



welfare world

The Journal of the Institute of Welfare

www.instituteofwelfare.co.uk

3000 benevolent funds

Campaign to Endloneliness

An overview of supervision





Editor - Sally Bundock

In this issue:

Dear Reader

Welcome to Issue 43. Believe me it is a lovely feeling when I finally send Welfare World off to the printers. I heave a sigh of relief. Then, of course I start to think about the next issue. So if you would like to put pen to paper and contribute then please do contact me. I would love to hear from you.

Thank you to all those of you who entered the crossword competition and congratulations to our winner, Kim McNeil.

I hope you enjoy this issue of Welfare World. Please remember that if you are not receiving E-mail Bulletins you are advised to e-mail the office to register your interest.

The copy date for the next issue will be 1 September. Advertising space remains at £150 full page, £75 half page and £40 quarter page.

Remember, Louise Johnson at the office may be contacted by telephone 0800 0 32 37 25 or via e-mail: info@instituteofwelfare.co.uk Our mail address is: Institute of Welfare, PO Box 5570, Stourbridge, DY8 9BA.

Many thanks.

Sally Bundock

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News from the Board

Our two new board members, Ros and Trevor, are now settling in and following the meeting on 11 April, we will be meeting again on 1 June in London. We will be focussing on charitable status, increasing membership and membership benefits.

Two successful, well attended CPD/training/networking events have been held so far this year, one in Cardiff and one in London. For the first time for many years we will be going to Manchester on Monday, 20 June and it is hoped members based in the north will take this opportunity to join us at this event.

We are pleased to record that we were invited to take part in a Dinner Meeting with Iain Duncan Smith, Secretary of State for Work and Pensions, in March. Together with a small number of senior individuals from industry this offered our board member the opportunity to take part in the discussion on Universal Credit and other issues.

Last year the Institute was invited to a meeting with a group of Chinese delegates to discuss the general issue of welfare. This did not in fact take place due to some administrative difficulties in China. We understand, however, that this will now be taking place this summer and we have once again been invited to meet with these visitors to our country.

The board is committed to promoting the Institute and its activities but it would benefit greatly from your help. Encouraging a friend or colleague to join us is an excellent way of doing this! So please do your very best to help us in this way. Thank you.

3000 benevolent funds

I anticipate that quite a number of you reading this will be surprised to find that the number is quite so large! Indeed I cannot claim to be precise but I can confirm that there are in the region of 3,000 benevolent funds/charitable trusts currently operating in the UK. With such a pool of help out there it cannot be anything but useful to be aware of what is potentially available to assist clients.

Benevolent funds are like the people they help in that they come in all shapes and sizes and from a variety of backgrounds. The Directory of Social Change regularly publishes A Guide to Grants for Individuals in Need and the current issue 2011/12 is available at a cost of £75. This bestselling guide contains information on over 2,000 trusts with nearly £300/272 million available in grants. It provides a comprehensive list of sources of non-statutory help and other support available for the relief of individual poverty and hardship. Visit www.dsc.org.uk I understand the Guide is much valued by Citizens Advice Bureau advisers.



Types of charities range from occupational charities, armed service and ex-service, sickness and disability, national and general and local charities.

Very few of us will not have heard of the Civil Service Benevolent Fund (CSBF) but how many of us have heard of The Florence Reiss Trust for Old People or The Society of Friends of Foreigners in Distress? These organisations vary very much in size from being just 1 or 2 staff to the larger funds with over 100 staff. They vary too on the level of funding available to help people with some funds being very 'well off' whilst others have only very limited funding. They all rely on donations, contributions and of course legacies. Some funds have been around a long time. CSBF are this year celebrating 125 years whilst others are quite new with the Charity Employees Benevolent Fund being launched in just November 2009.

Another excellent source of information on benevolent funds is Turn2us. This is an organisation that exists to help people access the money available to them - through benefits, grants and other financial help. Their free, accessible website - www.turn2us.org.uk - has been designed to help people find appropriate sources of financial support, quickly and easily, based on their particular needs and circumstances. Turn2us is also a valuable tool for benevolent funds themselves.

The Association of Charity Officers is also a useful source of information on benevolent funds and source of support to member funds. Visit www.aco.uk.net

Each fund has its own rules of eligibility for those seeking help. In many cases there is eligibility for the member and their dependants for life as in the case of the CSBF and IET Connect. For those seeking assistance the golden rule is 'that it is always worth asking'. Benevolent funds welcome approaches from individuals and will always do their best to assist if they are able to. After all they can always say 'no' but even if they do they may be able to point an individual to another source of help. With such a large number of funds out there it is really quite likely that an individual is eligible for help from one or more of them if not in their own right but that of a late spouse or perhaps parent.

So what sort of help do these organisations offer?

Well there is a wide range of assistance available from general help and advice to financial awards. Traditionally benevolent funds were mainly engaged in supplying much needed cash to necessitous individuals either in one off grants or ongoing weekly grants. There is, however, a trend among the more forward thinking funds to supply more than this, adopting a preventative and more holistic approach to resolving situations.

Individuals may contact a fund by phone, in writing or via the fund's website. The first point of contact is usually the telephone Helpline which will either be run in house or outsourced. Ideally the caller reaches a professional Caseworker or Welfare Officer who is able to make the caller feel at ease and able to speak freely about their worries and problems in a confidential manner. The aim of this initial conversation is to try to glean as much information as possible so that appropriate help can be offered.

The range of help available varies from fund to fund.

First and foremost the Helpline offers a listening ear and sometimes this is all that is needed in that an individual can talk through an issue such that the way forward becomes clear to them. Helplines vary in what they are able to deliver with a good example being CABA (supporting chartered accountants) who have a 24/7 advice and counselling helpline which offers advice, information and support on a range of subjects including stress, alcohol addiction, bereavement, bullying, drugs, gambling, health, work and legal issues. Visit www.caba.org.uk

Signposting to other organisations offering practical help and support can be very valuable. Many funds offer a legal helpline, which tends to be particularly popular with individuals with employment contract queries. IET Connect and others offer an outplacement service to those seeking employment.

This is an excellent confidence builder for members who have experienced redundancy or the like.

Home visits are in many cases carried out by funds to fully assess a client's needs. These are especially important where there are disability needs and caring responsibilities. Visits may be carried out by experienced welfare officers or volunteers who largely will have received some basic training.

All funds offer one off grants as appropriate. One example of this is a holiday grant by IET Connect to the wife of an elderly disabled member for a much needed break while her husband went into a respite care centre. Another being a grant from CSBF to cover the deposit and first month's rent on a flat for an individual who had separated from their partner and needed to find somewhere to live at short notice. One off grants can be quite small whilst others can be really quite large.

Many funds are only able to offer one off grants whilst those more robustly funded are able to offer weekly grants to help balance an individual's weekly income and expenditure. These types of grants are more likely, but not solely, to be awarded to those who are either elderly and/or disabled.

As charities, funds have a duty to ensure that individuals claim their full entitlement to benefits from the state in the first instance. Ensuring that individuals do in fact do this does present charities with a number of problems and many do in fact employ their own Benefits Adviser to work with individuals on this issue. Many applicants do in fact find that once they have claimed the benefits they are entitled to then they are no longer necessitous. The provision of mobility equipment/disability aids is an issue that requires careful handling to ensure that safety and security have received appropriate consideration.

Some funds own their own care homes for the benefit of members. Some also offer 'top up' fees for those living in care homes. These sums again will vary depending on the funding available. Weekly sums can be as little as £20 pw whilst others are able to offer as much as £100 pw.

Forward looking funds are continually looking at new ways to help individuals. CSBF have launched their Carer's Passport, developed to address the needs of those working full or part time with onerous caring responsibilities. The Carer's Passport is for staff to present to their line managers and HR Departments. It outlines their caring responsibilities and the effect that it has on them. It is proving to be a very valuable initiative.

A further new idea being considered by a number of funds is that of a Befriending Scheme. This is a

keeping in touch with individuals who are likely to benefit from a regular phone call or visit. Carried out in a friendly, supportive professional manner this can prove to be a valuable lifeline to elderly and/or isolated individuals.

Where an individual has a sizeable need, benevolent funds will often work together to fund the requirement for that person. For example an individual with MS requires a wheelchair and funds may be drawn from the MS Society and at least one other fund that the applicant is eligible for help from. The Soldiers, Sailors and Airmen Families Association (SSAFA) are particularly known for excellent sourcing of funds for serving and ex-service personnel - visit www.ssafa.org.uk SSAFA can offer help even if a person has served for just a single day.

The age range of individuals approaching funds tends to vary from fund to fund and over time within funds. CSBF applications now come mainly from working people in full time employment whereas the profile of their applicants used to be either retired people or their dependents and working people going onto reduced or nil pay because of illness. Many funds are currently working hard to attract those in age ranges that they currently feel are under represented in their beneficiaries list.

In the current economic climate with high levels of personal debt and with the fast paced way of living that is the norm for many in the 21st century, there are many individuals who could well benefit from the help that benevolent funds are able to offer.

One difficulty common to many funds is the lack of awareness of who they are and what they do, amongst those eligible to ask for help from them. This issue is being tackled in a variety of ways with new websites and sophisticated marketing strategies. There appears to be a general lack of awareness amongst the general public of benevolent funds and what they do.

Financial resources for the various funds varies quite considerably as stated above and one further area of concern currently is the Charity Commission's initiative to look closely at the eligibility for charitable status of funds who have enjoyed the status already for a number of years. This is an ongoing issue at the time of writing. If funds were to lose their charitable status it would naturally and significantly affect their financial resources.

Benevolent funds are changing and are now offering those finding life difficult in today's world a much wider range of help than ever before. There remains a strong need to raise awareness of the funds and the work they do and we should all be helping to do this whenever the opportunity arises.

Meet the Members

Julie Sutton (Jules)

who joined IoW about a year ago writes...



I feel passionately about Welfare Officer roles and am saddened at a lot of the posts being lost to Employer Assisted Programmes (EAP's). I joined because I feel the Institute of Welfare gives a chance for all current Welfare Officers to network and gain strength and support from one another.

I have only attended two workshops, one in London and one recently in my local area, Cardiff. In that short space of time, I am happy to say that I have met new friends and look forward to meeting many more.

So, I've been asked to say a little about me...

I gained my Diploma in Counselling in 1995 and was lucky enough to work for the South Wales Police as a Welfare Officer/Trauma Counsellor assisting front line Police Officers and support staff. This was a very challenging role yet it was also very rewarding.

Moving away from the area, I then worked for the NHS for a few years in Primary Care. Although I also enjoyed this work, I did not enjoy my clients being held on a long waiting list!

I then moved into the Civil Service and worked for the Office for National Statistics as a Staff Welfare Officer. I was in a team of four although we were all in different locations - myself in Newport, Gwent, and my colleagues in Southport, London and Hampshire. Unfortunately my post was lost to an EAP provider and I then joined HR. Whilst I was thankful I still had a post, this was not a role I wanted as it was not using my skills or qualifications.

I then applied to NewLaw Solicitors as their Welfare Manager and was successful. I work within the Serious Injury Team. This was a new post so I had a blank canvas to make the job my own. This is a very challenging role as I visit clients who have been involved in catastrophic road accidents. These include amputees, those with spinal cord injury, brain damage and sadly, fatalities. My role is to support the client and their families throughout the claim. As these claims are large, they can take between 1-5 years. My job takes me all over England and Wales, in short, wherever the client is. I have also delivered trauma training to our staff in our Scottish Office. Although clients are often traumatised by their injury, it helps them to know they have psychological support throughout this time.

I hope to attend most of the CPD events organised by the Institute of Welfare as I believe as Counsellors/Welfare Officers we can never stop learning.

In my spare time, I enjoy reading autobiographies, socialising with friends, especially going to the theatre and living near Cardiff I am very lucky as we have three theatre venues to choose from. I have also enjoyed adventure sports i.e. white water rafting, abseiling and have wanted to do "fire walking" but cannot get a team together to do this, surprise surprise!! (If anyone is interested, please do let me know!).

I also want to do more charity work, in particular, with the Anthony Nolan Trust. In 2008 I donated my bone marrow to help somebody. This was a very humbling experience and gave me great comfort to know that I had helped a lady extend her life. Sadly I had a letter last year to say the lady had died. I was not told the name or details of the lady I helped, all I knew was that she was in her forties. I often think of her and although I did not know her I felt we shared a bond.

I really hope that the Institute of Welfare goes from strength to strength and we can only do that by coming forward with ideas for the future. So come on, don't sit back, shout loud and come forward.

I hope to make many more friends!!

An overview of Supervision

by Ros Richardson

MBACP Snr Accred U.K.R.C. MIW Accred
Counsellor -Trainer - Supervisor

Supervision is being used more and more in clinical and work settings and in many situations it is mandatory. For example, accredited counsellors have to have an hour and half's Supervision a month to keep their accreditation.

The main advantages of having Supervision are:

- ✚ A happier, more positive workforce
- ✚ A more supportive work environment
- ✚ Shared learning
- ✚ Improving quality of care and this:
- ✚ Promotes confidence
- ✚ Decreases the incident of emotional strain and burn out
- ✚ Increases self awareness



So what is Clinical Supervision?

Many practitioners will say that elements of Supervision already take place within their work environment. Well this is probably true. Supervision, however, offers the opportunity to critically reflect on any aspect of an individual's work within a safe and protected environment with the aim of developing their professional practice.

Proctor (1992) sets out the three main functions of Clinical Supervision:

- **Formative:** the educative process of developing skills
- **Restorative:** supportive help for professionals working constantly with distress and stress
- **Normative:** the managerial and quality control aspects of professional practice, maintaining appropriate standards of care

Supervision can be broadly divided into four main categories:

- **Clinical:** It is an opportunity to reflect on complex cases, approaches to treatment and care, evaluation and planning. This does not replace discussions made within the work environment but offers an opportunity for the supervisee to reflect and explore their feelings and thoughts on a particular clinical /work issue.
- **Managerial:** The focus is on balancing a workload, administrative procedures, meetings, planning and strategy, data collection, audit activity, recruitment and retention issues, plus liaison and communication.
- **Personal:** This links in with staff interpersonal issues, job pressure, motivation, job satisfaction, team issues. Supervision should never become counselling, but there is a need to allow staff space to express their feelings related to their work.
- **Professional:** This gives the practitioner the opportunity to reflect on their professional role and skills within the multidisciplinary team. This may lead to identification of specific training or development needs.

An often-made assumption is that Supervision is the same as mentorship and this is not accurate as mentorship is concerned with the learning relationship between two members of staff, the primary aim being to help the supervisees apply theory to practice and to develop practical skills.

Approaches to Supervision

There are a number of different formats that supervision can take. The key to success is to employ an approach, which is most suitable for you and your work environment. You need to explore what you consider to be the main functions and benefits of Supervision and what you want to get

out of it. Once you have decided you can adopt an approach which suits your specific needs.

One-to-one supervision: This can either be with a supervisor from your own discipline or with a supervisor from a different discipline. We do, however, recommend selecting a supervisor outside of your work area, as it may be difficult to raise certain issues with a member of staff you work closely with. It may also be more difficult to release two members of staff from one area at the same time.

Advantages

- You are more likely to attend sessions
- Building a trusting relationship with the supervisor
- A privacy exists especially for those who feel uncomfortable opening up in front of colleagues
- You will prepare for the session as it is more personal to your needs and practice
- It is easier to arrange
- Continuity

Disadvantages

- Possibility of incompatibility with your supervisor
- You don't get the benefit of other views, opinions and perspectives
- Can become 'intense'

Group Supervision

Advantages

- Supervisee benefits from the guidance and expertise of the supervisor and members of the group
- It is more cost effective
- Group dynamics can be stimulating
- Can be from different grades and clinical areas
- You can build supportive and facilitative relationships with other group members

Disadvantages

- Group members and the supervisor have to contend with group dynamics
- For less experienced staff the experience may be threatening
- High level of skills are needed for the supervisor
- Group may take a long time to gel, so that the process and benefits take time to emerge

Peer Supervision: A group of practitioners from the same clinical area.

Advantages

- Group members are more likely to understand your particular issues as they can relate to that area of practice
- Can discuss new developments

Disadvantages

- May be difficult to organise
- Possibility that the group may become insular, only focusing on their speciality and ignoring the wider context
- Potential to become personal or too 'close to home'. If the issues to be addressed involve individuals from the same area the potential for conflict exist which could damage the confidentiality aspect of the Supervision.

Management supervision: An individual is supervised by their manager.

Advantages

- Displays a commitment and support to supervision from the manager

Disadvantages

- Difficulty exists in separating the manager/supervisor role
- Supervisee may be inclined to be less open in their disclosures
- All approaches should incorporate ground rules regarding the supervision sessions.

As an accredited counsellor and Supervisor, I have had Supervision for the last 30yrs. It has always been such a worthwhile experience and I have learnt such a lot from each one of my Supervisors.

Health and wellbeing in older age means maintaining and creating connections

Laura Ferguson

Director, Campaign to End Loneliness



Everyone wants choice and control over how we live our lives. We know that some places to live provide very good choices for older people to remain connected. Some of these choices may include the service or activity that your organisation provides in your work for older people. Libraries, museums, IT learning, physical activity and volunteering are lifelines for people to remain active and connected.

The crucial thing that these choices to stay connected prevent is loneliness and the knock on health impacts of loneliness. UK social researchers have defined loneliness as “the subjective, unwelcome feeling of lack or loss of companionship”¹. For those already feeling lonely, restorative activities like day centres, group activities and befriending all reduce this devastating feeling.

However, where these activities and choices do not exist, we are putting in place barriers

to choosing a healthy, connected and loneliness-free older age. This allows loneliness to creep into the lives of those who cannot get out so easily or who have become recently bereaved. Around 10% of older people feel always or severely lonely and this figure has remained the same over decades despite a large number of organisations working with older people².

These persistent barriers to creating connections impact individuals as well as the wider costs of health and wellbeing. Loneliness is bad for mental and physical health. Researchers rate loneliness and social isolation as a higher risk than lifelong smoking³. It is closely associated with depression and it has been shown that loneliness makes it harder to regulate behaviour, rendering people more likely to drink excessively, have unhealthier diets or take less exercise.

¹ Cattan, M., Newell, C., Bond, J. and White, M. (2003) Alleviating social isolation and loneliness among older people. *International Journal of Mental Health Promotion* 5 (3), p.20 - 30.

² Research into loneliness over the past 25 years has shown those responding as “Very/often/ always lonely” and includes research by Victor et al., 2005 (7% in this category); Harris et al., 2003 (9%); Scharf et al., 2002 (16%); Bowling et al., 1991 (16%); these figures are taken from the following: Bowling, A, Farquhar, M, Browne, P (1991), “Life satisfaction and associations with social networks and support variables in three samples of elderly people”, *International Journal of Geriatric Psychiatry* 6: 549-66.

Harris T, Cook DG, Victor C, Rink E, Mann AH, Shah S et al (2003), “Predictors of depressive symptoms in older people: a survey of two general practice populations”, *Age and Ageing*, 32: 510-18.

Scharf, T, Phillipson, C, Kingston, P, Smith, AE (2002), *Growing Older in Socially Deprived Areas: social exclusion in later life*, Help the Aged, London.

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³ (Holt-Lunstad J, Smith TB, Layton JB (2010) ‘Social Relationships and Mortality Risk: A Meta-analytic Review’, *PLoS Med* 7(7): e1000316)

The responsibility for reducing loneliness of older people rests with all of us who are responsible for planning for and delivering health and wellbeing choices in local areas.

Our publication, “Safeguarding the Convoy - a call to action from the Campaign to End Loneliness”⁴ offers a challenge for us all in the following ways:

Central government to

- Include loneliness as one of the social care outcomes that it measures and make sure loneliness is measured as part of the well-being assessment.
- Keep up the commitment to loneliness as a priority across a range of government policies: public health, social care, transport and housing.

Local authorities to take action when

- Building communities - each community can be a great place to grow old if places where people can remain sociable and active are planned.
- Reconfiguring services - so that services are maintained and created that help people make connections instead of break them.
- Following the Healthy Lives, Healthy People Green Paper - identify the older people in communities who are most at risk from social isolation, such as those in very rural areas.
- Making policies that are outside of social care - recognise that these can affect older people's social options such as access to recreational services.
- Providing or purchasing health and care services - ensure they enable continued social choices in older age.

Voluntary and community sector

- Be explicit about projects that target loneliness - and measure their impacts.
- Involve older people as contributors as well as recipients.

What we will be doing to reduce these barriers

Working with a range of partners, we will share knowledge about current research into loneliness, investigate what works to reduce loneliness and offer ways for individuals to future proof their lives against loneliness. We are a partnership Campaign and welcome supporters to sign up and get involved on our website.



What you can do

Show your support for choice in communities for maintaining and creating connections: join the Campaign to End Loneliness:

- **Raise awareness** - on our website of [your current work to end loneliness](#). This will inspire others and increase the profile of solutions to loneliness.
- **Spread the word** - about the Campaign. [Download our campaign leaflet](#) and pass it to your contacts to let other organisations know about how to get involved.

The Campaign to End Loneliness aims to create connections in older age and was started in 2010 by four founder partners: Age UK Oxfordshire, Counsel and Care, Independent Age and WRVS. It is funded by the Calouste Gulbenkian Foundation.

www.campaigntoendloneliness.org.uk

continued overleaf

⁴ Age UK Oxfordshire, Safeguarding the Convoy - a call to action from the Campaign to End Loneliness, 2011

Campaign to End Loneliness - References and further reading

Age UK Oxfordshire, *Safeguarding the Convoy - a call to action from the Campaign to End Loneliness*, 2011.

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DWP BEREAVEMENT SERVICE



In March 2011, the DWP Bereavement Service was fully rolled out in England, Wales and Scotland.

As well as allowing customers to report a death, they can also check their eligibility for a number of benefits and make claims for Funeral Payment or bereavement benefits, in a single phone call.

Over 60% of Bereavement Service cases involve DWP customers who get more than one benefit. In 40% of cases, there is a surviving husband, wife or civil partner.

A customer stated that they were so impressed that it was all done in one call, making everything so much simpler, at a time when there are so many things to do.

Customers can contact the DWP Bereavement Service by calling:
Phone 0845 606 0265 Phone (Welsh) 0845 606 0275
Textphone 0845 606 0285 Textphone (Welsh) 0845 606 0295

The phone line is run by the Pensions Service, but deals with calls about bereavement from people of all ages.

Later this year, the service will be linked to the cross-government Tell Us Once service. Customers who choose to report a death this way will be signposted to the Bereavement Service for the extra help on offer.

For further information visit the Directgov site (www.direct.gov.uk/death)



**For better
mental health**

Article by Vicki Prout, Media Officer

Mind is the leading mental health charity in England and Wales and our goal is to improve the lives of people who experience mental distress at every level, from providing information and advice through our helpline and publications, to delivering hands-on support at our local Mind associations. 1 in 4 people will experience a mental health problem at some point in their lives, and each year more than 250,000 people will be admitted to hospital for mental health care. Whether it's you, your partner, a parent or a friend, everyone will know someone affected by mental distress, and Mind offers support for people whatever their experiences.

Mind doesn't just offer help and support services - we actively campaign and lobby government to get a better deal for people with mental distress and this year one of our major campaigning focuses is around welfare reform. Many people with mental health problems claim some form of benefit, for example almost half of people on Incapacity Benefit claim for a mental health diagnosis. Since the introduction of the Employment and Support Allowance (ESA) and its test the Work Capability Assessment (WCA) in 2008 there has been a drip feed of changes to the benefits system, and the current Welfare Reform Bill is paving the way for further overhaul.

Mind recognises that changes to the old incapacity benefits system were called for, as it did in some cases leave people languishing

without support if they wanted to return to work. However we are concerned this is a swing too far in the other direction, with vulnerable people with mental health problems being pushed back to work too soon without their needs being recognised.

We do not believe that the Work Capability Assessment is fit for purpose, with the descriptors failing to adequately assess the impact of mental health problems on a person's ability to work. Work can be good for some people's mental health and we agree that people should be supported back into employment where possible. Our fear is that the WCA's task-focused approach is inappropriate for someone with a mental health problem. We also have serious concerns about the quality of service provided by the assessors, who in many instances have very limited understanding of mental health. Mind has made all of these points clear to the Government and has engaged with the Independent Review of the WCA to push for improvements. We are also working with other charities on suggested changes to the descriptors, with the aim of making them more sophisticated and better suited to recognising the needs of people with mental health problems.

Other campaigning priorities for Mind this year include NHS reforms, acute and crisis care and also the cuts agenda. May 2011 will also see our annual Mind Week, which this year will be continuing our Taking Care of Business campaign, which aims to improve working environments and working lives. The campaign aims to raise awareness that mentally healthy workplaces benefit everyone and are also good for business. Mind also delivers the Time To Change campaign in partnership with Rethink, which aims to end stigma and discrimination around mental health.

For more information on Mind's work as well as a wide range of advice and factsheets and details on your nearest local Mind association please go to www.mind.org.uk

You can also call the Mind Infoline on **0300 123 3393** (9am-5pm, Mon-Fri).

Section of Mental Health Act and other Orders

England and Wales

The Mental Health Act of 1983 provides special legal provision for those people with a mental disorder who are a danger to themselves or others, and who refuse to accept treatment that they require. This is because that they have little or no insight into their psychiatric condition. The decision to section a person with a severe mental health disorder involves an expert psychiatric assessment. The psychiatrist works in conjunction with social workers, general practitioners, mental healthcare professionals and the person's relatives in order to meet the legislative requirements of the Mental Act Health. A decision to section an individual is not undertaken lightly and indicates an illness of some severity. There are a number of different sections of the Mental Health Act. A number of these will be described:

Compulsory admission to hospital can be achieved through **sections 2, 3 and 4**.

- **Section 2** allows compulsory admission for assessment or assessment followed by treatment. It can last up to 28 days. It is the most common way for people to be detained,
- **Section 3** allows compulsory admission for treatment. It can be for up to 6 months, and may be renewed for a further 6 months, and after that 12 monthly,
- **Section 4** allows admission in an emergency and lasts up to 72 hours. It can be converted to another section (usually section 2) if circumstances require.

After discharge from compulsory hospital admission (section 3) some people with severe mental illness will be on **section 117 aftercare**. This means that the local authority and the social services are placed under a duty to provide the person with any aftercare services that the person is assessed as needing.

Guardianship order Some people with severe mental illnesses can be received into guardianship. This is used in the interests of the welfare of the person or for the protection of others. The guardian can specify where a person lives and the place where someone attends for medical treatment, work or education. In addition the guardian can specify that a doctor, social worker or other specified person should have access to the person. Guardians can be either a named individual or a social services authority.

Supervised Discharge Supervised discharge is also used for people with severe mental illnesses who have been detained in hospital under a treatment section (usually section 3). It is similar to a guardianship order and applies to those who are a risk to themselves or others. It requires the person to attend a particular place for the purpose of medical treatment, although the person cannot be compelled to accept treatment.

There are other powers in the Act, which relate to the assessment and treatment of people with mental disorder who are the subject of criminal justice proceedings.

Scotland

In Scotland, the Mental Health (Care and Treatment) (Scotland) Act 2003 applies. Within the Act there are three main kinds of compulsory powers:

Emergency detention (Part 5) This allows for someone to be detained in hospital for up to 72 hours where hospital admission is required urgently to allow the person's condition to be assessed. It can only take place if recommended by a doctor. Wherever possible, the agreement of a mental health officer (a social worker specially trained in mental health) should also be obtained.

Short-term detention (Part 6) This allows for someone to be detained in hospital for up to 28 days. It can only take place where it is recommended by a psychiatrist and agreed by a mental health officer.

Compulsory Treatment Order (CTO) (Part 7) This has to be approved by a Tribunal. A mental health officer has to apply to the Tribunal. The application has to include two medical recommendations and a plan of care detailing the care and treatment proposed for the patient. The patient, the patient's named person and the patient's primary carer is entitled to have any objections that they have heard by the Tribunal. The patient and the named person are entitled to free legal representation for the Tribunal hearing. A CTO lasts for 6 months initially but can then be extended for a further 6 months, and after that can be extended for 12 months at a time. It can be based in the hospital or in the community. If it is based in the community, then it can include various requirements, e.g. that the patient live at a certain address, attend certain services at particular times, or attend a particular place for treatment. There are rules in the Act about when patients can ask the Tribunal to review decisions or try to have requirements in a CTO changed.

There are other powers in the Act, which relate to the assessment and treatment of people with mental disorder who are the subject of criminal justice proceedings.

In Brief

Research has shown that **stress** is still the number one concern of UK employers when considering employee health. The global survey of 1,200 organisations by Buck Consultants found that 72% of UK respondents were very concerned about stress, beating a lack of exercise (60%) and nutrition (58%). It is the second year stress has topped the poll, as money worries weigh heavily on workers' mental health.



The 36th edition of the annual Disability Rights Handbook is now available. Visit www.disabilityalliance.org

The cost is £28.50 for use in organisations or £14.00 for individual use by 'claimants and/or their carers'.

New Travel Rights for Disabled in 2013

People with disabilities across the European Union have won important new rights to travel on buses and coaches, following a successful campaign by a number of UK charities.

Gains for disabled and older people include accessible travel information before and during the journey, mandatory disability awareness training for all drivers, and a right to compensation for damaged assistive equipment. The new rights will apply to all journeys, including local bus services. Information about passenger rights will become available in terminals and online.

Members of the European Parliament approved this regulation, which comes into force in 2013. These groundbreaking regulations, which will require drivers and terminal staff to receive disability awareness training, will have a tremendous impact by making bus and coach travel more accessible.

The Grey Crimewave

Arrests of pensioners are creating new problems for prisons. New statistics show that more and more pensioners are being arrested and being sent to Britain's prisons.

The prisons are already struggling to cope with the demands of their own ageing population of lifers and long-term inmates. Now they have to deal with a new wave of elderly crooks. But experts cannot agree on whether the growing trend is due to people on low pensions turning to crime because they need to, or because the courts are being tougher on the elderly. The number of crimes committed by the over-65 age group remains low as a % of all crime, but the new statistics from police show increases of between 15% and 25% in the numbers of pensioners being arrested.

With the over-60s now being the fastest-growing section of the prison population adjustments to accommodation has become necessary. Kingston prison in Portsmouth has become the first in the country to provide a special 'elderly wing' with stair lifts and other adaptations.

Are YOU a Member of the Institute of Welfare?

If you are reading this journal and are not a member then why not think about joining us? Please contact our administrator on 0800 0 32 37 25, e-mail info@instituteofwelfare.co.uk or visit www.instituteofwelfare.co.uk Benefits of joining are:

- 3 times a year journal
- Nationwide training events
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- A professional Code of Ethics and Code of Practice
- Designated website
- Membership of a Professional Institute monitored regularly by CPD
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Membership fees range from £60 for full Accredited Members to £25 p.a. for Retired Members. (Remember professional fees are tax-deductable!)

A new free handbook on choosing, paying for and living in a care home

Counsel and Care, the national charity working with older people, their families and carers, is currently promoting its *Care Home Handbook*, which is available free for older people, their families and carers, and involved professionals. Supported by the Department of Health, this 56-page handbook provides vital information for anyone who may be considering care in a care home. This includes people who are planning for or making decisions about their future care, people who are supporting someone they care for and also care professionals, including local council social workers and care managers, who are exploring options on behalf of someone they advise.

The *Care Home Handbook* sets out clearly the rights that a person has, the choices they can make depending on their situation, and the control and independence they should be able to retain throughout. It guides the reader through the different options available for funding care and gives advice on how to choose a care home that suits a person's individual needs.

The *Care Home Handbook* covers the following areas:

- who can help you to decide what would be the best care for you
- getting your needs assessed by the local council
- what alternatives there may be to going into a care home
- choosing the right care home for you
- who will pay your care home fees?
- will you have to pay anything yourself?
- living in a care home
- how to make a complaint if things go wrong at any stage
- where to go for further help and advice

In these challenging times when access to and the cost of care in care homes is expected to become more difficult for older people we are very grateful to the Department of Health for funding this new version of the guide.”

Peter Watt, Chief Executive of Counsel and Care, said: “Whether you pay for your own care or are funded by your local authority, finding and paying for a care home can be a real worry for older people, their families and carers. Navigating your way through the complex maze of funding and choices available can be difficult. The *Care Home Handbook* is there to help answer all of your questions and provide a clear way through.

A recent advice service user said: “I called the advice line as my mother was very ill and I wasn't sure whether she might need to move in to a care home and I had no idea where to start. Someone from the advice team referred me to the *Care Home Handbook* and the information contained really helped resolve the problem my mother was experiencing, all the contacts addresses and phone numbers are so helpful. Now my mother is in a good care home and we felt that we got the best advice to make an informed choice. I am recommending both this book and your advice service to various friends with similar problems.”

The *Care Home Handbook* is available free of charge. It can be downloaded from www.counselandcare.org.uk/helping-you/carehomehandbook or a hard copy can be requested by calling 020 7241 8522 or emailing advice@counselandcare.org.uk.

To learn more about Counsel and Care, their range of publications and advice service go to www.counselandcare.org.uk or telephone.

Advice line 0845 300 7585

Would you perhaps like to be more *Assertive*?

Well let's think for a moment becoming more assertive generally means being able:

- to handle both criticism and compliments with ease
- to ask for what you want clearly and concisely
- to cope better when those requests which are occasionally refused
- to be able to say “no” to others when necessary
- to be able to say “yes” to yourself more often



What does being Assertive involve?

- Respecting yourself - who you are and what you do
- Respecting other people - their different feelings and needs and **their** right to be assertive
- Taking responsibility for yourself, and allowing others to do the same for themselves
- Allowing yourself, and other people, to make minor mistakes occasionally
- Allowing yourself to enjoy your successes
- Allowing yourself to change your mind sometimes, and allowing others to do the same
- Being clear with others about what you feel and what you want
- Asking for “thinking it over” time, rather than being pressed into making immediate decisions
- Setting and keeping clear boundaries, standing firm, compromising or co-operating depending on your assessment of what is appropriate, and allowing others to do the same for themselves

Why is it difficult to be Assertive?

We have all been taught that we need to behave in a certain way in order to be approved of,

whereas actually it is unrealistic to hope to be approved of by everyone we meet. We cause ourselves a lot of emotional distress by unrealistic beliefs like this. For example, we may believe:-

- That in order to like ourselves we must be perfect
- That it is a catastrophe if things do not go exactly according to our plan
- That there is only one right way of doing things
- That we have no control over our feelings
- That because something once affected the way we live, it must do so forever
- That although we prefer people to be straightforward with us, they will be hurt if we are straightforward with them
- That if we ask questions, we are stupid
- That if we say no, no-one will like us

What does being Assertive look like?

Assertive people are generally more relaxed than their passive or aggressive counterparts - they can stand tall and look you in the eye. They make open-handed gestures and pitch their voice to be clearly heard. They tend not to feel they have to “win” all the time and can allow themselves to be vulnerable and take risks. They expect to be taken seriously, when they are being serious. They can also risk laughing at themselves, but tend not to laugh at others.

Assertive people have learned to respect and approve of themselves. They are self-confident and aware of their own needs and feelings. Because they are less hard on themselves, they can also be more aware of the needs and feelings of others. They express both joy and anger appropriate, and because they do not bottle their anger up, they are free of resentments.

How can we become more Assertive?

Trying to change the way you behave, and perhaps have behaved for some time, may not happen overnight. A good self-help book can help. Take into account that the way you behave is based on how you feel in any given situation and how you feel depends on what you are telling yourself about the situation.

Changing the ways in which we talk to ourselves in our heads is not easy and some people will benefit from help and support from others, perhaps a counsellor or coach. Others, however, can make very real progress on their own.

CPD Training and Networking

Monday, 20 June - Grant Thornton Offices, Central Manchester

10.45am	Registration and Coffee	
11am	Welcome and Institute Update	
11.15am	Debt Management - Phil Grady	
	Following his lively presentation and the discussion at the Houses of Parliament in December, Phil will go into greater depth with this ever topical subject.	
12.30pm	Lunch	
1.30pm	Whose Difficulty? - Gill Ingram	
	We all meet 'difficult' clients but being able to think about and then understand what feels difficult is part of making this uncomfortable process creative. Essential to this is being able to face up to what the 'difficulty' is hooking into our own psyche as practitioners. An interactive thought provoking training session.	
3.30pm	Close	4.5 hours CPD

Our thanks to Grant Thornton for facilitating this event.

Monday, 12 September - 7 Millbank, Houses of Parliament

10.45am	Registration and Coffee	
11.00am	AGM	
12.00pm	Group session	
12.30pm	Lunch	
1.30pm	Paddy Bazeley - Maytree - a sanctuary for the suicidal	
	Maytree, based in London, was founded by Paddy and another former Samaritan, Michael Knight. They jointly recognised the need for a safe place for those at risk of suicide and also the value of the contribution that volunteers can make to suicide prevention. Paddy will speak about the issue of suicide and the work of Maytree.	
3.30pm	Close	4.5 hours CPD

Wednesday, 30 November - Houses of Parliament A date for the diary. Speakers to be notified at a later date.

To reserve a place for all events please e-mail: info@instituteofwelfare.co.uk or Tel@ 088 0 32 37 25

There will be no charge for events for members. Non-members will be charged £30 which may be offset against membership subscription if required. CPD certificates will be provided for all events.

When new event information is available it will be published on the website, sent out in an E-mail Bulletin and published in Welfare World. Keep up to date by registering for E-mail Bulletins, if you have not already done so, and viewing the website www.instituteofwelfare.co.uk

And finally - if you have time to spare and would be interested in helping take the Institute forward then please do e-mail or call us for an informal discussion. We are only as good as our members!