



Welfare Benefits Take-up Delivery Project

Final Report

Westfield and Clifton Wards

York

December 2010 to January 2011

Pauline Golden

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Summary

An income maximisation project over a 12 month period focused on two wards identified through City of York Council's 'Index of Multiple Deprivation' as particularly disadvantaged: Clifton and Westfield. The aim of the provision to alleviate poverty, through welfare benefits take-up and the promotion of financial inclusion.

Investment from City of York Council's One City initiative has allowed delivery of this project to take place. Ongoing support from key stakeholders within the local authority; particularly Economic Development, have driven forward the financial inclusion agenda, allowing the project to grow in both size and impact.

The advantage of delivery by Future Prospects is the link to information advice and guidance for employment, education and training opportunities to further enhance individual financial growth and progression. Each area has community outreach provision for learning and work advice.

Return on investment

A total of 175 individuals were seen throughout a twelve month period and a total annual increase in income raised through benefits entitlement is around **£268,377.03** a breakdown of figures by ward is provided in Appendix One. Investment monies in the project total £30k, which allowing for an estimation of additional claims to be heard give us roughly a £10 return on any £1 invested.

Information about service delivery in each ward is detailed on pages 4 and 5.

Westfield ward

A presence in Westfield aimed to build on the welfare benefits provision of the Kingsway Action Project delivered between February and October 2010. Acomb Explore library was approached and offered as a drop-in venue on Friday mornings, starting in December 2010. The location is available to the whole community with a close proximity to Acomb shopping centre. Home visits were provided for people with limited mobility and some clients were seen at Future Prospects' office in Swinegate.

Publicity was displayed in : the library; local shops, social clubs, pubs, G.P. practices; community notice boards; community centres and children's centres.

Articles were published in 'Streets Ahead', 'Your Ward' and KARA residents' association newsletter 'King Pin'. Leaflets were also displayed in Future Prospects and at events attended around the city.

Relevant organisations and agencies were informed of the service e.g. Resident's Associations, City of York Council Ward staff, York Citizens Advice Bureau, Welfare Benefits Unit, Age Concern, MIND, York Carers Centre, York Carers Forum, OCAY, City of York Council Benefits team , HARP and Job Centre Plus staff.

Networking led to some referrals from agencies, however most clients become aware of the service through publicity or word of mouth.

Clients using the service came from all areas of the ward with no noticeable trend to any one particular area. Door knocking and leafleting activities in Foxwood and Chapelfields generated an increase in numbers from those areas.

A learning and work adviser based at Foxwood Community Centre who delivered Income Maximisation leaflets in addition to publicity about learning and work advice drop-ins.

Additional funding from City of York Council's One City initiative enabled door knocking and leafleting in Chapelfields between June and November 2010.

Clifton ward

Future Prospects proposed basing the service in this area within a GP practice to mirror provision of welfare benefits advice in Pickering Surgery in North Yorkshire. Feedback from patients indicated their perception that additional income had a positive impact on health.

Clifton Medical Practice were approached and agreed to host the service. Five thousand people are registered with the practice.

Appointments were offered from January 2010, these could be booked directly by staff, the adviser and by the patients themselves. Home visits were undertaken and clients seen at Future Prospects.

A talk was given to a practice meeting to raise awareness of welfare benefits; income maximisation and to encourage referrals.

The adviser had access to patients' medical records which could be printed and included in claims for e.g. health related or disability benefits. This proved very effective with claims often awarded within a week of posting – compared to a typical three month decision making period. This process can bypass the need for a medical report to be completed by a health professional, for the Department of Work and Pensions (DWP). The adviser was also able to pass on useful information through the practice 'EMIS' computing system to health professionals about client claims and to feed back success stories. Health professional support is often critical to the success of benefit claims.

The majority of clients (73%) were patients and all GP's, a Mental Health Support worker, other staff attached to the surgery e.g. a chiropodist and reception staff made referrals or sign posted patients. Three members of staff sought advice.

The surgery was agreeable to access by non-patients with the proviso that numbers would not be overwhelming. Publicity dissemination was similar to that in Westfield, but less widespread. Two sets of leaflets were produced one for patients of the surgery and another for other venues e.g. the Children's Centre and Community Centre.

The adviser approached the warden of Anchor Housing Sheltered Accommodation close to the surgery as a patient/tenant occupant mentioned that she had been encouraging other occupants to have benefits checks. A benefits talk was arranged at Guardian Court, advertised by displaying posters and leafleting all flats. Thirteen tenants were supported; seven of whom are patients of the practice. As a model exemplifying effective partnership work, links with housing provision are crucial.

Future Prospects existing learning and work provision in the area is boosted by its involvement in a partnership project 'Job Connect' promoting employment opportunities in Clifton. The adviser referred clients to a colleague based in the same surgery offering targeted support to people with mental health issues and to additional in venues and events in the area open.

Outcomes

Financial outcomes are detailed in Appendix One.

The larger number of clients seen in Clifton reflects the effectiveness of a smooth flow of referrals and the benefit of targeting provision in a concentrated way. Numbers of new clients decreased in the last month in Westfield (in the run up to Christmas) whereas referrals from health staff to Clifton medical practice continued until the last day.

There are a greater number of claims and appeals outstanding for Clifton than for Westfield, which may lead to a greater boost in outcomes for Clifton.

Some outcomes are difficult or impossible to measure in financial terms e.g. a client who had cavity wall insulation installed through liaison with Hotspots should gain from a reduction in fuel bills.

A proportion of enquiries through the GP surgery were around other welfare related issues for example: applications for free bus passes; blue and green parking badges; funding for household alterations. Some of these enquiries however did lead to the identification of a benefit need and award (see Case Study one).

Benefit entitlement can lead to other concessions or provision, clients were also advised about: free prescriptions and help with health cost, cinema concession cards (allowing carers to accompany the cared for free of charge), Disabled Persons railcards, energy efficiency schemes, home improvements and repairs through local authority schemes. Carers were always advised of the Carers Assessment through City of York Council and the Flexible Carers Fund offering non-means tested one off grants ranging from £150 to £300.

Information and advice was given on a range of other sources of help and advice e.g. Hotspots; welfare and benevolent organisations, Carers support, Handyperson schemes, OCAY, Age Concern, Aviva budgeting courses, Citizens Advice Bureau budgeting support; Debt Advice, North Yorkshire Credit Union, Employment Rights, Housing Options and the potential for course fee concessions for education and training.

Issues around returning to work or learning and the impact on benefits were explored and discussions around future opportunities. Clients were also supported to discuss the financial impact of reducing working hours (usually because of ill health) or what to claim following redundancy. Referrals were made to learning and work advisers at Future Prospects and to outreach provision in local communities.

Not all interactions led to opportunities for income maximisation and some clients decided against claiming benefits they may have been entitled to or declined to appeal when an outcome was negative. Often clients feel that the process of appealing in particular is too stressful or have had a negative experience with Job Centre Plus previously. One client attending a benefits appeal tribunal found it an 'unpleasant experience'.

A small number of clients wanted help simply to clarify DWP letters they had received and through a lack of understanding, were worried about.

The recording of outcome levels is affected by the failure of some clients to respond to various attempts to make contact by the adviser following support. Calculation of income raised could be hindered when if the client could not remember or failed to keep paperwork relating to benefits levels, particularly if in receipt of multiple benefits.

Given the number of claims and appeals outstanding, it could be expected that in each area at least £150,000 in annual income has been raised giving an estimated overall total of £300,000.

Conclusion

In general those benefiting most from income maximisation are people with a health issue or disability, carers and pensioners, the latter in particular are typically unaware of benefits available. Working age claimants getting Job Seekers Allowance or Income Support as lone parents will usually be receiving the correct entitlement as awards of earnings replacement benefits usually have an automatic link to claims for help with housing costs, council tax and health costs. The latter group can benefit from advice about social fund loans/charitable grants and advice and around benefits when going in to work in addition to signposting e.g. for debt or budgeting advice.

There does need to be a recognition and acknowledgement that any income maximisation project does draw in other enquiries that are not specific to its aim of the project but can still have demands on the time and resources of the adviser. A claim to the social fund or charitable grants can be as time-consuming as benefits claims, involving preparing budget sheets, requesting medical evidence and multiple applications to charitable bodies. Whilst a one off grant of £200 for a mattress is not great in terms of income maximisation, the health benefit to someone with back problems who may sleep better is immeasurable.

Assisting with benefits appeals that could potentially lead to outcomes are particularly time consuming, though less so if there is direct access to health professional evidence. Immediate access to medical records and staff is beneficial in helping the adviser to determine whether an appeal is likely to be successful and whether to support it.

The fact that a benefits maximisation project is difficult to contain within a finite period is a key issue as claims and appeals remain outstanding beyond the end of the project. The need for continued contact with those clients continues beyond the funded time frame.

Overall the service in Clifton proved less labour and time intensive because the majority of clients were accessible through the GP practice and referral and signposting processes worked well. The ability to access and utilise medical records saves time for the adviser, client, health professional and the Department of Work and Pensions and increases the potential for successful claims.

Recommendations for future provision

A recommendation for future provision would be to have a full-time adviser in each area, with provision within a range of GP surgeries to help target all residents and reach those most in need. Additional provision might be made to arrange a presence in or hold events in e.g. Community and Children's Centres.

Provision would benefit from at least a two or three year time span to allow the service to become recognised and established and ideally the role would be permanent. This would also add considerably to the revenue created by return on investment, and allow savings to fall into wider budget categories such as GP commissioned services and the new health and wellbeing responsibilities falling within the local authority.

Thanks and Acnowledgements:

To staff and agencies supporting the project in particular the staff at Acomb Explore Library; Clifton Medical Practice; the Kingsway/Foxwood/Chapelfields Partnership Group for their input and support and to the warden of Guardian Court sheltered housing in Clifton.

Appendix One:

Clifton and Westfield Income Maximisation statistics: December 2010 to January 2011.

Ward	Period	Individuals seen	Total number of interactions	Income maximisation Annual equivalent	Lump sum payments of backdated benefits	Grants*	Outstanding claims and appeals +
Clifton	January 2010 to January 2011	97 ◇	505.37 (average 5.23 per client)	£136,145.83	£17,608.10	£2,259	14
Westfield	December 2009 to December 2010	78	397.80 (average 5.10 per client)	£132,231.20	£11,633.60	£2,880	8
Total		175	903	£268,377.03	£29,241.70	£5139	22

◇ 73% or 71 individuals were patients of Clifton Medical Practice

- Grants - include Department of Work and Pensions Social Fund grants and charitable grants for items e.g. new carpets, mattresses, cooker, holidays, mobility scooter.

+ Appeal hearings are currently taking up to seven months to be heard.

The Children's Centres requested feedback on the number of clients sign posted by them who used the service (2 people, 1 from each area)

Appendix Two

Case Study One - Clifton Medical practice

Mrs A. an 84 year old widow had been referred by her GP. Her initial enquiry concerned VAT exemption on a mobility scooter. Her mobility was clearly limited by physical health problems and it was identified that she had also had needs in relation to personal care that might entitle her to Attendance Allowance. She was in receipt of state retirement and occupational pensions.

A form was ordered from DWP and a home visit arranged to complete it. Notes about the claim were added to her medical records for her GP's attention for as information relevant to the requirements of a DWP medical report.

Mrs A was awarded the highest rate of Attendance allowance at £71.40 a week. She was advised that she would now be entitled to Pension Credit and Council Tax Benefit which amounted to £40.50 a week and was helped to make the claims.

Although Mrs A had over £20,000 in savings she admitted that she had been reluctant to use any of it because she felt she might need it in an emergency, and admitted a 'generational' propensity to avoid spending money unless absolutely necessary.

However she felt she could spend her additional weekly income and purchased a new mattress (which helped to ease her back pain), paid for repairs to a kitchen window and started paying fares for York Wheels, as recommended by the adviser, for transportation and picking up medical supplies from the practice. Mrs A had been previously been reliant for shopping on a neighbour who was no longer able to help. Extra income had helped her to become more independent. The activity also enabled her to remain in her own home, further reducing the likelihood of needing sheltered accommodation or adult social care services through local authority budgets.

Weekly increase in income is £111.90 equivalent to £5818.80 annually.

Case Study Two - Clifton Medical Practice

Client B had been referred by his mental health support worker. A 52 year old single man he experienced anxiety and depression was absent from work because of ill health, and struggling financially as he was in receipt of Statutory Sick Pay of £79.15 a week only. His support worker suggested he might be eligible for Disability Living Allowance (DLA) lower rate care component

Mr B was helped to complete the form and medical records detailing his health issues and needs by his GP and Support worker were printed off included in the form.

An award of lower rate care at £18.95 a week was notified within one week of, and in addition to this the client was able to claim an extra £11.65 was able to increase his awards of Housing and Council tax benefit by £11.65 a week. He was encouraged to claim Working Tax Credit or Income Support whilst still employed but had chosen not to do so.

Mr B was advised about benefits he could claim if he lost his job as he anticipated particularly as he did not intend to negotiate a return to work. The fact that he receives Disability Living Allowance means that if he starts work again he could consider working 16 hours a week and claiming Working Tax Credit with a disability element and possibly still receive Housing Benefit and Council Tax Benefit because of additional allowances in those benefits for someone on DLA.

He was also encouraged to access the Job Connect project and has had an initial meeting with the learning and work adviser at the surgery. He has now engaged in some vocational IT training in order to increase his employability skills and is being supported to look at paid work options.

Whilst the financial gain was not relatively large for this individual, the most positive gain for him may in terms of considering a return to work part-time, appropriate to his health needs with the extra support he gains in in-work benefits through his entitlement to DLA.

Weekly increase in income is £30.60 equivalent to £1,592 annually.

Case Study three – Westfield

Mr and Mrs C a couple in their forties live with Miss D their daughter who is twenty. All members of the family experience health issues and are unable to work. Mr C was in receipt of Incapacity Benefit and Income Support for himself and his wife and both of them were in receipt of DLA. Miss D was in receipt of Employment and Support Allowance.

Mrs C had seen a leaflet about the benefits advice service and rang the adviser to help fill in a claim form for Disability Living Allowance for her daughter. After completion Mrs C was given a copy of the form and advised to let her GP know about the claim and offer a copy for information. Mrs C obtained a supporting letter from her GP and the benefit was awarded at higher rate care and lower mobility components at £71.40 and £18.95 a week. They were advised to inform the Employment and Support Allowance office of the DLA award to gain an enhanced disability addition to that benefit of £13.65.

A few months later Mrs D contacted the adviser again – her husband's condition had deteriorated and she asked for help to increase his lower rate care component of DLA, as his personal care and mobility needs were now greater. A supersession was requested and help given to fill in a set of DLA forms. Initially the supersession was declined. The decision was appealed and he was awarded higher rates of care and mobility an increase of £102.30 a week. The increased level of award now meant that the couple were entitled to an extra disability premium in Income Support of £53.65. Miss D was also now entitled to this additional amount in ESA.

This case was particularly complex because of the impact of claims of each individual on the benefits of other people in the household.

Overall this household gained a weekly increase of £327.25 or £17,017 annually.

Case study four - Westfield

Mr E had heard about the service through a friend. He had just had just failed a medical assessment for Employment and Support Allowance and wanted advice about appealing. His wife Mrs E was absent from work through ill health and Statutory Sick Pay payments were. He was advised that Mrs E could claim ESA in her own right when her sick pay stopped. Alternatively he could continue to claim ESA for both of them pending his appeal but that they both might lose out on national insurance contributions credited through ESA claims if his appeal failed and Mrs E did not claim in her own right.

Mrs E claimed Employment and Support Allowance and was assisted to fill in forms and given advice prior to a medical assessment. This helped to ensure she passed the assessment and stayed on the benefit with an added payment of ESA of £25.95 a week. Mr E had decided not to appeal his ESA, and the couple now had a joint claim of ESA of £128.70 a week.

Mrs E was helped with a claim for DLA and was awarded the lower rate of care and mobility – two lots of £18.95.

The rate of DLA was not sufficient to enable Mr E to claim Carers Allowance but he was advised how to claim 'Carers Credits' to maintain his contribution records. He was also given information about support for Carers in the city including the Carers Assessment and Carers Flexible fund.

After six months the couple requested further help with an ESA renewal form for Mrs E, and the couple retained their entitlement

The couple were helped to achieve £166.60 weekly an annual equivalent of £8663.20