

Annex 7 - Robert's Story Guildhall

Introduction

Robert introduced himself to the LAC, after an assessment with the Mental Access Team where he was given the details and advised to contact.

Situation

Robert had recently been discharged from hospital. He had been quite unwell and needed urgent treatment at the beginning of the pandemic. Being in a hospital environment during that time, had been a traumatic experience for Robert and the anxiety he felt had continued and become more generalised once he had returned home.

Household chores began to build up and Robert had begun to use alcohol and cannabis to cope. Robert felt unable to open his post and so follow up appointments with his health and wellbeing were missed, along with bills and other important correspondence. Robert felt bewildered by the world and that he was living in destitution.

What happened?

At the first meeting, the LAC gave Robert the choice over how and where they would meet. Robert said that he would prefer to meet face to face but did not want to meet in his flat, he was really pleased to hear that he had choices over how to meet, even in the pandemic. The LAC and Robert agreed to meet in a local park.

The LAC listened to Robert's experiences of being in a hospital setting alone, at the height of the pandemic and how that had affected him. The LAC gave Robert time to talk about his worries and anxieties, but also the things that give him joy. Robert loves Lego and Karate Kid! He has a great eye for colour patterns.

During the conversation, Robert mentioned that his vision had been deteriorating and that he knew he had cataracts, but was too anxious to return to a medical setting for more treatment. He also mentioned worrying debts that had mounted with rent arrears, during his stay in hospital and recuperation at home.

Robert had also made repeated calls to his GP Practice, concerned about the after effects from surgery, but did not feel listened to. This had compounded his traumatic experience of health care.

The LAC offered to introduce Robert to some trusted colleagues in health and also financial advice, who could help. Robert tentatively agreed and the LAC set about

introducing Robert to his GP Practice Link Worker and an advisor from Citizen's Advice. Together, post was opened and plans to address finances were made.

The LAC applied for Discretionary Housing Payments, to cover the period of rent while he was in hospital and then recovering. The LAC and the Link Worker, worked together to support Robert to access the treatment he needed to recover his eyesight. Both operations were successful.

Robert began to feel more supported and agreed to allow the LAC to visit him in his flat.

A small bedsit within a housing association block, Robert was no longer able to access the kitchen due to the accumulation of food packaging. The LAC sympathised with Robert's living environment and used the established relationship to enquire sensitively about how he was managing with personal care tasks. This conversation then led Robert to agree to allow the Falls Prevention Team to visit. Robert was happy with the way the team spoke to him, showing care and concern. From this Robert agreed to a referral to Move Mates and started Monday walks with a volunteer.

As time went on and Robert shared more about his situation, it was agreed that he should apply for Personal Independence Payments. The application process was started and Robert was supported by the LAC through the process. When Robert's application was declined, the LAC supported Robert through the Mandatory Reconsideration Process and finally a Tribunal Hearing. At this hearing, Robert was awarded the higher rate for both elements and received backpay.

The PIP application process took 19 months from start to finish. During these times Robert lost hope that his financial situation would improve and became despondent with the process. The LAC carried the hope for Robert and in the interim, arranged for short term funding so that Community Bees could help improve the environment that he was living in.

Robert is currently waiting for the PIP backpay to arrive and has plans to use the money to buy some Lego and pay for Community Bees to visit regularly. Robert still walks with his Move Mate every week and his confidence is starting to grow a little.

Having tried Changing Lives to address his alcohol dependency, Robert shared that he feels that the route to recovery and maintenance for him, is to feel that he has a purpose. The LAC introduced Robert to a colleague who is putting together a programme of change around poverty, that Robert is keen to be part of. Robert enjoyed the meeting and has attended more since, he speaks enthusiastically about the group.

Life still throws challenges at Robert (the LAC is currently advocating with his social Landlord who has made errors with his rent account), but Robert is more able to

cope and speaks to his supporters when he can feel himself starting to become overwhelmed.

Having recently spotted that a neighbour was struggling, he has introduced them to the LAC, demonstrating reciprocal care and community mindedness.

Critical elements

- Robert was allowed the opportunity to develop trust with the LAC at his own pace.
- Issues other than housing, were listened to and spoken about. Robert is aware of current affairs and enjoys debating current issues with the LAC.
- The joint working with the LAC and Social Prescribing Link Worker allowed Robert to rebuild his confidence in health services and access treatment he needed.
- Creative solutions were offered that remained person centred and strengths based, such as involving local community organisations.
- The LAC's knowledge of the system and competency, were able to help address financial hardship and the imminent risks to Robert's housing and wellbeing.

Outcomes for individual:								
Assisted to access daily entitlements and/or benefits?	Y	Connected with others in the community?	Y	Supported to groups/clubs in the community?	Y	Provided with advocacy?	Y	How? Advocacy in applying for PIP and with Housing..
Attending health appointments as appropriate?	Y	Taking medication correctly?	Y	Supported to formally volunteer?	Y	Require formal service from Adult Social Care?	N	What service?
Supported with accommodation?	Y	Does the individual feel safer in the community?	Y	Supported to share skills in their community?	Y	Referred to Public Health service?	N	What service?
Was the individual given fire safety advice?	Y	Was the individual supported to access police advice?	N	Does the individual feel more confident?	Y	Were family / carers / friends supported?	N	How?
Any perceived/evidenced preventions or savings as a result of Local Area Coordination intervention:								
i.e. Reduction in health support, reduction in services, community providers/groups involvement, what may of happened without Local Area Coordination, etc.								
Robert's tenancy is now stable as rent arrears and environment have been addressed.								
Robert is more aware of what is available in his local community and is more likely to become part of it. This will hopefully prevent Robert from entering a mental health crisis and reduce Robert's loneliness and isolation.								
Robert is now in receipt of the correct benefits. This puts him more in control of his own wellbeing and helps bring money into the local economy. He has help, rather than a care package.								