

# Changing Futures

— Stoke-on-Trent —

## Case Study: Co-operative Working

### Background

Justine\* is a European national with limited English language skills and known to services due to homelessness, arrest for anti-social behaviours, substance misuse and shoplifting. Justine has again been reported by local rough sleepers outreach team as homeless. She has been detained under section of the MHA after police intervention to protect her safety during an episode of crisis. She has disclosed using Monkey Dust along with alcohol in excess to self-medicate and is recorded by authorities as sex working to support herself.

Because of language difficulties and mental health conditions Justine has been unable to fluently describe accurately her own recent history and, within the information she provides, she appears confused about her circumstances. She has been assessed by mental health services as suffering with drug induced psychosis, she is convinced she is paid welfare benefits and states these are paid to her 'partner who looks after her'. She has no bank account of her own and has very few personal possessions.

It is difficult to establish Justine's hopes and aspirations at present however she does seem to believe that she can somehow return to what she describes (we interpret) as a 'settled family life' this includes references to her estranged children and a partner who is also known to services.

A return to her partner would seem unwise given the suspected abusive nature of the relationship, however she would undoubtedly benefit from secure and stable accommodation supported by effective enduring treatment for her mental health conditions.

Once support systems are established and stability is achieved it should be that Justine can begin to reclaim agency over her own life.

### Identified Barriers

Justine was recently discharged from Hospital with diagnosis of drug induced psychosis. This 'Dual diagnosis is unhelpful because it often stops any further diagnostic process and creates a barrier to moving forward with treatment(s).

As an EU national, not fluent in English and regularly NFA, she has little or no official documentation. In order to make benefits claims and obtain entitlement identification documents are vital and in Justine's case she was unable to verify her identity or legal status in the UK. Advisers faced difficulty in supporting her to check status as she repeatedly failed security questions or was unable to

provide required biometric information during 'official' telephone enquiries. She had no access to mainstream banking services and initially was not registered with a GP.

It is difficult for advisers to obtain information from DWP nationally and we rely on local officers' 'good will' in managing complex claimants needs.

## What we did

Justine had been referred into Changing Futures as a consequence of her threatening her own life and being taken into custody by police as a protective measure. From custody, she was released into the care of mental health services for assessment and discharged within days with a dual diagnosis of drug induced psychosis. Changing futures partners provided temporary accommodation to temporarily resolve the NFA and an MDT was arranged to bring services together and arrange more enduring strategic help.

MDT identified that she was at risk of continuing in cycle due to lack of accommodation, no welfare benefits in pay and no effective treatment for her mental health condition(s).

As agreed in MDT, Changing futures co-ordinator and welfare benefits adviser worked together to make enquiries of her status within the benefit rules covering EU nationals along with local benefits office providing information showing Justine's historic difficulties in providing verifiable identification documentation. Local authority sources provided the relevant documentary evidence of the required legal status for welfare benefits eligibility. Justine's accommodation provider facilitated an interpreter to be present during an initial telephone claim for Universal Credit supported by the benefits adviser. Justine was able to provide consent and a claim was successfully started. She had previously failed to attend job centre appointments which had resulted in 'closed' claims. We negotiated with local JCP that we would accompany Justine to an appointment providing support for her to complete a claim into payment. At the appointment we provided information and evidence to showing Justine's health conditions and vulnerability to benefit sanction if unsupported during the life of her claim. DWP agreed to record this information to her claim record along with the case co-ordinators contact details as a point of contact before any adverse benefit decisions are made. DWP also agreed to our request to verify Justine's claim straight away and an advance payment was agreed same day.

We also requested that, due to her circumstances, she be paid fortnightly rather than monthly and that payment exception service vouchers were issued on her behalf to case co-ordinator to assist with secure payment and mitigate the lack of bank account.

Justine had been met with on numerous occasions to achieve the successful benefit claim, her presentation and behaviour was often chaotic and unpredictable and put her and those around her in danger. Local partner secondary mental health services, having been present during some of the previous meetings with Justine were again consulted and along with case co-ordination and housing provider it was understood that dual diagnosis could be challenged and re-assessment would be appropriate. This was arranged by the mental health practitioner and their specialist input has resulted in Justine being diagnosed with a serious and enduring mental health condition, she remains in a residential medical facility while more suitable supported and secure accommodation is sourced. She is currently being supported by case co-ordinator in requesting that the local authority

act as corporate appointees for her benefit income while she has no bank account, local DWP office have established pathway in place to achieve this.

In this case, laying the foundation for practical support towards adequately claimed and maintained benefit provision is also dependent upon effective diagnosis and treatment. She is highly likely to be entitled to both income and health/disability related benefits and professional diagnosis and supporting evidence are vital in securing correct levels of entitlement.

### **Outcome for Justine**

Justine is now in receipt of welfare benefits for the first time and has a clinical diagnosis of her mental health conditions. She is currently in a clinically supervised environment and is regularly assessed, the diagnosis will pave the way for more enduring, suitable supportive environment in which she can survive and thrive. Her current position will help evidence further claim for higher levels of health and disability related benefits. Justine is in a more secure position in terms of accommodation and services available to her.

### **Outcome for the System**

Co-operative working between mental health services, housing provider, benefits advice agency, DWP and local authority helped to expedite a complex set of circumstances and conditions into a coherent plan and conclusion, demonstrating what can be achieved through local partnership working.

The open mind, patience and flexibility of local DWP Jobcentre plus staff is to be commended.

### **Summary of learning**

- Statutory services can build partnerships locally and flexibly (even a behemoth like DWP!)
- Specialist knowledge (mental health) helps effective challenging of poor diagnoses/decisions
- Health, housing, benefits should have a co-ordinated approach to be fully effective

*\*Customers name has been changed to protect identity*