a client focuses on explaining the role of an advocate, and how the service can be of help. An advocate can attend ward rounds, meetings with social workers or a psychiatrist, and broadly speaking any situation where the client wishes it. An advocate will signpost clients to services and make and attend appointments with them. This is particularly important for those with drug / alcohol issues for whom an appointment system can be problematic. After an appointment or meeting, the advocate writes to the client confirming what was said and agreed.

It is important to match the right advocate to the individual client, and it is crucial that the advocate has supervision on a regular basis and at critical times (from the Director). The whole service team, including volunteers, attends monthly meetings to discuss issues, and meets on an ad hoc basis as necessary.

The service makes referrals to other services, particularly to solicitors, where there are issues concerning children or the family. There is also a well-established link to the debt and welfare rights service at the local CAB for specialist casework.

Impacts

Impacts on clients and the partner agencies that refer them

Clients are satisfied with the Advocacy Service. While there is a complaints procedure, it is clear that clients would not continue to access a service that does not meet their needs. The amount of advocacy being offered to clients has tripled since the arrival of the second part-time advocate.

The Service believes that it is doing well within the available resources, but that there is potentially unmet demand. It is particularly concerned about the very 'hard to reach' individuals with severe and acute needs who choose not to access services. The service is working to identify suitable outreach locations. Flintshire, unlike neighbouring counties, does not have a voluntary sector resource centre, which would make an ideal outreach base.

Wider impacts

The Service has helped to establish a North Wales Advocacy Network as a forum for advocates working across Bangor, Wrexham and Flintshire. Solicitors, particularly those working in Mental Health, are also slowly starting to engage with the Service.

Challenges, lessons and critical success factors

The Advocacy Service sees the six months delay it experienced in obtaining released PIB funds once the bid was approved as a particular challenge. There is still not enough funding to expand the service, and it struggles to meet existing costs. Relying on several sources of annual or time-limited funding streams poses problems for managing different budgets across different financial years. This also makes estimating growth and managing change harder.

The Service has experienced some difficulties in securing for its clients the services of solicitors, who may be dubious about working in this field and not always ready to invest the necessary time. However, solicitors are now beginning to contact the Service of their own accord and to refer clients to them.

The Advocacy Service constantly reminds other services of its existence, and often has to overcome negativity from some services (in particular from nurses in one hospital).

The Service feels that there is a need to develop protocols for working with statutory bodies, especially with regard to disseminating information about what it can do.

In terms of replicating such a service elsewhere, the Director of the Advocacy Service recommends that roles and realistic outcomes are fully worked out before bidding for funding.

Future plans

The Advocacy Service intends to convert to charitable status, and hopes this will help it to attract core funding.

While it sees itself as working within a legal and advice framework, the service also believes that the county's Local Health Board should think more strategically about how poor mental health can be prevented and begin investing in advocacy services.

Annex 3 – Mental Health Caseworker (Middlesbrough CAB)

Aims and objectives

Through this project, Middlesbrough CAB aims to provide an integrated advice service in supportive venues for local people with mental health problems, with a focus on welfare benefits and debt advice in order to maximise clients' income. It also provides training around mental health issues to both local agencies and professionals, and to clients in order to support independent living. The project has been awarded £129,775.23 of PIB funding over three years.

Background and rationale

Anecdotal evidence of the need for a service of this kind came mainly from the local Mind Association, and was borne out by the lower than expected proportion of people with poor mental health accessing the CAB. There was a clear need to provide advice at locations where the individuals felt comfortable. A weekly drop-in session was already running at the local Mind Association, and the bid aimed to expand this provision. The proposed project was considered innovative as it aimed to work with clients on budgeting and on raising awareness of mental health issues.

Set-up and operation

Resources

PIB funding enables Middlesbrough CAB to employ a dedicated full-time caseworker to work with clients with poor mental health. The caseworker already had a great deal of experience and training in the mental health field, and crucially had the communication skills required to work with the client group. He also undertook full CAB training. PIB funding also pays for administrative support and line management time from the Bureau's Service Manager.

Match funding is both cash and in-kind, and was straightforward to obtain. Mind provides the use of premises for advice sessions, as well as supervision and some administrative support. Health centres also provide day centre premises, and Citizens Advice has contributed £5,000 to project costs. The Bureau itself provides some supervision and covers the costs of overheads.

Middlesbrough CAB currently holds the Quality Mark at General Help level and the Specialist Quality Mark in Welfare Benefits, Debt and Housing, and has LSC contracts in these areas.

Reaching clients

The project targets its client group largely by talking and meeting with local health professionals and by building links with organisations at both management and key worker levels. There has been no real need to publicise to clients directly, but information leaflets have been produced and are available at GP surgeries, day centres and other locations used by the client group. Clients from outside Middlesbrough are not excluded if they need advice.

Process

The service is a generalist service in debt and welfare benefits, delivered at various locations:

- via four drop-in sessions of 3-4 hours at Mind, a hospital, and two Mental Health Resource Centres run by the Health Authority;
- at the Bureau itself (this is not encouraged but may be urgently required);
- at home

Home visits are requested by health professionals located at the different centres; while these are undertaken they are not budgeted for. Much of the work undertaken by the caseworker is follow-up work, and he now updates each participating venue on the collective welfare benefits achieved for its clients.

Referrals to the service come from the health workers at the day hospitals, Social Services, Community Psychiatric Nurses, psychologists, GPs, housing providers and also through word-of-mouth between individual clients. The Bureau also refers clients to the project. Referrals to other services are rarely needed, and are most likely to be internal to the Bureau. If the caseworker has an overly full caseload, or if there are certain other categories of law that need to be dealt with, the client may be referred to another CAB.

Awareness training is being delivered by Mind to people who come into contact with people with mental health problems but who are not trained professionals. In addition, the project organised a one-day conference for health and community organisations and for Social Services looking at 'solution-focused therapy' (see also 'Impacts', below). The conference was attended by over 80 people and received positive feedback. The cost of the conference was met in part through PIB monies and partly through other funds raised by the Mind Association.

Several individuals have received training in budgeting, an area the project will continue to develop.

Impacts

Impacts on clients and the partner agencies that refer them

The project has received nothing but positive feedback from clients and referring agencies. It is exceeding its original targets in terms of number of clients being helped and the amount of money obtained for them. More advice sessions have been established than originally planned (four instead of three), although the caseworker believes that there is a need for still more sessions. (Client dependency on the caseworker is not an issue – a handful of clients may return simply because the caseworker is there, but this can be dealt with.)

Impacts on Middlesbrough CAB and Mind

The project has raised awareness of mental health issues within the Bureau, and has helped it to achieve its aim of developing expertise in successfully targeting a client group that is known as hard to reach. It has a higher profile among health professionals, although it already enjoyed a high profile and good reputation due to an existing

advocacy project. The Bureau understands that the project is of great benefit to Mind, who is now able to refer their clients to a service tailored to their needs.

Wider impacts

The project is having a significant influence on local policy development and awareness raising. The Mayor has become involved in improving services for people with poor mental health. Increasingly, the caseworker finds that he is 'preaching to the converted'; a very positive development and one in which the project has played a significant part. The conference on solution-focused therapy has identified non-medical barriers that may prevent the mental health of an individual improving, and considered how these can be addressed.

Challenges, lessons and critical success factors

The project has experienced no real difficulties, mainly – according to the Bureau manager – as a result of the high-calibre caseworker who was recruited. More advice sessions are needed in the judgment of the caseworker, who believes the project could generate a full caseload for a second full-time caseworker.

However, the project has identified a possible LSC contract compliance issue when it refers clients with poor mental health to the Bureau's mainstream specialist services due to the amount of time spent interviewing clients being longer than stipulated. Information received by the Bureau manager from other managers suggests this experience is not isolated and that this issue needs to be considered further in the development of LSC contracts.

The project would not have succeeded without the support and involvement of the partner agencies that provide premises and make referrals, and relies heavily on their expertise and contacts. Staff in partner organisations also provide peer support for the caseworker, who is the only member of Bureau staff working specifically with this client group.

The PIB project has highlighted a management problem in terms of staff time. The Bureau does not have the resource to manage the caseworker on a pro-active basis, resulting in a greater degree of self-management, and a more reactive style of line management. While this has not affected the quality of the service, the Bureau manager feels that more resource should be built in for future developments.

The project believes that working in partnership is key to accessing the client group and tackling social exclusion in terms of welfare benefits and debt advice for people with poor mental health. There is an ongoing issue around sustainability; core funding is critical to the continuation of the project.

If the Bureau were embarking on the project again, it would omit the training and awareness elements. It feels that budget training could be a project in its own right, and believes that awareness raising among local health professionals is now no longer needed - itself a significant outcome.

Future plans

The Bureau is of the view that the key to sustainability lies with the health field, and thinks funding could come from this area. It aims to continue to provide the service, but to concentrate on advice, cutting out awareness raising and training. It strongly believes that statutory bodies, including PCTs and hospital trusts, should consider this work as part of their core responsibilities.

Annex 4 – Mental Health Caseworker (Redcar & Cleveland CAB)

Aims and objectives

Through this project, Redcar and Cleveland CAB aims to provide an accessible generalist advice service for people with poor mental health, and to promote partnership work to support clients, focusing on maximising income. It also promotes awareness of mental health issues within the local community. The project has been awarded £121,515 of PIB funding over three years.

Background and rationale

Prior to 2000, the Bureau found that people with poor mental health were not accessing mainstream advice venues. As a result, a caseworker began to see people at the premises of the local Mind Association and at Mental Health Matters (MHM). Fifty per cent of the clients at this time had mental health issues or learning disabilities or were carers. The project bid was developed to enable the caseworker to extend the service over a wider area.

Set-up and operation

Resources

PIB funding covers an administration post, a caseworker and a proportion of the time of the deputy manager for project management and supervision. The caseworker employed by the project has welfare benefits expertise; previous experience (as noted above) with the client group from having worked at the Bureau before; and the further advantage of already working with the prospective partner organisations.

Match funding is in-kind from the Department of Work and Pensions (DWP). The project has access to specific personnel on a range of benefits. Once a year, DWP locally and JobcentrePlus evaluate their time in terms of administration and processing of claims.

Securing the match funding was straightforward, since the DWP are represented on the Community Legal Services Partnership (CLSP), and the suggestion came from them. Both DWP and JobcentrePlus, aware that often people with poor mental health do not claim all their entitlements, were keen to improve this and to be seen to be serving this section of the public effectively.

Redcar & Cleveland CAB has Specialist contracts in Welfare Benefits and Debt. The project also holds the Quality Mark at General Help level.

The Project holds six-monthly meetings with its partner organisations and with the DWP.

Targeting organisations

The project held a series of meetings with the organisations that it envisaged as its partners: Mind and Mental Health Matters. It was decided to provide four sessions per week over a two-week cycle, operating from five venues. It was very easy to secure premises for delivering the service to clients, as these agencies were aware of the high levels of need. These venues are provided through links with Redcar & Cleveland Mind

(Redcar Day Service and in the East Cleveland area – Skelton, Loftus and Saltburn), and one at Mental Health Matters. The project built up the service ahead of schedule, from one initial session a week to the full timetable. The caseworker briefed staff at the venues, and initially explained to their clients who she was and what she could help them with.

Three appointments of forty minutes each are available in each session, and staff at the day centres book these for clients. If there are no appointments, the caseworker sometimes sits unobtrusively at the venue and consequently receives new enquiries and clients.

All kinds of advice (and associated casework) are offered as the service is generalist, but most issues relate to welfare benefits (42-46%) and debt (38%). The project sees this as consistent with the characteristics of the Borough.

Reaching clients

The service offered by the caseworker is advertised as an integrated part of the host agencies' services, and is promoted internally within Redcar & Cleveland Mind. The project also ensures that in every publication by Mind or MHM aimed at the client group, an article about the project appears. Most promotion, however, is by word-of-mouth among clients.

The project initially tried, and continues to try, to run budgeting training for groups of clients. This has not been very successful to date, which the project believes reflects the fact that functioning effectively in a group is often very difficult for people with mental health problems. The caseworker occasionally works with individuals as an alternative.

Impacts

Impacts on clients and the partner agencies that refer them

The project believes it is achieving what it set out to do. It is reaching clients who would not otherwise access mainstream advice services, who face particular challenges posed by both suffering from poor mental health and living in a rural area. Outcomes for clients are very positive, including increased take-up of benefits entitlements. The caseworker has built up a relationship with the people who attend the day services. The service is well able to meet the advice needs of its clients; there has only ever been the need to refer people on from the service twice. There is the potential for client dependency on the service and resulting disempowerment, but this is a low risk and can be successfully tackled on an individual basis.

Impacts on Redcar & Cleveland CAB and host agencies

The project is helping the Bureau achieve its aim that every citizen should be informed about his or her rights. It has also resulted in concrete knowledge and experience in working with the client group, then used in training volunteers. The profile of the Bureau as an organisation delivering a valuable service is being raised, for example among councillors and local MPs. The project has also improved the Bureau's links to other organisations.

Redcar & Cleveland CAB believes that its partners also benefit from the project. Mental Health Matters now hosts several projects. The concept of working in partnership is growing among Bureaux.

Wider impacts

The project has influenced the development of local social policy, and has helped to change council tax protocols in terms of housing benefit calculations. It also raises issues through Citizens Advice.

Through contact with the caseworker, the DWP and JobcentrePlus locally have come to understand the considerable barriers preventing people with poor mental health claiming benefits.

Challenges, lessons and critical success factors

Missed appointments are an issue with this particular client group, who need a secure and consistent service but who don't always turn up for appointment. On occasion it has proved impossible to arrange an appointment with a particular client, which can result in the case being closed and a very negative impact on the client.

Monitoring the success of the project can be difficult, as clients do not always update the caseworker on the outcomes of their cases. While it is sometimes possible to get direct feedback from day centre staff, the project would like to know more about outcomes for clients, especially in relation to debt.

As a result of this project, the CAB believes that as an approximate guide up to one hour of advice requires one hour of back-up, including casework, data entry and travel time.

Service location can be controversial, with parts of the Borough feeling that they are missing out. For example, no sessions are run at community mental health resource centres. The caseworker had in fact originally advertised there, but a service was not developed owing to poor take-up. Now the service is wanted, but there is no resource to provide it. However, the caseworker attends these centres as and when she can, to assist new clients or signpost to other CAB services.

The project remains committed to trying to improve the take-up of group budget training, but in the meantime individual sessions are proving useful.

The project anticipates problems arising from the intention of JobcentrePlus to process all claims via a telephone call centre in the future. People with poor mental health are highly unlikely to be able to undertake this process effectively without a great deal of support.

The Bureau feels that as a result of the project it now:

- better understands medical evidencing;
- has upskilled interview techniques;
- has increased empathy with the client group;
- knows how to communicate better with partners; and
- has learnt how to be as pro-active as possible.

Future plans

The project will conduct an internal evaluation in its final year, and intends to meet with some of the clients to gather formal feedback.

The Bureau would like to see the project continuing, but believes it should operate out of healthcare venues, as it sees this sector as the main source of future funding. It would like to work with GPs (at the primary care level) and with community mental health resource centres (at secondary level). It would also like to have access to major clinics in rural areas. The aim of longer-term future developments would be to enable clients to access the mainstream CAB service. The Bureau would want to retain the DWP as partner, although no longer with the in-kind match funding arrangement. It would also advocate the establishment of a one-stop advice service for people with poor mental health.

Redcar & Cleveland CAB believes that Primary Care Trusts, Tees and North East Yorkshire NHS Trust (TNEY) or the Local Authority could provide funding as part of their statutory duties. It aims to target potential funders through the CLSP, as some are very involved in the partnership.

Annex 5 – Mental Health Debt and Money Advice Project (Tameside Metropolitan Borough Council)

Aims and objectives

Through this project, Tameside Metropolitan Borough Council (MBC) aims to ensure that people with mental health problems, who have simple or complex debts and are in contact with local health or social care services, are provided with debt management strategies and money advice. Specific objectives include providing a face-to-face outreach debt advice service, and building relationships with health and social care services that develop understanding of debt issues. It also aims to gather evidence of the positive impact that money advice can have on mental well-being. The project was awarded £562,498 of PIB funding over three years.

Background and rationale

Tameside's Welfare Rights Service provides services to people who are already being supported by local statutory or voluntary health and social care services.

The rationale for the project came from previous work done within the mental health field, in particular work that highlighted the impact that low levels of debt were having on individuals' mental health. Staff from the mental health welfare rights team (from within the Welfare Rights Service at Tameside MBC) identified while working with mental health in-patients that having even low-level debt problems can affect the mental health of a client already in distress. Debt can also be a factor in a client becoming unwell in the first place.

Staff at Tameside also recognised that accessible debt advice for this client group was unavailable. This led to the idea for an integrated welfare benefits and debt advice service for people already accessing health or social care services. The service would provide advice (at all levels of debt), delivered by a team of money advisers with awareness of mental health issues and working in partnership with other mental health services. The Community Legal Services Partnership (CLSP) gave its full support.

Set-up and operation

Resources

The Principal Welfare Rights Officer, who developed the bid while working in the mental health welfare rights team, manages the project. PIB funding enables the project to employ four debt caseworkers and a senior supervisor (who also undertakes casework, particularly if a case is complex); it also pays for textbooks (in credit law and housing law) and the other specialist resources (such as laptops) needed to deliver advice flexibly. As caseworkers were recruited to the project, they received intensive training in delivering debt advice and on mental health issues (including the side effects of being on medication).

Tameside MBC provided in-kind match funding in premises, administration, equipment, IT support, and management time. The project has applied for a Specialist Debt Quality Mark, and Tameside MBC already holds the Specialist Quality Mark in Welfare Benefits.

Tameside MBC also works in partnership with Shelter, who provides housing advice.

Targeting clients

Initially the project invited various stakeholders (including potential referral agencies) to meetings about the service in order to raise awareness. These included organisations providing services in drug and alcohol misuse, in advocacy, for older people, community nurses, Community Psychiatric Nurses and the local Mind Association. All agencies were very supportive of the project. The project also visited team meetings in several organisations to raise awareness and give guidance on how to make referrals.

Because the project was unsure about the level of demand, it decided to limit itself initially to working with those individuals who are already accessing services within the health or social care environment locally. This includes people accessing both statutory and voluntary services, Tameside and Glossop Mind, advocacy services and user involvement groups.

As demand from within local services has been very high, and staff carry a full caseload, the project has not changed these access criteria. However, if occasionally a client is referred through another route and needs support they are not excluded. Managing demand for the project's services in this way has also allowed the project to carry out other activities, such as developing and delivering financial literacy training, which are designed to have an impact beyond the life of what may only be a three-year project.

Successful signposting by word-of-mouth and posters in visible locations has made continuing promotion of the service to clients unnecessary. In order to manage demand from clients, the project does not promote the service outside mental health and social care services.

Process

For the project to work a good referral procedure needed to be introduced.

Individuals can self-refer, but the majority of clients are referred from Community Psychiatric Nurses, Accident & Emergency liaison staff, Mind and psychiatrists. Ideally the client and the referrer should agree that an appointment is needed. Appointments are booked by the referrers through the team at Tameside MBC, who hold the appointment book. Home visits are undertaken if required, and are booked in the same way as other appointments.

Three advice sessions are held each week, in three of the four venues across the area: at the hospital in-patients, at Mind, at the offices of Tameside MBC, and at Brindlehouse, where clients attend other appointment-based services. These are run on a rota system, which is established two months in advance, with caseworkers not attached to particular venues. Each venue makes a private room available for appointments. Despite pressure on services, the commitment of the host agencies to the project has made it relatively easy to secure use of this space.

Two one-and-a-half hour appointments are undertaken at each session. Prior to the appointment the caseworker will have gained an understanding of the clients' debt and mental health issues. A debt advice appointment would typically be of 45 - 60 minutes'

duration, but due to the nature of the client group a longer appointment is scheduled. Clients may need to have a break during an appointment, and will often require more follow-up appointments than other people. It may also take several contacts to establish the full extent of their debt advice needs.

The referrer is encouraged to attend the appointment with the client. This provides additional reassurance for the client, but also enables the adviser and the referrer to liaise more effectively in supporting the client, whose stress levels are often initially raised when receiving debt advice or embarking on money management strategies, before subsequently diminishing.

The service also works in partnership with Shelter, who provides a fortnightly advice session at the mental health in-patient unit. This means that both debt and welfare rights officers can refer on clients where more complex housing issues are identified. Shelter does not have the capacity to offer more advice sessions, and cannot meet the current level of demand for housing advice.

In some instances clients are referred outside the project, to Mind or to advocacy services. It is rarely necessary to refer clients to other agencies providing advice in different areas of law because people referring clients to the project are aware of its scope, and because the project is able to provide support with debt, welfare benefits and housing (which are seen as the most critical areas of need).

The nature of the client group has made it important to ensure that project staff are carrying manageable caseloads. The project reports that working with people with poor mental health demands more, not only in terms of time, but also in the level of support people may need to enable them to get through the money advice process.

In the project's view, drop-in type services do not provide the right kind of service for this client group.

Training

The project provides various kinds of training as part of its strategy to have a long-term impact on both clients and referring agencies.

Training for professionals

An initial half-day problem-noticer course is delivered to staff of agencies with the potential to refer clients. Attendees will already be aware of mental health issues, so the session aims to increase their understanding of how debt relates to this.

The project has also delivered magistrate's court training for people who have attended the initial half-day session. This training explains what a client would experience if they had to appear in the magistrate's court, enabling attendees to be better able to support the client through such an experience. While it is not possible to be represented at the magistrate's court, staff can support clients with paperwork and procedures leading up to as well as during a hearing.

Training for clients

Financial literacy training has also been developed for clients. This focuses on budgeting strategies and avoiding an accumulation of debts, and includes activities which explore setting up a basic bank account (these have been established to accompany the drive to make benefits payments directly into claimants' accounts).

The project also works with the Paylink Trust, a not-for-profit organisation, which helps individuals pay off debts to multiple agencies free of charge. The service is web-based and is specifically for people with multiple debts. Each client has a pay point card and they pay a certain amount onto the card. Paylink then distributes repayments to creditors. This represents one of the options for paying off debts; it is for individuals to choose whether they use it or not.

Impacts

The project believes it is achieving what it set out to do, thanks to its excellent staff. While it initially envisaged working with people whose debts were relatively small, in fact the average debt of its clients, at £4,000 - £5,000, mirrors the national average for people accessing money advice.

Impacts on clients and the partner agencies that refer them

The good relationship between the project and the agencies that make referrals enables very good medical evidence to be supplied in support of negotiations with creditors, and as a result large sums of debt have been written off. Clients' monthly income has increased and outgoings have reduced by significant amounts. The project has successfully represented 30 clients at court, and has facilitated 25 affordable rent arrangements, removing the threat of court action.

A questionnaire is sent to clients three months after the initial contact asking for their views on the service they have received from the project, about any changes in their confidence, health and well-being, and how they are coping with debt. This has generated very positive feedback.

A survey of health and social care professionals has reported that therapeutic relationships with clients improve and health problems diminish as levels of debt and the associated stress are reduced, and that they are spending less time considering advice issues with clients, which are not part of their remit. This has obvious benefits for making the best use of the time and skills of professionals.

Thanks to the integrated approach to debt and welfare benefits advice, clients who are too ill to cope with seeing more than one caseworker are increasingly unlikely to be passed between debt and welfare benefits advisers, who instead can resolve advice needs that fall outside their specialism by accessing support from colleagues behind the scenes.

Impacts on Tameside MBC

The Welfare Rights Service already enjoyed a good reputation, which has benefited the project. The debt team and the welfare rights team are able to support each other on

queries, which has helped improve knowledge levels in both teams, resulting in a more rounded service for clients, who are now less likely to be passed around different advisers within the service. This is critical for some clients, whose condition may make it extremely difficult or impossible to tolerate such a system.

Wider impacts

The project is involved with the financial inclusion agenda at local and national levels, and is committed to help evidence links between ill health, especially mental health, poverty, and debt. It has delivered presentations at Mind and Citizens Advice conferences, and has published an article in Quarterly Account, the leading publication for money advisers, on best practice in establishing a money advice service for this client group.

It contributes to events which bring together money advisers and creditors, in order to raise awareness of mental health issues of debtors among creditors.

One aim of the project is to collate evidence of the way access to money advice can contribute to improving the mental health of this client group. It is targeting the LIT (Local Implementation Team) for mental health convened by the PCT, the local mental health NHS trust and Social Services with evidence gathered through the project, as it sees health-focused organisations and their patients and clients as the main beneficiaries of this kind of work. The project is, however, experiencing difficulties in gaining serious recognition for its findings.

Through contacts established at conferences, such as with the Social Exclusion Unit, the project is accessing other research into the links between debt and poor health. It anticipates that it will receive referrals through an initiative where Gateway workers employed by the PCT (but managed within Community Mental Health Teams) will be based in GP surgeries that refer high numbers of patients to mental health services, and will offer basic therapeutic interventions to such patients rather than necessarily referring them immediately to Community Psychiatric Nurses.

Materials produced for the financial literacy training are mainly non-specific to the project, and could be used in other locations.

Challenges, lessons and critical success factors

In general, the project works well because there is adequate resource and because it has established excellent relationships with partners. Other critical success factors include having high-calibre staff, and being specific about the service on offer.

The very high level of need for casework has made it difficult for the project to progress its other objectives as quickly as had been hoped. Although the project itself runs a limited number of highly managed drop-in sessions, it advises other agencies to avoid these where possible since there is a high risk of creating a backlog of appointments.

The project has had several challenges. It took three recruitment rounds to employ all project workers needed due to a lack of experienced advice workers locally; the project wanted to recruit people with two years' experience, but this proved impossible. The caseworkers recruited had limited knowledge but had positive attitudes and

demonstrated an ability to work with the client group. The supervisor had money advice experience but no supervisory experience. However, recruiting relatively in-experienced individuals has not had a detrimental effect on the project, all of whom were able to begin seeing clients within a month of their appointment.

Future plans

The project has prepared an exit strategy that would see it retain existing staff and obtain continuation funding. In particular it aims to increase capacity to deliver housing advice by working in partnership with appropriate agencies to look at funding for a specific housing support worker post.

The project plans to use its evaluation programme to target the mental health trust and the PCT for funding, as it sees its work as key to these services. It will also target regional Legal Services Commission funding, and look to other referral agencies that would be unwilling to lose the current service. It expects to rely on a mix of funding, and cautions that reduced funding will result in a reduced level of service.

Annex 6 – Mental Health Outreach and Legal Service Development Project (Brighton Housing Trust and Partners)

Aims and objectives

This project aims to develop and improve access for people experiencing mental health problems to good quality information and advice, strengthening the advice and information capacity of Mind in Brighton and Hove with the support of Brighton and Hove CAB in specialist welfare rights and debt advice, and of Brighton Housing Trust in housing and community care advice.

In particular, the project targets those people who may find it more difficult to access advice and information services, such as

- homeless men and women;
- members of Black and Minority Ethnic Communities;
- asylum seekers and refugees;
- older people in residential care;
- prisoners in HMP Prison Lewes; and
- young people.

The project is receiving £441,963 of PIB funding over three years.

Background and rationale

The project was developed because of a need, identified by the Community Legal Service Partnership (CLSP), to improve advice services for people in Brighton and Hove who access mental health services but who do not access advice services, especially in relation to homelessness, health and debt. It was recognised that advice services for this client group had to be provided within a very supportive environment, and that these would best be developed by a partnership of agencies with specific areas of expertise.

Set-up and operation

Resources

The project focuses on how services to clients can be improved by working in partnership. As such its key resource is the existing expertise and high profiles of the partner agencies: Brighton Housing Trust (BHT), which is a multi-service charity and housing association; Mind in Brighton and Hove; Brighton & Hove CAB; and Threshold, a mental health initiative for women. In order to make the partnership a reality, PIB funding was sought for an advice worker at Mind; a welfare benefits and debt adviser at the CAB; a part-time housing adviser; and a part time community care adviser at BHT (this last post could not be recruited, so this role was undertaken by the BHT manager). PIB funding also contributes to the costs of project management by BHT and the manager at the Mind.

The people recruited to the roles came with the necessary core skills in housing and welfare benefits advice background. Some needed training to upskill in specific areas, such as the Mental Health Act, housing law and community care law. The combination of existing skills and top-up training within and between the agencies meant that, thereafter, the new caseworkers could take on clients very quickly.

No new premises were needed since project staff are based in the existing offices of the partners, and are line-managed within them. The Housing and Community Law Service Manager at Brighton Housing Trust has overall project management responsibility. An underspend within the project (due to a delay in starting) has been put towards the cost of unanticipated expenditure, such as on IT equipment and interpreting.

A project steering group meets quarterly and consists of representatives from each of the four partners as well as representatives from the Legal Services Commission, South Downs NHS Trust, Age Concern, a private specialist mental health solicitor's practice, and other voluntary sector groups.

The CAB holds a Specialist contract in Welfare Benefits and Debt. BHT has Specialist solicitor contracts in Housing and Immigration and is a Preferred Supplier. Mind has contracts with the health trust and the Primary Care Trust to deliver advocacy and advice services.

Match funding is in in-kind from the partner organisations in the form of management time and a contribution to overheads.

Process

As partnership working is a core theme, good project management has been key. Before the project began, discussion took place at a management level to agree the definition of a session, the roles of individual project partners and their staff, and to establish protocols relating to monitoring processes, sharing information, differences in working methods and reporting mechanisms. Meetings were held once a week for six months to finalise these elements; even after that the partners had to dedicate significant time to the project to ensure it developed coherently.

In order to deliver the advice-giving element of the project, drop-in or appointment sessions take place in a variety of locations. Appointment based sessions are run at:

- Mind at Brighton & Hove;
- a GP surgery situated within a particularly deprived area, where health professionals have been provided with training to ensure that they understand how the project works;
- two older people's resource centres (residential and day centres, a day hospital);
- community mental health centres;
- a project for young homeless people; and
- a GP surgery working with people who are homeless or insecurely housed.

Drop-in sessions are held at Threshold. Project staff will also undertake home visits, particularly if working in partnership with other services.

The partners are able to experiment with certain elements of the project, such as the location of sessions, and delivering one-off sessions (for example at HMP Lewes, in-patient facilities and other voluntary sector organisations). Clients are referred on to specialist advice services, provided by project partners or others as appropriate.

Reaching clients

The service has been advertised through leaflets and posters in GP surgeries and locations where people access mental health services, generating some self-referrals. It is also promoted at Mind and Threshold, project partners who are already directly supporting clients and widely through statutory and voluntary sector mental health services locally. Sessions targeted at specific groups, such as homeless people, are also publicised individually. The project has chosen to advertise in a more discreet way to clients at the older people's resource centres, as part of an approach that aims to be sensitive and responsive to the needs of this group.

Improving services for clients

A key aspect of the project is the sharing of expertise in mental health and advice work among the four partners, thus helping to develop each others' ability to support these clients. One very important outcome is that Mind in Brighton and Hove has increased its capacity to provide legal advice, and has achieved the Quality Mark at General Help level with support from the Inclusive Quality Project (IQP) which was funded by the Commission.

Impacts

Impacts on clients and the partner agencies that refer them

The project is providing advice to people with poor mental health who would not otherwise be accessing advice. It has also helped clients engage with other services (such as health and housing). For example, a client at a GP surgery for homeless people who received assistance regarding benefits and housing and was helped in building trust to engage with the GP, avoided being made homeless as well as possible detention under the Mental Health Act.

Clients often cannot identify that they have a legal issue, and so do not seek legal help. Services can work flexibly so as to prevent issues escalating. Mind can help identify these issues through their generic mental health advice service thus enabling earlier referral.

Organisations

Other outcomes for project partners include improved knowledge of each others' services and improved structures for co-working. The project has led to increased confidence amongst front-line advisers at BHT to work with the client group and has helped to forge strong links between support agencies and advice agencies, with a better understanding on both sides of the role that each undertakes.

The project has increased the ability and confidence of Mind in Brighton and Hove to work with this client group in the context of legal advice; it has tripled the number of clients that it is seeing with advice needs; now delivers advice directly; and is able to more clearly identify the need for its services as a legal advice provider.

As a result of training and co-working, there are better referral processes and working relationships.

Wider impacts

The project has been able to establish good networks with the existing Brighton and Hove Advice Services Network. It has also used its experience to share findings and skills learnt from the project with other advice providers. It has succeeded in involving the health sector, which recognises the benefit for clients, but which has not so far contributed to the project financially.

Challenges, lessons and critical success factors

The project strongly believes that the outreach model works for this client group. The service must be flexible and tailored to the needs of the individual client, with one person or agency acting as the central point of contact and encouraging the client to engage with advice delivery.

Mind achieved the General Help Quality Mark with support from IQP. This required a considerable amount of internal change and work to write up policies which did not exist in a written format. It intended to work towards General Help with Casework, but there was not a relevant mental health Quality Mark that linked to the needs of their clients. Consequently, Mind successfully applied for the award at General Help level, but is keen to highlight the inflexibility of current arrangements in the award and in contracting and quality assurance. It feels that the current approach does not accommodate organisations (such as a local Mind Association) which are multi-disciplinary and are primarily a support agency for a particular client group.

There is a real need for supervision and debriefing for workers so that they can offload stress. This is particularly true for those not normally dealing full-time with this client group (i.e. Brighton Housing Trust and Brighton & Hove CAB). Support across all levels is a key element of the partnership.

Insufficient session time available within the budget prevented a direct service being provided within HMP Lewes. The partners believe that resourcing the time needed to build a regular and high-profile service within the prison system could be a project in its own right.

The initial bid underestimated the amount of time needed to manage and monitor the project with its complex partnership working. The project required a great deal of lead-in time (six months) and in retrospect Brighton Housing Trust would have budgeted for a higher level of management input. It also feels that quarterly reporting is too onerous.

It believes that while match funding could have been obtained from other sources, this was not possible to do due to the very quick turn around on submitting bids.

The project views the following as critical success factors for working with this client group:

- Genuine partnership work in order to achieve buy-in from other organisations and requires regular input to make it work well;
- Adequately funded groundwork in order to establish from the start how the partnership and the project will work;
- Consider whether a budget for IT is needed;
- Tailor the service to the needs of each individual client;

- Work with services already established with the client group, with whom people feel safe and on which advice services can capitalise;
- Outreach is a successful model; and
- A mix of support and advice delivery

The project also valued highly the freedom from eligibility criteria of mainstream funding. It was pointed out that most of Mind's clients making contact for the first time, particularly those who have been in a psychiatric hospital, would be unwilling to complete forms and give financial information as a pre-requisite to getting advice.

Future plans

The final year of the project will be spent fundraising for its future. There is overwhelming commitment within Mind in Brighton and Hove to maintaining the service.

A future service would continue to deliver advice in flexible ways through outreach, and would develop a consultancy and referral service. It would also like to develop and expand the community care element.

Several areas of work have yet to be explored that could constitute entirely new projects, working with specific groups of people with poor mental health such as prisoners, older people and asylum seekers.

External evaluation work is being undertaken by a local research consultant, and will focus on key factors for success rather than looking at a single model of best practice.