



Date: 6 January 2009

Committee: Cabinet

Subject: Welfare Rights Unit

Recommendation:

The Welfare Rights Unit is not deleted.

A comprehensive review of the Welfare Rights Unit is carried out to establish:

- The impact on the financial position of the Council and the Borough
- Whether that impact can be improved
- How any improvement can best be achieved

Summary

Cost effective

- Brings in money to the local economy
- Contributes to PSS and FSS grants
- Contributes to job creation

Cutting the Unit

- Affects the most vulnerable in the Borough
- Negatively impacts on social services, health services and the third sector
- Much of the work cannot be replaced by other services

1. Loss of £1.8 MILLION per year to Barnet Residents/Businesses

1.1 The Unit raised between **£1.8 Million** for disabled and sick children and adults in the borough in the financial year 2006/7. This money will be lost to residents and the local economy if the Unit goes. In the time of Credit Crunch

this will make things even harder than it might otherwise be for the people of Barnet.

1.2 The Unit can help to stop people being evicted from their homes by ensuring they have enough money to pay their rent and mortgage by making in time claims through the benefit system.

2. CONTRIBUTION TO THE FINANCIAL EFFICIENCY OF THE COUNCIL

2.1 Service Review

2.2 Adult Social Services established a service review project in 2007 to look at Assessment & Income, Welfare Rights, Protection of Property and Receivership, Income & Debt Management functions. This review did not take place. Had this review been carried out it would have given SMT the opportunity to properly evaluate the cost implications both to the ASSD and to the council as a whole.

2.2.1 The Unit helps the increase the income raised from charging policies

2.2.2 It helps to maximise grant and subsidy income from central Government through impacting on the PSS budget (whereby the number of recipients of DLA impact on the formula spending share)

2.2.3 It mitigates the calls on Social Services budgets by ensuring that service users are enabled to obtain support for subsistence, disability and housing costs from the Social Security system.

2.2.4 In 2001 it was established that the Welfare Rights Unit brought in more money to the Council than it cost to run, based on the effect of social security claims on the Standard Spending Assessment. **(See Appendix A).**

2.2.5 The calculation of the effect on the SSA was a conservative figure because:

- It only measured the effect on the SSA of claims arising from direct casework by the Welfare Rights Unit. The effect of other activities carried out by the Unit will also have had a significant positive effect on the SSA, but will be more difficult to measure.
- The calculations only looked at the effect on the SSA on an annual basis. Although some clients will die or move out of the area, the majority will continue to claim for more than one year, and will therefore continue to improve the SSA.

2.2.6 Because of the greater emphasis now placed on receipt of disability benefits it is likely that the impact on council finances of the abolition of a welfare rights Service will now be greater.

2.3 In **2004** a comparison was made with the London Borough of Bromley, which has no significant welfare rights presence, This showed that Bromley has **4316** more residents aged over 65, but Barnet has **605** more residents in receipt of Attendance Allowance. The importance of this is that each resident

over 65 in receipt of Attendance Allowance attracted more than **£1000** through the **FSS**.

2.3.1 It is also significant for those pensioners in receipt of benefit that a majority of Attendance Allowance claimants in Bromley receive the lower rate, while the majority of Barnet's Attendance Allowance claimants receive the higher rate.

2.3.2 Although Barnet compares well to Bromley, it does have a smaller proportion of elderly residents in receipt of Attendance Allowance than many other areas.

2.4 *“According to Community Care Magazine (25th June 2008) awards of Disability Living Allowance now accounts for 40% of the weighting for the Personal Social Services Budget. In order to maximise the PSS budget it therefore makes sense to maximise the number of recipients of DLA.”*

2.5 During the election campaign the current **Mayor of London** said: “A recent survey and report by the Child Poverty Action Group identified that a significant contributing factor to high levels of poverty for parents of disabled children is the low take up of benefit entitlements; 43 per cent of those surveyed had not claimed Disability Living Allowance, or had taken more than two years to find out their child could be entitled to the allowance.”

(Response of Boris Johnson to RADAR's Questionnaire on Policies for Disabled Londoners.)

2.6 Research carried out in Wales by the University of Bangor found that DLA/AA take-up rates are highest in socio-economically deprived areas. There is no reason to suppose that the position in England is any different, meaning that relatively affluent areas like Barnet are **disadvantaged** by a PSS formula based so heavily on the take up of disability benefits.

(Tunnage, B, Tudor-Edwards, R, Linck, P, *Estimation of the extent of Unclaimed Disability Living Allowance and Attendance Allowance for people with a terminal diagnosis of cancer*, Centre for the Economics of Health, University of Wales, Bangor (2004).)

2.7 Because the Welfare Rights Unit works primarily with people who are elderly and /or disabled money raised is spent primarily in the local area at local shops. Research has found that “benefit take up campaigns are not merely ‘welfare’. They can be effective strategies for **healthy economic development in your community**”.

(Sacks, J. (2002) *The Money Trail: Measuring your impact on the local economy using LM3*, New Economic Foundation & The Countryside Agency, London.)

2.8 Research by Strathclyde University found that spending on welfare rights advice had a significant impact on **job creation** in the local economy.

(Fraser Allander Institute (2003) *The Impact of Welfare Spending on the Glasgow Economy*, Fraser Allander Institute for Research on the Scottish Economy, University of Strathclyde.)

3. Comparisons with other possible service providers

3.1 The staff represent Social Services clients and people referred by the NHS and voluntary sector at Appeals and Upper Tier Tribunals/Commissioners and give the necessary time to get the best possible outcome for all, irrespective of income or situation. Most of the work is not straightforward. It is referred because it is difficult or because the person has missed deadlines and not done the right thing at the right time. The Unit can do complex casework for clients up to the level of Appeal and is a full-time service. They are not constrained by Community Legal Service funding like Barnet Law Service who have to restrict advice in terms of time and to those whose income is at Income Support level or equivalent.

3.2 Unlike Barnet Law Service the Unit can visit people at home who are severely disabled and very ill. Sufficient time is given to those clients that need it to achieve a 95% success rate at Appeals. The Welfare Rights Advisers see themselves as having a duty of care to Social Services clients and give priority in their work, where required, on the basis of discussions with Social Work and NHS staff.

3.3 The CAB and Pension Service/Joint Visiting Team state that they **cannot do** Appeals. The Pension Service and Joint Visiting Team refer cases which get 'stuck', involve complex immigration matters or where an older person is unhappy with their decision. The Pension Service will advise a younger member of a household to go to the Jobcentre to resolve their difficulties. This often proves to be unsatisfactory.

4. Impact of Withdrawal of Welfare Rights Unit

4.1 The people most affected by the lack of a Unit will be the most vulnerable; those who are very ill, housebound, have a mental health problem, difficulties of literacy or lack of English and people with learning disabilities. Many of the cases have more than one benefit area and many are people who have missed deadlines, been penalised by the DWP or misunderstood what they have been told. They find it difficult or impossible to deal with their financial affairs without sustained, lengthy support. They tend to be the most disadvantaged ***of Social Services clients.***

4.2 The Unit is assisting them because they are unable to get to or get support from the existing advice services. Their cases require a lot of time and detailed research on benefit rules. Because they have missed deadlines, not completed the requisite forms or been poorly advised they require additional help for reconsiderations and appeals. ***No other voluntary agency in the borough can provide the level of support and home visiting and appeals for these clients. The result will be that these people in the future will not have the income that we have been able to get them. In real terms service users could lose out £30 to £50 or more a week.***

4.3 It is not just the clients who will be affected but there will be additional pressures for Social Workers without the service. For the most disadvantaged

and disabled it will make a Social Worker's job more difficult if someone's benefits are in a mess and there is no way it can be taken on speedily by another agency.

4.4 The Unit provides free training to staff throughout the Council and for the voluntary sector. We also provide surgeries for the voluntary sector. If the training goes then the Council will have to pay or use the Pension Service whose staff are less knowledgeable and who always represent government views and are not specifically interested in the needs of Social Services clients.

5. Key groups of staff who will be particularly affected by the withdrawal of the Unit will be:

5.1 Older Adults Teams and Social Workers in Barnet General, Edgware Community Hospital and the Royal Free Hospital.

5.1.1 Those who want quick, clear and correct advice and action on complex problems who are clients of Social Services won't get it.

5.1.4 The Pension Service won't be in the position to provide such advice, act with the same flexibility or provide independent advice. Service users of working age in a family are advised to go to the Jobcentre for advice. We know the Jobcentre does not advise on all financial options and it can be a hostile environment for service users.

5.1.5 The Citizens Advice Bureau home visiting service has one worker who has other cases to deal with and could not give priority to Social Services clients above others.

5.1.6 The Law Service do not visit people at home and will only give advice to those on Income Support or the equivalent.

5.2 Children & Families

5.2.1 Although the Sure Start posts are being retained, there is an additional Children & Families Worker here in the Unit which will also be cut. The post has been unfilled for long periods and in the last 18 months an agency worker has been covering the work.

5.2.2 Loss of this post will mean that the Fostering and Adoption Teams and Children & Mental Health Services will have greater problems without her advice and casework.

5.2.3 The Fostering and Adoption Teams they have a statutory duty to see what benefit entitlements a person could claim when deciding what allowances the Council is going to provide. The Agency worker won't be there to assist.

5.3 Physical & Sensory Impairment Team

5.3.1 This team rely on the Unit to support the most disadvantaged and disabled clients to get benefits in payment and DLA.

5.3.2 The Pension Service won't do reconsiderations and appeals and the Law Service, because of LSC constraints, can't spend the time needed to support people who have complex disabilities.

5.3.3 The Unit is asked to review and appeal DLA decisions because the Social Worker needs to get high rate care DLA for the Independent Living Fund. This won't necessarily be achieved with outside agencies.

5.3.4 The Unit has helped potential Social Work clients get all possible benefits and in some cases this has led to the withdrawal of the demand for a direct payment thus saving the Council money.

5.3.5 Social Workers will have more pressure put on them by relatives or other agencies to get problems sorted out but they won't have any control over the process and it will make everything more time consuming at a time when there is reorganisation and further pressures.

5.4 Learning Disabilities Team

5.4.1 Many of the clients referred have parents or carers who themselves have literacy difficulties. They will not get the help and support they need from CAB or the Law Service. The inability to follow up and ensure income is received and disability benefits are maximised will lead to greater pressures on staff.

5.5 Housing Support

5.5.1 The Housing Support section regularly refer cases to the Unit which are complex and difficult, sometimes involving mental health problems. They rely on the training and advice given by the Unit.

5.6 Voluntary Sector

5.6.1 The voluntary agencies in the borough rely on the Unit for our Advice Line and for the time we can commit to discussing issues when it is more suitable for them.

6. What does the Unit do?

6.1 The work of the Welfare Rights Unit is a mix of pro-active take-up campaigns, case-work, training, information, publicity and policy work.

6.2 The report to the committee says that the cessation of the Welfare Rights Service will be offset by other agencies. The report fails to identify which

aspects of the work of the Welfare Rights Unit will be offset, and which agencies have the expertise and/or capacity to provide these services.

The Welfare Rights Unit provides the following services:

6.3 Consultancy

Barnet Council employees, and other colleagues from health and voluntary agencies, contact the unit's advice line if about their service-user's benefit and tax credit entitlements. This may involve conducting a benefit check and/or giving advice on a specific query. The service is available by telephone, e mail, fax and letter. The voluntary sector agencies which have used the advice line in the past 12 months are listed below:

*Advocacy In Barnet
Age Concern*

*Barnet Asian Old Peoples Association
Barnet Asian Women's Association
Barnet Carers Centre
Barnet Early Autism Network
Barnet Law Service
Barnet Refugee Service
Barnet Voice
BVSC*

*Carer Support Group – Asian, Black & Ethnic Minority
Cherry Lodge Cancer Care
Children & Young Persons Network
Citizens' Advice Bureau
Community Link
Connexions*

Disability Action Borough Of Barnet (DABB)

*East Finchley Advice Service
Enable – Youth Offending Service*

Friend In Need

Homeless Action In Barnet (HAB)

Jewish Care

London Probation Service

MENCAP

Norwood Ravenswood

Older Adults Network

SNAAP (St. Nicholas Academy for Autism Project)

Spanish & Portuguese Synagogue

SSAFA

SPH Housing

The Club House

Threshold (Barnet Housing Aid Centre)

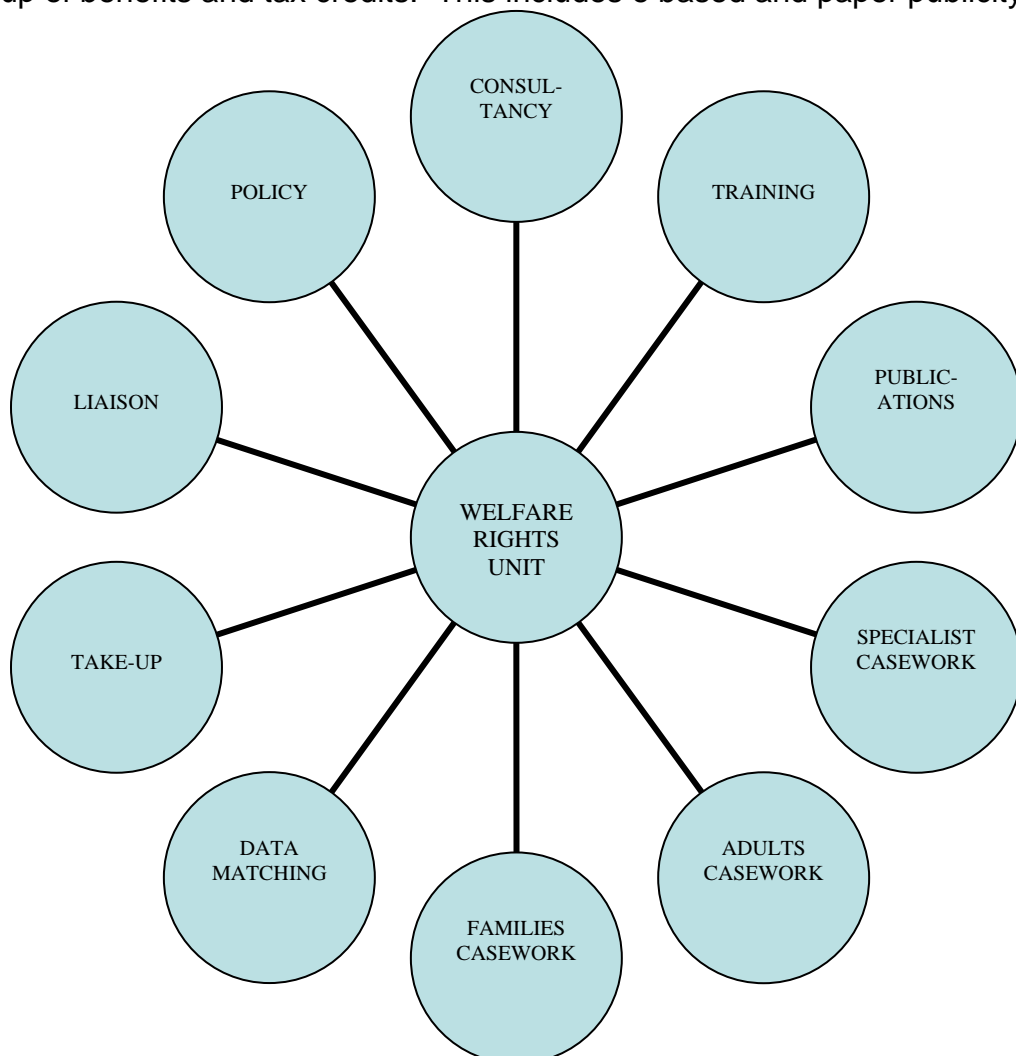
331 Young Peoples Centre

6.4 Training

The unit supports and encourages partner agencies to do income maximisation work by delivering training, talks and presentations on benefits and tax credits. On-going training after support is available through the consultancy line.

6.5 Publications

The unit aims to provide a range of information and publicity material for council staff, advisers and members of the public to increase knowledge and take up of benefits and tax credits. This includes e based and paper publicity.



6.6 Specialist Casework Service

The unit takes cases referred from other parts of the Council and community organisations that lack the expertise to provide more complex welfare benefit legal advice.

Referral Criteria: The Welfare Rights Unit will provide assistance with cases which require complex Welfare Rights Advice or representation at Tribunal. The Unit is one of the few advice providers which offer representation at Tribunal and has a high success rate.

6.7 Direct Casework with vulnerable adults

Barnet Residents who receive a homecare package, or are in the process of being assessed for homecare services, can be referred to the welfare rights unit for assistance with claiming benefits. This work links with Fairer Charging which places a statutory obligation on Councils to ensure that residents who are charged for their care package receive welfare rights advice and assistance with claiming benefits.

The Welfare Rights Unit has a dedicated Mental Health post for service users at Barnet Psychiatric Unit. This is funded through the Mental Health Services core grant, secured after a take up project run by the Unit highlighted the need for this service.

6.8 Direct Casework with vulnerable families

Children with special educational needs, looked after children, clients of the home school teaching service, families using child and adolescent mental health services and child development clinics and children placed for fostering and adoption can be referred to the unit's children and families' adviser.

Users of other children's services can be referred where more complex welfare rights support is needed.

Through the new Children's Centres the two Sure Start advisers offer advice to families with children under 5, or where one of the family is pregnant, This work has focussed on help for children with disabilities, and advising people in times of transition, such as moving back into work, or into education.

Funding has also recently been secured for a post to assist disabled young people with the transition to adult benefits.

6.9 Cases referred by councillors and MPs.

Families or individuals presenting in councillor or MPs' surgeries can be referred to the Unit.

6.10 Data matching

6.10.1 The Welfare Rights Unit uses housing benefit and council tax benefit records to identify people who are not receiving their full benefit entitlement, and advise them as to their possible entitlement and how to claim. During 2008 these records were used to help pensioners claim Council Tax Benefit.

6.10.2. Because the Welfare Rights Unit has access to Housing Benefit and Social Services records it can provide a more efficient service. Although outside agencies can telephone or write for this information, this is more time consuming for both council staff and the outside agencies.

6.9 Benefit Take-up Projects and short focused Campaigns

It is widely acknowledged that low take up is a problem among the most vulnerable sections of our communities. Take up is of key concern to local authorities in the context of their statutory duties, in promoting social inclusion and revenue collection.

Improving peoples' incomes helps them to maintain successful lives in the community and can contribute to the tackling of health and education inequalities. It promotes independence by helping people secure additional support to buy the services they need and reduces social exclusion caused through financial barriers.

This wide-ranging work is undertaken because of the important links between poverty and ill health, educational under achievement, disability and ill health.

The reasons why people fail to claim their full benefit are many and complicated. There are various mechanisms which can be used to encourage people to claim benefits. The Welfare Rights Unit has a history of innovative project development in this area and has received LGA recognition and an award for securing funds for the SureStart adviser post.

The Welfare Rights Service cannot develop these campaigns in isolation. We work extensively with partners both from within Barnet Council and with outside organisations.

The aim of this work is to help tackle poverty by identifying both the gaps in the take-up of benefits (and now tax credits) but also in the provision of advice services, targeting those groups most vulnerable to poverty and low income. Where a take up project is evaluated as successful and highly valued this service may then be offered as a long term specialist project, for example the mental health post mentioned earlier.

Additionally take up projects may consider ways in which benefits and tax credits can be used to help construct effective strategies for developing pathways out of poverty e.g. through supporting people in times of transition, such as moving back to work, or into education. Such strategies may involve providing training and talks and information for groups of key professionals, use of IT data bases, running and evaluating time-limited projects, producing user-friendly and accessible information, running advice surgeries etc. They require detailed knowledge of welfare benefits and tax credit legislation and administration as well as knowledge of wider strategic issues. They involve widespread networking to sustain and create new partnerships, awareness of pathways into and out of poverty as well as considering the use of different forms of communication to best meet the needs of differing client groups.

Three aspects of work by the Unit related to child poverty have been recognised by the LGA as examples of good practice and produced plaudits for Barnet Council: having such a post in the first place, the work done with families of children with statements of special educational need and the collaboration with the children's information service to provide information about benefits and tax credits for their web site.

Other work has led to projects with the Carer's Centre, the Multi-cultural Centre and the Chinese Community.

Take-Up projects offer support and advocacy from initial claim to tribunal representation.

Maintain effective liaison with key advice services and agencies . The Unit promotes regular liaison with a broad range of partner agencies, from government departments, to local authority services the voluntary and community sector and not for profit agencies.

6.10 Policy.

The Unit contributes to national and local operational and policy work. It belongs to the National Association of Welfare Rights Advisers, networks with other units around the country and links with national campaigns e.g. a recent project with the Local Government Association. At local level it belongs to the London Welfare Rights Officers' Group and has links with a wide range of organisations such as the DWP, Connexions, voluntary advice agencies, etc.

7. Offsetting

7.1 We assume that one of the organisations that officers claim will offset the cessation of the Welfare Rights Unit is the Joint Visiting Team.

7.2 While the JVT provides a valuable service it does have a number of limitations.

- Don't do appeals
- Never been monitored for level of disability benefit
- They don't do reviews
- They don't do better off calculations
- They don't advise people under 60
- For under 60 told to go to job centre
- Disability Living Allowance – only recently had training
- Younger disabled clients definitely lose out.
- Don't have skills to ensure that complex, difficult rare illnesses get assistance to get correct level of DLA
- Where someone might need to make 4 claims for different benefits does not fit their targets.
- Don't have the time necessary for very ill disabled people with emergency needs.
- How often would they go back. Are not independent of government so won't advise even where rules are wrong.

- What mechanisms are in place if social worker asks them whether someone is happy with decision.
Cases that social workers say need review are rejected by Pension Service

8. NO REVIEW OF EFFECT ON SOCIAL WORKERS ROLE UNDER THE NATIONAL SERVICE FRAMEWORK ORDER REQUIREMENT TO SUPPORT CLIENTS

8.1 No review has been carried out on how the National Service Framework requirements for Social Workers would be maintained. Social Workers have to make sure that they achieve certain standards of care which includes assessments that maximise health promotional and rehabilitative opportunities and promote independence for clients. Loss of income for clients will diminish these standards as will greater pressures on Social Workers who fail to resolve income difficulties experienced by clients. Social Workers have a duty to Carers to improve the awareness and take-up of rights, entitlements and benefits. This could be affected as the Pension Service say that they tell anyone under pension age who asks for advice to go to Jobcentre Plus. Not only can this be difficult but those individuals will not be given full independent advice.

8.2 In the Joint Plan with Health 'Living Longer, Living Better', Older Adults, Plans, Policies and Procedures, it states that Social Services and Health should be maximising available resources. Income is acknowledged as a key determinant of health.

Staff in the Council and in the Voluntary Sector will lose access to casework support for their clients, the use of the Advice Line and one to one requests for assistance with complex and difficult problems.

Barnet Council have never reviewed the work of the Unit and the way in which it impacts directly on the Council's finances and is integral to the Corporate Plan.

There has been no recognition of the strategic role that the Unit plays in supporting NHS and Voluntary Sector staff and ultimately chronically sick, terminally ill residents, vulnerable people and the more disabled children and adults in the borough.

9. Additional income maximisation achieved by the Unit from government and charitable sources

9.1 INDEPENDENT LIVING FUND

The Unit assists Social Services clients to achieve high rate care DLA which will enable them to receive financial support from the Independent Living Fund.

9.1.2 This can reduce their financial dependency on the Social Services budget and can prevent them going into residential care.

9.2 THE FAMILY FUND

9.2.1 Families with children under the age of 18 and severely disabled are referred to the Welfare Rights Unit so that an application may be made to The Family Fund for a grant. This might cover the cost of a second hand computer, driving lessons for a parent who needs to transport a child or to cover travel costs to see an absent parent.

9.3 COMMUNITY CARE GRANTS

9.3.1 The Unit assists people to claim Community Care Grants for essential heaters, cookers and other items from the Social Fund.

9.4 CHARITABLE PAYMENTS

The Unit makes applications for charitable payments on behalf of disabled clients. The value of these grants is in the region of **£10,000 p.a.**

10. Meeting the Councils corporate Priorities

10.1 'Strong and Healthy' & 'Creating a healthy supporting environment'

10.2 'The Council will do this by working with key partners...to tackle the social and economic factors underpinning health inequalities in Barnet... We will continue to take a "whole council" approach and to consider the influence each service has on the health of the community.'

10.3 Income is one of the key determinants of health and some groups of people are particularly disadvantaged because of low income, including people with learning disabilities. It is vital to pinpoint ways of preventing diseases from developing or worsening. This means looking at the groups who have more difficulty accessing health services such as children, older people, people with learning disabilities and those with mental health problems. Difficulties with the English language, unfamiliarity with the social welfare and health services and discrimination for black and ethnic minority groups show that these groups require access to good advice and advocacy, particularly if their disabilities are of a level to require Social Services interventions.

10.4 Socioeconomic factors particularly at this time of credit crunch mean that the health and wellbeing of individuals could be much more detrimentally affected than in previous years. With Mental Health patients there is a strong relationship between deprivation, psychiatric needs and mental health hospital admission rates with increasing deprivation and increasing psychiatric needs.

10.5 The role of the Welfare Rights Unit is to access key health and disability benefits to ensure that those who are disabled and have poor literacy, poor English and cannot cope with the Social Security system can have greater choice about purchasing their care/support. They need to secure funds

through benefits to help them eat healthily and not worry about heating their homes when not to do so may cause their condition to deteriorate. Similarly with older people in need of care, the work of the Unit in securing benefits can support independence at home and mitigate the worry about paying food and heating bills, help carers to access financial support which assists them to make decisions about how to organise care.

10.6 Unlike other agencies in the borough, The Unit's staff can spend the necessary time with clients at home no matter what their disability and language problems (use of interpreter or signer) to ascertain what needs to be done in the way of dealing with their benefits, showing a duty of care to the person and offering full independent advice on all the benefits they may be eligible for.

11. 'Supporting the Vulnerable' - Role of the Mental Health Worker

11.1 This worker holds regular surgeries at clinics of Barnet Hospital where outpatients go and are familiar with. The post was originally funded by the Health Trust but this was taken over by Barnet in 2004, this post covers half the borough. The Health Authority is recruiting and paying for the other post which is based at Edgware Hospital. The work is mainly Appeals and Reconsiderations of Benefits.

11.2 The worker is regularly contacted by Psychiatrists, CPNs, and Occupational Therapists to ask for advice and guidance with benefit and benefit related issues about individuals they are worried about. They are greatly relieved to feel that they can safely hand over the benefit aspect of the patients' care and know it will be handled appropriately.

11.3 An outpatients who is not receiving their full entitlements can find that involvement with the Unit could increase their income by up to **£200 p.w.** including disability benefits.

11.4 Benefit claims are particularly difficult for those with mental health problems. If the outcome is unsatisfactory then there are deadlines for appeals or reconsiderations.

11.5 The Mental Health Worker can ensure that their dispute is in time and if necessary goes to appeal on some case out of time appeals have been progressed if necessary. In 2008 the Mental Health Worker represented and won **9 cases** at appeal plus a case that went to Commissioners. In 2007 the worker represented and won **16 appeals**. **Without** specialist representation for appeals mental health patients are unlikely to be successful.

11.6 The Mental Health worker received a Civic Award in 2008.

11.7 Statistics show that with representation the chances of success are **68%**. The appellant on their own **55%** and a paper hearing **21%**. The Unit's

success rate for Appeals is **95%** where the original DWP decision was overturned in the client's favour.

11.8 Benefits are a vital part of patient care. If the patient has money problems of which benefits are the key issue it adds to stress levels, increased dependence on professionals and carers and also increased hospital admissions. It makes a huge difference not only to the individual but also to their extended family who no longer need to bail them out all the time and lend them money and other resources. It is possible to list instances where lack of benefit can be life threatening.

11.9 The other provision for appeal work elsewhere in the borough is very limited. There are two part-time posts, the Welfare Rights Solicitor based at Barnet Law Service who do not travel to see clients and the trainee Solicitor working from the Mary Ward Centre who does visit but has to keep visits short. The CAB has a Mental Health Worker but do not do appeals or representation. We do not believe that the Law Service could take on the volume of appeals, reconsiderations and demands of this client group.

11.10 This client group is amongst the most vulnerable in the borough. They have problems proving their rights to receive and retain their entitlement to benefits. Over the past years the forms and benefit system have evolved and changed to become more complex. Since the year **2000**, the Mental Health Worker has raised over **£3 million** for mental health outpatients in the borough of Barnet and seen about 1200 service users. Claimants are better able to pay their bills. Their mental and physical health improves, their chances of staying out of hospital improves. They have better chances of accessing Independent Living Fund and can make contributions to any care package they are awarded.