'FIGHT BACK!'

Report

"Together we can make a difference"

Cyngor are Bopeth Ceredigion Citizens Advice Bureau

September 2013

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ABSTRACT:

The key aim of this report is to help inform and improve mental health services in Ceredigion. This report outlines data collected from Statutory, Third and Private sector partners between May 2012 and April 2013. From the perspective of Ceredigion stakeholders in mental health there is significant concern about a lack of collaboration, coordination and communication between services. It is also clear that there is increasing concern about poor access to some of the basic securities in life for clients that suffer from mental ill health; specifically, healthcare, welfare and housing. This report argues that the way forward for Ceredigion should be through a coordinated community approach to public services. This report also argues that local public services need to develop a human rights-based approach to service delivery, specifically by reinvigorating and applying the principles of freedom, respect, equality, dignity and autonomy (F.R.E.D.A). In short, this report argues that in order to face the challenges ahead more effectively, there needs to be a renewed drive to place the service-user at the centre of service design and delivery and that services across all sectors will need to work much closer together.

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ARIENNIR GAN Y LOTERI
LOTTERY FUNDED

ACKNOWLEDGEMENTS

Cyngor ar Bopeth Ceredigion Citizens Advice Bureau would like to thank all of the contributors to this research campaign for their openness and trust; we hope that you find we have made effective and positive use of the data you provided.

We would also like to thank Professor Rhys Jones from Aberystwyth University, and Mike Lewis from University of Wales, Glamorgan, for their research and guidance support prior to drafting this report.

Our sincere appreciation also goes to the team at Positive Choices (Mind) for allowing us to participate and conduct our RANT survey at the suicide prevention World Café, November 2012 in Cardiff.

Finally, we would like to thank our partners in this campaign, namely, Mark Williams MP for Ceredigion (and staff), Elin Jones AM (and staff); Carwen Davies (formerly Griffith) from Ceredigion Association of Voluntary Organisations (CAVO) and Ceredigion Mental Health Forum; Amanda Reid from CAVO; Fiona Aldred from Mind Aberystwyth and Shôn Devey from Ceredigion Mental Health Forum and West Wales Action for Mental Health (WWAMH). These partners have been an integral part of this campaign from the outset and have been crucial to its success. We look forward to working closely with our partners and others on the next stage ahead.

FOREWORD

In these times of austerity where everyone is looking to tighten their belts, we see the consequences of cutbacks coming through our doors. As a Bureau, we have seen again an exponentially large increase in demand for our services. This year has seen the numbers through the door increase by 60% over last year and that means that close on 4600 clients have called upon our services, with many of those (particularly clients with mental health problems) having between 3-5 separate issues which they need support with.

I am passionate about my community and I believe in the work that I do. I am a councillor for Ceredigion County Council as well as its Champion for Veterans; I also Chair both Ceredigion Citizens Advice Bureau as well as the Community Health Council. As a result of my roles and experience I am acutely aware of the need to develop innovative ways of working. For me, this report offers us a serious way forward for the community in Ceredigion and perhaps gives us the impetus to get moving on some of the key issues that we face, particularly for some of the most vulnerable. I hope that you will take serious consideration of the findings and recommendations in this report and that this might help inspire us all to look innovatively to the future together.

Diolch yn fawr iawn

Paul Hinge
Chairman, Ceredigion Citizens Advice Bureau

EXECUTIVE SUMMARY

- The FIGHT BACK campaign is part of the RESPONSE project. The Big Lottery funded RESPONSE project came into being in 2009. Under the remit of the RESPONSE project, Cyngor ar Bopeth Ceredigion Citizens Advice Bureau [Ceredigion CAB] has been helping people that suffer from mental ill-health and drugs and/or alcohol abuse with advice and advocacy (community and welfare advocacy) since 2009.

- Evidence collated internally at Ceredigion CAB indicates that there has been a consistent increase in demand for services for clients who suffer from mental ill-health and/or drugs and alcohol abuse; particularly across the key enquiry areas of benefits, debt, health and housing. The single most significant increase related to enquiries about welfare benefits, particularly around challenging Employment and Support Allowance (ESA) decisions.

  In addition to on-going issues with ESA, Ceredigion CAB is aware that the combination of current reforms (i.e. to housing benefit and disability-related welfare benefits), alongside cuts to other public services, will mean even more pressure on vulnerable service users and service providers alike. Ceredigion CAB is concerned that these factors are coming together to create a 'perfect storm' for service-users and service providers.

- With this in mind, Ceredigion CAB initiated the FIGHT BACK Campaign. This report outlines the data arising from the evidence as part of that campaign. This data was for the most collated between May 2012 and April 2013. The ultimate aim of this report is to provide useful information which may help to improve services for suffers of mental ill health and to encourage service providers to initiate a more co-ordinated and effective response to the pressures ahead.

KEY FINDINGS

Third Sector: By far the single largest area of concern for respondents, Third Sector issues accounted for 36% of issues raised. Concerns focused on a lack of funding for core services, as well as funding for training staff and facilitating events. Further, there were significant concerns about the levels of poor collaboration (between Third Sector agencies and statutory services) and poor communication or awareness of services.

Clients: In terms of issues reported for service-users, the top three concerns were about issues related to healthcare (24%), welfare benefits (14%) and housing (11%). Specifically,

Healthcare: Main concerns in healthcare were about poor access to services; problems for clients with a dual diagnosis;

over-rigidity and poor choice over services; and finally, poor awareness of statutory mental health services. Other concerns included issues about poor levels of overall well-being and, at times, poor quality services.

Welfare benefits: Within the welfare benefits category, prominent concerns were about poverty (i.e. due to sanctions); fuel poverty; anxiety about welfare reforms; difficulties with budgeting and stigma against benefit claimants.

Housing: In the housing category, concerns were expressed with regard to shortages of appropriate and affordable housing as well as problems with rent arrears and homelessness.

There were also significant concerns about local gaps in services (7% of total issues reported), in particular, lack of a dual diagnosis team; lack of support for carers (informal and formal); and a lack of (or over-stretched) local community advocacy services.

Finally, other issues reported included difficulties in accessing services as a result of issues around rurality, poor access to travel as well as barriers due to differences in rural language and culture (5%) and stigma about mental health in employment (1%). A small percentage of issues were unclear (less than 1%) and so were placed in the 'Other' category.

KEY RECOMMENDATIONS

THE THIRD SECTOR IN CEREDIGION

This report recognises that there have been some positive developments since the onset of this research. However, the key recommendations are:

- **A new drive for collaboration**: Third Sector agencies should make clear steps towards improving efficiency of services, particularly by better coordination and collaboration of services and funding streams.
- **Improved effectiveness**: Third Sector agencies should develop more 'action-orientated' approaches to the use of collaborative engagement mechanisms such as forums; each forum could have a second tier 'action-group' or committee which agree on strategic actions.
- **Improved access to training**: In order to make training more accessible and affordable, larger agencies could support smaller agencies with free or bartered training services.
- **Improved communications**: Finally, information about services needs to be clear and publicised well in order to encourage improved access to the most appropriate Third Sector services for service users.

HEALTH & SOCIAL CARE SERVICES

This report acknowledges that statutory services have already made some progress towards integrating equality strategies into services. However, this report argues for:

- **Renewed drive to integrate human rights-based approaches into service delivery**: This report recognises the good work achieved to date, but also argues that there needs to be a refreshed look and deep rethink in the relationship between service provider and service user and a change in culture which places the service user at the centre of service delivery. One suggested way to integrate this approach on a simple level is to consider the F.R.E.D.A (human rights) model in all policy and service decision making.
- **Integration of a community budgets approach to service design and funding:** this report recommends that local public services should work together to maximise efficiencies, integrate services and lessen the impact of cuts on local services. The suggested method and model is the *Community Budgets* approach, which places the service user at the centre of service design and has a good evidence base for at least beginning to work towards mitigating the challenges ahead in partnership with other statutory services and sub-contractors.
- **A new World Café event in the 2014:** This report recommends that a new event should be staged in order to bring professionals from across sectors together again. The key aims of this new Café could be to work from the data

collated from this campaign (and other relevant data) in order to consider concrete proposals for a more collaborative way forward for Ceredigion.

THE NEXT STEP

CEREDIGION COMMUNITY PARTNERSHIP

Finally, it is recommended that a task group (hereafter called the Partnership) be set up which includes members from the Third Sector and Private sectors as well as Statutory services in health and social care. Their remit should be to:

- evaluate the key findings from this research;
- consider the solutions discussed herein;
- consider how these suggestions fit with current strategic policies;
- finalise those options for solutions;
- draft an action plan with clear evaluation measurements.

1. INTRODUCTION

1.1 THE CITIZENS ADVICE SERVICE - AIMS & PRINCIPLES

The aims of the Citizens Advice service are:

- To provide the advice people need for the problems they face
- To improve the policies and practices that affect people's lives

The service values diversity, promotes equality and challenges discrimination. Established in 1939 as an emergency war-time service, the Citizens Advice service has developed into the UK's largest independent advice provider today.

1.2 PROVIDING ADVICE

The Citizens Advice service offers information and advice through face-to-face, phone and email services, and via the public web service, Adviceguide.org.uk. Between them, Citizens Advice Bureaux make advice available from over 3,500 locations in England and Wales including high streets, community centres, doctors' surgeries, courts and prisons.

During 2010/11 the service helped 2.1 million people with 7.1 million problems relating to issues including debt, benefits, employment, housing and immigration.

Advisers help clients to fill out forms, write letters, negotiate with creditors, and can even represent them at court or tribunal.

1.3 INFLUENCING POLICY

Citizens Advice not only offers individuals help but also uses clients' anonymous stories to campaign for policy changes that benefit the population as a whole. The number of clients seen every year means that if there is a recurring injustice, it is inevitably being discussed in Citizens Advice interview rooms and recorded on the database of client evidence. This database is analysed both locally and nationally by policy teams, who are then able to bring problems to the attention of those who are – often inadvertently – causing them. In the 12 months to September 2012 Citizens Advice Bureaux in Wales saw 153,482 clients and helped with 458,513 issues. Benefits/tax credits and debt are the two biggest areas of advice and these account for just over 75% of issues advised on.

1.4 CEREDIGION CITIZENS ADVICE BUREAU

Ceredigion CAB offers information and advice through face-to-face, phone and email services. There are two main offices, one in Aberystwyth and one in Cardigan, with a number of additional advice services in 'outreach' locations across the county, including Cardigan (in addition to the bureau office there), Llandysul, Newcastle Emlyn, Lampeter and Aberaeron. During 2011/2, clients were helped with 5,242 key problem areas, including: debt, benefits, employment, housing, family, healthcare, consumer and immigration. The largest enquiry area for Ceredigion CAB

was welfare benefits, which accounted for 44% of work, with debt enquiries second, at 18.5%.

1.5 THE RESPONSE PROJECT

The RESPONSE project is a 5 year Big Lottery funded (*Mental Health Matters*) project that was started in 2009 and delivered through Ceredigion CAB. It provides advice and advocacy to people across Ceredigion experiencing or at risk of serious mental ill health.

The overarching aims of the project are:

- To support people in their communities.
- To reduce incidences of relapse or crisis by reducing stress and anxiety.
- To break down barriers and sustain inter-agency co-operation to improve services for people at risk of mental health problems or suicide.
- To work to influence policy at local and national level regarding stigma and discrimination in particular.

Eligible clients can access confidential, impartial, independent advice and advocacy services. A medical diagnosis is not required to access the project. The service is for people who have existing mental health problems or who are at risk of developing serious mental health problems, particularly those with substance misuse or alcohol problems (and their families).

1.6 WHAT MAKES THE PROJECT DIFFERENT…?

The RESPONSE project recognises that people who experience problems with mental health, substance misuse and/or alcohol may have multiple, complex problems that need considerable time and support to resolve.

Time spent with clients depends on the individual's problems and issues; simple advice problems may require only one session, but complex advice or advocacy needs may take months of working together to resolve the issues.

The RESPONSE advisers and advocates provide a non-judgemental, confidential, independent, impartial and free service. They have specialist training as well as a wealth of experience of working with people with mental health, substance misuse and alcohol problems.

Citizens Advice services do not duplicate statutory forms of mental health advocacy services where a client is entitled to them, but rather compliments these. Where needs are not met by an Independent Mental Health Advocate (IMHA) or Independent Mental Capacity Advocate (IMCA), Ceredigion CAB can liaise with community mental health advocates if a client wishes.

1.7 RESPONSE ENQUIRIES

Due to the specific mental health remit of the RESPONSE project, figures differ slightly from the main bureau statistics. For example, for the year 2012, benefits work made up the vast majority of work, accounting for around 60%. Most of this work was at specialist level and included dedicated advice on appeals and

representation. The second most common problem was debt (13%); and third was access to health and community care (11%). The remainder of enquires were in areas such as housing, immigration, relationships and utilities.

1.8 WHERE AND HOW CAN THE SERVICE BE ACCESSED?

In addition to appointments in our main offices (Aberystwyth and Cardigan), the project works in close collaboration with a range of voluntary and statutory organisations, some of which host outreach surgeries. The aim of our outreach surgeries is to provide an accessible service in locations that are best suited to local needs. Such surgeries are held across Ceredigion, including in Cardigan, Llandysul, Lampeter and Aberaeron; some of the surgeries are run on a drop-in basis and some on an appointment-only basis.

1.9 WHAT OUR SERVICE USERS SAY…

I00% of our users say they have found the service very helpful. 95% say they felt less stressed or anxious as a result of using the service. The following are quotes direct from some of our RESPONSE clients:

'The help has improved my situation no end. Thanks for the help'.

'CAB have put my mind at ease and helped me with problems that I was confused about myself'.

'Vital community service and very helpful'.

'An excellent service for myself in my situation'

'Thanks to CAB I have been able to deal with debt issues and I am optimistic about getting back on track'.

'Wonderful to have someone to turn to'.

'My adviser/advocate is exemplary'

'Without the service I received from CAB, quite simply, I would not be here'

1.10 THE FIGHT BACK CAMPAIGN

The key aims of this campaign are to identify:

1. *What is not working* well within local mental health services across all sectors; and
2. *What could be done better* in the context of radical changes to legislation in the areas of health, social care and welfare benefits.

This report is generated through the research findings under the FIGHT BACK campaign. In the context of dramatic changes occurring throughout the political and economic landscape, particularly around welfare reforms, Ceredigion CAB has found that the number of issues that clients and organisations are facing is escalating at an alarming rate. Just to take one example, issues around challenging poor ESA medical assessments or decisions have taken up a considerable amount of resources both locally and in bureaux across the UK.[1] Increasingly, other agencies are seeing similar levels of strain on their services.

[1] Report on ESA decision making in 2012, Ceredigion CAB

FIGHT BACK, therefore, aims to support collaborative practices in order to tackle the root causes of injustice, stigma and discrimination in Ceredigion for clients who suffer from mental ill health.

2. Methodology

2.1 SCOPE & AIMS OF THIS REPORT

The ultimate aim of this report is to improve the level of service for clients that suffer from mental ill-health, drugs and alcohol abuse, which, this report argues, will be achieved primarily through better partnership working.

Ceredigion CAB has consulted widely on this research; data was requested from across all sectors (private/ Third Sector/ statutory). The focus of this campaign (and consequently, this report) has been to look at internal and external issues for the Third Sector as well as the clients that they serve.

This report is not intended to be a comprehensive map of services, nor to cover issues in deep detail; rather, it focuses on broad trends, service gaps and themes (particularly with regard to the data from the World Café event) which have been highlighted by respondents. Later research may well be needed in order to explore targeted areas of interest or issues in more detail.

The geographical scope of the research was limited to Ceredigion; however, for comparative purposes, there is a section which explores issues reported by agencies in Cardiff as well.

Finally, this campaign focused on establishing common trends for issues and problems as well as on forward-looking and innovative approaches to problem-solving; the campaign did not seek evidence relating to local examples of good practice, though no doubt there are many. Importantly, this report argues that we are all partners in making services better.

2.2 HOW & WHEN WERE ISSUES RECORDED?

Evidence about issues was gathered between May 2012 and April 2013; in all, there were 204 issues reported as part of this campaign in Ceredigion. There were an additional 105 issues reported from agencies in Cardiff. Therefore, there were **309** trends/issues reported as part of this evidence, that is, in addition to the internal CAB data, case studies, other reports and data from the World Café event.

Further, although we do have quantitative data from within Ceredigion CAB, each issue (i.e. 'RANT') raised by respondents, represents qualitative data (and trends of issues) and not isolated incidents; what this means is that the nominal issues collated (quoted above) are indicative of a much greater number of issues overall in quantitative terms. This is also reinforced by the clear evidence of wide consultation and engagement with various levels of staff (discussed further later).

Ceredigion CAB wanted agencies to be honest and unconstrained, which is why the remit for RANTS was kept as broad as possible. Issues could have been in a local (Ceredigion) or national (Wales/UK) context and cover any area that agencies felt may need to be challenged or changed in some way. Consequently, this campaign has drawn evidence from across a wide range of levels of responsibility and a wide spectrum of sources and subjects (as raised by agencies themselves). This is covered in more detail after the next section.

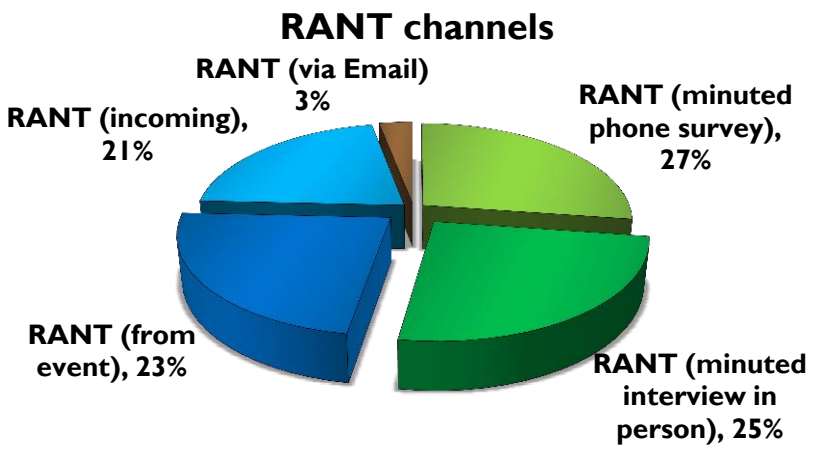
2.3 RANT FORM

Within the CAB service, a form of mini 'flag' report is used to 'flag up' broad themes for common social policy issues (i.e. council tax arrears/debt). Details of a given case are then available via the case-notes and file for a particular client. This method helps to quickly identify where a particular injustice has occurred and this is what drives campaign work. This allows access to both quantitative and qualitative data, which is generated through case studies, software reports and policy analysis. Therefore, the development of the RANT (***R**eport **A** **N**egative **T**hing*) form was based on established principles. Evolution of the RANT form is outlined in the Appendix.

2.4 RANT EVIDENCE-GATHERING CHANNELS

As can be seen from the chart below, there was an even spread between the differing channels for RANT evidence-gathering, with most channels making up around 25% each.

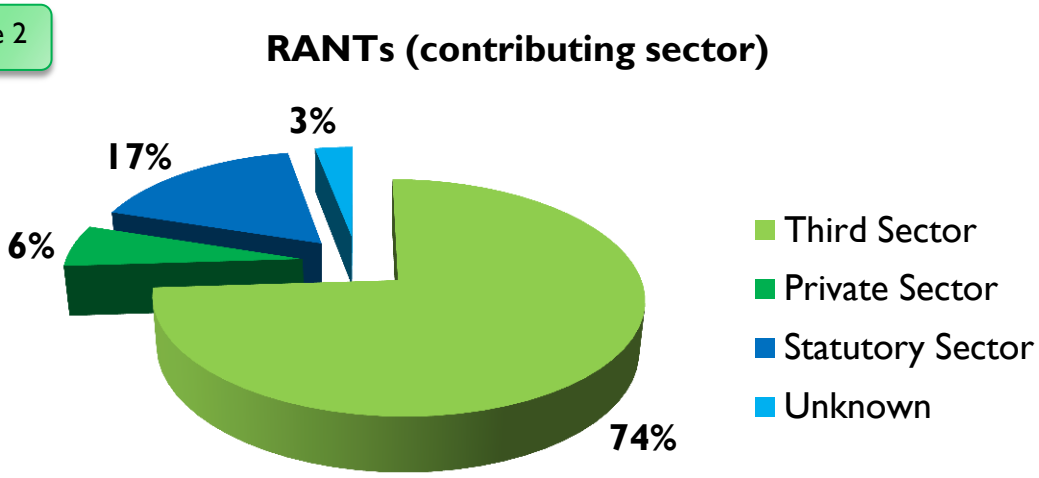
Figure 1



2.5 RANTS PER CONTRIBUTING SECTOR

The evidence suggests that there is widespread agreement on the common issues; however, the RANT data will naturally reflect the particular perspectives (and experiences) from the sector that contributed the most. It is clear that the Third Sector were the most engaged in the process, in terms of who provided most evidence. The figures are as follows[2]:

Figure 2

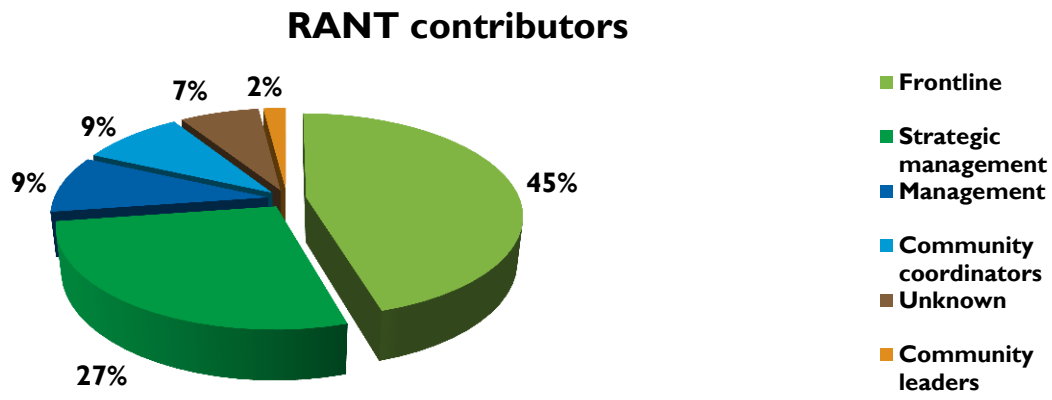


[2] For the purposes of this report, the 'Private sector' only includes partners from within academic establishments (i.e. universities) which essentially are a mix of what we might term public/ private enterprise.

2.6 RANT CONTRIBUTORS (WORK LEVEL)

In terms of contributors the largest two groups were 'frontline' staff at **45%** and 'strategic' level managers at **27%** with the other groupings making up the balance.[3] This can be seen in the chart below.

Figure 3



2.7 CAB DATA/REPORTS

This report also refers to evidence gathered within Ceredigion CAB and the Citizens Advice Service in Wales – particularly the aspects that relate directly to clients in Ceredigion who suffer from mental ill-health. The reports are as follows:

- Social Policy Summary Report 2012, Ceredigion CAB (December 2012)
- Report on ESA decision making in 2012, Ceredigion CAB (January 2013)
- Work Programme in Wales Evidence Report, CAB Cymru (Dec 2012)

[3] In terms of the chart above, most roles will be clear but it may be worth noting that 'Community co-ordinators' were defined as Chairs of various community forums; and 'Community leaders' were defined as local statutory representatives.

2.8 RANTS FROM SUICIDE PREVENTION WORLD CAFÉ - CARDIFF

Ceredigion CAB attended a World Café event (hosted by Newport Mind) outside Cardiff on 30th November 2012 and obtained some RANT data. With kind permission from the organisers at *Positive Choices* (Mind), 105 RANTs were captured in all, (aside from the 204 RANTs collated in Ceredigion) from a wide spectrum of mental health stakeholders from across all sectors and line management levels in the Cardiff, Newport and Gwent areas. The data from this event is outlined in the Comparative data section.

2.9 THE WORLD CAFÉ EVENT: THE FUTURE OF MENTAL HEALTH SERVICES

Insights for creating a World Café event were gratefully gleaned from the experiences and input of Mind Aberystwyth, Newport Mind, and the guidance from the World Café Community Foundation[4].

Ceredigion CAB partnered with Ceredigion Association of Voluntary Organisations (CAVO), The Ceredigion Mental Health Forum (CMHF), Mind Aberystwyth, West Wales Action for Mental Health (WWAMH) – and - latterly, Mind Your Heart, to form a 'Fight Back Event Committee' [the Event Partners]. The Event Partners met between November 2012 and February 2013 in order to plan this event– though Mind Aberystwyth and Ceredigion CAB had begun the process in October 2012. The format of a world café is an innovative and fresh way to encourage open discussion between professionals and stakeholders who might not traditionally have a chance to talk with one another and it was hoped that it would help develop

[4] *The World Café Community*; URL

informal links and break down barriers to communication across all sectors. The data from this event is summarised in the World Café section.

2.10 CASE STUDIES

There are also a number of anonymised case studies used in this report. They have been included in this report in order to illustrate the issues with some 'real life' experiences of users of mental health services. Some are taken from clients within Ceredigion CAB; others are contributions from stakeholders in mental health services (private sector or Third Sector). These are at the end of each section of client issues for the top three categories (Healthcare, Welfare benefits and Housing) with one additional exception in the Employment section.

2.11 DESIGN – CHARTS, IMAGES & COMMENTS

Charts are used where appropriate, namely, where they assist to illustrate the data more clearly. In some sections where there are multiple layers to the data and some level of exploration, there are multiple charts in order to help the reader. In those sections (i.e. Third Sector, Welfare benefits and Healthcare) you will find a 'data snapshot' chart at the beginning of the chapter, which gives the reader an instant look at how the data was organised and laid out in this report.

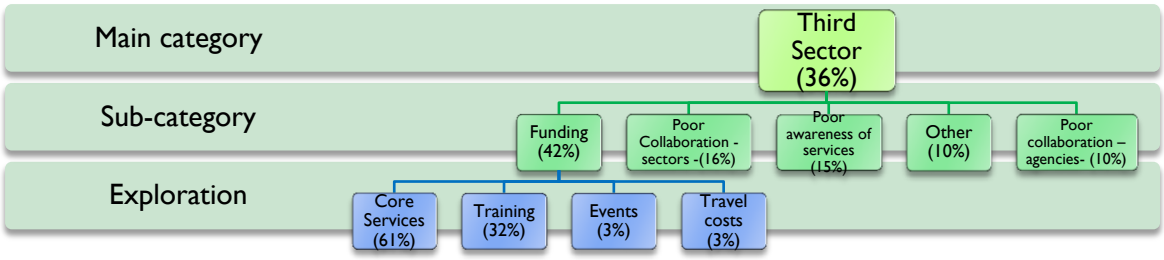
Finally, in some places there are direct quotes from RANT data. This aims to illustrate the real nature of concerns outlined by respondents in the data. Please note: any images in the case study areas do not correspond to the actual persons who provided the case studies; they are for illustration only.

-PART I-

Issues in the Third Sector

3. THE THIRD SECTOR

Figure 4 Data Snapshot



3.1 DEFINING THE THIRD SECTOR

It is necessary to state that for the purposes of this report, the 'Third Sector' is defined in its everyday sense; namely, as the civic part of society that is neither private nor state sector. The 'Third Sector' as a term, is broad and comprises a range of self-organised community organisations, including: registered charities, social enterprises, co-operatives, mutuals or companies limited by guarantee (which may also be registered charities). The Third Sector provides a support role, not only to clients and service-users, but also to statutory sector services across health and social care. The unifying principle is of civic-led service to the community; "Third Sector organisations are an expression of the motivation to take action independent of the state and private enterprise to improve people's quality of life".[5]

[5] The Third Dimension (2008)

3.2 THIRD SECTOR STATISTICS IN CEREDIGION

The Welsh Council for Voluntary Associations [WCVA] estimated recently that Ceredigion has 3375 active Third Sector organisations.[6] In the 2011 census, it was estimated that the population was around 75,217;[7] taken together, this means that there is a ratio of 22:1 (people per agency). To place this in context, Cardiff has around 4056 Third Sector organisations[8] and a population of around 341,402; this is a ratio of around 84:1.[9] This shows that Ceredigion has, at least compared to Cardiff, a fairly large share of Third Sector agencies per capita. However, RANT evidence (from a number of categories) also suggests that Ceredigion has some additional barriers, challenges and costs to service provision, compared to a city, which are related to the population being spread out and isolated.

RANTs regarding the Third Sector accounted for 36%, which was the single largest category. It is clear that the Third Sector is struggling under immense service pressures and this is supported by wider evidence. According to the most recent 'State of the Sector' report by the WCVA published in March 2013, there is "more pessimism" in this quarter as the situation of more organisations worsens, with 37% of organisations feeling that their situation had "deteriorated" over

[6] State of the Sector (2013)
[7] Mid-year Estimates of Population (April 2013)
[8] State of the Sector (2013)
[9] Mid-year Estimates of Population (April 2013)

the past three months (October 2012 to March 2013).[10] This is reflected in the RANT data, with significant concerns reported about sector inefficiencies related to problems with funding, poor communication and collaboration.

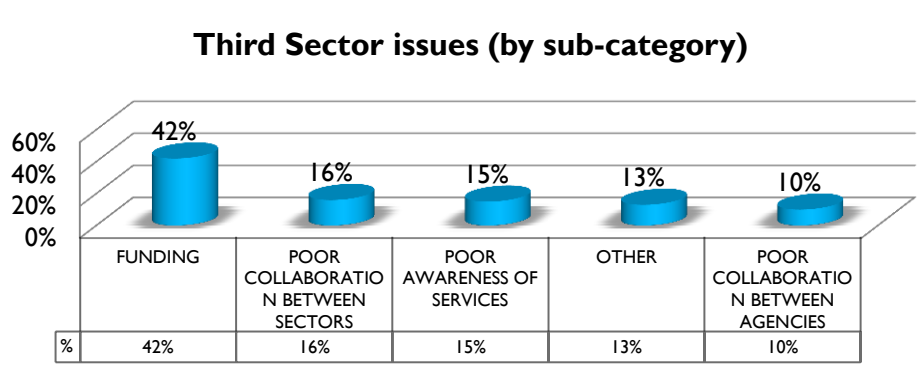
3.3 THE EVIDENCE ELSEWHERE

A report published last year entitled, 'When the going gets tough', outlined that charities are cutting services and staff due to decreasing levels of public spending and changes to the way public services are commissioned, including ongoing reforms to the NHS.[11] The research looked at evidence from a survey of more than 100 of the top 750 charities in England. Some of the key findings were:

- 90% of those charities say that they face a riskier financial future
- 62% are having to use or planning to use their reserves to keep operating.
- 65% of Third Sector organisations are cutting frontline services
- 73% are making staff redundant.
- 9% even risk closing down entirely in the next year.[12]

3.4 THIRD SECTOR ISSUES IN CEREDIGION

Figure 5



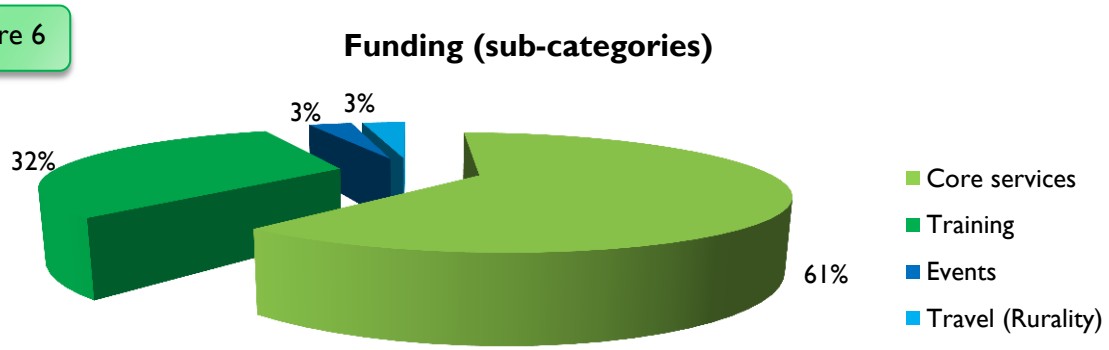
[10] ibid
[11] Joy, Iona, (May 2012)
[12] ibid

The most prominent issues for Third Sector agencies in Ceredigion centred on lack of funding (42%); and lack of awareness of services, trust, engagement and collaboration within services across all sectors (41% combined). 'Other' issues accounted for the remainder, including: shortages of volunteers; issues around staff restructuring (such as disruption to services after redundancies); lack of manpower to manage volunteers; and issues around dealing with difficult clients or clients who don't engage.

3.5 EXPLORATION: FUNDING

As outlined, the largest sub-category for Third Sector issues related to funding. Of those, 61% related to shortages for core services; 32% related to lack of funding for training opportunities; with 3% each for lack of funding for events and additional travel costs related to rurality (see below).

Figure 6



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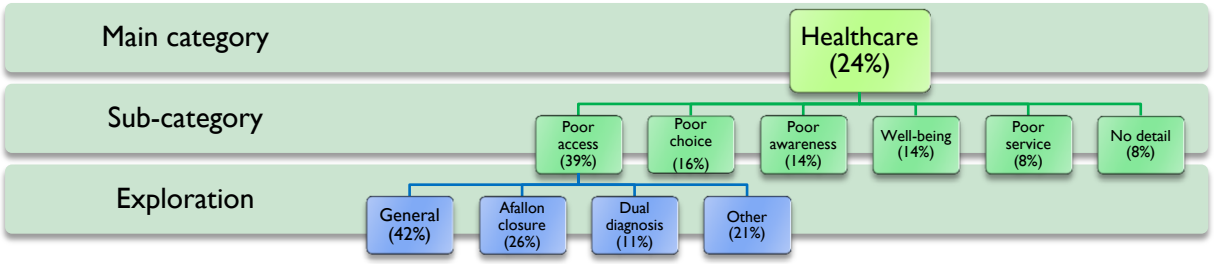
-PART II-

Client issues

4. HEALTHCARE

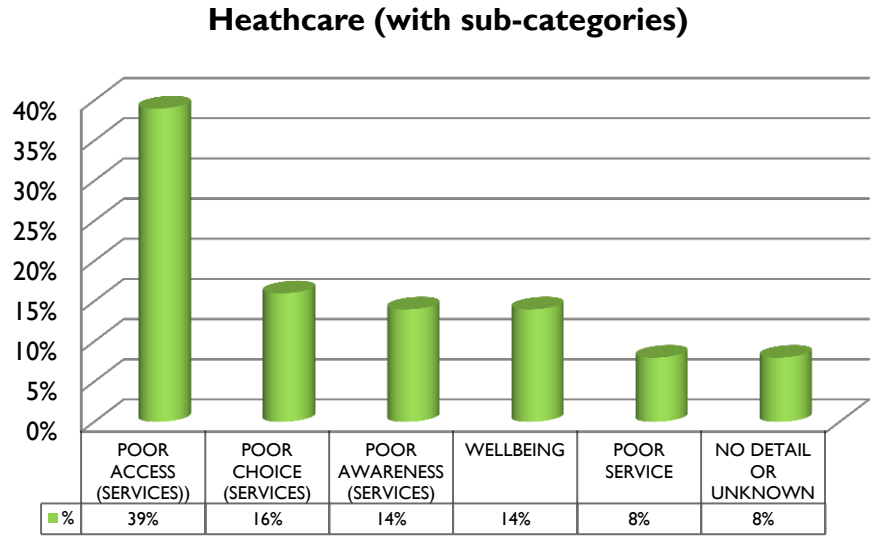
Figure 7

Data Snapshot



Healthcare issues accounted for the second largest number of RANTs overall (24%). The main issues reported within the healthcare category were: poor access to services (39%), poor choice over services (16%), poor awareness of services (14%), poor wellbeing of clients (14%) and complaints about poor levels of service from statutory services (8%).

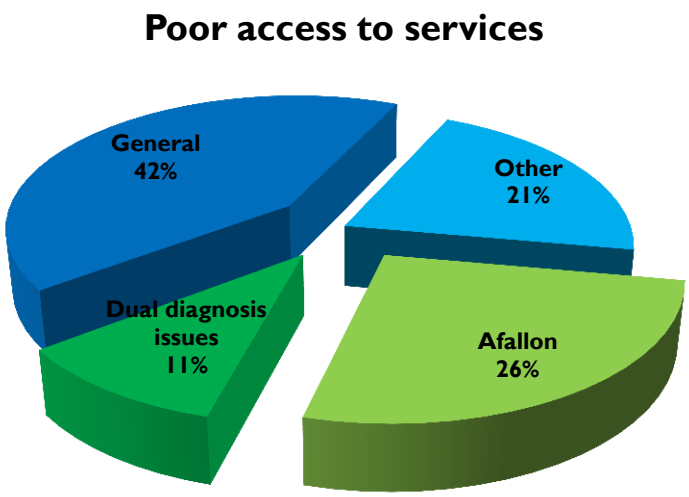
Figure 8



4.1 EXPLORATION - POOR ACCESS TO SERVICES (39%)

The 2 largest sub-categories within healthcare (*poor access* and *poor choice*) will now be explored. The figures for *poor access* to services break down as follows:

Figure 9



4.2 GENERAL (42%)

Issues include, general difficulty accessing mental health services for clients (42%). Issues reported in this category outlined that clients' thought that mental health services were complex to understand and they were often confused about what was available or how to access them.

4.3 MENTAL HEALTH WARD - AFALLON (26%)

Issues around access to emergency overnight stays (specifically with regard to poor access to residential care at the mental health ward, Afallon) and the need for out of county stays also featured prominently (26%). Concerns in this group centred on the risks to their clients' mental health as a result of loss of local support networks

(personal, family or professional) as well as the stress involved in travelling to unknown locations.

4.4 DUAL DIAGNOSIS ISSUES – GENERAL (11%)

Dual diagnosis-related issues made up 11% of issues reporting in this category. It was reported that service-users who had a dual-diagnosis (defined by respondents as either mental health and learning disability or mental health and drugs and/or alcohol abuse) were often left 'out of the loop' due to the rigidity of the way that policies were being implemented one way or the other. Clients with mild to moderate learning disabilities or autism seem to be at particular risk of falling between the gap of learning disability services and mental health services due to frequent disagreements about which specialist team should treat them, with both services denying that the client meets the particular eligibility criteria.

According to one research paper, estimates about the number of mental health problems amongst those with learning disabilities vary somewhat between 25-40%,

depending on the population sampled.[13] Nevertheless, these figures should be considered as highly significant.

Problems around communication were also emphasised as it was felt that mental health staff may not be aware that someone with a mental health problem may also have a learning disability and as a result may not treat them with sufficient patience. These clients find it particularly challenging to engage with the official language and common terms used daily in statutory services.

4.5 DUAL DIAGNOSIS - MENTAL HEALTH AND ALCOHOL/DRUG ABUSE

Evidence indicated 'dry houses' (abstinence-based residential services) were too rigid and had a substantial drop-out rate, whereas supported 'wet-houses' (where residents are not required to remain abstinent) seemed to offer better outcomes, as clients were given better autonomy to make the effective changes themselves.

In another example, one respondent reported that some of their clients could not access mental health services whilst deemed 'under the influence', although, they could be prescribed strong medication that would 'knock them out' for days. There was also concern that medication might be, in some cases, being prescribed by GPs as a 'quick fix' alternative to mental health service referrals. Therefore, strict abstinence policies were seen as problematic, as was blanket use of medication as a solution for primary care.

[13] Alison Giraud-Saunders, Mental health in people with learning disabilities (2011)

There was also evidence that combat veterans and ex-armed forces personnel were facing significant barriers to services, were being largely excluded from services and were at times self-medicating as a result. In particular, barriers noted referred to issues about ineffective communication from statutory services and frontline staff at GP surgeries, with widespread insensitivities and misunderstanding about the nature and mind-set of ex-armed forces personnel.

4.6 OTHER 'ACCESS' ISSUES (21%)

Within the '*poor access'* group of RANTs, there were also 21% of RANTs in the 'Other' category. These were RANTs relating to a combination of issues including: poor access for elderly people, slow referrals into services and limited access to secondary mental healthcare provision.

4.7 EXPLORATION - POOR CHOICE OVER SERVICES (16%)

The next significant sub-category within Healthcare related to clients having poor choice over services, which took up 16% of RANTs in this category. This group of RANTs indicated that mental health services were at times unresponsive to clients' needs. Importantly, respondents felt that clients that were referred to mental health services lacked decision-making power and were often not listened to, particularly over choice of therapies. One respondent indicated that some of their clients self-discharged from services as a result of not being listened to. Again, 'quick-fix' solutions, like medication, were felt to be an over-used easy option.

There was some concern over lack of care co-ordinators and the level of service where there was a care co-ordinator, particularly for crisis support and those at greatest risk of suicide. Other issues reported also discussed poor engagement with advocates, even where there were complaints. Similar problems were outlined for informal carers who often felt that their voices were not heard or that they were not supported in their supportive role (the figures for lack of support for carers are specifically outlined in the 'service gaps' section). There were also reports of poor administration at times, for example, disputes over the accuracy of minutes and agreed actions being reversed without justification or reasons given.

4.8 CASE STUDIES

CASE A

A 35 year old woman came into bureau for advice on multiple issues around debt and benefits. She has had mental health problems since age 9 but was not diagnosed until aged 19. Ms A's condition worsened after her partner died and she suffered a nervous breakdown. She suffers from eating disorders, severe depression, severe anxiety disorder and insomnia. She abuses prescription drugs and has had multiple suicide attempts, including intentional overdose of prescribed medication. Ms A feels that she has had a terrible experience of local mental health services over the years.

According to Ms A, she requested counselling support as she felt she needed someone to talk but many months later there was still no such support. She was originally with the local mental health team but her CPN (community psychiatric nurse) told her that they could not help her as they only had support for mild to moderate cases and her conditions were too serious; she was "sent home with tablets" (even though she has a history of suicidal overdose via prescribed medication). Ms A felt very let-down by this treatment and thought her life was at risk as a result.

Ms A was later assessed by a psychologist at West Wales General Hospital, Carmarthen. According to Ms A, hospital staff also wrongly accused her of abusing

drugs and alcohol and stated that she would therefore not be eligible for support. Although Ms A offered to prove that she was not abusing alcohol with blood tests, this was not followed-up and she was not believed either. Ms A was discharged and is again waiting months to be seen.

Ms A has had multiple attempts on her life and she feels that she remains at high risk of suicide; in fact she stated that the only thing keeping her alive was her “kids”. Ms A also states that she knows “other friends” and associates who have attempted suicide as a result of ineffective or lack of support from local mental health services.

CASE B

A case was submitted by another agency with regard to Ms B who is a young student. She is on the autistic spectrum and suffers from insomnia which is partially helped by medication. Ms B had just broken up with a long-time partner and had been struggling to keep up with their university work; as a result she fell into depression. Ms B sought professional help to cope but support had been limited to medication and prescription drugs alone. Ms B suffered a nervous breakdown and was taken to see the Crisis Team in Bronglais Hospital, Aberystwyth by her friends; however, Ms B was told that she was “too depressed to [be] help[ed]”. No follow-up care was offered to Ms B and she was released into the care of friends who had to intervene and support Ms B in crisis. However, they had no experience of this and they were not given any information or

support. The cycle repeated during the course of many months until police and ambulance services were called out following an attempted suicide.

CASE C

Another case submitted by an agency was about Ms C. Ms C suffers from acute depression. She went to the local mental health service team for support but was told that she should "get a job" and that this would make her feel better. She discharged herself from services as she felt the service did not meet her needs.

This agency reported that Ms C trusts and uses her advocate in order to discuss her mental health problems as she does not trust the local mental health team. However, the advocate acknowledges that in general advocates are not equipped or trained to deal with this. According to this agency, advocates are often used as a counselling service when clients feel that the mental health team are not listening. This issue is compounded by the fact that many clients do not want to complain as they worry that the service they get will get even worse if they do.

4.9 SUMMARY

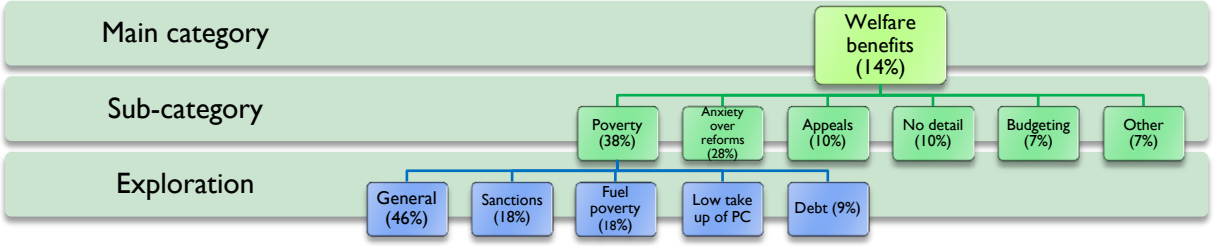
The key issues reported in these case studies relates to difficulties in obtaining local crisis care and getting care plans; difficulties getting in contact with keyworkers; poor communication with advocates; poor administration at times; over-use of medication

as a form of primary care; and finally, lack of control or choice over services. As one agency put it, there seems to be a "one size fits all" approach.

Overall, agencies felt that mental health services were often inflexible and that clients' health was often put at risk as a result. More flexibility and choice for service-users and better engagement with carers and support services was expected in order to achieve better long term results and outcomes for some service-users.

5. WELFARE BENEFITS & FINANCE

Figure 10 Data Snapshot



5.1 EMPLOYMENT & SUPPORT ALLOWANCE (ESA)

The former Labour Government introduced a new benefit called Employment and Support Allowance in 2008. Employment and Support Allowance [ESA] is a benefit for disabled claimants who are too ill to work or who have limited capability for work.

This new benefit was designed to replace incapacity-related benefits. What this meant is that most claimants on incapacity-related benefits would need to be reassessed under the new stricter test for ESA; namely, the work capability

assessment. This process has been on-going since 2010 with Atos Healthcare undertaking the medical assessments as part of the work capability assessment. The migration onto ESA (for existing incapacity benefits claimants) is due to be completed by early 2014.

The basic test for ESA involves a point-scoring system and if a claimant scores at least 15 points overall then they will qualify for ESA. The second part of the assessment looks at which grouping to place a claimant in, which depends on whether they would ever be expected to work again or not. Those who are deemed as being able to work in the future are placed into the 'work-related activity' group; and those who are deemed as likely never being able to work are be placed in the 'support group'. Those in the latter group have very little conditionality attached to their claims whilst those in the former have to (among other conditions) attend interviews at the job centre which aim to prepare them for work.

The new ESA tests are stricter compared to the former incapacity tests and in principle, focus attention on what claimants *could* do as opposed to what they could *not* do.[14] The process also aims to provide practical steps in order to support most claimants back into work where appropriate. The rules for ESA were tightened again by new regulations in 2011 and 2012.

[14] Harrington (2010)

5.2 ESA IN THE SPOTLIGHT

ESA has been under an independent review, led by Professor Harrington, who has published his reviews for years 1, 2 and 3; he has since been succeeded by Dr Paul Litchfield. Professor Harrington's key findings were:

- Interactions between with Jobcentre Plus and Atos staff (the company that carries out the medicals) were often "impersonal, mechanistic and lack clarity".
- Communication and between the various agencies and organisations involved was, in many cases, fragmented or even "non-existent".
- Jobcentre Plus Decision Makers [JCP DMs] did not in practice actually make decisions; rather, they "rubber stamp" the recommendations provided by Atos in their assessments. Further, JCP DMs did not sufficiently take into account additional evidence provided in support of claims. This resulted in the Atos assessment driving the whole process, rather than being seen in its proper context as only a part of the process;
- Importantly, he recognised that some conditions, such as neurological conditions or mental health, are more complex and thus more difficult to assess than others. At this early stage, Professor Harrington already identified that some of the descriptors used in the work-capability assessment did not necessarily measure or reflect the "full impact of such conditions on the individual's capability for work"[15]

[15] ibid

These findings tell us that the WCA was not working in 2010. There was a series of recommendations that were agreed by the Department for Work and Pensions [DWP], including the development of 'mental health champions' in order to improve the expertise provided to Atos medical practitioners with regard to mental health claimants. However, in the experience of Ceredigion CAB, these have had little effect on the quality of Atos medical reports or DWP decision-making. Official statistics concur that there has been marginal difference in overturned decisions since 2010, hovering at a constant between 38% and 39% since then to the present.[16] This is reinforced by numerous other reports as well, notably, the 'Right First Time' report.[17]

5.3 RIGHT FIRST TIME

The 'Right First Time' report was developed by Citizens Advice (the National Association of Citizens Advice Bureaux) and was published in January 2012. The report highlighted official figures that nearly 40% of ESA appeals were successful; and within the successful decision groupings, 60% of those decisions were overturned in cases where a claimant had been awarded "nil points" in the original decision.[18] These figures alone are a damning indictment of the quality of ESA medicals and the whole WCA process.

[16] Employment and Support Allowance statistics (DWP); URL
[17] *Right First Time, CAB* (2012)
[18] *ibid*

5.4 ESA AND THE WORK PROGRAMME

ESA claimants in the work-related activity group are susceptible to be referred into the Government's flagship Work Programme. [19] However, responding to a Parliamentary question raised by Stephen Timms MP, Mark Hoban (Minister for Employment) confirmed last October that due to unexpectedly low numbers being referred up to that point, an additional 33,000 ESA claimants were being mandated to do so. The groups affected were ESA claimants with a three or six month WCA prognosis who had previously had support from the *Pathways to Work* scheme. At that time, Mr Hoban stated the DWP "believes that the time is now right to provide these claimants with the personalised and intensive support that Work Programme providers can offer". [20] However, almost simultaneously, the regulations for sanctions also changed and those who failed to participate in preparation for work without 'good cause' have been on the receiving end of increasingly punitive sanctions.[21] In particular an ESA claimant could now lose 100% of their personal allowance rather than 100% of their component rate which effectively doubles the penalty. They are also faced with open-ended

[19] Employment and Support Allowance claimant journey (DWP, Nov 2012)
[20] Work Programme, Hansard (19/10/12) URL
[21] Decision-Makers Guide (DMG) memo 41/12 - URL

sanctions (until they re-engage) plus fixed-period sanctions of up to 4 weeks a time even when they do participate (dependent on the level of the original non-compliance).[22]

5.5 THE WORK PROGRAMME IN WALES

Last year the Welsh Affairs Select Committee in Parliament (MP for Ceredigion, Mark Williams, is a member) made a call for evidence on the *Work Programme in Wales.*[23] As part of this process, Citizens Advice Cymru and Ceredigion CAB worked closely to produce a report using available evidence in Wales and across the UK. The report highlighted some key issues with how the Work Programme was being administered across Wales, particularly regarding some of the most vulnerable people. The key findings of this report were:

- Problems with regard to the application and administration of sanctions as a result of Work Programme referrals; and
- Related impacts for vulnerable claimants suffering from mental ill-health and/or learning disabilities.[24]

5.6 CASE STUDIES

Case D – SANCTIONS/ FAILURE TO TAKE INTO ACCOUNT 'GOOD CAUSE' (MENTAL HEALTH)

> *"20 year old female who sought advice from a Citizens Advice Bureau in the South Wales, missed four appointments and the Jobcentre Plus office has now sanctioned her until January 2013. She suffers from periodic depression and memory problems and was previously on anti-depressants; she no longer takes them as she says she feels better without them. She does rely on her social services*

[22] Regulation 4, Employment & Support Allowance regulations 2012
[23] Work programme in Wales – Parliament URL
[24] *Welsh Affairs Committee* (December 2012) URL

support worker to remind her of appointments but on this occasion they failed to support her. She could not apply for a crisis loan because she has been sanctioned and has no money whatsoever. She is also worried that she will lose her accommodation as a result of these sanctions."25

CASE F – SANCTIONS/ FAILURE TO TAKE INTO ACCOUNT 'GOOD CAUSE' (LEARNING DISABILITY)

"Claimant with learning disabilities was working under an ESF [European Social Fund] funded training programme and was then mandated into the Work Programme; he was forced to abandon the former course – even though he was doing well on the course as it was highly personalised. He was then sent to a Job Club where he was asked to complete a CV. When he explained he didn't know what to do the adviser told him that he would have his benefits stopped. This young person is unable to read or write and was totally incapable of complying with the request."26

Other case study examples outlined include one claimant who suffered a bereavement but was still sanctioned; another where one claimant had mandatory appointments scheduled between the Work Programme and Job Centre office which conflicted with each other, yet the client was still deemed not to have 'good cause' and was sanctioned.

The report also outlined evidence where some claimants were being placed on the wrong benefit (i.e. on Job Seekers Allowance instead of ESA) and as a result were subject to more punitive conditions (which they could not realistically meet), and thus were sanctioned. Other examples outlined that even where claimants were being placed on the right benefit, they were at times being placed into the wrong grouping within ESA with similar punitive consequences as a result. Local experience and evidence also point to similar trends. The report also outlined that as a result of

[25] ibid
[26] ibid

these sanctions (often inappropriately administered) claimants were often left in poverty, in debt and - in some cases - homeless.

Finally, there was also evidence of a spike in mental health services referrals directly related to stress amongst ESA claimants that were referred into the Work Programme.[27] Though there was not a substantial body of evidence at that stage, the evidence that was available was consistent.

5.7 ESA REPORT - CEREDIGION CAB

According to our internal social policy report on ESA,[28] we highlighted similar findings to the national research campaign report ('Right First Time'), particularly with regard to poor evidence gathering from the JCP DMs and disproportionate dependence on widely-discredited Atos medicals.

Some evidence was highly concerning, such as the fact that local appeal success rates for our bureau were *much* higher than the official figures from the Tribunals Service. Tribunal Service statistics nationwide indicated around a 40% success rate whereas our success rates were around 80% with some caseworkers obtaining as far as 90%. The strain is clearly felt by clients that suffer from mental ill-health and problems with benefits often worsen their conditions.

[27] ibid
[28] *Report on ESA (*January 2013)

The strain on local services as a result of ESA has been immense, and Ceredigion CAB is no exception; in 2012 nearly half of all bureau enquiries related to benefits-related work, and around 60% of mental health clients' enquiries (under the RESPONSE project) were about benefits-related issues. It is clear from the RANT evidence that the strain is not isolated to CAB services but can clearly be seen across the Third Sector in Ceredigion, particularly services that provide generalist advice and support (such as Supporting People providers).

5.8 ESA – FIT FOR PURPOSE?

Atos has had very public criticism since the first work capability assessment medicals were carried out. This has included criticism from the National Audit Office, which concluded that Atos underperformed in relation to the amount of public money spent on it.[29]

There has been renewed political pressure from MPs claiming that the work capability assessment is not fit for purpose and the annual GP Conference voted in large numbers for the work capability assessment to be abolished and replaced.[30] Atos sponsorship of the Paralympic Games 2012 was also heavily criticised[31] and

[29] *NAO criticises Atos benefits contract*, Guardian URL
[30] *GPs call for work capability assessment to be scrapped*; (23/05/12) URL
[31] *Paralympic Games organisers defend Atos sponsorship deal*; (21st May 2012) URL

two documentaries produced by BBC[32] and Channel 4[33] highlighted acute problems with the way that the assessment was being carried out. More recently, a High Court Panel decided that the Work capability assessment was not fit for purpose (though the government has appealed this decision):

> *"Today at the Royal Courts of Justice, a three judge panel of the Upper Tribunal has ruled that the Work Capability Assessment substantially disadvantages claimants with mental health problems, because the system is designed to deal with a high volume of claimants who can accurately report the way in which their disability affects their fitness to work."34*

5.9 WELFARE REFORMS - NEW

Although ESA has been the most prominent benefits-related issue for clients and agencies over recent years, current concerns are not limited to issues with ESA. The recent changes to welfare, in particular the Welfare Reform Act 2012, are widely accepted as being the greatest shake-up to the welfare system since its inception. In 2010 the Coalition Government announced that they planned to save around £18 billion in welfare spending.[35] This was in addition to cuts which were already planned under the former Labour Government. The combined effect of these cuts was estimated to reduce overall borrowing by around 8.1% of national income in 2016–17 (£123 billion), the vast majority of which (80%) was envisaged to come from cuts to public service spending.[36] The Coalition Government has since announced

[32] *Disabled or faking it?*; BBC Panorama (July 2012) URL
[33] *Britain on the sick* (Dispatches); Channel 4; (July 2012) URL
[34] A three judge court rules that the Work Capability Assessment discriminates against claimants with a mental health disability, (22nd May 2013)
[35] NB: that is, between the Spending Review 2010 and Autumn Statement 2010 combined
[36] Green Report, (Feb 2011)

(in the Autumn Statement 2012) that a further £3.7 billion will be cut from welfare spending with even more cuts likely in the future.

5.10 WELFARE REFORM IMPACT ASSESSMENT – WALES

Despite a multitude of calls for the UK government to undertake a comprehensive impact assessment of welfare reforms, it has so far remained shy of the idea. Fortunately for the population in Wales, the Welsh Government has attempted such an exercise in a report published in February 2013.[37] The findings indicate that Wales will be disproportionately affected by welfare reforms with highly significant losses in income projected for low income families. The report also confirms that the Welsh economy will be seriously impacted and that local services in health and social care will also be affected, particularly in the long term.[38]

5.11 SPECIALIST BENEFITS ADVICE AND LEGAL AID REFORM

The Welsh government has also recently published an 'Advice Services Review', which has warned of a number of consequences for local government services and budgets in Wales as a result of the recent changes to Legal Aid, which are predicted

[37] *Analysing the impact of the UK Government's welfare reforms in Wales* (Feb 2013).
[38] ibid

to increase the demand for advice and support services with regard to welfare benefits, online claiming assistance, debt advice, budgeting support, employment support etc.[39] However, civil Legal Aid, which generally helps to pay for the costs of getting legal advice if a claimant is on a low income, has been cut for most social welfare legal advice issues since April 2013.[40] The exception is where the claimant is making an appeal to the Upper Tribunal or higher courts i.e. the most complex cases which are on a point of law.[41]

As poor benefit decisions have led to consistently high levels of successful appeals at the First Tier Tribunal (around 38% year on year since 2010),[42] reforms which limit social welfare law advice seem both untimely and inappropriate, with many of the most vulnerable (i.e. poor and/or disabled) bearing the brunt of reforms. Considering that some reports indicate that for every pound spent on social welfare advice, £8.80 is saved by the public purse,[43] the cuts to social welfare legal advice are astounding simply on grounds of economic common sense.

5.12 EFFECTS IN WALES

The Advice Services Review also outlines that the overall impact of changes to Legal Aid on specialist social welfare advice provision in Wales will be a "reduction of face to face sessions from 19,841 to 3,144 per annum".[44] That is a significant decrease in advice provision across Wales. The largest advice provider in Wales (Citizens

[39] ibid
[40] *Legal Aid reform* URL
[41] *Scope of reforms to Legal Aid* URL
[42] *Employment and Support Allowance statistics* URL
[43] *Advice Services Review* (March 2013)
[44] ibid

Advice Cymru) has also announced an expected loss of around 42 full-time equivalent [FTE] specialist caseworker posts across the service in Wales.[45] The effects are not isolated and the picture is mirrored across the advice sector, particularly in specialist agencies like the housing charity, Shelter Cymru.[46]

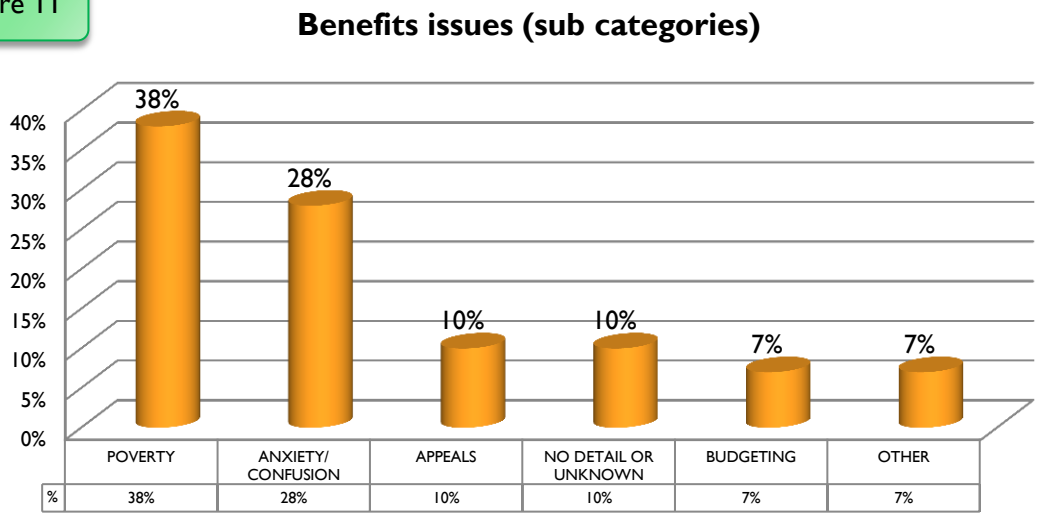
Similarly, Ceredigion CAB had previously relied on approximately £40,000 worth of Legal Services Commission contracts per year towards the cost of running specialist advice services in welfare and debt; now ended due to the Legal Aid cuts, resulting in a major restructuring taking place and a loss of about 4 FTE posts in Ceredigion alone, which represents 10% of the total national loss expected in Wales.

5.13 WELFARE BENEFITS RANT DATA

RANTs regarding welfare benefits made up around 14% of the total reported issues. Within the benefits category, 38% related to concerns over poverty, 28% to anxiety and confusion over welfare reforms; 10% were about issues related to challenging benefits decisions and managing appeals; 10% were unspecified; 7% were for issues around clients' struggles with budgeting and 7% were in smaller categories, so were grouped under 'Other' (i.e. stigma about claiming benefits).

[45] ibid
[46] ibid

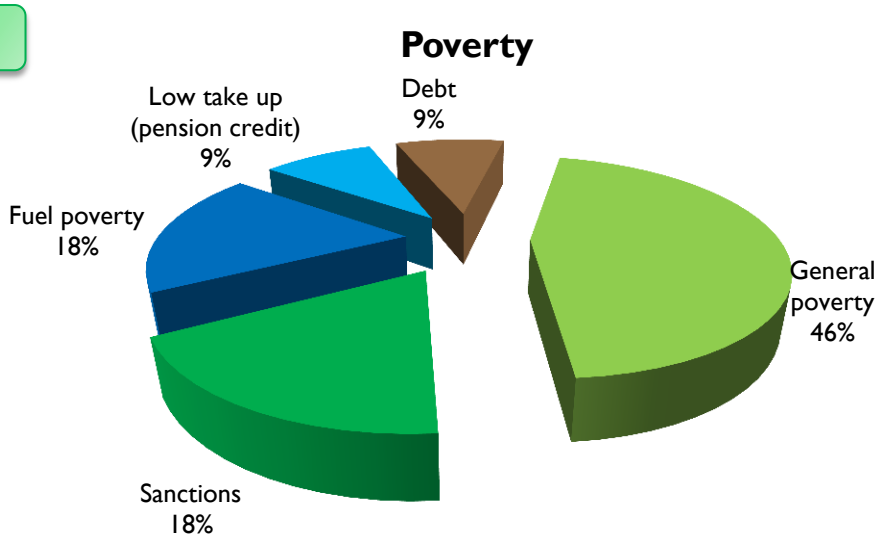
Figure 11



5.14 EXPLORATION – POVERTY (38%)

Most sub-categories outlined above are self-explanatory but, as an example, if we look closer at the largest sub-category, 'poverty', nearly half (46%) of the issues related to 'general' issues with poverty and benefits; around 18% related to benefits 'sanctions' causing poverty; 18% to 'fuel poverty'; and 9% respectively for low take-up of pension credit; and indebtedness, i.e. as a result of benefits sanctions (see chart below).

Figure 12



5.15 CASE STUDIES

CASE A

One client, Mr A, aged 43 had worked as a window cleaner for some time. In December 2010, he fell off of his ladder and shattered his heel bone. 12 months previously he had fallen off the ladder and broken his wrist shattering a number of bones. He had a bone graft and until he can stop using the crutches the wrist is not able to heal.

Mr A had to use crutches and a mobility scooter because he could not put the injured foot to the floor. He made an application for ESA and attended a work capability assessment; he scored nil points on the medical assessment. Mr A had submitted 35 pages worth of medical reports, but the DWP had preferred the ESA medical assessment over all other evidence. Mr A had also made an application for Disability Living Allowance [DLA] and was refused that benefit as well on the basis of the former ESA medical report.

With the assistance of Ceredigion CAB, the client appealed both of these decisions to the First Tier Tribunal and he was subsequently awarded ESA and placed in the support component (only those with the most serious conditions and the highest barriers to work are placed into this group); the tribunal decision took approximately 10 minutes to conclude. The client's latter appeal (for DLA) was decided in a similar

time frame and the client was awarded the highest rate of the mobility component and the middle rate of the care component.

CASE B

Another client, Mr B, is aged 42 and suffers from Schizo-Affective Disorder, anxiety, depression and panic attacks. He also suffers from arthritis in his knees and lower back. Mr B was in receipt of lowest rate mobility and highest rate care.

Mr B is subject to section 117 of the Mental Health Act[47] and is under strict monitoring from the Community Mental Health team due to past history of suicide, self-harm and psychiatric admission. There was clear evidence that he satisfied the criteria for the support group of ESA on numerous grounds.

As part of the on-going reforms to incapacity-related benefits since 2010, Mr B was transferred from Income Support to ESA. However, he had been placed in the work related activity group and was consequently expected to attend work focused interviews etc. The decision to place him in the work-related activity group, however, had a significant effect on his health. The stress related to these conditions led him to engaging in forms of self-harm, including ripping out two of his front teeth with a pair of pliers. Mr B was assisted by Ceredigion CAB to appeal the decision, which was revised on appeal and the tribunal placed him in the support group.

[47] Community care services are already available and a social care assessment system is already in place; however, s117 goes much further than this and imposes a specific duty on health and social services to provide 'aftercare' services to certain patients who have been detained under specific sections of the Mental Health Act.

CASE C

Mrs C is aged 36 and suffers from osteoarthritis in her spine and hip, asthma and depression. Mrs C's osteoarthritis is severe and causes her problems with standing and sitting, and affects her mobility. Mrs C uses a walking stick to walk in order to help stabilise her as she is risk of falling due to weakness in her right hip and leg. She has been informed that the arthritis is spreading to her back and other areas of the body. She has been referred to an Orthopaedic specialist but they feel that due to her age her condition has to be pain managed through strong medication.

Mrs C made an application for ESA in June 2011 and did not score sufficient points to qualify for the benefit. She appealed the decision with the assistance of Ceredigion CAB and the tribunal decided that she was entitled to ESA (in the work-related activity group) in March 2012. She then had a standard renewal sent out to her a few months later in July 2012 and after attending another medical assessment was *again* found not to qualify for the benefit in September 2012; this caused significant stress on Mrs C who was already struggling to cope with depression. She appealed this decision and again, with support from Ceredigion CAB, she won the second appeal. She felt that it was wrong that the majority of her time on ESA has been spent needlessly waiting for various tribunal hearings which overturn poor decisions made by the DWP. Mrs C is extremely frustrated with the benefits system and feels that her health has suffered as a result of poor decision-making.

5.16 SUMMARY

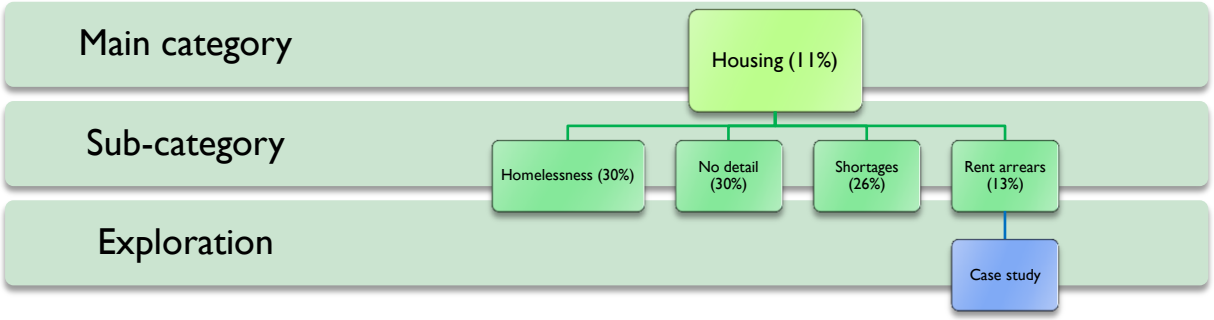
These case studies outline similar issues. In particular, they illustrate that the quality of decision-making at the DWP may not always be accurate; for example, many clients are wrongly being found 'fit-for-work' when in fact the evidence is clear that they are not. Further, even where claimants are successfully passing the test for ESA, there is clear evidence that many claimants are also being placed into the wrong group, which then has implications for the level of support they receive (or should be receiving). Evidence is well supported by other local and national research on these issues and lately there has also been a ruling[48] that those who have a mental health or learning disability are particularly disadvantaged in the process. In order to improve on these areas, the DWP could consider making more pro-active attempts at gathering evidence at an earlier stage of the application or reassessment process and considering a wider- base of evidence for making decisions (outside of the apparent favour given to Atos medicals).

Local agencies should also set up a task group to consider how they can mitigate these problems through, for example, combined services which aim to increase access to advocacy, advice and support in response to the challenge of welfare reform.

[48] A three judge court rules that the Work Capability Assessment discriminates against claimants with a mental health disability, (22nd May 2013)

Figure 13

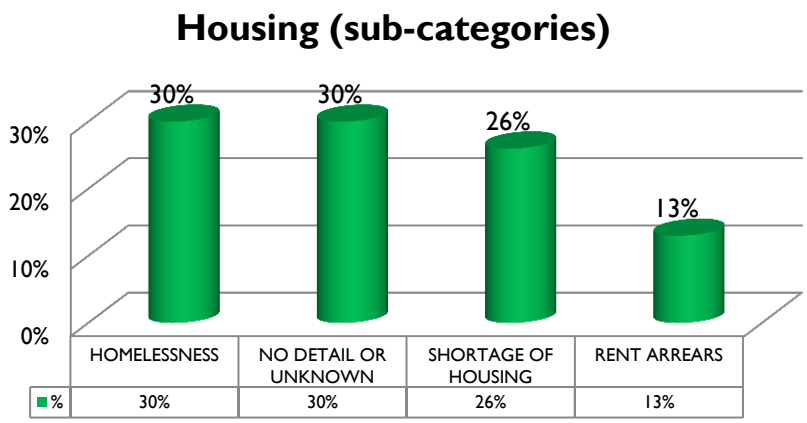
6. HOUSING



Housing-related RANTs accounted for 11% of the total figures. These figures should not be taken in isolation, as often housing issues are closely interrelated with other issues such as poverty and mental ill-health, family breakdown, loss of employment, welfare benefits and debt. It is also worth noting that issues around housing were close to the same percentage as benefits issues, which were third in ranking overall.

The sub-categories for housing (see below) were 30% for homelessness; 30% unspecified housing issues; 26% housing shortages; and 13% rent arrears leading to debt, poverty and in many cases homelessness.

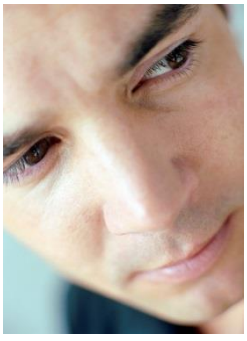
Figure 14



6.1 WELFARE BENEFITS AND HOUSING

The welfare reform impact report outlines that at least partly due to welfare reforms, there are potential impacts on local housing services as well, with issues such as affordability of housing, rent arrears, evictions and homelessness related to the combined effects of cuts to benefit, changes to frequency of benefit payments, sanctions, budgeting problems and poverty.[49]

6.2 CASE STUDY



CASE X

A local agency contributed a case study with regards to arrears with rent. They have been supporting one client, Mr X, who has had multiple difficulties with the local authority, particularly with regard to social housing and Housing Benefit. The agency feels

[49] *Analysing the impact of the UK Government's welfare reforms in Wales* (Feb 2013).

that the local authority has put this client in a flat which is unsustainable and that as a result the client (who has a learning disability and is vulnerable) has been left in financial indebtedness.

To summarise, the flat given to the client has a rent value of £113 per week, whilst the client is only eligible for £59.50 of Housing Benefit as a single person without dependents. That is a shortfall of £53.50 a week. This flat has an extra bedroom and as a result of recent reforms to Housing Benefit for social housing tenants (the 'bedroom tax'), the client only gets benefit for the one bedroom he needs – even though he was placed in the property by the Local Authority. Consequently, Mr X has had financial difficulty in budgeting and has been suffering from debt and arrears with his rent since he was placed in the property.

Mr X later found himself with additional problems with the Local Authority. He had extra income from an educational grant and rightly informed the local authority about this. However, the Local Authority failed to take action. It wasn't until 5 months later that the Housing Benefit department realised their error. However, Mr X was deemed to have been overpaid thousands of pounds of benefit and it was decided that he should repay it. The Local Authority later admitted that the overpayment was as a result of their error but they still decided to reclaim most of the debt with only a few weeks' worth of the overpayment to be treated as 'unrecoverable'; i.e. written off. This left the client with the majority to repay as a debt through deductions from his benefit (in addition to the deductions from the 'bedroom tax'). Despite several

letters of appeal and complaint the decision stands and Mr X has had to pay off a considerable debt.

6.3 SUMMARY

This case study highlights evidence of local practice which could be of concern, particularly in terms of collecting overpayments from vulnerable claimants even where the fault may lay with the Local Authority (i.e. there may be official error). In these cases, the overpayment may not be recoverable in law.[50] Further, though this vulnerable service-user was provided with accommodation, the accommodation was clearly not financially sustainable or suitable. In this case, on both counts, the result was increased poverty, anxiety and indebtedness, and Mr X has only managed to find his way through these serious problems with extensive support from local agencies. Where it has been identified that there is a vulnerable service-user, the Local Authority could consider more closely whether the support provided to them is appropriate, affordable and sustainable.

Although it is acknowledged that the Local Authority in Ceredigion is already working on an awareness-raising drive for welfare reform,[51] in terms of the wider housing issues, and looking ahead to the introduction of Universal Credit, direct payments of Housing Benefit and an expected increase in poverty and homelessness overall, the local authority should consider reassessing local housing supply and, importantly,

[50] If an overpayment is substantial, and resulted from the local authority incorrectly assessing accurate information provided by the client, a claimant could argue that, given their lack of understanding of how benefit is calculated, they could not reasonably have been expected to notice the error. This is supported by caselaw (cf, R (Griffiths) v Liverpool City Council, 14 March 1990)

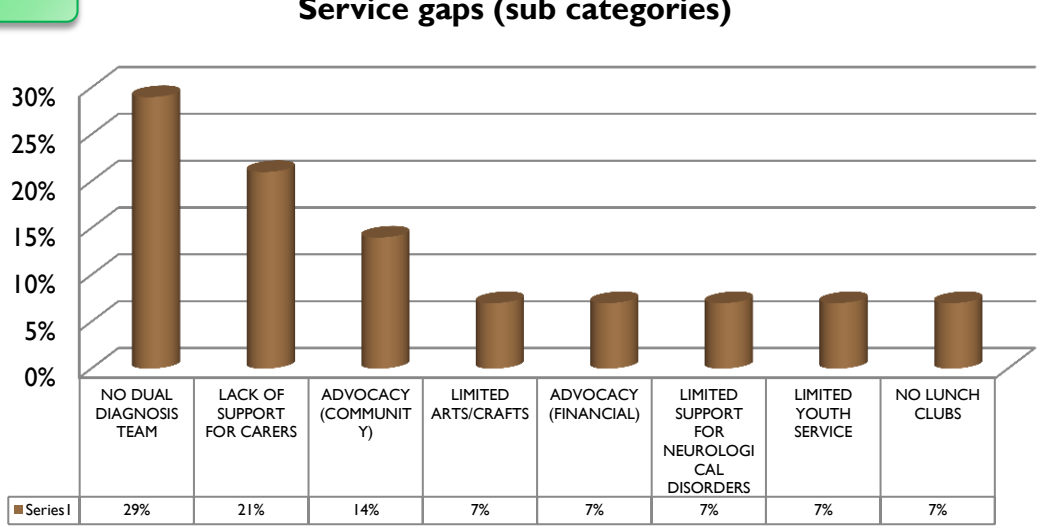
[51] i.e. there is a welfare reform housing officer leading the way on awareness raising initiatives

what local advice and budgeting support is available for claimants, especially vulnerable claimants.

7. SERVICE GAPS

There was a group of RANTs that specifically dealt with gaps in local services so these were grouped together and found to account for 7% overall. As you can see from the graph below, the major concern amongst agencies in terms of service gaps was the lack of a 'dual diagnosis team' which accounted for nearly a third at 29%. Most respondents indicated that if there was a dedicated dual diagnosis team, the related issues (outlined in the healthcare section) would be better mitigated and services would be improved vastly.

Figure 15



Issues regarding lack of support for carers were prominent at 21% in this grouping. These related to poor support for both formal and informal carers, with friends and family feeling "lost and hopeless". Some carers are also suffering from mental

and/or physical ill-health themselves and so may have a particularly difficult set of challenges to overcome when caring for others.

"I know a lot of families are very worried about the changes to benefits. I know the PIP (personal independence payments) are for over 16s but something that seems to be a common theme with parents of disabled children is that (a lot not all by any means of course!!) are single parents, and of that group there are many who are either unwell themselves or due to depression and anxiety are on benefits themselves relating to this." (anonymised quote from RANT)

RANTs in this group outlined that many carers felt that there was no one they could go to for professional advice and support and that services tended to favour the service-user as opposed to the carer supporting them. There were similar issues reported from one church providing informal services, that outlined that they could benefit from more professional support in order to support those who suffer from mental ill health (such as mental health first aid training).

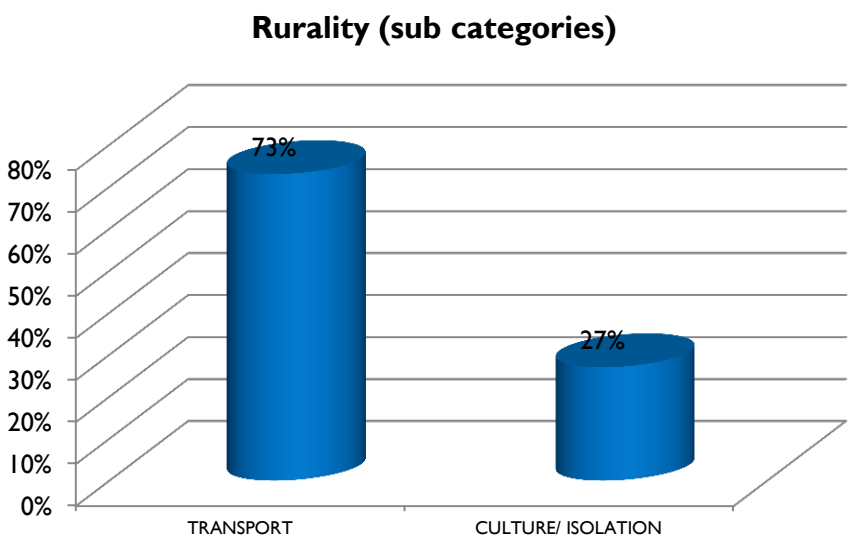
The other important service gap was in community-based advocacy with some respondents highlighting the complexity of mental health services, and that accessing services often requires expert support, assistance and advocacy, which is very limited (particularly in Ceredigion).

Finally, other smaller contributions outlined gaps in understanding about complex neurological conditions, gaps in financial advocacy (particularly for the aged population); gaps in local mental health services for young people; lack of local luncheon clubs and, finally, gaps in alternative therapies such as arts and crafts.

8. RURALITY

Issues relating to 'rurality' accounted for around 5% of the overall RANTs we received. Sub-categorised issues around rurality focused on difficulties around poor transport affecting access to services (73%) as well as isolation attributed to language or cultural barriers - mainly for rural Welsh-speaking communities (27%).

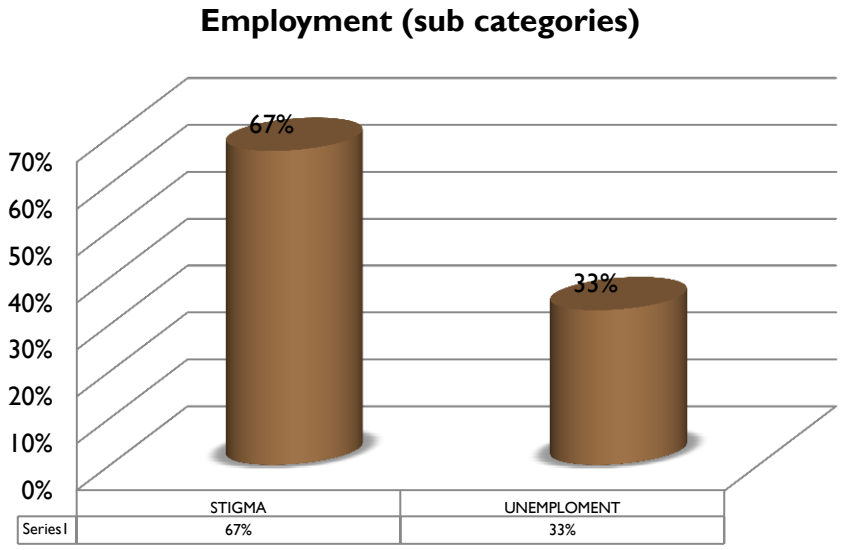
Figure 16



9. EMPLOYMENT

Evidence regarding employment issues accounted for a small percentage overall (1%). Respondents indicated that the greatest concern was over problems with the stigma around mental ill-health. It was felt that clients are often put at a disadvantage in the workplace if they were open about their mental health issues.

Figure 17



According to one research report conducted in 2008, people with severe mental health problems have a lower rate of employment than "any other disabled group" but yet more likely than any other group of disabled people to want to have a job (90% say they would like to work, compared with 52% of disabled people generally).[52]

In another report by the Mind *Time to Change* campaign, it was outlined that nearly 9/10 people who suffer from mental ill-health have also suffered "stigma and discrimination"[53] and more than 2/3 of people who suffer from mental health problems (71%) say they have stopped doing things they wanted to do as a result of stigma.[54] Even more (73%) say they have stopped doing things they wanted to do because of fear of stigma and discrimination[55]. Finally, over half (53%) of carers of

[52] Stanley (2004)
[53] *Time to Change* (2008)
[54] ibid
[55] ibid

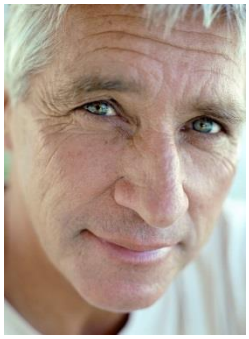
people with mental health problems also say they feel unable to do things they want because of stigma and discrimination.[56]

9.1 CASE STUDIES

CASE T

One case submitted was about a man who works within the Third Sector. Mr T had suffered from anxiety and depression for many years and had felt that as a result of his condition, his opportunities to develop his career had been continually curtailed. He also felt that there was a "culture of bullying" where he worked which had resulted in him taking time off with work-related stress.

Mr T ended up having some care under the local mental health team and being heavily medicated for some time. However, the combined pressures of his existent mental ill health along with the stress of challenging what he feels is stigma and discrimination, have worked to deteriorate his health substantially; friends have commented that his condition and symptoms have worsened to the point where they are afraid for his life.



CASE Z

Mr Z has been working for a local criminal justice agency with an outstanding reputation for many years. However, over the course of the last few years his health has deteriorated somewhat. Mr Z

[56] ibid

suffers from a neurological condition and has symptoms such as problems with memory, learning difficulties and mental ill-health, such as depression and anxiety. Despite this, Mr Z still feels that he is able to contribute his knowledge and skills to his role. However, Mr Z feels that his employer is not very responsive to the needs of staff who suffer from mental ill-health or other disabilities (such as a learning disability); Mr Z feels pressured to leave his post and feels stigmatised by his conditions. Mr Z feels that staying active in his role helps him to stay positive and focused and that if he were to leave his post, his health would deteriorate. He is fearful that as part of current efficiency savings plans he will be forced to retire early on grounds of ill health.

9.2 SUMMARY

These case studies outline some considerable barriers at work for sufferers of mental health problems. In particular, there is evidence of a lack of understanding about mental ill health amongst employers and a lack of support for staff with such issues. In both cases, processes at work can compound and worsen existent conditions and in one case there is a possible risk to life.

However, despite this evidence, there is also some other evidence that employers are positive about disabilities and mental ill health. For example, one local Third Sector agency has signed up to the *Mindful Employer ®* Charter[57] in order to ensure that they follow good practice at work. Aside from statutory obligations on

[57] Launched in 2004, The Mindful Employer® Charter is run by *Workways*, a service of Devon Partnership NHS Trust. It has been recommended as good practice by the UK government and other national organisations. Please see *Mindful Employer* URL in web references for more details.

employers, this scheme could be an example of how to help institutionalise good practice and limit stigma associated with mental health.

10. OTHER

This minor category took up around 1% of RANTs. This group covered a couple of samples where the issue related was not clear or coherent.

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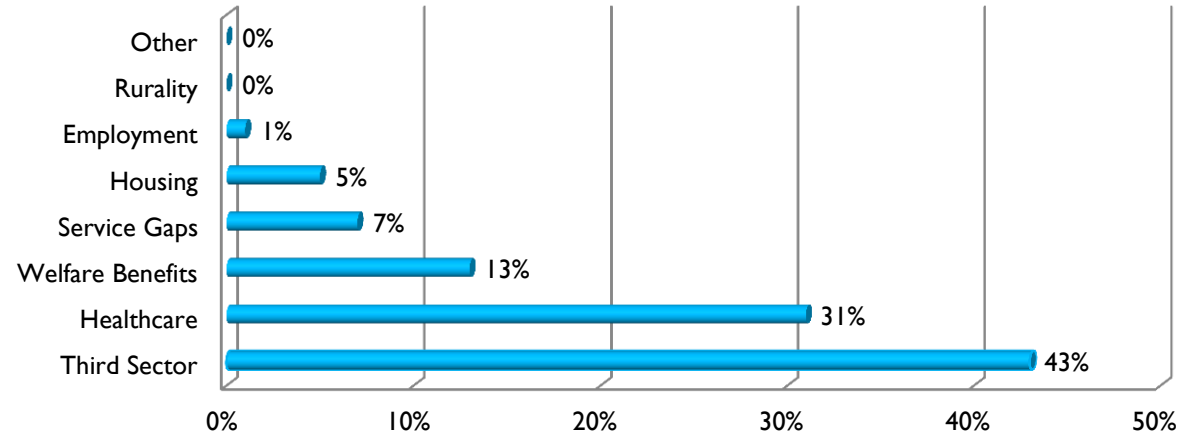
-PART III-

Comparative look at RANT data

Cardiff & Ceredigion

Figure 18

11. OVERALL CARDIFF RANT DATA



	Third Sector	Healthcare	Welfare Benefits	Service Gaps	Housing	Employment	Rurality	Other
%	43%	31%	13%	7%	5%	1%	0%	0%

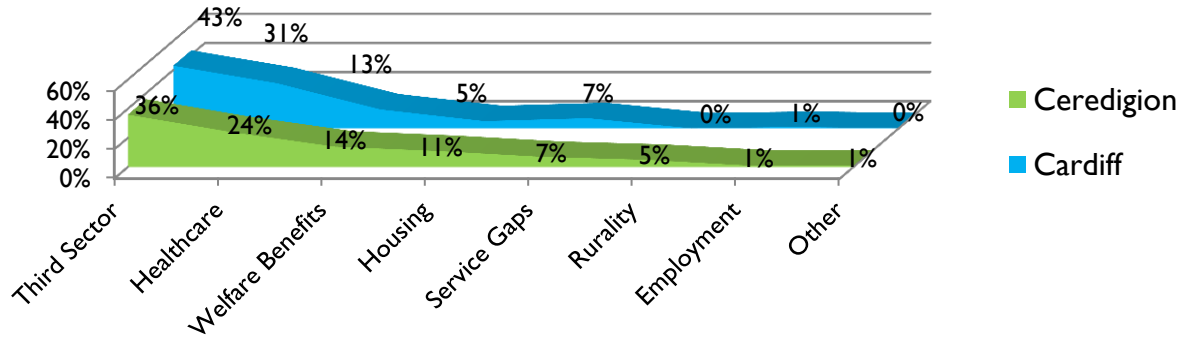
11.1 CEREDIGION/CARDIFF COMPARISON

The RANT data collected from the World Café event in Cardiff in November 2012 indicates that internal issues within the Third Sector are the top concern for Cardiff agencies, as well as locally. Broadly speaking, the data from Cardiff mirrored local data in terms of hierarchies of areas of concern.

The main differences, as expected for a rural area, indicate increased concern in Ceredigion about associated pressures on services such as additional costs in travel and reaching isolated communities (both geographically and culturally). There is also a greater local concern amongst agencies about communication and awareness of other services (statutory as well as Third Sector). The chart below explores areas of similarity:

Figure 19

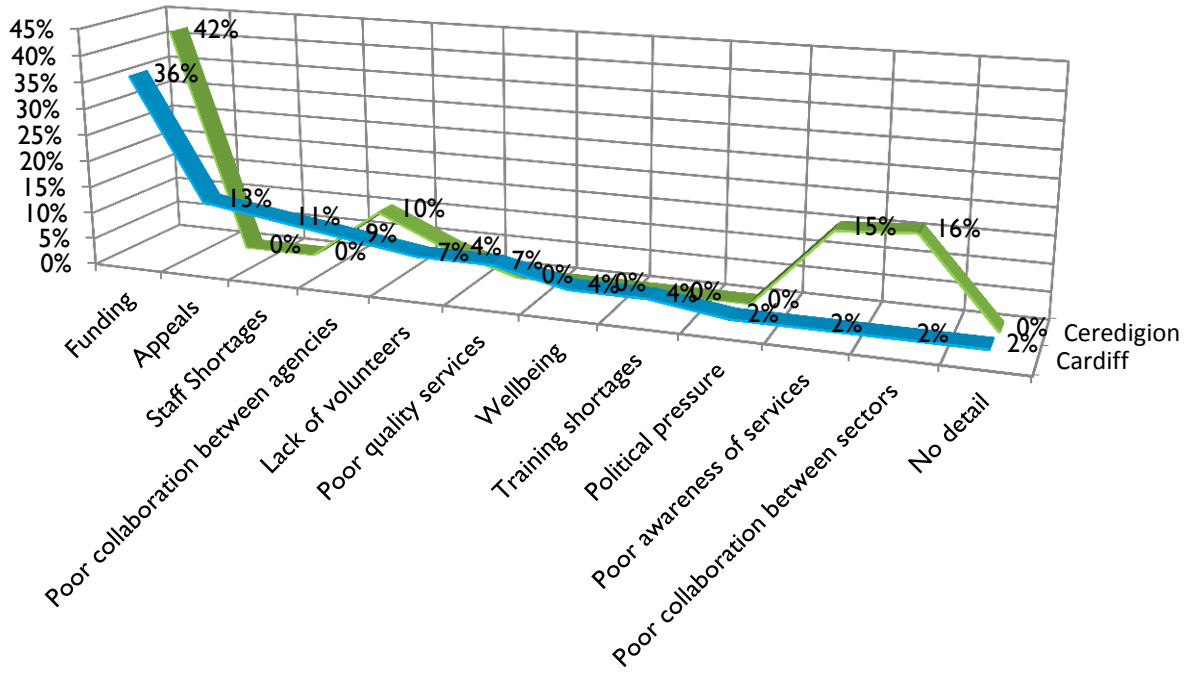
RANTs (Ceredigion/Cardiff comparison)



The chart below outlines all data comparison between Cardiff and Ceredigion.

Figure 20

Comparative Third Sector (sub-categories) - ALL



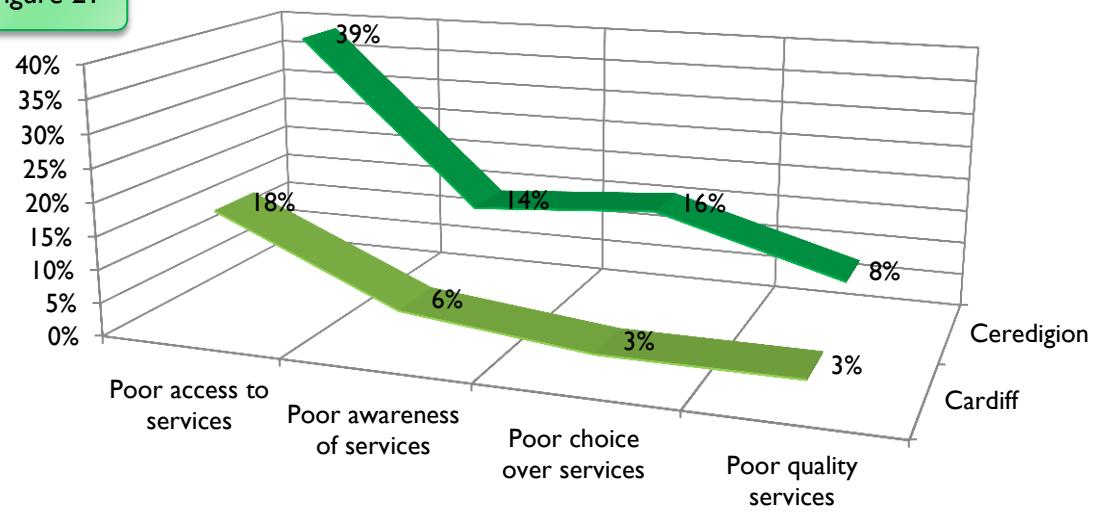
	Funding	Appeals	Staff Shortages	Poor collaboration between agencies	Lack of volunteers	Poor quality services	Wellbeing	Training shortages	Political pressure	Poor awareness of services	Poor collaboration between sectors	No detail
Cardiff	36%	13%	11%	9%	7%	7%	4%	4%	2%	2%	2%	2%
Ceredigion	42%	0%	0%	10%	4%	0%	0%	0%	0%	15%	16%	0%

11.2 EXPLORATION: SUB-CATEGORY COMPARISON - THIRD SECTOR

The above table and graph outlines the similarities and differences within the Third Sector category. This offers us some insight into the differences in service pressures for Third Sector agencies in each area and demonstrates that broadly speaking, the concerns were the same. However, issues around increased problems with funding, workload on welfare benefit appeals, staff shortages and poor-quality services were higher in Cardiff. For Ceredigion respondents, the more prominent concerns when compared were poor awareness of services and poor collaboration between statutory and Third Sectors.

11.3 EXPLORATION: SUB-CATEGORY COMPARISON - HEALTHCARE

Figure 21



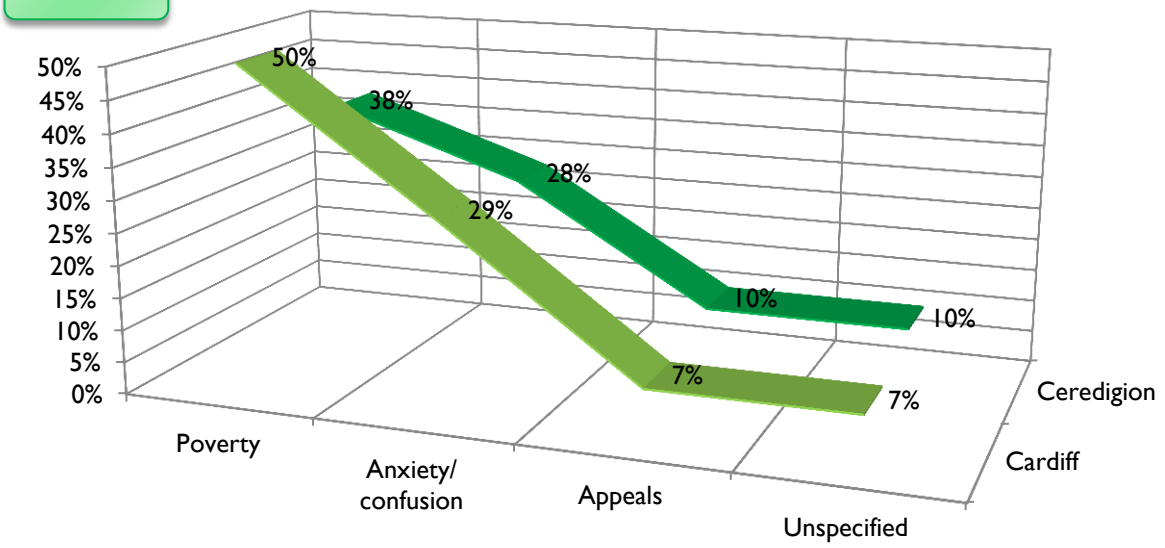
	Poor access to services	Poor awareness of services	Poor choice over services	Poor quality services
Cardiff	18%	6%	3%	3%
Ceredigion	39%	14%	16%	8%

In the healthcare category, there were broad similarities in the areas of concern in the data. However, Cardiff respondents placed much higher overall emphasis on those areas of concern, with more than double figures for all categories.

In terms of the other differences in healthcare, not outlined above, Cardiff respondents were more concerned about client well-being (45% of RANTs in healthcare) and stigma (12%). Other concerns were lack of funding, lack of training and under-staffing.

11.4 EXPLORATION: SUB-CATEGORY COMPARISON - WELFARE BENEFITS

Figure 22



	Poverty	Anxiety/ confusion	Appeals	Unspecified
Cardiff	50%	29%	7%	7%
Ceredigion	38%	28%	10%	10%

Similarities between Cardiff and Ceredigion respondents in the 'welfare benefits' category were striking with very similar percentages of concern. In terms of

differences, there were some minor differences in terms of less awareness of welfare benefits entitlements in the Cardiff area.

11.5 SUMMARY

As can be seen from the preceding charts, the differences between the key issues from Cardiff and Ceredigion respondents were minor in most cases. Unsurprisingly, respondents in Cardiff did not report any issues related to rurality, and agencies in Cardiff were on the whole much more pessimistic and concerned about internal issues within the Third Sector, and client issues with healthcare and housing. Importantly, however, in the healthcare category, Ceredigion respondents were significantly more concerned about statutory engagement, poor awareness of services, poor collaboration and poor communication. This data should therefore serve to supplement the earlier RANT data on local healthcare services.

-PART IV-

World Café data

12. WHAT IS A WORLD CAFÉ EVENT?

World Café events are an innovative and increasingly popular method of bringing various individuals and groups together in order to discuss issues and solutions. Drawing on integrated design principles, the World Café methodology is a simple yet effective format for hosting large group dialogue. Participants are seated at various tables over successive rounds – each table having a pre-prepared question in order to focus discussions on particular issues.

Ideas are written or drawn on paper tablecloths and towards the end of the day these table cloths are placed on walls all around a particular space; this is known as the 'gallery' period. The gallery period gives participants an opportunity to contribute to discussions on tables that they have not up to that point had a chance to participate in.

Participants then have an opportunity to return to their original tables for reflections and finally at the end of the event they are given a chance to share their learning

experiences from the day as part of the wider group. Throughout the day some form of music is played in order to encourage an informal ambience. The format can provide an open space conducive to collaborative and creative thinking.

12.1 WORLD CAFÉ: FUNDING AND FACILITATION

The World Café event took place on 21st February 2013 and was jointly funded by Ceredigion CAB & Mind Aberystwyth, and was jointly hosted by Ceredigion CAB and assisted by Mind your Heart.

Some World Cafés have facilitators who either remain seated at a particular table or roam between tables. Though there were risks that discussions at the event might wander significantly without table facilitators, it was decided that there would be no 'formal' facilitators; it was felt that this format would encourage a more open discussion platform. The event planners were on hand to help anyone who needed support throughout the day.

The aims of the World Café event were:

- To improve mental health services
- To raise awareness of the key issues
- To encourage meaningful links between statutory & Third Sectors
- To improve the effectiveness of the Third Sector

- To begin to develop a vision for coping with up-coming challenges

12.2 WORLD CAFÉ: PARTICIPANTS

The World Café was well attended by a cross-section of least 40 stakeholders from all responsibility levels (strategic/ frontline/managerial etc.) within mental health services (statutory/third/private sectors); the following organisations attended, with some organisations having multiple delegates:

- Aberystwyth University (multiple)
- Bipolar UK
- British Red Cross
- CAVO (multiple)
- Ceredigion CAB (multiple)
- Ceredigion Care Society
- Ceredigion Community Health Council (multiple)
- Welfare Reform Office (Ceredigion Local Authority)
- Communities First
- Gwalia Care and Support
- Hafal
- Hyfforddiant Ceredigion Training
- Hywell Dda Health Board (multiple)

- Mind Aberystwyth (multiple)
- Mind your Heart
- Mirius
- National Gardens Scheme
- Public Transport Users Committee
- Social Services (Ceredigion Local Authority)
- Strategy for Older People (Ceredigion Local Authority)
- Stroke Association
- Team around the Family (Families First)
- The Wallich
- University of Wales, Trinity St Davids
- Wales Air Ambulance
- West Wales Action on Mental Health (WWAMH)
- West Wales Women's Aid

12.3 WORLD CAFÉ: QUESTION THEMES

The broad themes and questions for the event were initially built up with reference to the issues arising from the RANT evidence up to November 2012. Initial choices for the themes and questions were decided at the December 2012 meeting of the event planners, with final decisions taking place in January 2013. These were finalised and based on RANT evidence

but also with reference to various discussions between the event partners and key decision-makers within statutory services at the time.

12.4 WORLD CAFÉ: QUESTIONS

The specific questions chosen were:

1. “What works?”
2. “What doesn’t work?”
3. “What could we do better together?”

These were cross-cutting over all question areas outlined below:

1. The Big Picture (Strategic issues at Wales/ three counties levels)
2. Ceredigion (improving statutory engagement)
3. Ceredigion (improving 3rd sector collaboration)
4. Training and skills (improving access)
5. Quality assurance (of advice and advocacy)
6. Welfare Reform (coping better together)
7. Human rights (accessing services)
8. Healthcare (meeting unmet need)
9. Information Innovations (in service delivery)
10. Wild card (completely open table)

12.5 OUR WORLD CAFÉ IN PRACTICE

The table layout was scattered (i.e. Cabaret style) with a maximum of approximately 5-6 participants per table; this worked to encourage informality and smaller group engagement and discussion. Reflecting the 10 question themes, we laid out 10 café tables with a total capacity of around 50 (in case a few participants who had not booked wished to attend).

The theme cards were placed centrally on each table numbering from 1-10. On each table there were multiple copies of the specific questions in order to encourage participants to engage with the specific processes and terms of reference – particularly important as we did not have any formal facilitators guiding discussions.

The event was divided into rounds of around 30 minutes each so that each participant had a chance to move to another table and contribute to new discussions on another area of interest. Participants wrote down their key ideas in whichever medium they wished, using pens of various colours to draw/sketch/mind map etc. and so points from former participants were often discussed at each successive round and new

ideas built upon these and marked down ready for the next round. With each new round, every table had an almost totally fresh set of participants; this pattern continued throughout the day allowing for cross-fertilisation of ideas. This ebb and flow contributed to a level of both continuity *and* diversity between fresh table groups.

Initially three discussion rounds were planned plus the Gallery/Reflections and Closing sections; but an additional round was held on the day. This meant that participants had a further opportunity to contribute to another discussion area of interest which allowed even deeper reinforcement or alternation between the various perspectives with regard to the key themes and questions. Overall, the comments and discussions were very positive and forward-looking.

12.6 SETTING THE SCENE

For ambience, a 'chill-out' zone was created on the upper platform with sofas, plants and books. Natural items such as crystals, stones and sea-bark were used and all tables had fresh cut flowers. Latin and other modern 'world style' music was played throughout the day.

12.7 FEEDBACK MEASURES

Feedback was highly positive. A paper thermometer was provided at the event with a scale between 'Hot' and 'Not' – where participants had a chance to place a sticker at the appropriate level. 100% of participants who fed back placed their markers on 'Hot'.

A detailed feedback survey was distributed via email after the event and in response to the question rating the event overall, of the following ratings were received: 14% 'Excellent', 57% 'Very Good', and 29% 'Fairly Good'. Importantly, with reference to the question on whether the key issues around mental health were raised at the event, 86% answered 'Yes'.

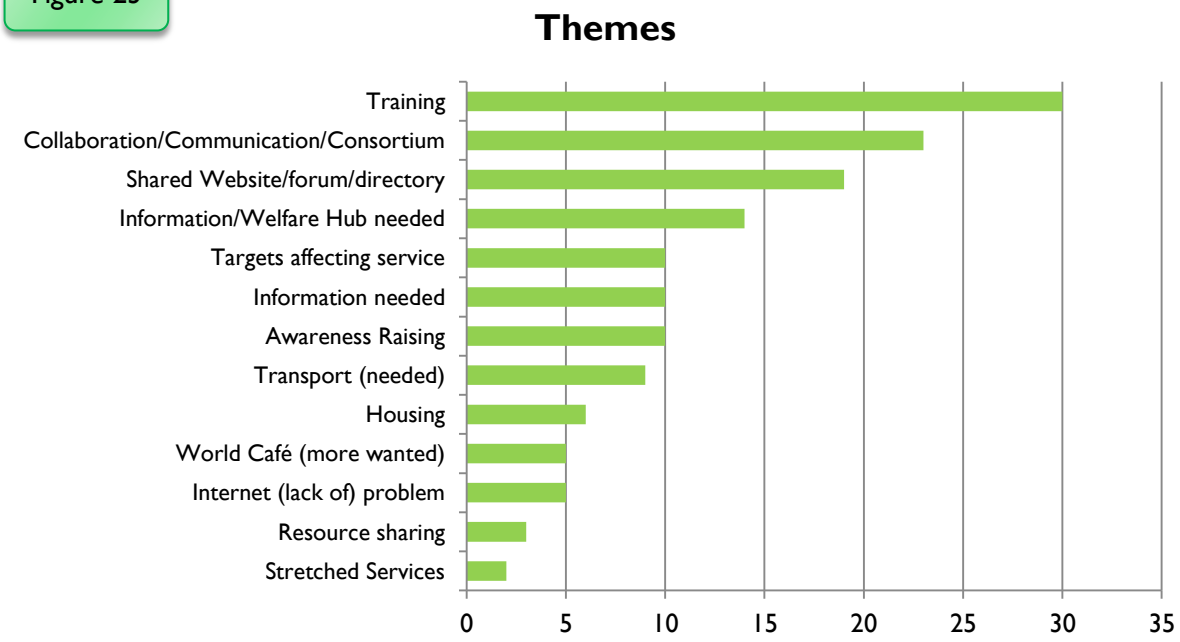
12.8 BROAD THEMES RECORDED FROM THE WORLD CAFÉ EVENT

As the data was gathered from tablecloths after the event it often proved hard to find distinct themes within each table (as discussions naturally moved from topic-to-topic along with conversations). Therefore it was decided to highlight themes which

repeated throughout the event regardless of assigned table topic. For an enlightening and more detailed mind map version of the data please see the Appendix.

The chart below illustrates the spread of repeated themes across all the tables.[58] It is encouraging that a high percentage of repeated suggestions focused on improving collaboration and communication, as can be seen in the chart below.

Figure 23



12.9 PROBLEMS IDENTIFIED

Problems that were repeatedly raised at the event were; the issue of travel, IT problems, insufficient accurate information available (especially in terms of welfare benefits), overloaded services, negative portrayals in the media of people claiming benefits, insufficient training, inaccessible services (often due to the medium used to

[58] NB: At times tablecloth writing was obscure and so this took some level of subjective interpretation. However, the chart will be broadly accurate and will reflect the broad view of topics written on the world café tablecloths.

advertise), clients getting ignored, lack of communication within the Third Sector, other internal Third Sector issues, quality assurance issues and housing. Some of these repeated problems linked with each other in some ways, for example often IT and communication were raised as a problem together due to lack of emails being read because of overloaded inboxes.

12.10 SOLUTIONS DISCUSSED

Whilst discovering what people felt to be the greatest problems was interesting and useful, even more important were the solutions suggested. Repeated solutions included: raising awareness in numerous ways, improved provision of information, a central information and welfare benefits hub (either virtual or physical or both), improved communication, collaborations and consortiums, improved training and resource sharing. Whilst some of these solutions are self-explanatory and were not particularly detailed (for example resource sharing), other solutions had numerous strands which are worthy of further consideration.

12.11 RAISING AWARENESS

Emphasis was placed on raising awareness of the result of welfare reforms and of mental health in Ceredigion generally, especially as a way to respond to the stigmatisation of welfare recipients in the media. Video was raised as a key way of doing this, with suggestions that BBC Cymru be contacted to make a documentary on mental health in Ceredigion, or that the university media department be involved in making a film about the suffering occurring as a result of the reforms. YouTube was also suggested as a useful, free way of promoting services and raising awareness, with someone raising the idea of creating a playlist where each organisation contributes a video outlining services and providing updates on the projects they run.

12.12 INFORMATION/ WELFARE BENEFITS HUB

This tied in with the suggestions for better information; it was suggested that there be a central hub in Ceredigion which is funded to provide information on welfare benefits and direct people to the person or organisation who could best advise them on their issues. The need for wider involvement of all agencies when strategies affecting Ceredigion are introduced was raised. It was suggested that there should be somewhere which mapped services and transport and that this could also be hosted online on an easily-accessible forum. This is expanded on below, under ‘communication’.

It is important for Ceredigion CAB that a central hub providing information and signposting was suggested, as this is one of the roles which the organisation aims to have. It appears that this role is not perhaps as widely understood within the Third Sector as it could be.

"Excellent networking opportunity, got great info and shared thoughts with like-minded people" (participant)

12.13 COMMUNICATION

The solutions suggested regarding communication also often related to the better provision of information. It was suggested that there could be a post in the Local Authority, to form links between the Third Sector and statutory services, in order to form "two-way awareness" of what funding and services exist. A welcome step towards greater links between sectors has been the development of the 'Third Sector brokers' initiative (not well known at the time of the event) based, at CAVO.

12.14 ONE STOP SHOP - WEBSITE

One solution, which was mentioned several times, was a centralised website to replace the numerous emails which tend not to be read or replied to. It was suggested that such a website could be used to display contact details, events, and any marketing materials that would usually be distributed through multi-agency mailing lists. This would also address one problem raised regarding emails which was that attachments often cannot be opened by recipients. Having one central website with contact details on it would help solve the issue which frequently occurs of staff leaving an agency and the contacts which that person had not being retained.

It was also suggested that there be one person per organisation who was in charge of checking the website and alerting relevant people of upcoming events or important information. It was recommended that this website contain a database of services which was accessible to the public. Such a website, it was suggested, could also be used for virtual forums to allow people who cannot attend meetings in person to view the agenda in advance and comment on this so that the comments can then be considered at the meeting. This would perhaps help solve the problem of rurality and time wasted through travelling by enabling some members to miss meetings without entirely missing the chance to contribute.

12.15 OTHER IDEAS

There was a clear appetite for the format of the World Café event style as a way to engage with other professionals across sectors. Several suggestions for improving communication revolved around a desire for further World Café-style events; it was recommended that such events could be held every two months and could be held around the county in different towns and with different communities.

"Informal, relaxed atmosphere.. Felt that everyone was able to contribute, regardless of status, knowledge or experience" (participant)

A few suggested solutions concerned the use of Facebook and similar media. Facebook was seen as a wide contact medium which could specifically be used for consultations for closed groups, although more information would be needed regarding privacy and working of technology,

especially for older service users. Yammer was also mentioned as a substitute for Facebook.

12.16 COLLABORATION

Collaboration and solutions involving collaboration was a large focus of the World Café. A multi-agency Big Lottery bid was one suggested solution to tackle not only internal Third Sector problems but also funding issues. It was acknowledged that consortium bids posed some problems (time, having sufficient information etc) but such bids were seen as a good way to address the combative atmosphere within Third Sector caused by competition for funding. It was suggested that the three counties should work together more and that the Third Sector needed to collaborate in order to develop a replacement service for Afallon ward. A further suggestion was that bigger organisations help smaller ones by subcontracting.

"Very enjoyable and informative" (participant)

A solution to the issue of quality assurance was discussed; that a multi-agency body be set up in order to determine standard evaluation tools together. Such a multi-agency body was also suggested to develop a collaborative drop-in service.

Another suggestion was that a mobile advice hub could be created and could be run inside a van; this could involve representatives of various organisations and would make services more accessible to the remotest areas of Ceredigion.

12.17 TRAINING

The cost and access to training was raised as a problem and several solutions were put forward to deal with this. Firstly, it was suggested that funding be sought specifically to fund training. Secondly, training could be shared and swapped between the agencies in order to reduce costs.

Various forms of training were suggested, such as:

- multi-agency ASIST training[59] (which could be set as a standard);
- ASIST training for the community; dementia training for carers and the community;
- Supporting People training for job centres;
- training for carers about supporting oneself and being supported;
- training for those receiving people in need, post crisis (to reduce repeat visits and aid people in recovery more quickly);
- training for those in the community to support people;
- training for those who deal with vulnerable people.

It was also recommended that Ceredigion develop a co-ordinated mental health training and skills strategy on a multi-organisation/community basis.

[59] ASIST trains delegates in the community to have suicide intervention skills

12.18 SUMMARY

The spirit and energy of the World Café event was positive and forward-looking. People learnt a great deal from the day and they engaged and developed links with other professionals across sectors. Further, the data obtained from the tablecloths confirmed the key issues arising from the RANT data, such as stigma around welfare; lack of information available (specifically on welfare benefits); issues around technology and communications; lack of training and poor access to services.

There were also some brave ideas on how to solve these issues. The flow of ideas from the Café focused on forward-thinking innovations such as better communication and improved co-ordination, collaboration and engagement across all sectors. Ideas included development of a 'one-stop shop' website and/or online forum, for information about services in Ceredigion (in part as an alternative to being flooded by emails). Better use of forums and shared resourcing of skills and services were also prominent. Improved use of alternative style events (such as World Cafés) was also suggested; also better use technology and social media for engagement and communications. In short, World Café participants were interested in working together innovatively to cope with changing times.

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-PART V-

Synthesis

13. SUMMARY OF THE EVIDENCE – THE THIRD SECTOR

> *"Without advice, people are often in a poor position to make informed decisions about how to best address such problems. Homelessness, poor quality housing, discrimination, debt, domestic abuse, problems accompanying relationship breakdown, problems with employment and problems with welfare benefits all provide examples"60*

Advice, advocacy and support services are clearly recognised as a vital element in improving health and financial inequalities in Ceredigion. However, services providing an element of advice (whether generalist or specialist) are likely to be under increasing strain over the coming years as welfare reforms become effective in law.[61] This has already been the case with reforms to incapacity benefits since 2008.

Third Sector agencies are struggling under the pressure of increased demand at a time when there is more expected of them, from both clients and statutory services. Many are also in a process of cuts or expecting and preparing for cuts. Shortages of funding for core services are therefore, unsurprisingly, the main concern.

There is also a considerable amount of strain on Third Sector services as a result of the need to support clients with issues around welfare benefits appeals in particular. Local specialist agencies (like Ceredigion CAB) are put under a great amount of strain resulting in some agencies moving into areas of non-specialist advice, simply out of a sense of pragmatism and care for their clients.

[60] P Pleasence et al (2007)
[61] *Advice Services Review* (2013)

Third Sector agencies do, in general, recognise that they need to become more efficient in the current political and economic climate, as internal anomalies and inefficiencies clearly have a greater negative impact when there is increased pressure on services during times of austerity than in times of relative plenty. It is clear from the data that agencies in the Third Sector recognise the need to modernise through making more effective use of pooled resources. In this regard, better collaboration and closer partnership working across all sectors is clearly recognised as having a major role, although this drive for collaboration is not without complications.

It is clear that many agencies in the Third Sector are somewhat critical about the level of meaningful engagement from statutory services. Though most agencies are willing to take on more responsibilities, many feel that too much is expected of them without the necessary practical or financial support being provided. There is also some evidence of suspicion about a lack of clarity and openness regarding how some services are commissioned.

In terms of internal collaborative efforts within the sector, drives for better collaboration are often seen with suspicion as well. This seems to be partly due to issues related to differing 'work-cultures' and/or differing quality assurance standards; however, the single most prominent barrier to better and more effective collaboration, according to agencies in this sector, has been the system of competitive bidding which is seen to encourage an increased culture of closed-doors

and mutual suspicion. There is the sense that some agencies are expanding service remits in order to capture the new 'flavour of the month' funding pot – albeit out of perceived necessity. This can distort service pressures in particular directions and can compel agencies to have new competitors where they would not otherwise need to do so. Although there is evidence that competition can be positive, the side-effects of increased competition need to be mitigated in a way that respects the uniqueness of various services. Importantly, agencies need platforms and mechanisms within which to operate collaboratively and it seems that many agencies in the Third Sector feel limited rather than liberated by existing structures.

13.1 SUMMARY OF THE EVIDENCE - CLIENT ISSUES WITH STATUTORY SERVICES

The key problems identified in this report related to poor access to fundamental public services such as health (Hywell Dda Health Board), welfare benefits (DWP) and housing (Ceredigion County Council et al). This report has highlighted that for clients suffering from mental ill health, issues are often multiple and serious and the support required is extensive. It is clear from the experience of Ceredigion CAB that financial problems can be either a cause or a consequence of mental health problems, as people who suffer from mental ill-health are "three times" as likely to be in debt when compared with the general population; and more than "twice" as likely to have problems managing money.[62]

[62] *Mental Health and Social Exclusion* (2004)

Some of the most vulnerable in society (mental health and/or learning disability) are being subjected to, often unjustifiable, sanctions and appeals processes, most often triggering spikes in poverty and debt, with significant effects on physical and mental ill-health; in some cases there is evidence of self-harming and the risk of suicide.

Although this report acknowledges that budgets are being ever-tightened, the evidence is clear that there are widespread issues regarding access to healthcare. There is clear evidence that many Ceredigion service users have very limited choice over services and equally limited autonomy over their own treatments. In some cases, engagement with statutory services has worsened their condition and placed them more at risk of self-harm.

At the same time, some service users are facing additional barriers to services due to their rural locality, or falling just outside of complex and often mutually-exclusive eligibility criteria. For those that do manage to recover and go back into employment, barriers in the workplace due to stigma around mental ill health (or learning disabilities) are also a challenge.

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-PART VI-

A way forward

14. HUMAN RIGHTS, HUMAN WRONGS

"All human beings are born free and equal in dignity and rights."[63]

It is beyond the scope of this report to take an in-depth look into human rights approaches in healthcare or other local statutory services; indeed, there are numerous ways to look at the same kind of solutions, e.g. the social model of disability;[64] and that research is likely to be the subject of a further report. As a starting point, however, there is strong evidence from other examples of good practice in other Health Authorities, which suggest that taking on board a human rights-based approach (as an ethical underpinning to strategic drivers and daily work culture) would meaningfully help to mitigate the types of negative outcomes discussed in this report. This is particularly relevant to increased access and choice over healthcare services and transforming the traditional relationship dynamic between service user and service provider. This report suggests that incorporating these principles in a meaningful way would produce better outcomes for service users and service providers alike.

14.1 WHAT ARE HUMAN RIGHTS?

Human rights have a long and rich history; they are rights inherent to all human beings, regardless of nationality, place of birth or residence, sex, ethnic origin,

[63] Universal Declaration of Human Rights, Article 1
[64] Read more here: An Introduction to the Social Model (Disability Wales factsheet web reference) or: The Social Model, ODI (web reference)

colour, religion, or any other status. All of us are equally entitled to our human rights and these rights are interrelated, interdependent and indivisible.[65]

There is a historical tendency to abuse the rights of vulnerable groups and therefore human rights need to be guaranteed by law; they need 'teeth'. These teeth come in the forms of treaties, customary international law, general principles and other sources of international law. This is primarily achieved in the UK through the Human Rights Act 1998, which imposes positive obligations on public bodies in the UK to take proactive steps to secure people's human rights. The Act provides a framework for public bodies, such as local authorities, health services, care homes, police forces, prisons and schools to plan and deliver public services.[66] The Act enshrines most of the rights covered by the European Convention on Human Rights.

14.2 HUMAN RIGHTS IN PRACTICE

Though human rights may at first seem a little obscure, they are closer to home than one might think. For example, one case study outlined by the British Institute of Human Rights [BIHR] outlines how the concept of human rights works in action:

> *"a social worker used human rights language in order to argue for more appropriate accommodation for a woman and her children who were at risk of harm from a violent ex-partner. The social worker successfully argued that the local authority had a positive obligation to protect the 'right of life' for the woman and her children as well as to protect their rights not to be treated in an 'inhuman or degrading way".*[67]

[65] *What are Human Rights,* (UN) - URL
[66] Human Rights Inquiry, (2008)
[67] The Human Rights Act (2008)

In an Equality and Human Rights Commission [EHRC] report, examples of human rights violations in everyday local service situations were clearly outlined. These included:

- Not being able to eat properly while in hospital or a care home (Articles 2 and 8)
- Provision of facilities or food which do not meet religious or cultural needs (Article 9)
- Abuse or neglect of older people, those who are learning disabled or other vulnerable people (Articles 2 and 3)
- Lack of respect for privacy on a hospital ward (Article 8)
- Disproportionate use of stop and search powers against young black males and other ethnic minorities (Article 14)
- Loss of personal data by public officials (Article 8)
- Not being sufficiently protected from domestic violence (Articles 2, 3 and 8)
- Not being allocated suitable housing for special needs that have been identified (Article 8)
- Unexplained death in prisons, police stations and psychiatric hospitals (Article 2)[68]

These rights are fundamental and integral to how public services work as they provide a framework within which to implement local or national policies.

[68] Human Rights Inquiry, (2008)

"Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control."[69]

14.3 BEST PRACTICE IN HUMAN RIGHTS – MERSEY CARE NHS TRUST

Since 2011, the BIHR has been working with over 20 organisations (statutory and non-statutory) in order to raise the profile of human rights. The national campaign has aimed to further develop human rights-based approaches in public services. This has been funded through grants from the Department of Health and has involved both statutory as well as voluntary sector organisations, which are recognised as playing an increasingly important role in health and social care. Mersey Care NHS Trust [Mersey Care] was one of those agencies that took part in that campaign.

Mersey Care provides services for people with mental health conditions and learning difficulties across Merseyside. It operates across 61 sites, which include day centres, community health teams and drug and alcohol services. Mersey Care has taken a firm lead on human rights approaches to healthcare and is known as a 'beacon' of best practice.[70]

An example of best practice has been Mersey Care's policy towards service-users with a learning disability. Mersey Care has stated that they acknowledge that people with learning disabilities are "one of the groups most at risk of having their human

[69] Universal Declaration of Human Rights, Article 25.1
[70] Quoted from an attendee that at a BIHR event that Ceredigion CAB attended

rights abused"[71] and consequently, staff have been working with service users who have learning disabilities, in order to integrate human-rights based approaches into everyday Mersey Care services. The Learning Disability Service (LDS) at Mersey Care has developed a human rights-based approach to risk assessment and risk management. These include:

- A human rights 'risk screen' called 'Keeping Me Safe and Well'. This was developed with direct involvement from service users so that risk assessments are "done with" rather than "done to" service users. The tool aims to ensure that any identified risks are discussed with service users and any care plans which restrict individual's rights are lawful, legitimate, proportionate and regularly reviewed to ensure restrictions are implemented for the least amount of time possible.[72]

- A human rights 'Benchmarking Tool', which is being used with independent sector providers to ensure people with learning disabilities in supported housing are able to access their human rights.[73]

14.4 WHAT WOULD F.R.E.D.A THINK?

F.R.E.D.A (**F**reedom, **R**espect, **E**quality, **D**ignity, **A**utonomy) is a way to readily remember the ethical principles which underpin human rights practice in health and social care in an easy and accessible way. As part of its strategy to empower

[71] Human Rights in Healthcare - URL
[72] ibid
[73] ibid

service-users with learning disabilities, Mersey Care worked with affected service users in order to develop their confidence, knowledge and skills about human rights in everyday terms. This group have used the skills developed from this project to develop the first booklet about human rights by people *with* learning disabilities *for* people with learning disabilities; the booklet uses the **F.R.E.D.A** model.

Through another programme run as part of Mersey Care's human rights-based approach, the Trust aimed to obtain intimate service-user feedback to develop services. One lady aged 47, who had experienced some alarming levels of intimidation from her local mental health service team, was asked to join this initiative. She was then trained to participate fully in the actual running of the Trust, including taking responsibility for research and evaluation of Trust services in a paid capacity (£12ph). In an inspirational quote from the EHRC website, she says: "I think we have helped to create an organisation with a totally different ethos. I don't think the kind of problems I experienced ten years ago would happen now."[74]

14.5 CAN WE AFFORD HUMAN RIGHTS?

> *"Good equality and human rights practice in the planning and commissioning of services should particularly help providers to meet people's needs during a time of economic restraint"*[75]

Meeting the needs of diverse populations from across a wide geographical and rural area is without doubt a challenge in itself and managing that during a time of austerity and government cutbacks can seem even harder. However, as the above

[74] *Mersey Care Trust, EHRC, Case study four: rights for people with mental health conditions* - URL
[75] *Top 10 things you need to know about equality and human rights* (2011)

case study demonstrates, improved involvement by service-users works well to both inform and improve public services. Public services can achieve outcomes that are more sustainable *and* more effective. This report therefore affirms that good quality services that respect human rights should not be seen as an additional barrier to cos- efficiency savings; rather human rights should help statutory services to meet the needs of the people and communities they serve more efficiently and effectively.

14.6 COMMUNITY BUDGETS APPROACH TO STATUTORY SERVICE FUNDING AND DELIVERY

In the current era of austerity, the reality for public sector services is significant reductions in public expenditure alongside a rising demand for public services. Continuing with the status quo is not a 'safe option'. This report has highlighted some serious concerns about local services. Recent stories from the NHS in England about pockets of abuse against the elderly[76] are a stark reminder that service users themselves should be placed at the forefront of service delivery. A new way forward is required; a way which respects service-user choice and yet improves efficiency. This report argues that even in an era of austerity, services can be made more effective and better outcomes can be achieved.

Research undertaken by the National Audit Office supports the idea of a 'Community Budgets' approach to public services. Although it is early in the process for wide-scale adoption of such an approach, central government and the four pilot areas have worked together effectively to assess the case for better local integration and

[76] *Stafford hospital scandal: deaths force NHS reforms*; Telegraph online; (5th January 2013) URL

co-ordination of services. Continuing collaboration – including sharing of data – between local and central government and delivery partners (for example, in the Third or private sectors) has been seen as essential to maximising the potential of this approach.[77] The Community Budgets approach places the service user at the centre of service design and has a good evidence base for at least beginning to work towards mitigating the challenges ahead, in partnership with other statutory services and sub-contractors. Therefore, although this approach focuses on statutory services, as local healthcare services are looking to re-align services into the community, this moment could be a unique opportunity for statutory services to work more closely with Third Sector services in order to increase efficiencies, decrease dependencies and improve the overall quality of services for the people of Ceredigion.

[77] *Case study for integration*, NAO (March 2013) – URL web reference

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-PART VII-

Key recommendations

15. THIRD SECTOR - RECOMMENDATIONS

This report has highlighted that Third Sector agencies were more concerned about internal issues affecting services then they were about any other matter. This report has also highlighted that the sector is being confronted by considerable challenges and pressures on services at a time of cuts to funding channels. It is therefore argued that the response to the problems raised needs to be equally robust and energetic if we are to respond effectively as a community to the current and up-coming challenges.

This report acknowledges the scale and complexity of the task ahead for the local community in Ceredigion. Nevertheless, for the Third Sector, this report initially sets out the following set of recommendations as a starting point for further work and practical policy-making during the next stages:

- **A new drive for collaboration**: Third Sector agencies should make clear steps towards improving efficiency of services, particularly by better co-ordination and collaboration between services and funding streams. This involves some degree of pragmatism and goodwill despite any bad history between some agencies. Agencies should work towards placing the past aside and looking ahead. Agencies should also work to respect difference and specialisms in order to work together on community projects and bids, rather than compete. This process could therefore benefit from the drafting of *a community protocol* for good practice on bidding and engagement. This report argues that services

will be improved as a direct result of improved collaboration and innovation.

- **Improved effectiveness**: Third Sector agencies should develop more 'action-orientated' approaches to use of collaborative engagement mechanisms such as forums; each forum could have a second tier 'action-group' or committee which agree on strategic actions. It is therefore recommended that a review of local forums takes place in order to see how best to make most effective use of each. For example, some forums could have a focus on consultative purposes, others on policy planning and implementation. This report argues that formalising this process between the various forum members will result in less duplication and better overall effectiveness.
- **Improved access to training**: Effective training is a key part of quality assurance and the professional development of staff and volunteers. Equally, it is a strategy for organisations to ensure they remain unique and competitive. In order to make training more accessible and affordable, larger agencies could support smaller agencies with free or bartered training services.
- **Improved communications**: Finally, information about services needs to be clear. One of the ideas suggested has been a single point of access website which would act as a portal for both members of the

public and professionals (both statutory and otherwise). This could be jointly funded between statutory and Third Sector services.

15.1 HEATH & SOCIAL CARE SERVICES - RECOMMENDATIONS

This report acknowledges that the scale of the challenge is huge for all statutory services. This report also recognises that often work undertaken by public services is of an excellent standard, particularly under the current climate of cuts. However, this report argues that there are clear legal, ethical and pragmatic considerations for statutory services to work more closely together and in a way which places human rights-based principles at the centre of service delivery and design.

This report therefore suggests that there needs to be a deep rethink in the relationship between service provider and service user and a change in culture, which places the service user at the centre of service design on both strategic as well as personal levels. This is why this report initially proposes that local statutory services in health and social care focus on the following key recommendations:

- **A renewed drive to integrate human rights-based approaches into service delivery**: As outlined earlier, this report recognises the good work achieved to date, but it also argues that there needs to be a refreshed look and deep rethink in the relationship between service provider and service user and a change in culture which places the service user at the centre of service delivery. One suggested way to integrate this approach on a simple level is to consider the F.R.E.D.A (human rights) model in all policy and service decision

making. A separate task group within health & social care could be set up to look at this particular recommendation and how best to integrate this approach across health and social care services in Ceredigion. A good starting point would be to look at best practice elsewhere; specifically, this report recommends the NHS briefing paper, *Human rights and human resources in the NHS*: implications for the workplace,[78] and the case study and report, *Human Rights in Healthcare 2011-12*, as piloted by Mersey Care Trust.[79]

- **Integration of a Community Budgets approach to service design and funding:** this report recommends that local public services should work together to maximise efficiencies, integrate services and lessen the impact of cuts on local services. The suggested method is the Community Budgets approach; this recommendation therefore suggests a major strategic push for greater integration of public services which also work much more closely together with the Third Sector. As a starting point, this report recommends reference to the findings in the NAO report entitled *A Case study for integration: Measuring the costs and benefits of Whole-Place Community Budget*s;[80] and the website resource: *Whole Place Community Budgets: rewiring public services around people* (URL reference).
- **A new collaborative World Café event in 2014: Building on** the positive experiences of the last World Café, *The Future of Mental Health Services*,

[78] Human rights and human resources in the NHS (2010) – web URL reference
[79] Human Rights in Healthcare 2011-12, Mersey Care Trust (2012) – web URL reference
[80] A Case study for integration, NAO (March 2013) – URL web reference

this report recommends that a new event should be staged in order to bring professionals from across sectors together again. Since the Third Sector funded the last event, the next could be funded by statutory services. The key aim of this new World Café could be to work from the data collated from this campaign (and other relevant data) in order to consider concrete proposals for tackling the key issues arising from the evidence i.e. welfare reform, cuts to public services etc. and generating a more innovative and collaborative way forward for Ceredigion.

15.2 CEREDIGION COMMUNITY PARTNERSHIP

Finally, it is recommended that a task group (hereafter called the Partnership) be set up immediately to include members from the Third Sector and Private sector as well as Statutory services in health and social care. The Partnership's remit should be to:

- evaluate the key findings from this research;
- consider the solutions discussed herein;
- consider how these suggestions fit with current strategic policies;
- finalise options for solutions;
- draft an action plan with clear evaluation measurements.

Members could initially be drawn from amongst existing Fight Back campaign partners; these include: Ceredigion Association of Voluntary Organisations, West Wales Action of Mental Health, Mind Aberystwyth, Ceredigion CAB, Hywell Dda Health Authority and Ceredigion County Council. Others can, of course, be invited to

future meetings and therefore protocols will need to be developed at the initial meeting.

It is suggested that the Partnership ensure that it drives forward with an innovative, conciliatory and collaborative spirit in mind. If the Partnership considers it appropriate, terms could be enshrined in a formal document for engagement protocols which members should agree to adhere to. This will work to encourage, develop and reinforce clear understanding and common standards of engagement and collaborative practices.

15.3 PUBLICITY

The Partnership should aim to be as open as possible and should therefore have the minutes from these meetings publically available. It should also consult and report to the wider community through the local forum networks and develop an appropriate media release which encapsulates the collaborative and community-based drive of the group. It is suggested that one person be nominated by this group to be the public face of this collaborative community drive.

15.4 SUGGESTED TIMESCALE

In order to retain momentum, the Partnership should aim to work to a tight (but flexible) timeline. They could meet to discuss key issues arising from the report and sets terms of reference for future meetings by October 2013. An action plan could be drawn up immediately with clear roles and responsibilities as well as details for publicity and wider consultation period. Suggested consultation and discussions

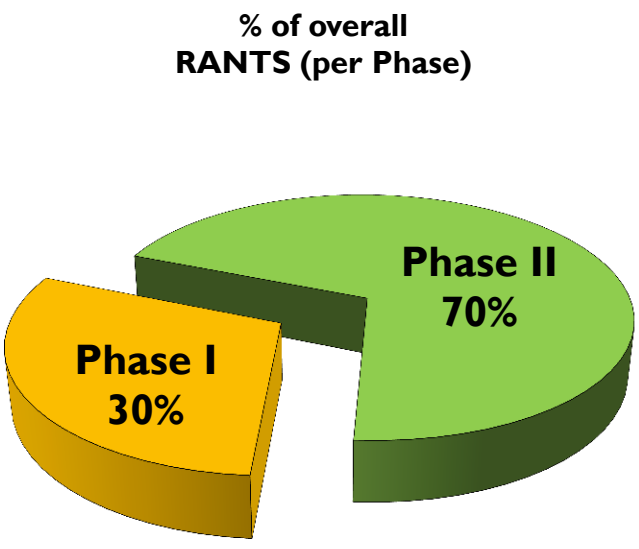
should take place between October 2013 and January 2014. By March 2014, the task group should have sufficient mandate and ideas to push forward with a concrete action plan involving all key bodies (statutory and Third Sector) in Ceredigion.

APPENDIX

I. RANT EVOLUTION - SUMMARY

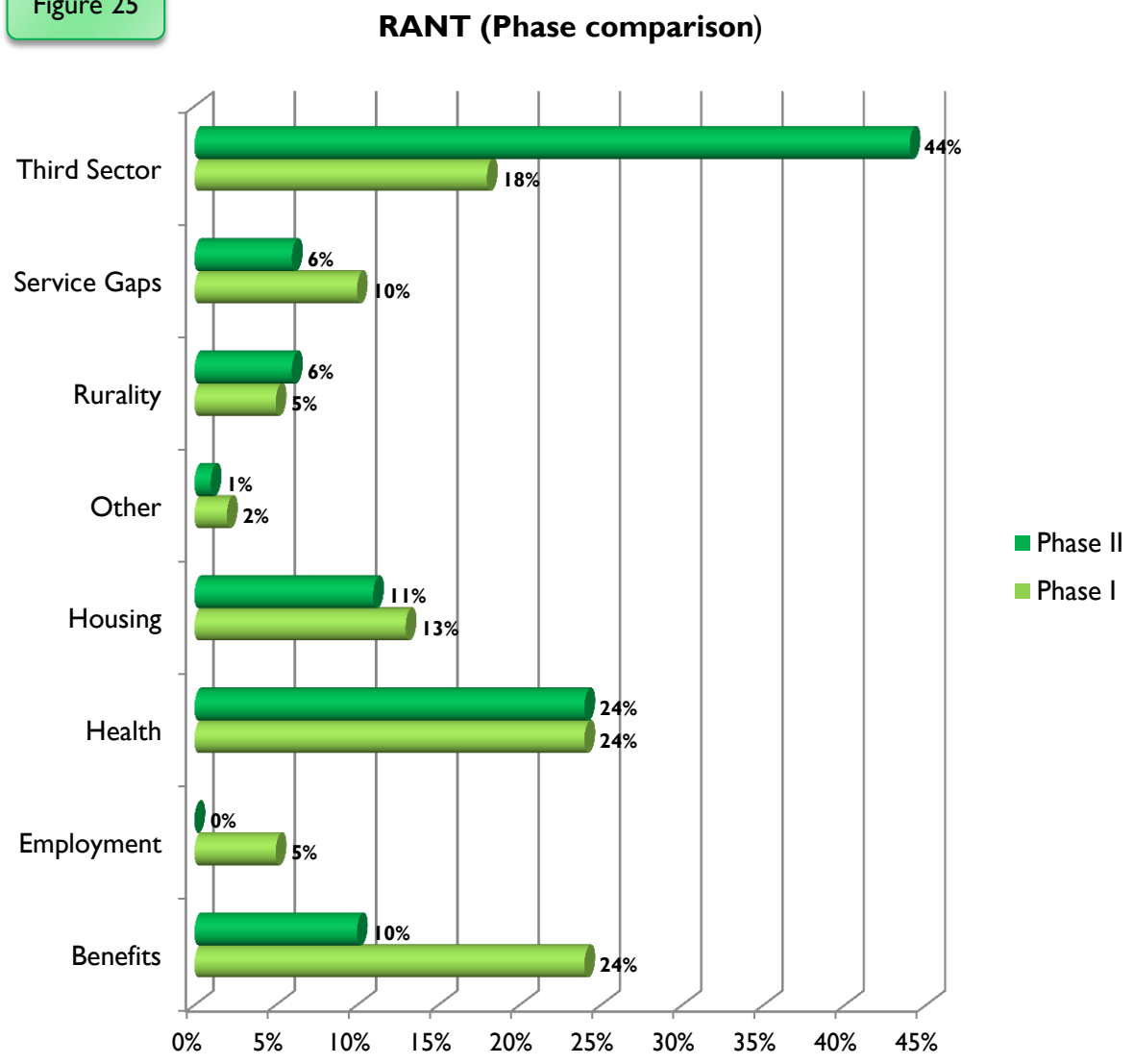
Although the RANT form has developed and evolved with some minor changes, it retained its core formula for data capture and the final version was not a significant change (issues for clients/ agencies/personal details etc.). Although there was never any loss of data, it is recognised that the prioritisation development was a significant change, as this added to the research criteria. This section aims to outline the main break down of the data to 'before' (the period up to 13th November 2012) and 'after' prioritisation (the period from 29th November 2012 to 12th April 2012). Phase I accounted for 30% of all RANT data and Phase II accounted for the largest contribution (after the process was simplified) at 70%, as the chart below outlines:

Figure 24



Further, the chart below outlines the overall comparison between main categories for both phases side-by-side.

Figure 25



An example of the RANT design used during the first phase can be seen below:

the charity for your community citizens advice bureau

yr elusen i'ch cymuned chi cyngor ar bopeth

Report **A** **N**egative **T**hing (‘**RANT’**) form

An initiative from the Big Lottery funded Response Project

What is the problem?

Which agency/service/ company is the problem with?

When did it start? (if known)

What is the known impact of this problem?

What has caused this problem? (if known)

What could be done to help solve the problem?

Is there any form of stigma or discrimination attached to the problem? (if known)

Yes ☐

No ☐

Unsure ☐

Is the issue local/ national or both?

Your contact details

Name/ or reference:	
Organisation:	

IV. RANT - MARK II

We sought feedback from respondents on this initial draft and it became apparent that some stakeholders were unclear about some aspects of the form, for example:

- Some were not used to being questioned on social policy matters and were unsure about whether or not it was appropriate to respond;
- Others had some difficulty understanding parts of the form, in particular the section on discrimination and local/national issues.

This affected the effectiveness of the initial evidence-gathering process and it was therefore decided to develop the RANT form and the process further.

In the revised version (Mark II) of the RANT form, the following amendments were made:

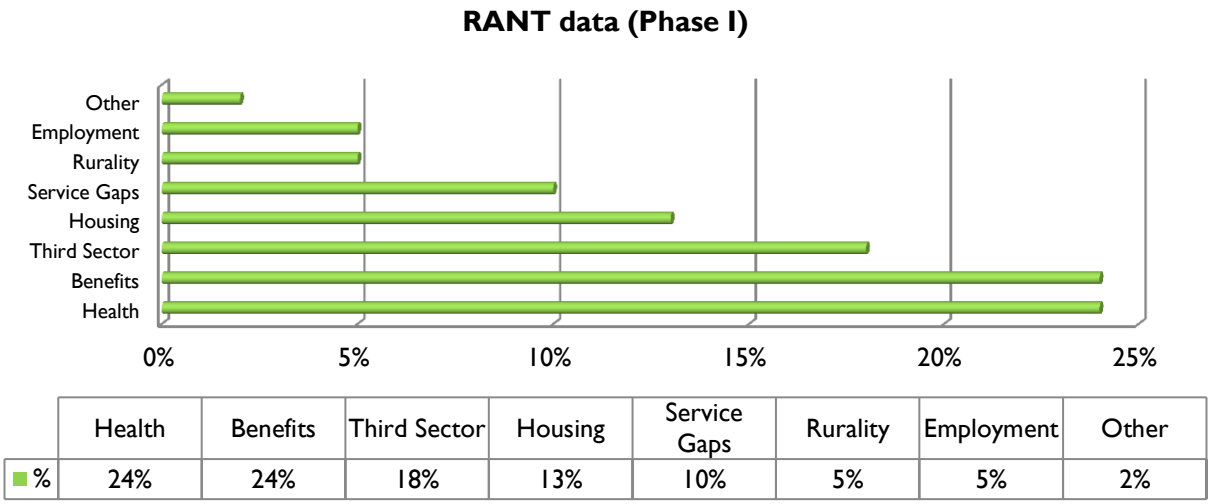
- Removal of the reference to stigma and discrimination (as many respondents were not at all sure whether there was a stigma or discriminatory issue attached to their service user's issue);
- Removal of the question about whether the issue was 'local or national' (for the same reasons);
- Reduction in the personal questions section (removing details about position);
- Any concerns about use of data were dealt with by explicitly mentioning the 'anonymity by default' process for RANTs, and outlining in detail how the data would be used.

The RANT was a new process for many and so the evidence-capture process was changed to allow pro-activity. This meant more evidence was gathered, more engagement was generated from with stakeholders, and also any queries could be discussed with the stakeholders.

Efforts were made to engage with strategic and managerial-level staff as a matter of courtesy but also to reassure frontline staff that they were permitted to disclose common issues (anonymously) about their service and service users.

This revised process proved to be a great success with more data being collected. These revisions did not fundamentally alter either the method or the data being collected but evolved the process in order to make it more effective. This period has been labelled as **Phase I** a nd the RANT data from this period is summarised below.

Figure 26



	Health	Benefits	Third Sector	Housing	Service Gaps	Rurality	Employment	Other
%	24%	24%	18%	13%	10%	5%	5%	2%

V. PHASE II (NOVEMBER 2012 – APRIL 2013)

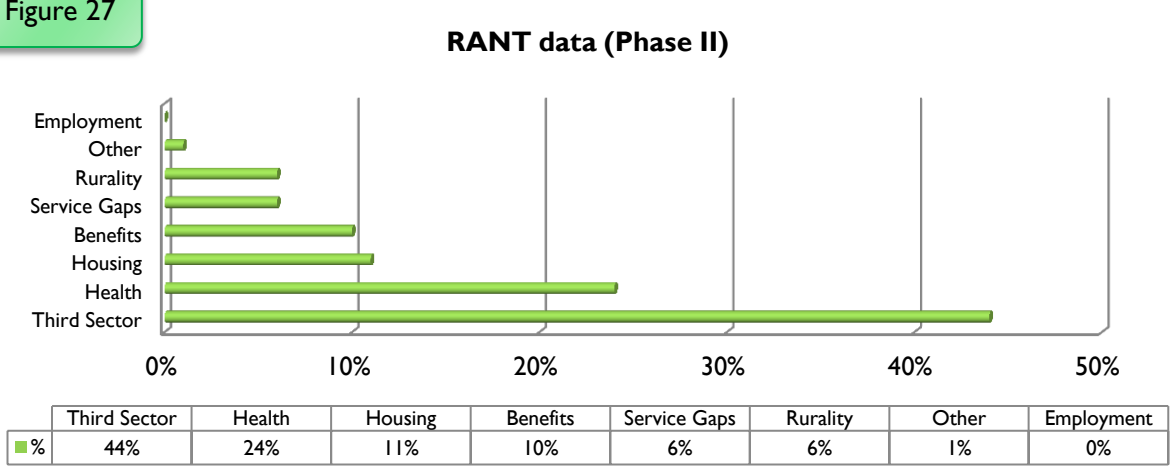
It became clear that more effective use of time and data capture could be made if the number of issues on a RANT form were increased. The trade-off would be detail for numbers, but it was reasoned that should a particular RANT flag up a complex issue, it could be followed up if more details were required.

The newer RANT (Mark III) aimed to capture the following data:

- Top 3 Issues for your clients
- Top 3 issues for your agency
- Personal details (as a reference)

RANT Mark III was reduced to a single page and was more user-friendly. Although there was some loss of detail as a result of this adaptation, it encouraged a broader approach to data capture, which was sufficient for the aims of the campaign. Further, respondents were able to prioritise their submissions, which added further value and clarity to the evidence. The chart below outlines the issues raised during Phase II and a version of RANT Mark III is on the next page.

Figure 27



	Third Sector	Health	Housing	Benefits	Service Gaps	Rurality	Other	Employment
%	44%	24%	11%	10%	6%	6%	1%	0%

Report **A** **N**egative **T**hing (‘**RANT’**) form

An initiative from the Big Lottery funded Response Project

TOP 3 Issues for your clients

1.

……

2.

……

3.

……

TOP 3 Issues for your agency

1.

……

2.

……

3.

……

Your contact details

Name/ or reference:

Organisation:

VII. THE HUMAN RIGHTS ACT 1998:

- Article 2: The Right to life
- Article 3: The Right not to be tortured or treated in an inhuman or degrading way
- Article 4: The Right to be free from slavery or forced labour
- Article 5: The Right to liberty
- Article 6: The Right to a fair trial
- Article 7: The Right not to be punished for something which wasn't against the law at the time
- Article 8: The Right to respect for private and family life, home and correspondence
- Article 9: The Right to freedom of thought, conscience and religion
- Article 10: The Right to freedom of expression
- Article 11: The Right to freedom of assembly and association
- Article 12: The Right to marry and found a family
- Article 14: The Right not be discriminated against in relation to any of the rights contained in the Human Rights Act
- Article 1, Protocol 1: The Right to peaceful enjoyment of possessions
- Article 2, Protocol 1: The Right to education
- Article 3, Protocol 1: The Right to free elections
- Article 1, Protocol 13: The Abolition of the death penalty[81]

[81] Human Rights Act 1998 - URL

VIII. WORLD CAFÉ TABLE CLOTH DATA (CONNECTING IDEAS)

The following tables of connections are diagrams drawn up from the tablecloth data at the World Café event on 21st February 2013. Tables were divided by the question categories, namely: wildcard, healthcare, welfare reform, human rights etc. Links or sentences will not always make sense and where a comment was unclear we have inserted a question mark in parentheses. We also cannot comment on the accuracy of some claims. However, all comments were useful in some way and so to be fair to the creative process everything has been included.

TABLE 1: THE BIG PICTURE

What works?

-Co-ordination

-Strategy for older people partnerships (including voluntary sector groups) e.g Ceredigion partnership/older people maximising income group.

Do those making decisions and setting up services "know enough" about the front line services (in realistic terms)?

Improve? Who does what – do we overlap or leave gaps?

What works?

- Communication – when we can all get together and work together with the same aim

Sharing information

Consortia:

- Community budgeting?

- 3rd sector responsible for allocating funds

Working agreements

Cross county issues

SP Probation

Stronger together

Wider involvement of all agencies when rolling out strategies in Ceredigion

Problem between three counties is the different criteria for funding. One county may be able to provide one thing for a service user – then the service user moves county. The first county no longer works with the service user and the second county may not have the funding to provide for the particular needs.

Different issues for counties – rural vs city, Ceredigion vs Cardiff

Demand outstrips supply in rural area

Different boundaries for different service areas i.e. health, education = confusing

Summer population/tourism

Ceredigion

Aging population

Who is going to look after them?

Communication between services

Transient population – student population – Lampeter/Aber

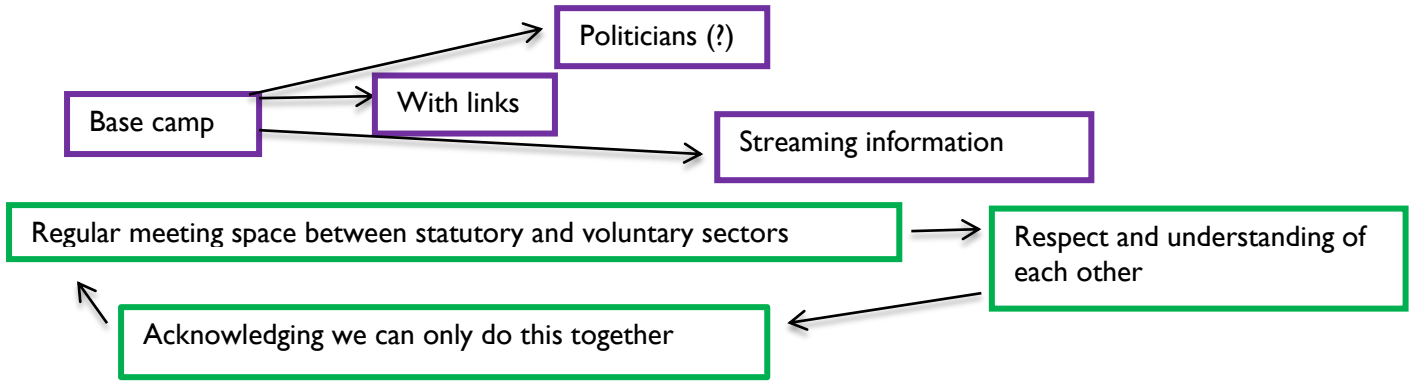
Mental health services are unaware of the amount of problems students have with their wellbeing as they do not access the services – the university have their own staff and keep everything in-house.

How do we truly integrate physical and mental health in our service to respond holistically to people

Directory of services

Activity based therapy approaches. Working with the mind through the body and spirit

TABLE 2: CEREDIGION - LOCAL STATUTORY ENGAGEMENT



- Mental health services not in touch with front line services
- Lack of info/blurred boundaries of 3rd sector services availability
- Choices and options for service users and front line staff to make referrals in a more informed way
- Updates systems/ websites

Process not personality

There's a problem knowing what services there are

Coordination of services

Cooperation with statutory services does not always happen

Single point of access re: information

What does not work: health board idea of engagement is open meetings which didn't work. The trust is not there

What does work: Really giving people a voice. OST, world café process and using the results

Bulletin of voluntary sector

Need to develop stronger communal links

Statutory sector listen but don't hear what is being said – should ask the 3rd sector how they would design services

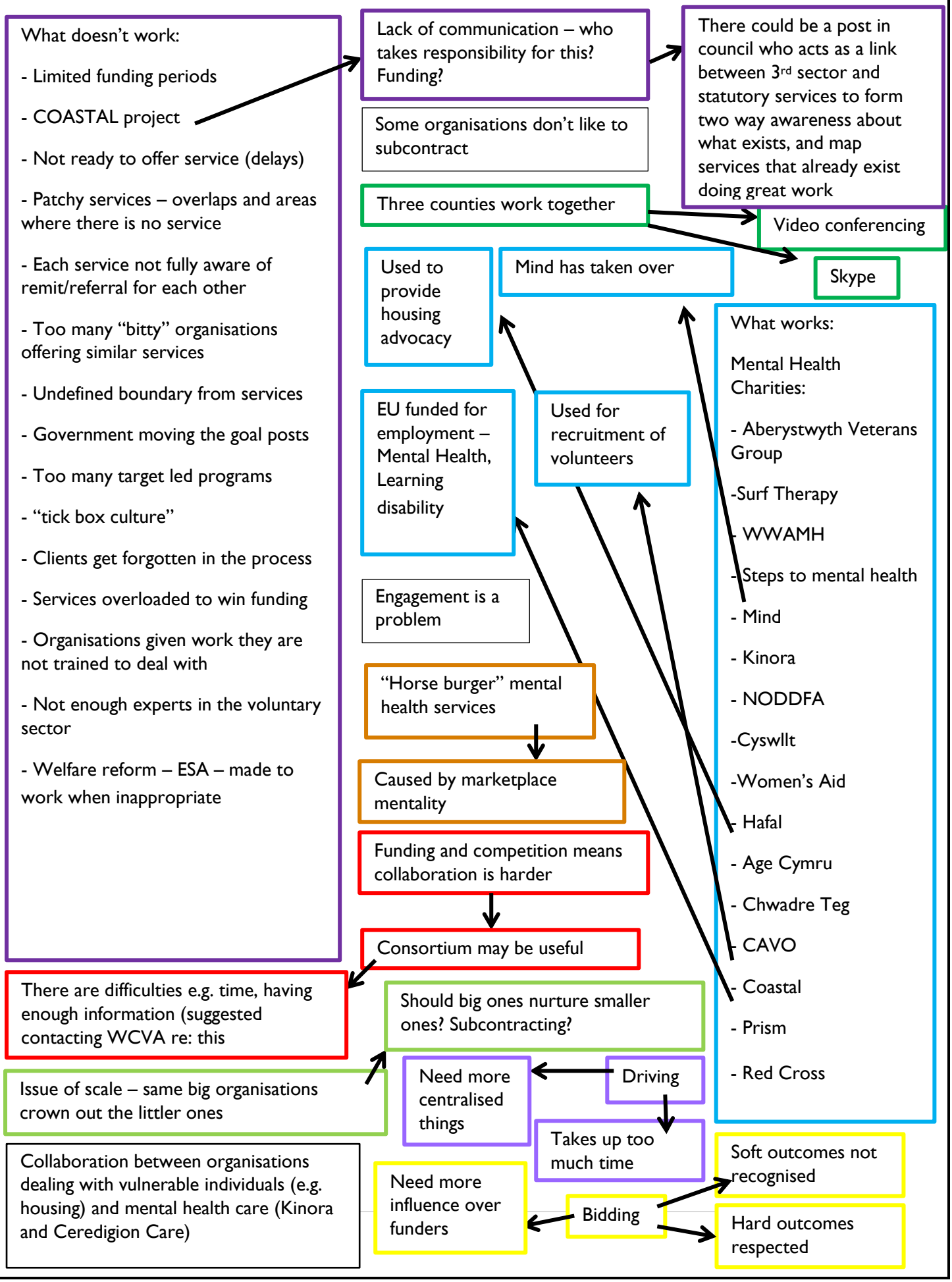
WWAMH are competing with other service providers – are funded by the health board but provide services

Working along the lines of social services providers forum → Get everyone around the table (3rd sector as well as statutory sector)

Need "base camp" (knowledge hub) for info exchange – individuals responsibilities

Can 3rd sector organisations form a group/consortium to engage, allocate funds, bid for funds rather than compete?

TABLE 3: CEREDIGION (LOCAL THIRD SECTOR COLLABORATION)



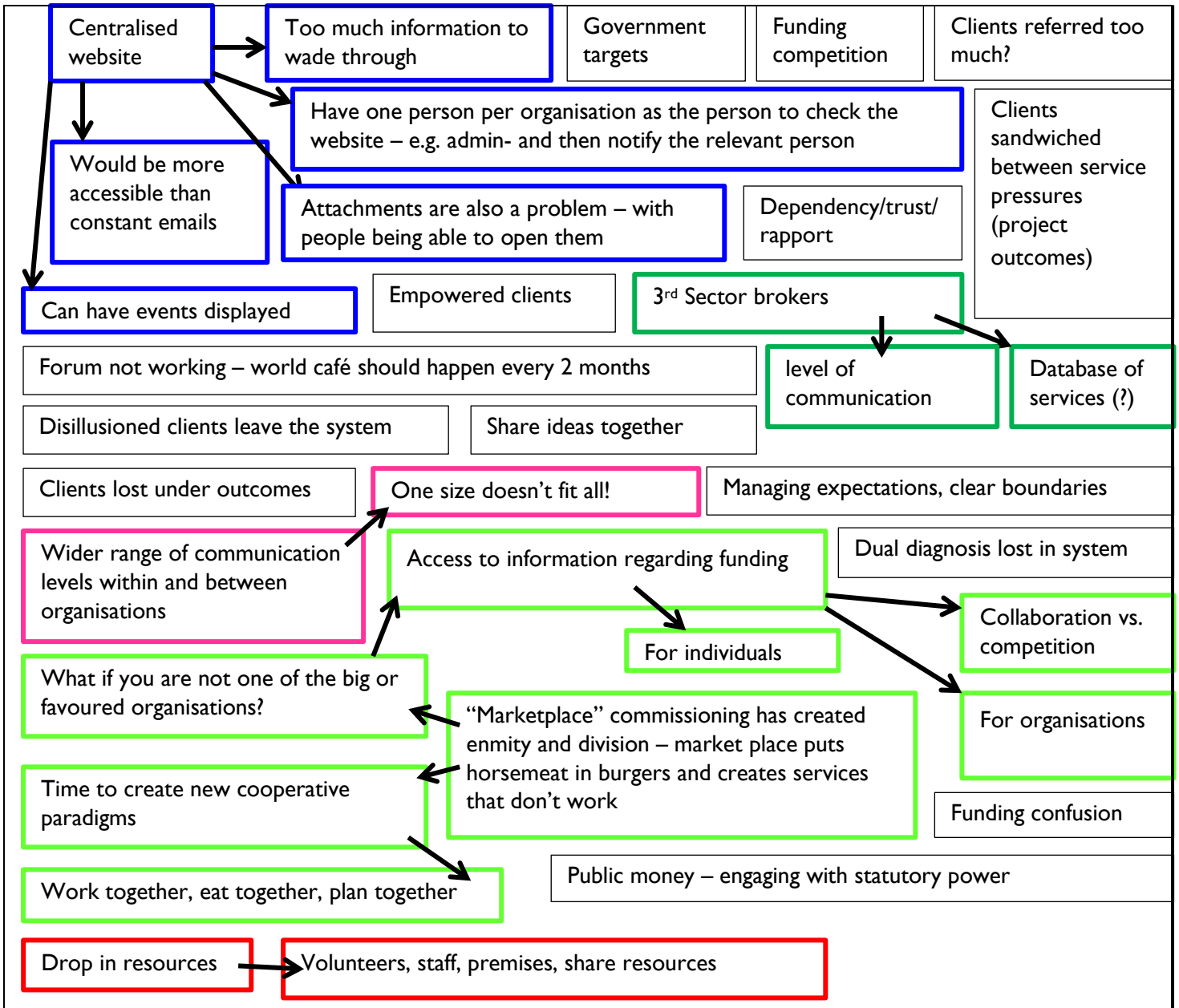
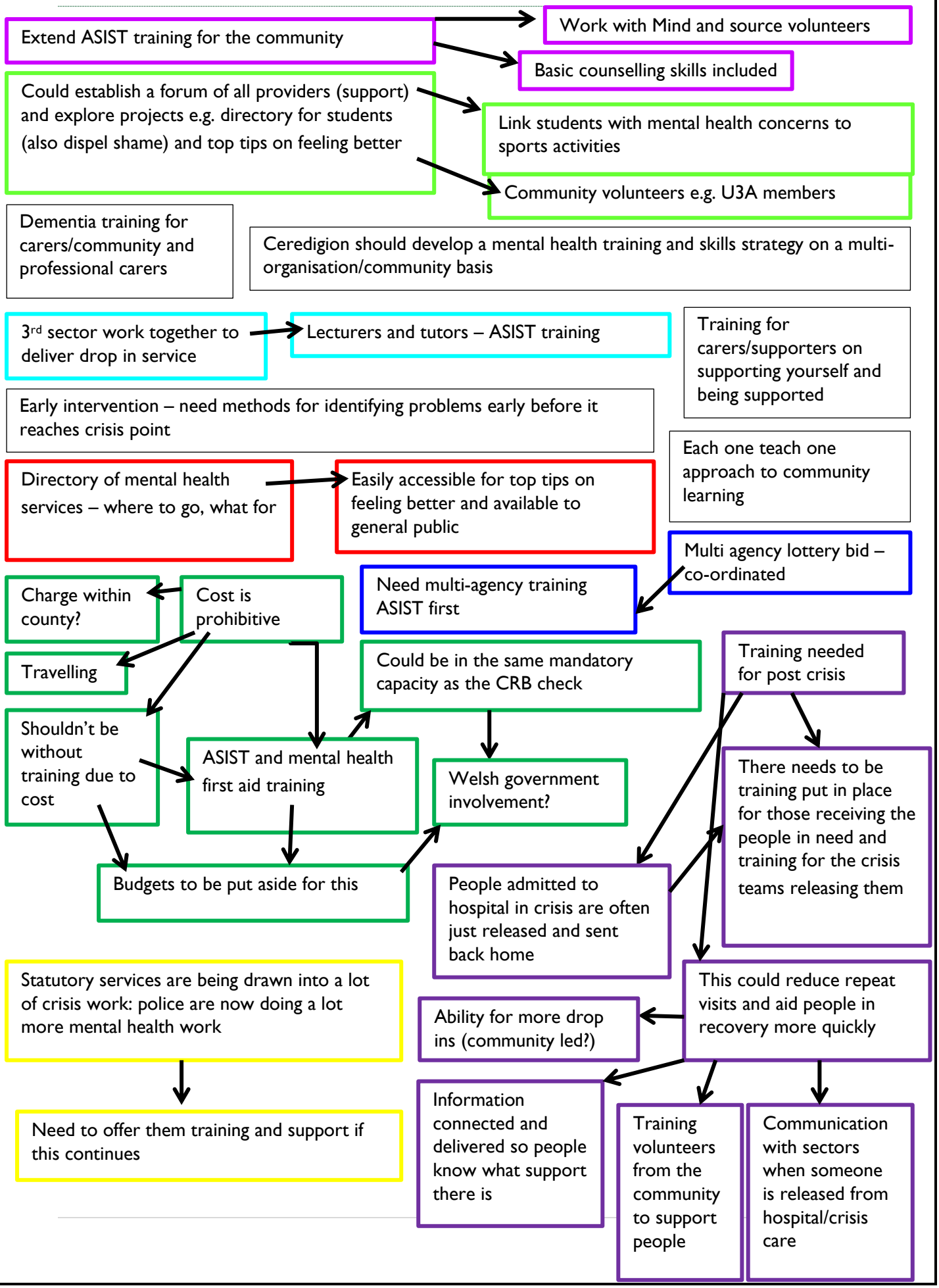

Centralised website
Too much information to wade through
Government targets
Funding competition
Clients referred too much?
Have one person per organisation as the person to check the website – e.g. admin- and then notify the relevant person
Clients sandwiched between service pressures (project outcomes)
Would be more accessible than constant emails
Attachments are also a problem – with people being able to open them
Dependency/trust/ rapport
Can have events displayed
Empowered clients
3rd Sector brokers
Forum not working – world café should happen every 2 months
level of communication
Database of services (?)
Disillusioned clients leave the system
Share ideas together
Clients lost under outcomes
One size doesn't fit all!
Managing expectations, clear boundaries
Wider range of communication levels within and between organisations
Access to information regarding funding
Dual diagnosis lost in system
Collaboration vs. competition
For individuals
What if you are not one of the big or favoured organisations?
"Marketplace" commissioning has created enmity and division – market place puts horsemeat in burgers and creates services that don't work
For organisations
Time to create new cooperative paradigms
Funding confusion
Work together, eat together, plan together
Public money – engaging with statutory power
Drop in resources
Volunteers, staff, premises, share resources

TABLE 4: TRAINING AND SKILLS



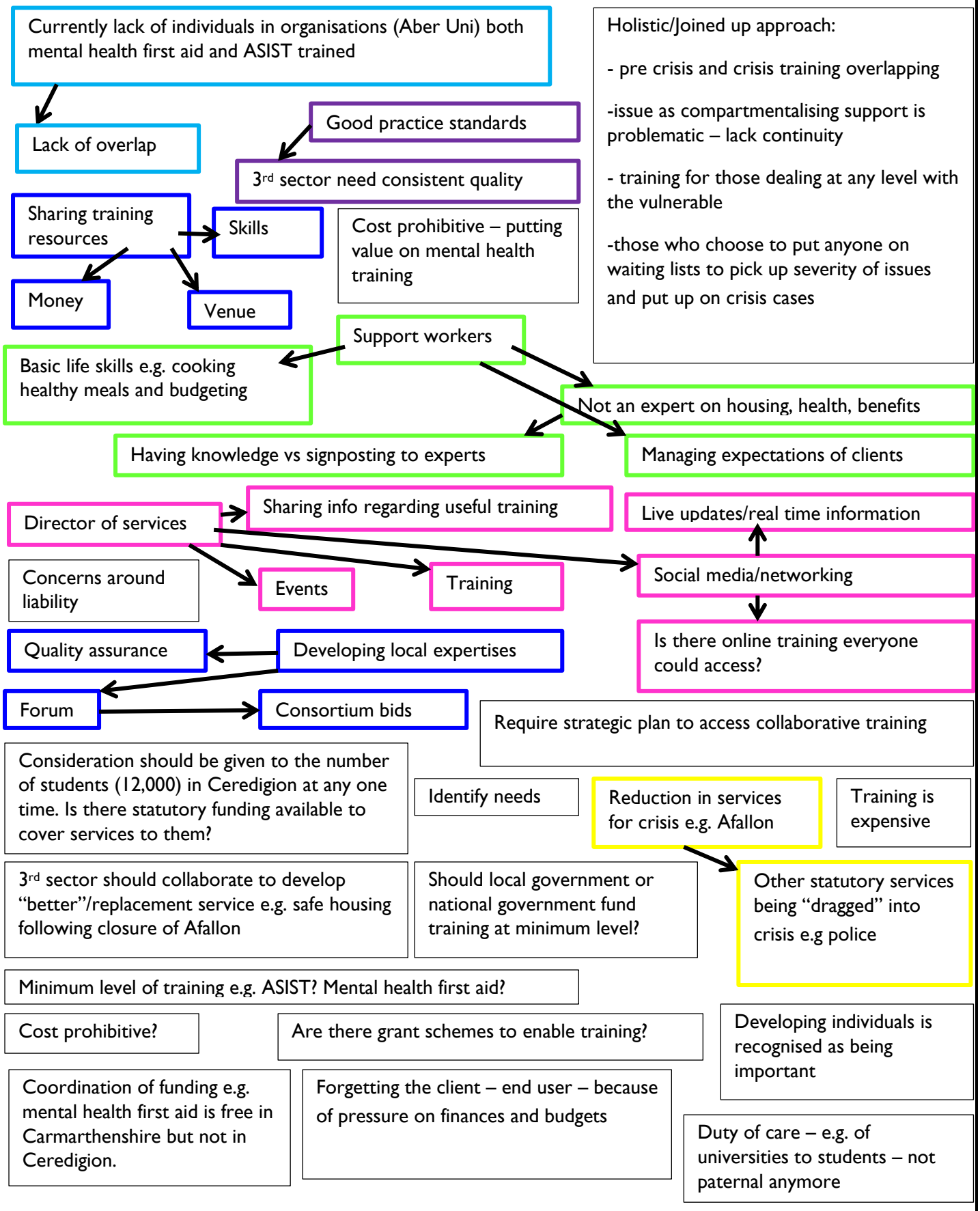

Currently lack of individuals in organisations (Aber Uni) both mental health first aid and ASIST trained
Lack of overlap
Good practice standards
3rd sector need consistent quality
Sharing training resources
Skills
Money
Venue
Cost prohibitive – putting value on mental health training
Holistic/Joined up approach:
- pre crisis and crisis training overlapping
-issue as compartmentalising support is problematic – lack continuity
- training for those dealing at any level with the vulnerable
-those who choose to put anyone on waiting lists to pick up severity of issues and put up on crisis cases
Support workers
Basic life skills e.g. cooking healthy meals and budgeting
Not an expert on housing, health, benefits
Having knowledge vs signposting to experts
Managing expectations of clients
Director of services
Sharing info regarding useful training
Live updates/real time information
Concerns around liability
Events
Training
Social media/networking
Is there online training everyone could access?
Quality assurance
Developing local expertises
Forum
Consortium bids
Require strategic plan to access collaborative training
Consideration should be given to the number of students (12,000) in Ceredigion at any one time. Is there statutory funding available to cover services to them?
Identify needs
Reduction in services for crisis e.g. Afallon
Training is expensive
3rd sector should collaborate to develop "better"/replacement service e.g. safe housing following closure of Afallon
Should local government or national government fund training at minimum level?
Other statutory services being "dragged" into crisis e.g police
Minimum level of training e.g. ASIST? Mental health first aid?
Cost prohibitive?
Are there grant schemes to enable training?
Developing individuals is recognised as being important
Coordination of funding e.g. mental health first aid is free in Carmarthenshire but not in Ceredigion.
Forgetting the client – end user – because of pressure on finances and budgets
Duty of care – e.g. of universities to students – not paternal anymore

TABLE 5: QUALITY ASSURANCE

In health – NICE guidelines provide a very specific quality measures

PI indicators in statutory services are process led and outcome focussed, not person centered.

What works – third sector brokerage can join up statutory and voluntary sectors

People designing and developing services may be practitioners with little knowledge of how to measure/evaluate quality – where can we get advice?

There is a big difference between what people want and what they need and which does quality assurance measure

Quality standards – should we co-operate to develop local ones and how would this fit with existing national standards?

It's either internal (and tends to be ad hoc) or it costs money

Standards (RBA) – results based accountability

Services are not needs led – they are service led!

Put power and budgets in the hands of people in need

E.g. for the autistic teams several thousand £s and LOTS of time to get accreditation with the National Autistic Society – is that a good use of money when we are so short of funding for services?

Service/systems need to be balanced

What is quality assurance? And based on whose perception?

Danger of being overwhelmed by "documents" whilst not being able to get on with the grassroots work

Use:

- Local service booklets
- Bobby van

Lack of services in Ceredigion. Not always talking to each other

£££ for standards

Who could monitor quality? Is there funding for this?

CAVO?

No clear place to go for quality assurance or any clear place to get information

Training needed for quality

Need standardized training and evaluation

Can you adopt statutory standards?

Information isn't adequately shared or saved – e.g. when someone leaves their post all their information, contacts goes so the contacts are often out of date (realise this should be on the IT table!)

Need generic email addresses rather than names e.g. publicity@care.org rather than joe.bloggs@care.org

Information going missing

Also when people are ill you don't get the information

Can you adopt statutory standards?

Universal standard = very hard for such diverse organisations

Need a bridge between services so you have shared information

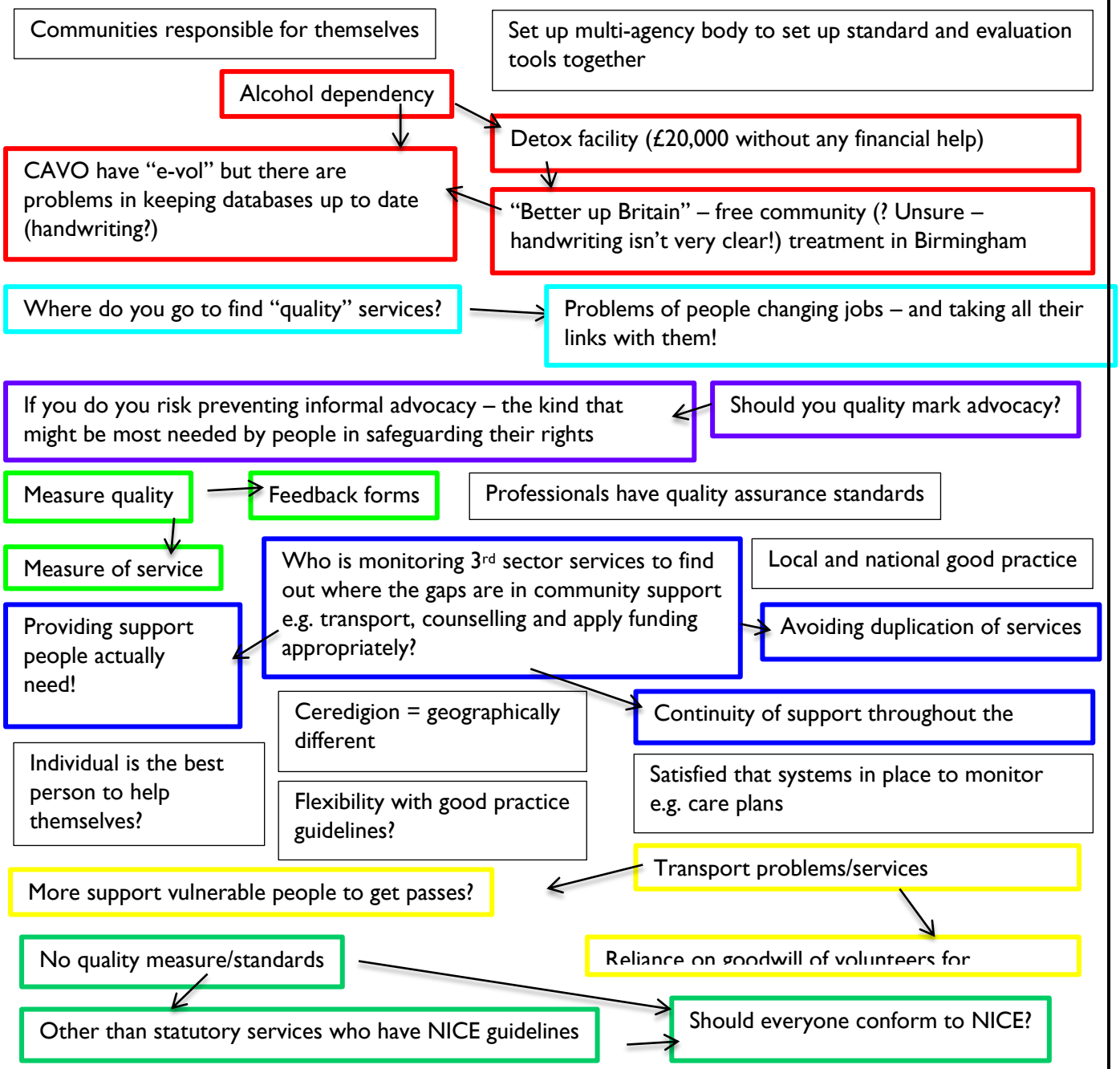
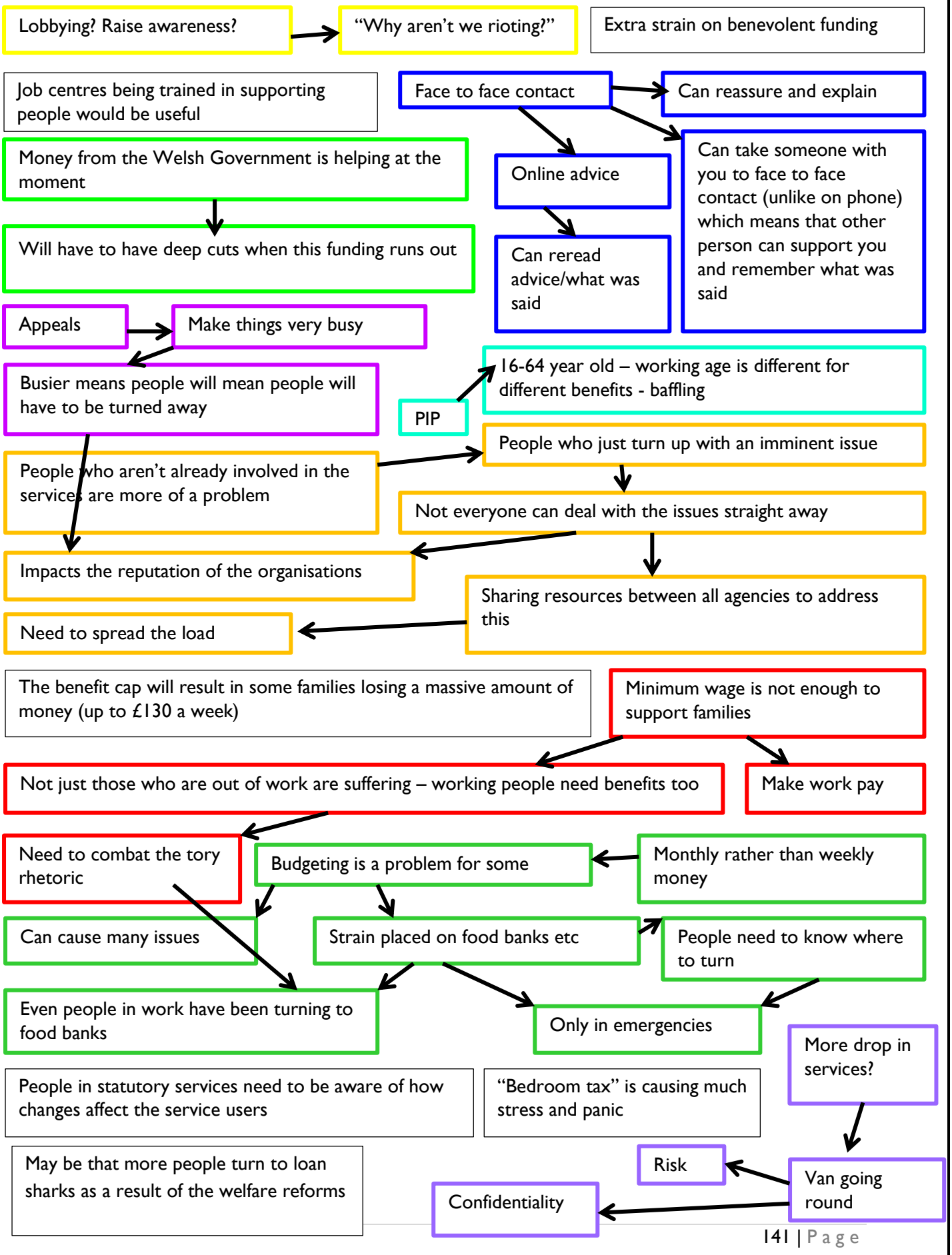
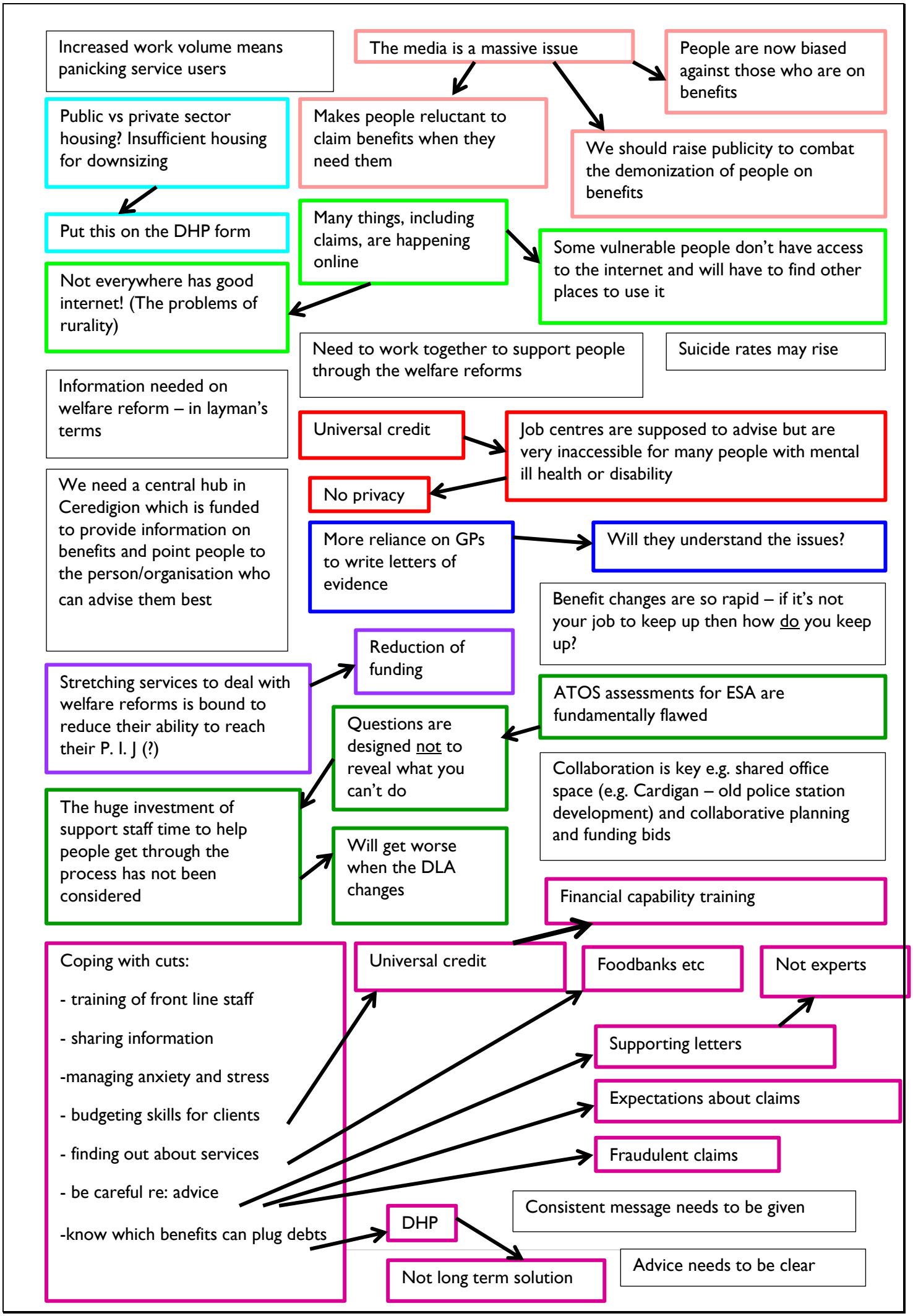

Communities responsible for themselves
Set up multi-agency body to set up standard and evaluation tools together
Alcohol dependency
Detox facility (£20,000 without any financial help)
CAVO have "e-vol" but there are problems in keeping databases up to date (handwriting?)
"Better up Britain" – free community (? Unsure – handwriting isn't very clear!) treatment in Birmingham
Where do you go to find "quality" services?
Problems of people changing jobs – and taking all their links with them!
If you do you risk preventing informal advocacy – the kind that might be most needed by people in safeguarding their rights
Should you quality mark advocacy?
Measure quality
Feedback forms
Professionals have quality assurance standards
Measure of service
Who is monitoring 3rd sector services to find out where the gaps are in community support e.g. transport, counselling and apply funding appropriately?
Local and national good practice
Providing support people actually need!
Avoiding duplication of services
Ceredigion = geographically different
Continuity of support throughout the
Individual is the best person to help themselves?
Satisfied that systems in place to monitor e.g. care plans
Flexibility with good practice guidelines?
Transport problems/services
More support vulnerable people to get passes?
Reliance on goodwill of volunteers for
No quality measure/standards
Other than statutory services who have NICE guidelines
Should everyone conform to NICE?

TABLE 6: WELFARE REFORM




Increased work volume means panicking service users
The media is a massive issue
People are now biased against those who are on benefits
Public vs private sector housing? Insufficient housing for downsizing
Makes people reluctant to claim benefits when they need them
We should raise publicity to combat the demonization of people on benefits
Put this on the DHP form
Many things, including claims, are happening online
Some vulnerable people don't have access to the internet and will have to find other places to use it
Not everywhere has good internet! (The problems of rurality)
Need to work together to support people through the welfare reforms
Suicide rates may rise
Information needed on welfare reform – in layman's terms
Universal credit
Job centres are supposed to advise but are very inaccessible for many people with mental ill health or disability
No privacy
We need a central hub in Ceredigion which is funded to provide information on benefits and point people to the person/organisation who can advise them best
More reliance on GPs to write letters of evidence
Will they understand the issues?
Benefit changes are so rapid – if it's not your job to keep up then how do you keep up?
Reduction of funding
Stretching services to deal with welfare reforms is bound to reduce their ability to reach their P. I. J (?)
ATOS assessments for ESA are fundamentally flawed
Questions are designed not to reveal what you can't do
Collaboration is key e.g. shared office space (e.g. Cardigan – old police station development) and collaborative planning and funding bids
The huge investment of support staff time to help people get through the process has not been considered
Will get worse when the DLA changes
Financial capability training
Coping with cuts:
- training of front line staff
- sharing information
-managing anxiety and stress
- budgeting skills for clients
- finding out about services
- be careful re: advice
-know which benefits can plug debts
Universal credit
Foodbanks etc
Not experts
Supporting letters
Expectations about claims
Fraudulent claims
DHP
Consistent message needs to be given
Not long term solution
Advice needs to be clear

Money we're saving needs to be invested in helping with the transition

Drop in surgeries

Welfare hub

Raising awareness

Job centre

Local authority

Correct information to be given

Problem of misinformation

Map services and transport

Where will the help filling in forms come from?

Public transport

IT issues

Need time

Money advice and budgeting support is needed

Online applications

Can local authority help with/support welfare reform? Local authority is no longer processing claims

Unrealistic transport distances from JSA rules if you need to take kids to school plus after school clubs aren't late enough/too expensive (?)

Internet connections in rural areas are poor

-Where can people downsize?

-Transport links to gain employment

-Misinformation

-More literature available

-More support for benefit applicants

- Access to benefits and advice

- Disruption on education for children

- GPs letters of support

- Lack of smaller properties

Get Aberystwyth/Lampeter media department to make a film about real suffering as a result of the bedroom tax/welfare reforms

Need more information that's easier to understand

More advisers on the ground within communities – face to face

Central computer system – UC (?)

Council/local authorities won't be able to help/intervene

Causes people to leave – 100% >70% already

What level of support can the council give? Nothing after 2012. Have to speak to a call centre if in debt

Universal credits – more need for money/debt advice

550 tenants in Ceredigion affected by the "bedroom tax" – no grace – begins 1st April

New applicants from June 2013 –October big thrust. PIPs – 16-64 years. 61 ½ HB

TABLE 7: HUMAN RIGHTS

Hwyel Dda – mental health first aid training to groups

Only in Ceredigion that there is a charge – Mind charges, Cooms (?) don't

Young people not likely to know about CAB or go along to CAB for advice

Possibility of CAB input into helping people find alternative rental accommodation

Use medium that is accessible and relevant to young people

MIND's "Time for Change" campaign – national including tv.

Conflict

You have to start with staff, have a healthy organisation

Staff wellbeing

Evidence based model (one size fits all, e.g. CBT) vs respecting uniqueness of people

If you create nurturing work environments i.e clear tasks, realistic workloads, supportive, regular supervision, praise and reward and respect then staff have nourishing internalised models of care to take out into the world in their work with service users.

The service may not suit everyone – need flexibility to signpost and work with people in different situations

This increased staff wellbeing if allowed to be creative and honour uniqueness

Pressure on staff

We should be promoting autonomy

Computers as a barrier

Dehumanising

Advice services

Use/shortage of volunteers

Drive for targets

Outcomes driven – how about the human touch?

What instead? How do we ensure quality?

What doesn't work:

- too many short term projects in public and voluntary sector
- target driven contracts
- staff overwhelmed and stressed
- unrealistic expectations
- depersonalised services – lack of time
- communities not working and public services being cut e.g. post offices
- funding being cut
- housing benefits cuts/caps
- administrative nightmare! (cross county boarders) – vast rural area to cover

What works:

- creative mental health first aid training – available on the web

Inequity in charging for training e.g Ceredigion (charges) – MIND Aberystwyth but Carmarthen (free) – Angie Darlington WWAMH

£1300 for 8-14 people

Co-ordination of multi-agency services to be able to make informed choice

Variety of media methods to relay the information

Twitter, website, pension forums

Constraints on staff

Need for volunteers

Then concern when funding for a project is out within 2-3 years

Tenancy support required social isolation – increase in community councils – setting up lunch projects

Also for those living at home with parents and carers – what support is there for them?

Free expression/speech – not to be persecuted or suffer discrimination and stigma

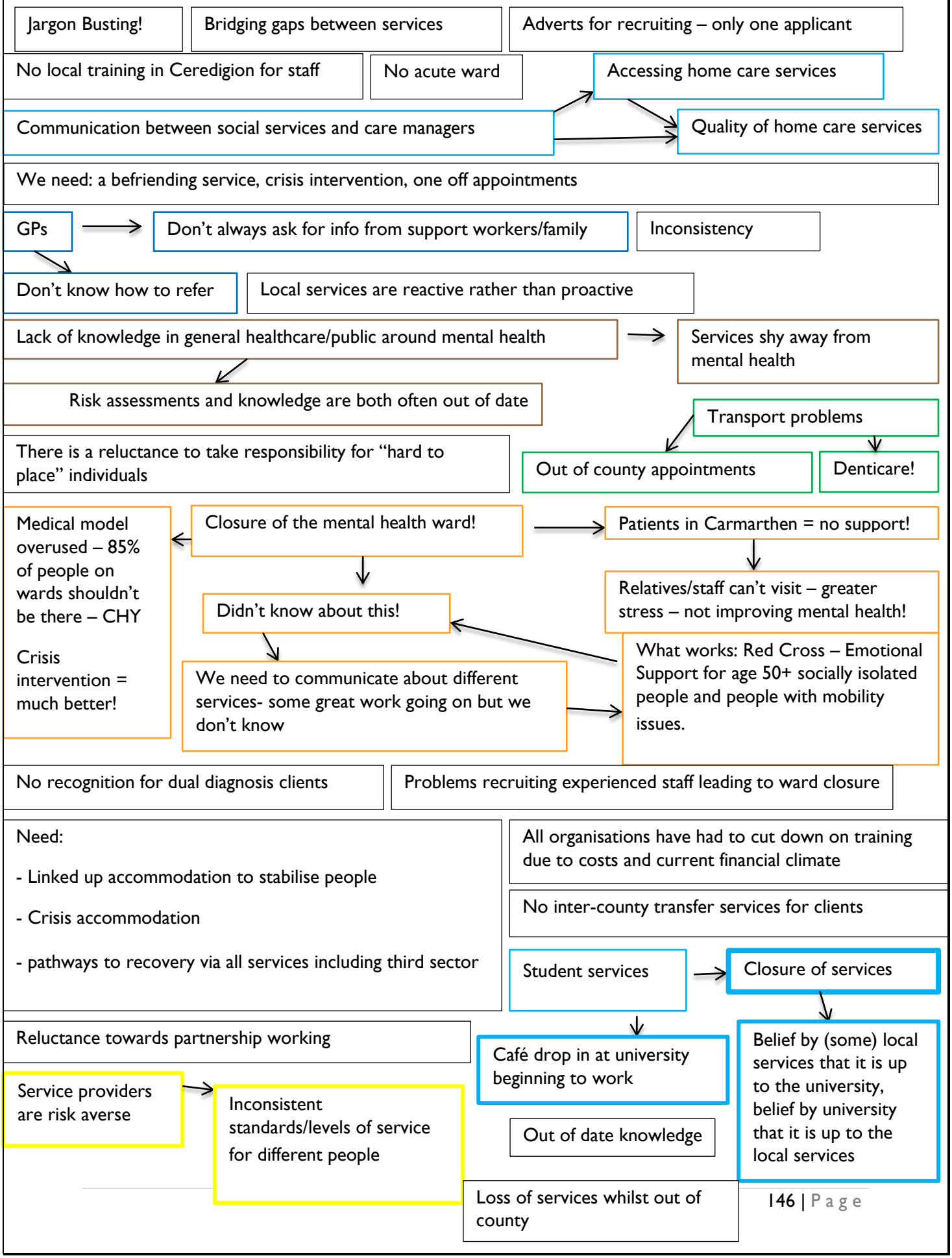
No address – no rights!!

"Exchange" for housing in Ceredigion for those wishing or forced

- Housing
-Right to family life
- Choice
- Access to familiar services
- Equity

Privilege? Responsibility?

TABLE 8: HEALTHCARE (ACCESS ETC.)



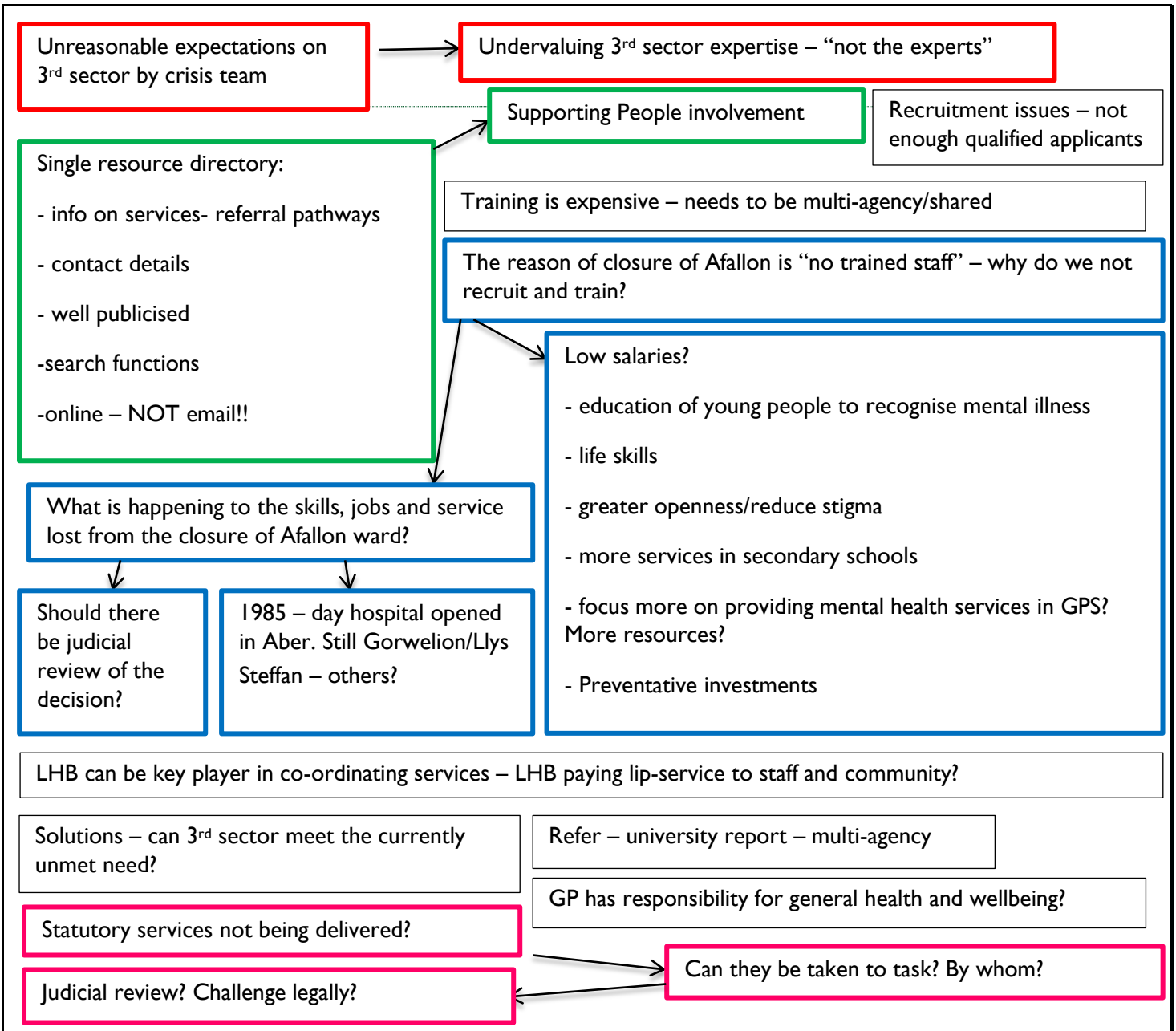
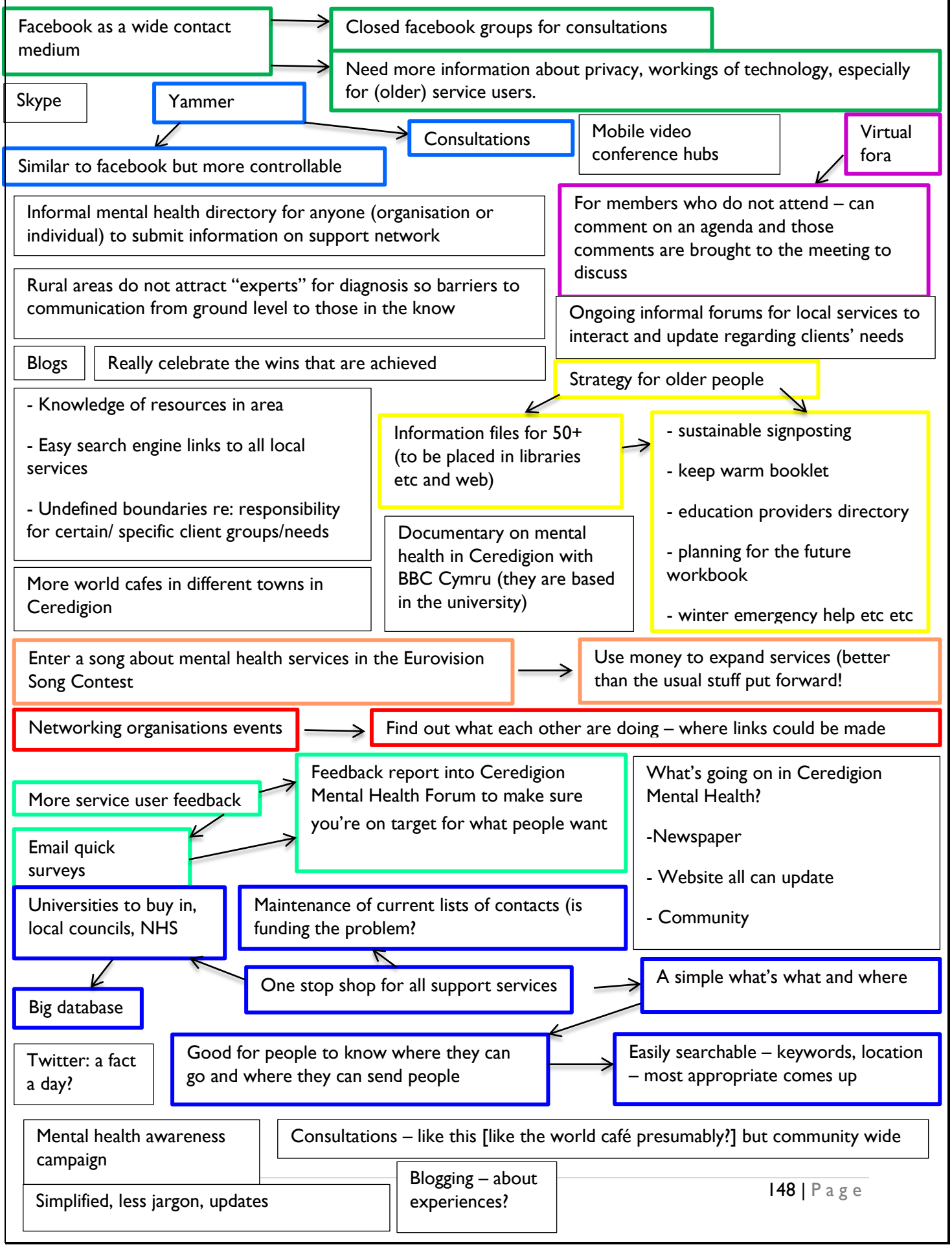

Unreasonable expectations on 3rd sector by crisis team
Undervaluing 3rd sector expertise – "not the experts"
Supporting People involvement
Recruitment issues – not enough qualified applicants
Single resource directory:
- info on services- referral pathways
- contact details
- well publicised
-search functions
-online – NOT email!!
Training is expensive – needs to be multi-agency/shared
The reason of closure of Afallon is "no trained staff" – why do we not recruit and train?
Low salaries?
- education of young people to recognise mental illness
- life skills
- greater openness/reduce stigma
- more services in secondary schools
- focus more on providing mental health services in GPS? More resources?
- Preventative investments
What is happening to the skills, jobs and service lost from the closure of Afallon ward?
Should there be judicial review of the decision?
1985 – day hospital opened in Aber. Still Gorwelion/Llys Steffan – others?
LHB can be key player in co-ordinating services – LHB paying lip-service to staff and community?
Solutions – can 3rd sector meet the currently unmet need?
Refer – university report – multi-agency
GP has responsibility for general health and wellbeing?
Statutory services not being delivered?
Judicial review? Challenge legally?
Can they be taken to task? By whom?

TABLE 9: INFORMATION INNOVATIONS



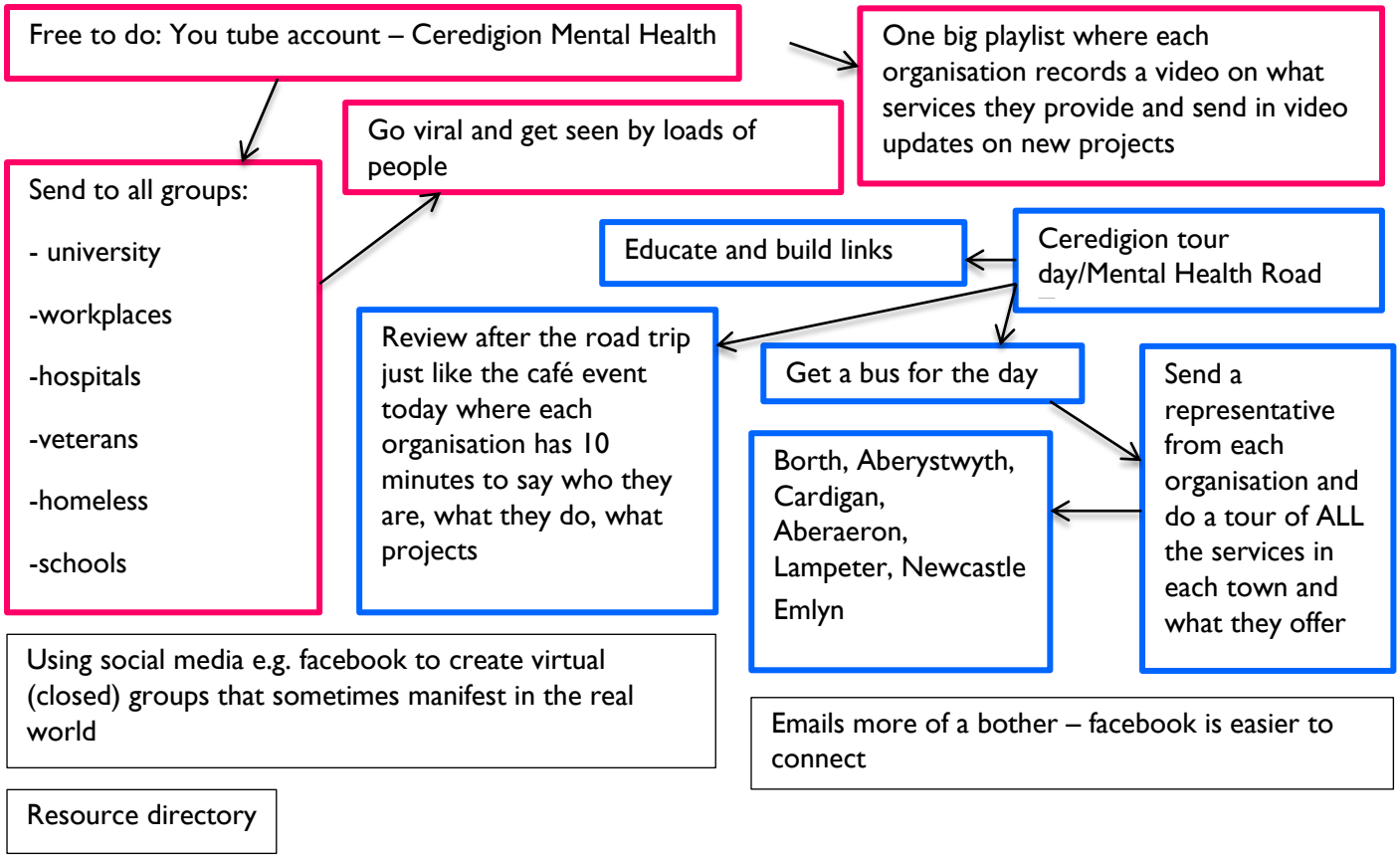

Free to do: You tube account – Ceredigion Mental Health
One big playlist where each organisation records a video on what services they provide and send in video updates on new projects
Go viral and get seen by loads of people
Send to all groups:
- university
-workplaces
-hospitals
-veterans
-homeless
-schools
Educate and build links
Ceredigion tour day/Mental Health Road
Review after the road trip just like the café event today where each organisation has 10 minutes to say who they are, what they do, what projects
Get a bus for the day
Send a representative from each organisation and do a tour of ALL the services in each town and what they offer
Borth, Aberystwyth, Cardigan, Aberaeron, Lampeter, Newcastle Emlyn
Using social media e.g. facebook to create virtual (closed) groups that sometimes manifest in the real world
Emails more of a bother – facebook is easier to connect
Resource directory

TABLE 10: WILDCARD (I.E. OPEN SUBJECT)

Assessment and diagnosis services are limited and stretched	Delays leading to increases in personal "crisis" point for
Everyone recognises the gap between mental health and learning disability services so why isn't anything happening about this at a strategic level	
Less "box fitting" and more "open all access" approach needed to satisfy client needs as often more than one avenue applicable to an individual.	

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Fight Back! report

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Eri Mountbatten