“Awareness Is The Way Forward!”

North West Sector
Mental Health and Financial Inclusion Event
20th October 2011

Report

Compiled by
Dorothy Morrison
Health Improvement Practitioner

North West Sector
City of Glasgow Community Health Partnership

Summary

This report documents a half day event held in October 2011 in North West Glasgow to raise awareness of the interconnection between mental health and financial inclusion and some possible ways to make the situation better. Sixty five people gathered to hear presentations by three professionals and two mental health service users. Additional workshops and information stalls provided further information. People gave thoughtful and radical feedback and some organisations have already acted on some of the commitments to action made that day. There is still a long way to go, but some steps on the journey have been made.

Acknowledgements

Thanks go to John Thomson, Lead, North West Glasgow Health Improvement Team and Carolyn Armstrong (then Healthier Wealthier Children Co-ordinator), Graham Johnstone, Community Engagement Manager, North West Glasgow, Glasgow City Council, Robert Hinds, Welfare Rights Officer, Colin McCormack, Head of Mental Health, North West Glasgow, John Leckie, Operational Manager, Mental Health, North West Glasgow, Bernadette Reilly, CRISIS Team Leader, Mental Health, North West Glasgow, Marie Burns, GAMH and service users of GAMH, David Kennedy of G-HEAT; Glasgow City Council Welfare Rights Advice Service, for advice, guidance, work and presentations. Thanks also to Jan Boyle for assistance in planning, on the day and the formatting and distribution of the report and also to Carol Clarkson and Pauline Walmsley for assistance on the day. Thanks to all who attended and participated so fully and to all those agencies who presented or offered information on 20th October.

1. Rationale

There is a well-documented link between mental health and financial concerns.

A presentation on Healthier Wealthier Children in February 2011 to the former West Mental Health Development Group generated such interest that it was agreed a focussed half-day event would enable more information to be provided to more people. The event aimed to support the knowledge-base of staff working with people with mental health issues and enable staff supporting people with financial inclusion issues to be better informed regarding mental health issues.

It was also hoped that awareness of the Healthier Wealthier Children initiative would be increased. The Healthier Wealthier Children's initiative is targeted at pregnant women, parents with young children and families with children up to 18 years with special needs e.g. disabilities.

The 20th October event also offered information to help other age groups and older adults as well.

The North West Area Delivery Group (tasked with progressing financial inclusion issues) look forward to receiving the report and recommendations from the event as pointers and action points to progress.

There were some presentations but, equally important, there was networking time and an information café for agencies and everyone attending was encouraged to bring along contact details to the event to share as relevant.

2. Planning

The planning group for the event comprised: members of the former West Mental Health Development Group and the two co-chairs of the newly re-grouped North West Area Delivery Group (where delivery refers to the delivery of financial inclusion activity).

The West Mental Health Group and the portion of the former North CHCP area that is now in the North West were also in the process of merging into one group and it was hoped that the event would go some way to helping this process along.

3. Target audience

It was an event targeted at staff working in areas such as mental health, financial inclusion and housing and was designed particularly to provide updates and information about mental health illness and financial inclusion. Current topics of concern were chosen for presentations, including major changes coming imminently to the benefits system. The links among financial worries, mental health issues and homelessness are well-evidenced.

Sixty five people attended the event, representing 38 agencies, organisations and groups. See Appendix

4. Event Programme

While delegates were registering, they also had opportunity to browse the information café and network, all equally important elements of the morning. All delegates were encouraged to bring along their contact details and any other information, whether hosting stalls or not.

The morning was chaired by John Leckie, Operational Manager, Mental Health, North West Sector. There were five speakers in the first part of the morning.

Colin McCormack, Head of Mental Health, North West Sector

Recovery Costs – Money and Mental Health

Colin emphasised that the effects of mental illness include a lack of hope; choices are stamped out of people's lives. He went on to give an explanation of why he chose the title for his talk.

Mental health causes its own financial problems.

What does £161 million equate to?
It is the recent lottery win of a Scottish couple. What would you do with that? It's unimaginable. Yet, interestingly, that is roughly what it costs NHS GG&C to run Mental Health Services every year. Breaking down these costs further: operating an average size psychiatric ward costs £1m a year; a Community Mental Health team costs £1m - £1.5m to run annually; a CRISIS service costs just over £500,000 to run.

Recovery costs - for the individual
Lots of material around stories of people's lives from the Recovery movement. The costs of mental illness to an individual can include their relationship, their house, their job, especially if off sick for a year or more. A person is already at a disadvantage; they have only a 50% chance of working again if off sick more than a year.

Today, however, we want to look at how we can help people recover their lives.

What are the real, big costs to society? Why does the burden of mental health problems cost £161 Million in NHS GG&C?

People struggle to be included in society sometimes because of inadequate benefits.

An important piece of work and reference point is some international research to compare rates of mental illness among countries. This was conducted by Richard Wilkinson and Kate Pickett, both researchers for several decades. Their book, entitled "The Spirit Level" captures the research findings. The simple message of the book applies to education and to every level of society. One would think that poorer areas have more mental illness and richer societies would have less. However, this is not the case. The crucial factor is that the bigger the gap between rich and poor, the more mental illness there is. Where the gap was small, there was less mental illness and better educational attainment. A good example of this comparison is Canada and America. In Canada, where the gap between rich and poor is narrower there is less mental illness than you might have expected and higher life expectancy. In America there is a massive inequalities gap. There is more

crime, poorer lower life expectancy, lower educational attainment and higher levels of mental illness.

We are not going to solve all the problems today, but painting a picture of the fundamental problem is a good place to start.

Robert Hinds, Welfare Rights Officer, Glasgow City Council
Robert Hinds: An overview of Benefit Reform

Today, we are facing the biggest changes to the benefit system in 50 years. The system has been tweaked over time i.e. the introduction of the social fund, the abolition of Unemployment Benefit and the introduction of its replacement Jobseekers Allowance however, we are now facing a period of concentrated change which will have a major impact on claimants including those with mental health problems. Indeed one part of this change, the ESA migration, has already started while these changes will continue until at least 2017.

The following are what I would consider the main areas of change

1) The migration of Incapacity Benefit, Income Support (on the grounds of sickness) and Severe Disablement Allowance claimants over to Employment and Support Allowance. By the end of the migration process none of the aforementioned benefits will exist with Employment and Support Allowance being the sickness benefit.
2) Employment and Support Allowance has two forms, contributory based ESA and income related ESA. In April 2012 it is the government's intention to introduce a limit of 12 months to awards of contribution based ESA for claimants who have been placed in the work related activity group. This would therefore impact on the majority of contribution based claimants. It is also the government's intention that this 12 month limit will be retrospective so that any unbroken period in receipt of contribution based ESA while in the work related activity group immediately prior to April 2012 will count towards a claimant's 12 month entitlement. This could see some claimants lose their benefit straight away at this point. Claimants who are most at risk from losing all support are those who have partners who are working, especially if they work at least 24 hours per week. In addition claimants who have capital of £16,000 or over will lose.
3) In the area of Housing Benefit there are a number of changes that have taken place and more major changes to come. In January 2012 the present rule limiting in the private sector, housing benefit payable to a single claimant under the age of 25 who lives alone to the appropriate bed-sit rate rather than the rate for a one bedroom property will be extended to single claimants in the private sector living alone who are under the age of 35. There are certain claimants who are exempted from this rule but they are limited in number.

4) In the area of Housing Benefit 2013 will also see the introduction, for working age social rented sector claimants i.e. housing association tenants restrictions along household size criteria. This, the government claims is to help deal with the problem of under occupancy i.e. people in properties bigger than their needs. There is of course the question are the properties there for claimants to downsize into? If not, we have rent arrears issues. Remembering of course that in Glasgow the social rented sector is much larger than the private sector.
5) 2013 will also see the introduction of a new benefit, Personal Independence Payments, as a replacement for Disability Living Allowance for adults. Claimants will undergo a different type of assessment for this benefit, one that more closely mirrors the process of assessment within Employment and Support Allowance. Presently the draft of the assessment does not, I believe, adequately take account of the needs of people with mental health issues. It is also the case that claimants of this new benefit will have to undergo a longer qualifying period before they can receive this benefit, 6 months as opposed to the present 3 for DLA. This obviously means a loss of monies both via this benefit and the loss of benefits which are opened up by an award of DLA. It must also be noted that the government has stated that they are looking to cut the present DLA budget by 20% with the introduction of Personal Independence Payments.
6) A further very major change scheduled to start in 2013 is the introduction of a new benefit called Universal Credit. This will be a means tested benefit which will be replacing Income Support, income based Jobseekers Allowance, income related ESA and both types of Tax Credits. It will be a single payment, paid monthly. At which point claimants will take responsibility for budgeting over a month as opposed to fortnightly and will take responsibility for paying their own rent as opposed to Housing Benefit going direct to the landlord. There will be limited safeguards in the area of housing payments being paid direct to the landlord. Universal Credit should start to be rolled out to existing claimants of the benefits mentioned from 2014 and be completed by 2017.
7) Other areas of change will see the Discretionary Social Fund being abolished in 2013, being replaced by devolved local schemes and advances of Universal Credit. There will also be the devolving of Council Tax Benefit schemes although this will be accompanied by a 10% cut in that budget and 2013 will also see the withdrawal of Child Benefit from households with a higher rate taxpayer.

Marie Burns – Glasgow Association for Mental Health Financial Inclusion Development Project

Marie has been working in mental health for 20 years. She has a background of working in Citizen's Advice and had experience in working with people who had not claimed their full entitlement to Welfare Benefits. When initially started in 1992, she was surprised at the amount of under-claiming she uncovered among mental health service users, especially uptake of DLA .

Scottish Poverty Information Unit (SPIU) Evaluation of the project

The GAMH project began in 2004. When the Glasgow Advice and Information Network(GAIN) was set up initially, there were no mental health organisations attending any of the groups. GAIN consisted of both a city-wide and local Area Delivery Groups. There were some initial doubts about whether a mental health organisation had a place at the table because it was felt that their primary focus was not financial advice and information. However, as growing numbers of advice agencies raised issues about the financial difficulties people with mental health problems were encountering, GAMH were asked to attend the city wide group and do a presentation of the advice needs of people with mental health problems. This led to funding becoming available to research the barriers people with mental illness have in accessing advice.
GAMH set up supported referrals system where people were referred to mainstream advice services. GAMH supported with letters, correspondence, links with people giving advice – a named person – this was successful. The GAMH development worker, Bernie Fallick, preceding Marie, was also a champion. He did presentations. GAMH also delivers anti-stigma training.
GAIN provided some statistics. Increases over the years indicate that more people with MH are accessing mainstream services: GAIN city-wide statistics for people with mental health problems:

For the period 01/04/07- 30/06/07 this was 78 (per quarter)
For the period 01/04/08- 30/06/08 this had risen to 120 per quarter
For the same quarter in 2010, this was 794, a multiple increase
For the same quarter in 2011, this was 683

An evaluation was done in 2009. It showed that it was a successful service and a report is available on request. www.gamh.org.uk

The SPIU report concludes that the figures indicated better recording by Advice Agencies and some increase in the use of advice agencies.

Financial Inclusion Strategy

Within the strategy, there is an overarching theme of "Targeted support for vulnerable/priority groups"
People with mental health problems should be a priority group in GAMH's view.
They are currently included in "Those with a disability".

Within the strategy, there is a focus on vulnerable groups. However, by using a generalist term such as those with a disability, people with mental health problems do not see themselves in that category.
GAMH will continue to lobby to ensure that people with mental illness get access to advice and information services and that they are included in the priority groups.

Financial Inclusion Sessions in GAMH groups involved:

As well as referrals to mainstream agencies, Financial Inclusion Sessions were delivered to service user groups. This included preventative work for example Having G-Heat out to a session resulted in reduction in fuel costs.
Financial Inclusion was broader than just referring to advice agencies.
Examples of Financial Inclusion Sessions are:

- G-HEAT – fuel usage and reducing that
- Credit Unions
- Money Advice Services
- Feedback form

Welfare Reform and GAMH response.

Initially, there was panic and concern within the organisation given the wide ranging changes on Welfare Reform. A strategy to deal with changes as they came along was devised to assist staff and in turn service users.
A briefing was presented to the GAMH Financial Inclusion Steering Group in Nov 2010.
Welfare Rights briefed all GAMH staff groups on Welfare Reform (Dec 2010 – July 2011)
Initial priority was Employment Support Allowance (ESA). Started doing training and briefings with staff. They now feel empowered and fill in the questionnaires with more confidence.
Many service users attended tribunals. There were often long waits for tribunals. Information at earlier stages, how to work collaboratively with Welfare Rights for the benefit of service users.
GAMH attended Department of Work and Pension's liaison meetings to feedback areas of concern.

Janette's story

As a service user attending GAMH for many years, GAMH has helped me several times. The first time, I had run up some credit card debts and so I spoke to my support worker, then we went to the Citizens' Advice Bureau.

They worked out payments to get rid of the debts, payments every month. Towards the end, I thought I would pay extra, thinking that would get rid of it more quickly. This proved problematic as the interest went up – it represented a change to the agreement made. At a later point, having asked me if I was on benefits, the bank manager persuaded me to borrow £5,000 – much more than the £3,000 debts that I owed to a few catalogue companies - a sum I had never had before. I used the £2000 to play bingo. The bank was unaware of the gambling problem I had, the bank loan made me feel like a "normal" person. It took 9½ years to pay off the loan. The bank was not helping me at all. The interest was going up and up. Last year (2010), I made my final payment. I had lots of support from my GAMH worker. I couldn't have done it on my own. What was offered to me as help actually put me into more debt. Something that started out as a four year loan took nearly ten years to pay off.

I also had an ongoing fuel issue; Stay Warm is available to people over 60. I had two cousins staying with me, one of whom was over 60. I advised Stay Warm that there were three people living in the house and this resulted in an increase in the monthly payments from £115 up to £165. I told them I've always had three people in the house and I couldn't pay the increased payments. Eventually a new tariff was agreed with Scottish Power. It worked out at £92 a month. That wasn't the end of the story. There were some mistakes, but these were eventually resolved.

Margaret's story

When I went to GAMH at first, I thought I'd be building a doll's house, but there was more to GAMH than that. I built up my self esteem. My debt problem re-emerged. It took six years to share with staff at GAMH that I had a debt and gambling problem. My support worker was really helpful and directed me to the Law Centre. My husband did not know how much debt I was in. Having these secrets (the debts) added to my problems. I went to a few clubs at GAMH. When you have mental health problems, you don't want to open your letters. They can build up. I got support to talk to advice workers without getting upset. When you mention a mental health problem, there is sometimes some stigma.

The big pile of debt went to a wee pile. The law centre advised that in having a bought house, I should take money out of the house. Because I had bought property, I could not get help. I got the confidence to deal with things. Although I went to the Law Centre, it was really GAMH who helped me through my money problems. I cannot thank GAMH enough.

The audience was moved by the two testimonies and all the feedback from participants indicated the input of both women was a powerful experience. Accordingly, John Leckie, chairing the event, thanked the women sincerely for sharing their personal stories and highlighted how much mental illness can impact on people's financial situation and vice versa.

Three workshops took place:

- Healthier Wealthier Children – combined with Fuel Poverty and what can be done, in association with G-HEAT
- Migration from Incapacity Benefit to Employment Seeker's Allowance
- Mental Health awareness and what to look out for.

Plenary session

Representatives fed back from workshops and there was a short question and answer session.

5. Delegate packs

These were an opportunity to provide relevant information, especially given that delegates could only attend one out of the three workshops.

Packs contained:
Timeline of welfare reforms
Feedback sheet
GAIN details
Outline of the New North West Area Delivery Group
Programme for the morning
Copies of PowerPoint Presentations
Advertising flier for Scottish Mental Health First Aid Course
Biographies of speakers
Short paper on Welfare Reforms in relation to Health Boards.

6. Information stalls

Eight agencies hosted information stalls on the day. as a way of raising awareness of their services.

7. Notes of workshops

7.1.1 Carolyn Armstrong, Healthier Wealthier Children, and Pauline Walmsley, Health Improvement Senior
http://www.nhsggc.org.uk/hwc

Financial Impact on Families

Background to child poverty

Tackling child poverty is a national priority; society is the poorer for the time each child spends in poverty. There is a strong moral and self-interested case

for eradicating child poverty. Scottish Government set up the Tackling Poverty Board, to review poverty reduction policy and practice in Scotland.

Definitions of poverty

'Those with incomes below 60% of the UK median are considered to be poor as their incomes are so far from the norm that they face problems participating in society.' (Achieving Our Potential, Scottish Government, 2008)

- **Absolute poverty** – lack of sufficient resources to keep body and soul together
- **Relative poverty** – absence of the material needs to participate fully in accepted daily life in relation to the average
- **Social exclusion** - individuals or areas suffer from a combination of linked problems such as unemployment, poor skills, low incomes, poor housing, high crime environments, bad health and family.

In the last decade there has been a move towards a relative definition of poverty. The causes of poverty are very diverse including: income, environment, education, health and employment. The multi-faceted nature of poverty is demonstrated in that half of all children living in poverty in the UK live in a household where at least one parent works.

Living in poverty

This can have a profound impact on health, education and development: poorer maternal health; increased parental stress; higher incidence of behavioural problems; impact of chronic illness can be greater; lower education attainment and fewer qualifications.

Groups at greater risk include: lone parents (particularly mothers); people with disabilities; BME community; kinship carers, while the times of greater risk are: relationship breakdowns; the birth of a child; times of recession.

Research has shown that certain groups are at greater risk of poverty and the risk of poverty increases around particular life events (CPAG, Child Poverty Toolkit). it is important to consider the increased risk of child poverty for these groups and at these times of increased risk.

As NHS (and other) employees, we must ask ourselves, what is our role in helping individuals at risk to overcome issues of poverty?

The impact of welfare reforms include:

- Reduced eligibility threshold for Child Tax Credit for the full family element down from £50,000 to £40,000
- Freeze on child benefit rates for three years
- The cessation of the Health in Pregnancy Grant + restrict Sure Start Maternity Grant
- The cessation of the Child Trust Fund payment

- Removal the 'baby element' from the Child Tax Credit
- Reduced maximum housing benefit payable
- The VAT rise disproportionately affects people on a lower income
- Rise in "Benefit Cheat" media activity.

While Welfare Reforms have an impact across all communities, these show the impacts specifically on lower income families. This combination of cuts can have serious financial impact on families who already have limited opportunities and choices.

Child Poverty in Scotland

- Eradicate child poverty by 2020
- Progress to reduce poverty has stalled in recent years
- 210,000 (1 in 5) children in Scotland live in poverty, of whom 90,000 live in severe poverty
- Almost half of all children in Greater Glasgow & Clyde live in low income households
- Half of all children living in poverty live in a household where someone works.

The history of addressing Child Poverty in Scotland:

The UK Government back in 1999 set a target to eradicate Child Poverty by 2020.

We have seen reductions in Child Poverty however, these reductions have been less than hoped and particularly so in the last few years (Joseph Rowntree Foundation, Child Poverty in Scotland: Taking the Next Steps, 2009).

In 2007 210,000 children in Scotland (one child in five) were living in poverty (Joseph Rowntree Foundation, Child Poverty in Scotland: Taking the Next Steps, 2009). This does show improvement as previously one child in four lived in poverty.

Earlier this year (2011) Save the Children found that 90,000 children in Scotland lived in severe poverty. Most of these children live in the Glasgow area, meaning that

> **"Families are struggling to afford basic resources such as food, clothing and heat. They miss out on school trips, hobbies and on reaching their educational and social development benchmarks. They suffer exclusion from society".**

Child poverty in Glasgow City Council area:

- NHS GG&C contains nearly 50% of the most deprived data zones in Scotland (Jackie Erdman presentation, ADG, 2011).
- 33% of children in West and 41% of children in North live in out of work families (DWP, 2006).
- 59% of children in West and 68% of children in North live in low income families, includes those out of work and in work (DWP, 2006).

These statistics have major implications for the children in our community and for health professionals.

Policy context
Addressing child poverty is a key Scottish Government strategy for improving children's health and wellbeing.

- Early Years Framework recommends that

"Children should grow up free from poverty in their early years and have their outcomes defined by their ability and potential rather than their family background".

- Child Poverty Strategy
- Equally Well
- Achieving Our Potential
- Glasgow Single Outcome Agreement

What can be done

- Support to improve attainment and achievement through: parenting programmes. Nurture classes and smaller class sizes
- Lessening the impact of poverty on health is tackled by Healthy Start vouchers and Inequalities Sensitive Practice
- Reduction in the number of families living on low incomes tackled via: employment opportunities, affordable childcare and income maximisation.

The **Healthier Wealthier Children** initiative enables the financial inclusion for pregnant women and families with young children through the provision of financial advice to pregnant women and families to maximise income.

It aims to: enable families to reduce household outgoings and manage their money; target families at "risk periods"; encourage early stage referrals; develop health staff expertise of Financial Inclusion services; streamline services.

Referral Criteria

The woman must be either pregnant; have a child/children under 5;
or the children must be under 19 with additional support needs
AND
to be in the target group, the family must have a total household income below £40,000; be a kinship carer(s) or be ineligible for benefits due to immigration status

The Healthier Wealthier Children project commenced in September 2010, receiving 2,198 referrals by 31st July 2011, the majority of referrals coming from Health Visitors and Midwives.

The project is being monitored by researchers attached to Glasgow Centre for Population Health.

Good news stories

1. A family had three children, the youngest is a two year old toddler who has been diagnosed with global developmental delay. The Health Visitor referred the family to HWC.

The outcome was that the adviser assisted with benefit claims. DLA middle rate care and additional tax credit (disabled child element) were awarded. This meant an extra £100 per week for this family.

2. A family with five children own their own home. Over the last few months, the Dad's work has been cut to 20hrs per week. They are struggling and worried about how to pay their bills. The Health Visitor referred the family to HWC.

The outcome was that the adviser checked that all benefits were correctly in place and identified that they were entitled to Council Tax Benefit (including three months backdated), saving the family £943.44 per year.

Healthier Wealthier Children website:
http://www.nhsggc.org.uk/hwc

7.1.2. G-HEAT presentation on Fuel Poverty, David Kennedy
http://www.g-heat.org.uk/

G HEAT stands for Glasgow home energy advice team. It is a Glasgow City Council project, tackling fuel poverty across all tenures. It is delivered by The Wise Group, with other partners: Scottish Federation of Housing Associations; Glasgow Advice & Information Network; Glasgow & West of Scotland Forum of Housing Associations.

It is an independent, impartial service dedicated to helping people who are: in fuel poverty; in fuel debt; unsure of how to use heating / hot water systems. It holds advice surgeries

What we offer
We can:

- Show people how best to use central heating and hot water
- Ensure people are on the best tariffs
- Help people understand bills and consumption
- Do price comparisons of fuel suppliers
- Advocate for people with suppliers
- Refer people for a benefits check

- Refer people for help with insulation through Energy Assistance Package
- Give general energy efficiency advice.

The team comprises a project manager, an administrator, six home energy advisors, structured geographically and works with owner occupiers, private tenants and housing association tenants.

In G-HEAT's first year:

2077 Home Visits were completed
714 Surgeries were held
£45,491 of arrears were reduced for 87 clients
£16,598 in cheque rebates was obtained.
More than 200 residents switched to cheaper social tariffs.

Referral Partners include: Energy Saving Scotland Advice Centre; Housing Associations; Citizens Advice Bureaux; Money Advice Services; Charities; Community Groups.

A household is defined as being in fuel poverty if:

"in order to maintain an acceptably warm home (21C in living room and 18C in other rooms), it would need to spend more than 10% of its income (including Housing Benefit) on all household fuel use".

The Scottish Fuel Poverty Statement, Scottish Executive, August 2002

Fuel Poverty

"For too many Scottish households, fuel poverty is a harsh fact of life. They are forced to choose between staying warm or spending their money on other basic necessities, such as food and clothing – a choice that no household should be forced to make…Fuel poverty is simply not acceptable in a 21st century Scotland – that is why we have said we will work to end it by 2016." Hugh Henry, Ministerial Foreword to 2002 Report

While 13% of Scottish households in 2002 experienced fuel poverty, this had more than doubled to 33% of households. This was mainly because, since 2004, electricity prices have doubled and gas prices have almost trebled. This more than offsets increases in incomes and energy efficiency measures (better heating systems / better insulation).

Denmilne Gardens Sheltered Housing,
West of Scotland Housing Association
G-Heat advisors paid 19 visits over two days, resulting in 17 tenants switching to a cheaper social tariff and an average of 15% saving on electricity bills.

Mallaig Court,
Linthouse Housing Association
G-Heat advisors paid 19 visits over four days; better tariffs were identified; new meters were required for the new tariff; new hot water timers were fitted by the housing association.

Mental Health Problems
People with mental health problems may:

- Struggle to set up accounts properly in the first place
- Lack confidence to contact a supplier
- Bury their heads in the sand when problems arise
- Be less confident in changing tariff or supplier
- Equally, difficulties with bills, debt and fears of disconnection or court action can make people anxious or depressed, especially if people already have mental health needs.

Individual Case Studies

- Mrs M from Easterhouse

Mrs. M had worries over rising gas and electricity costs. Her 2-year old son suffers from acute haemophilia. The G-HEAT advisor identified with the supplier that the client was already on the best tariff. The advisor then attempted to show the client the most efficient way to use the storage heating system but noted it was in poor repair and fitted an energy monitor to help the client understand her consumption. Due to the condition of the heating system, the advisor referred Mrs M for Stage 4 of the Scottish Government's Energy Assistance Package. Mrs M confirmed that the referral from the Energy Assistance Package had been processed and her property had been successfully surveyed for a new heating system.

" I cannot believe that difference which one free phone call has made to my life!"

Individual Case Studies

- Mr A, Possilpark

Mr A worked but was ill and could no longer work. When he first moved into his flat, his energy supplier was slow at taking readings and billing him. He fell behind and bills became higher and higher until finally he received a bill for over £2,700. Anxious, understandably, he went to a welfare adviser who referred him to G-Heat.
The advisor visited and Mr. A agreed to have a pre-payment meter fitted for electricity to pay for ongoing usage and a weekly sum towards debt. The G-Heat advisor made sure that the payback rate on this (and the existing gas

pre-payment meter) was set no higher than £3.50 per week per fuel, the maximum figure allowed for someone on benefits.
Probing the supplier about the delays at the start of Mr. A's tenancy revealed that there was an 18 month delay in billing him, so the advisor raised complaints under the back billing code. The supplier has already written off £2,200 of electricity arrears and G-Heat is awaiting the outcome of the gas complaint but it looks as if at least £500 will be written off here.

Individual Case Studies

- Mr. W, Bridgeton

Mr. W has a brain injury and receives support from key workers on a shift basis. The G-Heat advisor ensured that the supplier was aware of his health issue and had him on their Priority Service Register. The supplier also confirmed that he was on the cheapest tariff for his payment method but that he would save 5% through paying by Direct Debit. Mr. W and his workers will discuss this and the G-Heat advisor can set it up if he wishes. Mr. W also comes under the broader group for Warm Home Discount and the G-Heat advisor took details to apply on Mr. W's behalf on 1 November when the supplier's form goes live online. This should gain him a rebate of £120 by 31 March 2012. General energy saving advice was also given to Mr. W.

Switching Supplier

- Do price comparisons
- www.ukpower.co.uk / or www.uswitch.com/
- Best info. is annual consumption in kWh
- Choose "all available tariffs"
- Savings best with dual fuel, direct debit & online
- Remember customer service

http://www.which.co.uk/switch/energy-suppliers/best-and-worst-energy-suppliers

Warm Home Discount

- Will replace social tariffs
- UK wide scheme
- Core group – on Pension Credit guarantee element only – will be contacted automatically
- Broader group (defined by suppliers) must apply – limited funds so apply ASAP
- £120 credit minus VAT (i.e. £114.29) applied to your electricity bill by 31 March 2012.

Broader Group criteria

- Vary between suppliers
- Scottish Gas' criteria are the widest
- Go to website : www. consumerfocus.org.uk
- Click on *Consumer Information* on left of page
- Select *Energy*
- Click on link to *briefing on Warm Home Discount* in body of page

- Look at pages 8 to 19 which outline scheme and criteria, taking each supplier by turn.

Contact G-Heat

- 0800 092 9002
- www.g-heat.org.uk
- City-wide
- Impartial
- Trusted
- Committed to helping you

7.2. Welfare Benefits Reform workshop notes

Incapacity benefit to ESA Migration

What can mental health practitioners do to assist claimants through the process?

Robert began by high-lighting that previously we spoke of people being unfit for work. Now, the view is that there is *some* work a claimant is able to do. If so, they are migrated over to Employment Support Allowance.

What is ESA Migration?

Any person with an award Incapacity Benefit, Income Support (incapable of work) or SDA.
Claimants are moved over if they have limited capacity for work.

Check when existing claim is next scheduled to be reviewed.
No migration if claimant will reach pension age re 06.04.14. Equalisation means that the pension age for women is moving forwards.

What is limited capability for work?

It is part of the Work Capability Assessment.
There is a two-element test which assesses:

A. Are you entitled to ESA (fit for work)?
B. Which group of ESA claimants you join – either a support group – there is no expectation by DWP that you will work, or a work group?

The Limited Capability for Work test is a tool used to assess element A.
Certain claimants will be treated as having LCW.
Most will have to go through the actual assessment. There used to be a sizeable list of exceptions. Many of these conditions will now no longer be automatically exempt. Severe mental health problems are no longer an exempt category.

Remember there are some exceptional circumstances.

How the process of migration is meant to work

A notice (letter) is issued to claimants between now (Nov 2011) and April 2014.

Then there is a phone call to discuss changes.
The ESA 50 form is sent out to claimants to be completed and returned. Copies of these were issued to workshop delegates. Claimants now have four weeks, not six weeks as previously, to reply.
Claimants may be sent for LCW assessments (both tests). A medical assessment may be carried out at home if unable to attend Cadogan Street – however being unwell enough that you are unable to travel to Cadogan Street should be pretty strong evidence. From this, I would argue that you would be unable to get to work and are therefore unfit for work.
There is then a phone call informing outcome of the assessment.
Claimant is then moved on to ESA. Good advice is to go through this before hand with the claimant. Use the test to assist in the completion of the form.
The letter can be appealed – but not the phone call. Refer to the date on the letter. Remember to record physical issues too.

What to do at the start
Try to establish when your service user may be subject to migration – do this by writing to the DWP on the service user's behalf to ask for a scheduled date.
This establishes a time frame.
It allows interaction with the service user on this issue at appropriate times**.**
It may help to limit unnecessary worry.
Remember, a number of service users will not have faced assessment for some considerable time.
People cannot lose their benefits if they do not answer the phone.

What to do
Remind claimant about the need to **complete and return the ESA50 form** (explain penalties for failure).
Go through the ESA50 with the service user.
If possible, cross refer to test while completing form.
Address all relevant activities, (physical, mental, cognitive etc).
Use pages 18 and 19 to supply other information to paint the picture.
Supply relevant additional information (quote any relevant qualifications held).
Supply information in support of Regulation 29 argument.
Regulation 29 allows claimants who do not meet the points needed to pass the test.
It provides for the situation where there would be a substantial risk to the mental or physical health of any person if the claimant were found not to have limited capability for work e.g. if someone consumes large amount of alcohol or drugs, or a history of being bullied. Re-entering the workforce may introduce risks that impact negatively on the claimant or colleagues.

What to do if claimant is called for an assessment
Advise claimant about probable assessment and the need to attend (explain penalties for failure to attend).

If possible, try to have someone with the service user at assessment – this gives support, back-up, provides a witness, even a friend can come along.
If service user is unable to attend, contact ATOS ASAP to arrange new assessment. Make contact in good time to advise of changes, availability at other times.
Also, contact the Benefit Delivery Centre of the DWP and advise as above. It is good to let both sides of the organisation know.

What to do - if the claimant failed to attend assessment
If the service user has failed to attend the assessment within the times and has been knocked off benefit,
Appeal
You must show good cause for failure to attend e.g. severe depression, or if person was in hospital.
Mental health practitioners should emphasise who they are, their knowledge, qualifications, that you know and understand the implications of the person's problems for them.
There is no timescale as such, before a person can claim for ESA again. The argument would be that the person's experience has deteriorated, it is often easier however to make a claim for Jobseekers Allowance in such cases. It is easier to make a claim for Job Seeker's Allowance (JSA).

What to do – decision phone call
After assessment but before a written decision is issued service user will receive phone call giving decision.
If failed the LCW Test, service user can be invited to claim JSA over the phone.
Make the service user aware of this call and that they are not required to respond to that call.
Advise not to react and wait for appeal letter.
If claimant claims JSA, they can still appeal and switch back to ESA.
What to do – decision letter received.
If negative decision.
Appeal or claim different benefit.
Appeal letter.
GL 24 (DWPs letter) or advice agency's own proforma – this shows representation by the agency.
Get representation straightaway.
There is one month to appeal or make a late appeal within twelve months but there needs to be a good cause evidenced for late appeal.
Supply medical certificate with appeal to ensure continued payment of ESA.

What to do – decision letter received
Letter awards ESA but not in support group – i.e. in a "work-related activity" group.
Potential problems!
If not in a support group, claimant must attend work focussed interviews (WFI) and will they be well enough to do this?

The law is scheduled to changes in April 2012 in receipt of contribution to ESA.
The award is limited to 12 months if not in support group.
This is awarded for 12 months retrospectively.
The dangers/evidence for an appeal may result in a person being deemed fit for work.

What to do – Useful Contacts

- **Benefit Delivery Service**
  0845 608 8582

- **Escalation no:**
  0141 338 5049

- **Email:** alisona.campbell@jobcentreplus.gsi.gov.uk – but only if problems are not resolved through the other routes.

Atos Origin
29 Cadogan Street
Glasgow
G2 7RD
0800 2888 777
0141 249 3693
0141 847 0125 (fax no)

With regards to notes from the workshop on the sickness benefits to ESA migration, Robert Hinds has supplied below a few questions that were written down on the day. You will find these below, along with Robert's answers:

Q1) Do the DWP no longer have a duty to seek medical evidence from a GP or consultant in mental health cases?

A) I am not sure that I would agree that the DWP ever previously had a **duty** to seek medical evidence from a GP or consultant in all such cases. They would as a matter of course contact the GP to obtain information about a claimant. This was invariably done on a form called an IB113. However, that only asked certain questions and would only give limited information. They could if they wished seek more info from these sources. I believe this may have been likely where a claimant suffered from a severe mental health problem as such a condition would have meant that the claimant would have been exempted from the need to attend an assessment. In the past however, I have seen many cases where in the case papers there was no evidence that the DWP sought additional evidence up and above sending the GP the IB113 form.

With the introduction of ESA, it is the case that the earlier exemption for those with severe mental health problems from the need to attend an assessment was removed. In my opinion it was perceived that there would

be less of a role for the GP/Consultant, while greater emphasis would be placed on the evidence supplied by the health care professional employed by ATOS. In recent months, however, the DWP do appear to have taken greater regard of non-ATOS sourced evidence that may have been supplied. This being said I am nevertheless unaware of the DWP actively seeking such evidence.

Q2) Will other benefits be assessed as well (at the same time?)

A) When a claimant who has children and is still receiving Income Support for them goes through the migration process a claim for Child Tax Credits will be enacted by the DWP and Revenues and the Income Support for the children will stop.

The claimant needs to be aware that if as a result of the migration process there is a break in their claim i.e. they move off a sickness benefit but delay claiming JSA then this will also impact on their Housing and Council Tax Benefit claims. This is because the HB/CTB claims will have been stopped with their sickness benefit claim but when reclaimed with the new JSA claim not necessarily linked back to the previous HB/CTB claim. This issue needs to be addressed as it would lead to potential rent and council tax arrears.

There is no automatic link between the ESA assessment and DLA. However, it is possible that the migration process might throw up evidence that the Disability Benefit Centre will then use to reassess a claimants DLA entitlement. If this does happen and it impacts on DLA in a negative way the claimant should appeal the DLA decision.

Q3) Do you complete the ESA50 based on your worst day?

A) When completing an ESA50 you must take the approach of can you reasonably perform the particular task the question is asking about. It must also be remembered that if you have a condition which is variable then you should explain in your own words the variability neither exaggerating nor under estimating it.

Q4) When a client has been knocked off their sickness benefit and don't want to claim JSA meantime is there a time limit between ESA claims?

A) The basic rule is that you cannot reclaim ESA within 6 months of a decision that you do not have limited capability for work unless you have a new condition or your existing condition has significantly deteriorated.

When a claimant has been knocked off sickness benefit for failing to reach the required number of points to be declared as having limited capability for work and thus not migrated over to ESA he or she can appeal and they will receive ESA while waiting for their appeal to be heard. They will however need to

supply a medical certificate during the appeal period. (This rule does not apply if the claimant has been knocked off for failing to return the ESA 50 questionnaire or failing to attend an assessment).

In a case where the claimant has failed to attend the assessment and they appeal, they have the option of claiming JSA meantime or they could reclaim ESA (within the 6 months). However, this will not be paid until the claimant receives notification to attend a new assessment and actually attends. As to how long it may take for a new assessment date to be made, as far as I know, there is nothing set down in the rules and it is at the discretion of the DWP. In the period between the new claim and the new assessment a claimant can make claims for Crisis Loans.

7.3. Mental Health Awareness Workshop

The workshop began by considering the spectrum of mental health.

As well as mental illness, people can also have personality disorders. Mental illness can be mild or moderate, taking the forms of depression, anxiety, stress, obsessive compulsive disorders, or more severe to the extent that there is a severe mental health problem. These include schizophrenia, bi-polar disorder, psychosis and more severe depression.

There may be a **crisis** that precipitates mental illness. **Thoughts** are affected.

Mental illness can have numerous other unseen effects:

Behavioural: symptoms being avoidance, withdrawal, worrying thoughts, irritability, aggression, excitability, oversensitivity, greater use of alcohol and or drugs.

Relationships: can suffer to the degrees of ultimate breakdown of splitting up with partners, children may suffer neglect.

Emotional and psychological: effects can take the forms of self-loathing, guilt, isolation, despair (sometimes very deep despair), low mood.
A person may feel helpless, worthless or have suicidal thoughts.

Physical: symptoms can include Irritable Bowel Syndrome, disturbed sleep or difficulties in getting to sleep, aches and pains sometimes with no explanation.

Examples of effects on **appearance** can include weight loss or gain and a dishevelled appearance.

Communication between the unwell person and others can become difficult. Some people may cope by withdrawing , others may become irritable and have angry outbursts.

Vulnerability : Stress Model

The horizontal axis plots vulnerability factors; vulnerability to mental illness is affected by such factors as drug–use, personality type, genetic make-up, whether a parent or both parents have or have had mental illness such as schizophrenia, cognitive style, traumatic events early in a person's life such as the death of a parent, domestic abuse is life events, abuse (past or present), loss, a specific event. A person with low or few vulnerability factors typically has a higher threshold for stress.

Stress factors (the vertical axis) can include: having young children, broken sleep, death of someone close and bereavement, ill-health, work, relationships or lack of relationships, financial worries.

Everyone has a breaking point, a tipping point at which they become mentally unwell, this point is different for each individual, when the stressors cannot be coped with anymore. Sustained stress factors can also hasten reaching the tipping point.

Mental illness is not something that only happens to another, all of us are susceptible to it through difficulties in life at different times.

8. Feedback

Attendees were asked to reply to three questions:

8.1. What one thing will you do in the next month as a result of this morning? Broad themes emerging were:

1.1 Speak to colleagues, share learning from today, raise awareness of mental health issues/ get discussion going
1.2 Go back to financial inclusion group locally and start ball rolling
1.3 Maintain and increase own knowledge around changes to benefits and raise awareness with the groups I work with
1.4 Will discuss how my organisation can use the services of G-HEAT/ promote Healthier Wealthier Children services to families we work with
1.5 Better informed practice in relation to advice to information for service users and carers and arrange days for service users and carers / support service users more intelligently / find out when they are due for assessment/ think hard about what I say to service users and carers.

8.2. What is the most important thing you have got from this morning?

2.1 Greater understanding of mental health issues / information / knowledge

2.2 There are lots of staff in the workplace deeply committed to helping people recover from mental illness / financial inclusion is everyone's business, networking with other organisations

2.3 Gained some understanding how the benefit reforms will work, how to appeal decision within timeframes / better understanding of systems

2.4 Being better enabled to support service users and carers

2.5 Awareness of the impact of benefit changes on people with mental illness and how to support such people, along with other organisations

2.6 Recognition that this is a long-term strategy rolling out over years.

8.3. Where do we go from here?

3.1 There should be more events similar to this one – this was mentioned more than anything else. The event was described as a very well organised and informative session**.** More events would help meet the expressed need to keep up with changes in benefits; Staff training around issues such as mental illness was also identified as a need which would be partially met by further events similar to this one.

3.2 (Better) dialogue among agencies

3.3 Raise awareness / promote the services available to the individuals we work with

3.4 Lobby and petition politicians, be strategic and far-reaching about the dissemination of the report of the event e.g. send it to politicians

3.5 Involve service-users and carers in the next event

9. Recommendations

9.1. The North West Mental Health Development Group should consider ways of taking the financial inclusion agenda forward as it relates to mental health; this includes working together with the North West Area Delivery Group

9.2. Mental health services should engage with the financial inclusion contract decisions in relation to the North West sector (a new contract between Health and Glasgow City Council starts in April 2012).

9.3. This report of the day's proceedings, information and feedback should be circulated in Glasgow and beyond to raise awareness and encourage other communities, areas and specialisms to stage similar events.

9.4. Means should be explored and identified of informing and involving clients, service users and patients to be better informed of immiment changes and to be signposted to agencies who can offer information, expertise and assistance.

Appendix 1 – Organisations, services and groups represented:

GAMH
SAMH
DLMAC
Sunnylaw Advice Centre
Quarriers
Debt Support Trust Ltd
G-HEAT
CABx: Central, Maryhill & Drumchapel
The Richmond Fellowship Scotland
Glasgow Regeneration Agency
Voices for Change Mental Health Group
Loretto Housing Association
Cube Housing Association
North Glasgow Housing Association
Legal Services Agency
Esteem
North West Social Work Services
North West Social Work Welfare Rights
North West Health Improvement
North West Mental Health
North West Primary Care
North West Planning
North West Community District Nursing
North West Older Person's Development
North West Community Addictions Team
North West Healthier Wealthier Children
Patient Affairs: Leverndale, Gartnavel Royal, Stobhill
Addictions, Healthier Wealthier Children
North West Mental Health Crisis Team
Inverclyde CHCP
Primary Care Mental Health: Woodside, West
Riverside Resource Centre
Arndale Resource Centre
Compass Team
Adelaide Baptist Church
Student Nursing
Carers
Mental health service users

Appendix 2 – Full feedback:

Where do we go from here?

- Think today has provided a good opportunity for dialogue between mental health and financial inclusion agencies. Think it would be great to produce a leaflet/booklet that captures issues discussed today.
  - What is mental health? Signs, approaches
  - Key benefits, support tribunals
  - Agencies for support/info in North West
- Deliver more of these events. Raise more awareness of the knowledgeable, practical information delivered by opening speaker, Colin McCormack and Robert Hinds' migration of incapacity benefits. Opportunity for patient/client participation – own personal experience of mental health is very important
- Awareness and promotion of services available to the individuals we work with. Involvement in consultation process to have concerns of welfare reform to be highlighted
- It's important to be sincere to equality agenda and understand the problems that are created due to health/socio-economic inequalities at individual and population level. It is essential that we find ways to overcome these issues and lobby against decisions made at government level which are going to aggravate situation
- This would be very useful to have more of these events inviting service users /carers along
- Lobby politicians to delay, redesign and abolish proposed welfare reforms
- Consider mental health awareness. Consider anti-stigma training for Jobcentre plus and other frontline benefits staff. Keep staff working in the mental health field abreast of welfare benefit reform and it's implications
- Make sure information is getting to ground level. Campaign for greater equality in terms of work capability assessment. Evidently not geared for individuals with mental health issues. If DLA is changing to PIPs then will a similar problem occur in relation to PIP?!
- Involve service users
- Ensure training available for staff teams in relation to upcoming changes to benefits system. Campaign for increased support services in light of welfare reform
- Regular meetings with the ever changing environments
- We need to petition parliament to rethink these policies
- More sessions to keep updated
- Maybe in a year's time hold a similar event
- More of the same as timeframes and benefit reforms come closer
- Keep up the good work. Awareness is the way forward!
- I come from outside Glasgow but would like to host a development day like today in my area as I was impressed by the quality of this morning. This would be a starting point as there needs to be more

- Good, well organised event and I gained a lot of information which I can use. Some speakers overran timeslots and I felt this impacted on workshop time
- Very informative and well organised. Workshop presented well
- More sessions for the future. We all need to hear up to date information on changes that are happening ASAP, i.e. benefit changes, HIB changes etc
- Points raised about involving DWP stuff in such sessions were well made. Elected politicians and political parties may also be interested in what the event covered and what was concluded.

What is the most important thing you have got from this morning?

- A greater understanding of mental health issues
- Everyone has the potential to suffer from mental health illness. Mental health influences/issues go further than managing symptoms of mental health. Important to raise awareness of mental health to wider general public and all health professionals. Cradle to grave impact of mental health and wider impact of mental health. Healthier Wealthier Children
- Re-affirmation that services are out there and financial inclusion is everyone's responsibility
- Understanding the benefit reforms. How this might affect existing inequalities and how can we as health/social work professionals help people understand their rights
- All aspects of today were helpful in enabling me to give service users/carers accurate information
- Knowledge of the availability of advocacy services available to clients
- Information! Lots of it!
- DLA changing to PIP. Also greater knowledge on transition to ESA
- An insight into the benefits reform and ESA migration. An oversight of the process and what to expect. Feel reassured through knowing what to expect
- Knowledge of other resources/supports in relation to ESA process
- There are still a lot of people with the same passion and determination to assist in people's recovery
- How difficult life is for people on benefits and how terrifying the proposed changes to the system must be and for those with mental health problems
- Appeals and phone calls to the house. Filling in and ticking boxes – the amount of it. The role of ATOS
- A good overview of the welfare changes. Also mental health message was very helpful
- That everyone we support will be affected financially by benefit reforms
- Networking with other organisations. Awareness of their roles within

- Although developments are being made there is still a long way to go. The continuing work of all organisations will slowly improve the likes of others
- People with mental health issues will need lots of support now and in the future to work through. New benefit changes, therefore services need to work together to support people
- Information about changes to benefit system. Links to other organisations/advice/fuel advice organisations
- Information about the change to benefits and the impact it may have. Information about different services. An insight into the HWC programme and the role everyone has to play in reducing poverty
- Getting contacts with other services and support agencies
- To appeal decisions within timeframes. Keeping contact with people from other organisations is also important.

What one thing will you do in the next month as a result of this morning?

- Speak to colleagues, share learning from today
- Raise and open conversation of mental health issues to provoke discussion and estimate colleagues' insight and knowledge about mental health and mental health support services. Raise awareness of GAMH/SAMH and other community services, financial , fuel, employment and open discussion with younger family members and friends to raise awareness of mental health
- Will discuss how my organisation can utilise the services of G-HEAT. Promotion of the Healthier Wealthier Children service to families we work with
- I will be involved in HWC project and hopefully today's event will help me in doing justice with my remit. How? I'm not sure
- Arrange more information days for service users and carers inviting speakers along. Keep updated in changes
- Read 'The Spirit Level'
- I will have to think hard about what I say to service user groups about volunteering and benefits. We'll be back to 1980/90s if the threat of being seen as 'capable of work-related activity' deters people from volunteering as part of the recovery process
- Assist someone! I am now even more competent in assisting individuals I support to help them through this trying, difficult shift in benefits!
- Speak to the team and encourage them to get into discussions with service users. Find out when service users are due for assessment to put their mind at rest
- Hold staff team event and pass on info gathered today – general discussion. Staff can then pass onto individuals they support
- I will take this information back to my team and give them an overview on today's main points. I will also contact a number of people I met

- Attend tribunals with my patients to advocate on their behalf
- Sort out my own benefits. Appointment with Welfare Rights Officer
- Will try to attend more training on charges to benefits and raise awareness with the groups I work with
- Practice completion of ESA form
- Be a better advisor
- Remember that there are many organisations out there and we can all help each other
- Go back to financial inclusion group locally and start ball rolling
- Pass information of today's event to my team members
- Take this information back to my placement and try and find out more information about the topics to further my knowledge and inform others
- Feed back information to my colleagues so everyone gets the relevant information out to clients
- To find out more information re fuel poverty and ways of alleviating this.

Appendix 3: - Useful websites and weblinks:

Money Advice Scotland is an organisation which promotes the development of free, independent, confidential money advice and financial inclusion. It raises standards through training. The website includes details of local money advisers and training and requeststst for advice can be made via the website itself:

http://www.moneyadvicescotland.org.uk/

The Glasgow Advice and Information Network is local (Glasgow City):

http://www.gain4u.org.uk/

The Money Advice Liaison Group also have produced Good Practice Awareness Guidelines for Consumers with Mental Health Problems and Debt. These guidelines can be down-loaded from the website:

www.malg.org.uk

The Money Advice Service website contains numerous tips and guidance, ready reckoners, self –assess money health checks etc:

www.moneyadviceservice.org.uk

Equally Well

http://www.scotland.gov.uk/Topics/Health/health/Inequalities/inequalitiestaskforce

Achieving Our Potential

http://www.scotland.gov.uk/Publications/2008/11/20103815/1

Early Years Framework

http://scotland.gov.uk/Publications/2009/01/13095148/0
http://www.decentchildhoods.org.uk/
http://www.dwp.gov.uk/policy/welfare-reform/legislation-and-key-documents/welfare-reform-bill-2011/
http://www.glasgow.gov.uk/en/Residents/YourCommunity/Economic_SocialInitiatives/EconomicInclusion/

Link to Credit Unions in Glasgow

http://www.glasgowcu.com/

G-Heat - fuel poverty link

http://www.g-heat.org.uk/

Link to Scot Cash Money Organisation

http://www.scotcash.net/

Useful sites in the field of welfare rights:

Rightsnet provides access to the most up to date welfare rights and social welfare law information on the web

www.rightsnet.org.uk

Rights Advice Scotland

www.rascot.org.uk

The Child Poverty Action Group website:

www.cpag.org.uk

The Disability Alliance website:

www.disabilityalliance.org

The website of Shelter- the housing and homelessness charity

www.shelter.org.uk

The website of Direct Government – public services all in one place
www.direct.gov.uk/en/MoneyTaxAndBenefits/BenefitsTaxCreditsAndOtherSupport/index.htm