

Work Based Learning Report

A comprehensive referral guide designed to assist
referrers into Mental Health and Money Advice Service

and

Measuring outcomes of the personal impact of our
Service

1902833

2023

Contents

Introduction	1
Part 1. In-depth Review of Knowledge and Understanding	2
1.1 Formulating a Creative Idea	2
1.2 Project Creation and Implementation	3
1.3 Further Project Developments	5
Part 2. Critical evaluation of the experience and personal development during the workplace experience	7
Reference List	8
Appendix A Mental Health & Money Advice Service Referral Guide	9
Appendix B Advicepro update to include “MX” as title	30
Appendix C Advicepro update to include clients preferred name	31
Appendix D Outcome Measures example (blank)	32
Appendix E Outcome Measures example (completed)	33
Appendix F Outcome Measures completed (comparison of two different dates)	34
Appendix G Outcome Measures table graph	35
Appendix H Outcome Measures Diagram	36
Appendix I Completed Learning Logs	37
Appendix J Project information form	46
Appendix K Project pre-placement plan	47

Work-Based Learning Project Reflective Report

Introduction

This report aims to critically reflect on my Work Based Learning Project (WBLP) set as a module for a level six assessment as part of my Undergraduate Degree in Mental Health, which I am currently studying at the University of Wales Trinity St David (UWTSD). I was tasked to develop a project designed to improve or inform areas within my current work area concerning the field of Mental Health.

I am currently employed by The Mental Health and Money Advice Service (MHMA), a Money Advice Service available to people throughout Wales. MHMA accepts referrals from support workers, professionals and external agencies such as Shelter Cymru and National Debt Line. MHMA operates from 9 am to 5 pm, Monday to Friday, and provides a remote advice service where appointments are conducted via telephone and email. MHMA provides people with money and mental health issues with clear, practical information and advice.

MHMA is a part of Hafal, Wales's principal charitable organisation. People with serious mental illness and their families can receive support from Hafal across all seven Welsh Health Boards. Hafal is committed to improving the quality of life of service users by fulfilling recovery ambitions, fighting discrimination and ensuring equal access to health, social care, housing, income and education. (Thomas et al., 2017).

My role as a specialist debt advisor is to attend welfare forums, multi-agency meetings and provide debt and money advice to a portfolio of clients to whom I am their designated caseworker. I must work within the guidelines set by The Institute of Money Advisors (IMA), which means I must keep myself constantly updated on changes to legislation and law. MHMA is regulated by The Institute of Money Advisors (IMA), The Financial Conduct Authority (FCA) and awarded the Advice Quality Standard (AQS), which means that I have to be constantly mindful that I am working to high standards that meet internal requirements but external requirements also.

Throughout this assignment, I will use The Gibbs Reflective Cycle (Gibbs, 1998), encompassing six stages of reflecting, enabling me to think through all the phases of this project critically. According to Jasper (2013), reflection is essential for professionals who embrace lifelong learning and stimulate personal and professional growth. The structure of this report provides descriptions of the task, personal reflections, an analysis, a conclusion, and an action plan.

Part 1

In-depth Review of Knowledge and Understanding

1.1 Formulating a creative idea

My initial feelings were that I was overwhelmed by the prospect of this project and struggled to develop a good idea. Goldschmidt and Tatsa (2005) state that a good idea always leads to a creative outcome. Therefore I knew that to succeed in this task, I had to develop an exciting concept for an innovative and feasible project in my current workplace.

I initially began to work on an idea on my own, using techniques such as brainstorming, a method developed to enhance creativity, promoting and maximising the generation of an idea (de Bono, 1992). Unfortunately, although I came up with several different ideas, they either were not viable, or I discovered they were not novel ideas. Eventually I asked my colleagues for help and organised a meeting to discuss my potential project. This made me initially feel like I was failing in my task as I could not formulate a creative idea on my own; however, on evaluating the situation retrospectively, I realised that it was not a sign of weakness. I wished I had done it sooner, and critical group discussions of projects further increased exposure to ideas I might not have been able to generate if left solely to my own devices (Goldschmidt & Tatsa, 2005).

Analysing the information gathered from the group discussion, there was undeniably a massive problem with the quality of referrals coming into our service, a barrier to the level of service we provide our clients. As a team, we identified that within Hafal, there is a high turnover of staff providing peer support/support work to clients, where most of our referrals come from. As a result, the quality of the content of referrals we receive could be better and result in many referrals being rejected, which wastes our time, the time of the referrer, and, ultimately, the client. From this, I formulated the idea to create a comprehensive referral guide designed to support referrers providing referrals to MHMA.

From this experience, I am now more mindful of the importance of reaching out to my colleagues for support and advice and taking advantage of the knowledge and opinions of others. This stage of my project design allowed me to improve my critical thinking and problem-solving skills and contributed to my teamwork skills.

My goal is to be more proactive in the future with gathering the opinion of others and be bold in asking for support from my colleagues to minimise my stress and maximise the desired outcome.

1.2 Project Creation and Implementation

A comprehensive referral guide designed to assist referrers into Mental Health and Money Advice Service.

The project aimed to create a reference guide that could be issued to referrers into MHMA to ensure that the referrals we receive are of higher quality, maximising the outcome for our clients. Our service receives, on average, seven hundred referrals a year, of which approximately 25% are rejected for needing more information. Roughly 12% are inappropriate referrals for issues we do not support, and around 32% are closed due to client non-engagement (MHMA, 2022).

Although MHMA takes referrals from many referral organisations, over 90% of our referrals come from within Hafal. Hafal has over four hundred staff members, recruiting new staff almost continually. This means that, unfortunately, new staff need to be given sufficient training on our service or how to make a referral to us, causing poor quality referrals and a lack of positive partnership working between MHMA and our primary referrers.

It is possible to significantly improve the financial outcomes of people who access appropriate money advice through a successful referral system. (Citizens Advice Bureau [CAB] 2016). A warm referral versus a signpost needs to be differentiated at this point. The difference between referrals and signposting is that referrals are based on direct interaction and transfer of client relationships, while signposts provide information about other organisations and leave it up to the service user to contact them. A key finding of the Thoreson Review (HM Treasury, 2008) was that signposting could lead to people becoming lost if further steps are required to meet their needs. Unsuitable signposting can also lead to an extended 'advice hunt' or 'referral fatigue' for service users (Europe Economics 2004; Refernet n.d). Warm referrals minimise this risk by interacting and handing over information between the organisation making the referral and those receiving it (CAB, 2016).

Providing robust referral systems enhances financial outcomes and assists clients in navigating money advice more efficiently (CAB, 2016). Additionally, organisations implementing efficient referral systems reduce costs, as advisors spend less time and resources on referrals.

Meeting with my line manager and service managers across Wales, it was agreed that this guide would be much appreciated and was much needed. By setting up Microsoft Teams meetings, I could meet with line managers and host focus groups with referring agents to establish what information would be beneficial to include within the guide. By doing this, I identified the key challenges to overcome.

I identified that there seemed to be a lack of a strong working relationship between MHMA and referrers, with an “us” and “them” mindset. CAB (2016) says strong working relationships between the parties involved are crucial for sound referral systems. Although Creating the space and time for organisations to interact can be challenging, the most effective referrals are those generated when a partnership works in a place with trust and familiarity. Not only do these relationships have to be forged, but they also have to be maintained for ongoing engagement between the organisations to be successful.

Additionally, it was evident that there was a lack of clarity regarding our services in an easily accessible format. As part of my project, I set out to provide a straightforward user guide setting out precisely what we offer and how to access it best, addressing common stumbling blocks that arise.

Finally, it was evident that although we already provided a digital platform for making referrals, changes needed to be made to our guide to access this platform. Also, internal changes are required to be made by MHMA to make the referral portal more user-friendly. As CAB (2016) notes, secure digital platforms can improve referral processes and minimise inappropriate referrals, improving the client experience for a network of organisations.

Using Microsoft Powerpoint, I created a guide accessible to all staff members on our internal intranet system. Upon request, it can also be emailed to project leaders or new staff members (Appendix A). I created the user guide in English; however, I understand that there are plans in future to translate my user guide into the Welsh Language to ensure that we are complicit with The Welsh Language Act (1993), which states that the Welsh and English language should be treated equally in the conduct of business in Wales (Welsh Government, 1993).

Taking on board suggestions from service managers and colleagues across Wales, changes were also made to our referral portal to ensure that we provided a better service to our referrers; these changes included changes in the layout of the referral portal, the addition of an option for “MX” to be an option as a title to address clients who do not identify as male nor female (Appendix B), and the addition of a “preferred name” option for clients who wish to be addressed by their nickname or middle name (Appendix C).

On the evaluation of this aspect of my project, I was able to demonstrate my team working and networking skills. At times this was challenging as I initially encountered a lot of negative feedback from referrers regarding MHMA and my colleagues due to us being misconstrued as “unhelpful” and “difficult” because of the number of referrals we rejected. However, I could navigate this by always remaining professional, demonstrating my active listening skills, and taking on board the feedback I received. I received much positive feedback from team managers regarding my professionalism and felt that I could effectively foster strong working relationships and break down barriers between us. I realised I was the first “face” many referrers had seen because we provide remote service and are a faceless organisation. This meant it was even more critical for me to conduct myself professionally, always being punctual and ensuring that remote meetings were completed on time, and always presenting MHMA positively while taking on negative feedback.

1.3 Further project developments

Measuring outcomes of the personal impact of our service

Whilst changes were made to our service as outlined above, my project took on an additional aspect when it became apparent that there was a great need to demonstrate the personal impact of our service using our internally generated figures.

During feedback from Team leaders and referrers, it was highlighted as an area of development for our service. As well as providing monthly and annual figures regarding the financial aspects of our service, it would be beneficial to measure the impact our service has on the people we support.

Initially, I felt that this was a suggestion out of my remit and something that would not be possible for me to implement; however, following various meetings with my line manager, I was permitted to organise meetings with our associate directors, and eventually, our director, to present this idea.

When presenting to our director, I explained that measuring its impact on our referrers and future funding bids would benefit our service. The fundamental reason behind a decision to provide funding or not is that within the bid, the funder has to be assured that the client's needs can be met and provide proof of this (Jacque, 2013). So, the funder needs outcomes and to know what our service can do, with the evidence that it can be done.

I was given the task of coming up with a questionnaire to ask clients at the start point of our service and also at the end. I decided to use a Likert Scale questionnaire to measure affective variables.

This was a challenging task because I was aware that item development must be conducted with great care and that I needed to understand the construct carefully, develop the items, determine the outcome space, gather feedback and pilot the questionnaire to result in the development of a Likert Scale questionnaire that was likely to obtain data that is reliable, leading to an increase of valid interpretations (Nemoto & Beglar, 2014).

While developing the questionnaire, I consulted with my line manager almost continually, as she was familiar with the construct. Once a draft was written, It was sent to associate directors for review. After revisions based on feedback, it was again sent off for review for further feedback. As a result, the items were improved until the general agreement was that they were well written. The questionnaire was then shown to a pilot group of referrers, gathering their feedback concerning the wording and clarity of expression. Once final revisions were made, it was agreed that the questionnaire was ready for use.

The eleven-item questionnaire is designed to be asked of clients at the first point of contact with our service during their initial appointment (Appendix D and E) and again at the end of their contact with our service during their closing interview (Appendix F). This will allow us to measure the impact of our services on our clients.

These results are automatically generated in a diagram and graph format (Appendix G and H). Their responses are gathered on our database, "Advicepro", automatically analysed and anonymised alongside our financial figures. Unfortunately, this questionnaire was only implemented at the start of this financial year, so I cannot provide any statistics generated;

these will not be available until the next financial year. I used a dummy case to create the documents in the appendix.

On evaluation, this aspect of my project enabled me to demonstrate a wide range of professional skills. I could showcase my knowledge of the work environment while formulating the questionnaire and presenting it to senior management and the pilot groups. I worked independently and was able to use strong decision-making and problem-solving skills. In order to meet the deadline of April 2023 to complete the final version of the questionnaire, my critical thinking, analysis, project management and time management skills were crucial.

Part 2

Critical evaluation of the experience and personal development during the workplace experience

Creating and distributing the referral guide and formulating the questionnaire has given me various opportunities for professional development, as outlined above, and personal growth. Reflection has enabled me to understand myself and my professional better practice and increased my confidence levels.

This project has required much self-motivation and enthusiasm to develop myself and our service. While creating the referral guide, I could have stopped entirely; however, I was motivated to change our database and formulate the questionnaire to measure our service's personal impact. I recognise that this added additional work to my already high workload consisting of balancing work, university, and family life. It was challenging because it involved much extra work; however, I grew through this experience because I learned that I could achieve anything I set my mind to. This has also enabled me to demonstrate my accountability by doing what is best for MHMA and taking responsibility for my actions and decisions.

My time management skills have been crucial whilst working on this project as well as my decision-making skills. It was a challenge for me also to learn how to allocate my time dedicated to work and my time for this project, as I would receive various emails throughout the working day from colleagues responding to communication relating to different aspects of this project. Because of this, I had to learn to prioritise the task at hand, for example, my clients, whilst allocating time towards the end of the day to deal with issues relating to this project. I had to ensure that throughout my working day, my caseload of clients would always come first and that I should not prioritise my desire to work on my project to the detriment of the clients I support.

I have demonstrated a willingness to learn and take on board both positive and negative feedback from both referrers while creating the referral guide and from senior management when formulating the questionnaire. My interpersonal and communication skills have grown from strength to strength due to the interaction level with others involved in this project. My listening and diplomacy skills have also been crucial as part of this project, as I have shown an eagerness to listen whilst showing empathy and consideration for the views of others. As well as this, however, I have had to demonstrate professional assertiveness, as whilst I will always take on board the opinions of others, I have also had to advocate for the views of MHMA staff and highlight the impact of poor referrals we receive on both our clients and us.

Finally, my networking skills have grown, allowing me to confidently meet new people, which I believe might expand my opportunities. I have created new and positive relationships that will strengthen my reputation. I have successfully demonstrated my value to my employer and referrers in the wider organisation.

I am grateful that this project has allowed me to increase my professional profile within the organisation, demonstrate an eagerness to learn, progress, develop myself and show commitment and dedication to our service.

Reference list

- Alun, T., Pearce, M., Wilson, C., Hails, E., Thomas, P., Dugmore, A., ... & Celia, J. (2017). Hafal: A Prudent Healthcare Approach to User-Led Services in Wales. *Journal of Recovery in Mental Health*, 1(1), 42–49.
[file:///C:/Users/Laura%20Jones/Downloads/titusland,+HafalapprovedMarch22%20\(2\).pdf](file:///C:/Users/Laura%20Jones/Downloads/titusland,+HafalapprovedMarch22%20(2).pdf)
- Citizens Advice (2016) *The Referral Gap, How stronger referrals between free guidance and paid for advice can help people manage their money* [The referral gap - how stronger referrals between free guidance and paid-for advice can help people manage their money - Citizens Advice](#)
- de Bono (1992) *Serious Creativity* Harper Collins, London
- Europe Economics (2014). *Retail Distribution Review Post Implementation Review* https://www.fca.org.uk/publication/research/rdr-post-implementation-review-europe-economics.pdf?mod=article_inline
- Gibbs, G. (1998). *Learning by Doing: A guide to teaching and learning methods*. Further Education Unit. Oxford Polytechnic: Oxford.
- Goldschmidt, G., & Tatsa, D. (2005). How good are good ideas? Correlates of design creativity. *Design studies*, 26(6), 593-611.
<https://doi.org/10.1016/j.destud.2005.02.004>
- HM Treasury (2008) *Thoreson Review of generic financial advice* <https://documents.pub/document/thoresen-review-of-generic-financial-advice-final-review-of-generic-financial-advice.html?page=1>
- Jacque, E. (2013). *The winning bid. A Practical Guide to successful bid management*. Kogan Page Publishers.
- Jasper, M. (2013). *Beginning Reflective Practice*. 2nd edition. Andover: Cengage
- Mental Health and Money Advice (2022) *Annual Statistical Report 2021-2022*. Unpublished confidential document.
- Nemoto, T., & Beglar, D. (2014). Likert-scale questionnaires. In *JALT 2013 conference proceedings* (pp. 1-8). https://jalt-publications.org/sites/default/files/pdf-article/jalt2013_001.pdf
- Refernet (n.d) *The perfect fit for client referrals* <https://www.refernet.co.uk/wp-content/uploads/pdfs/brochure.pdf#:~:text=Refernet%20is%20the%20ideal%20solution%20for%20Legal%20Advice,can%20include%20a%20database%20of%20locallyprovided%20external%20services> Accessed on 8 April 2023
- Welsh Government (1993) *Welsh Language Act 1993* <https://law.gov.wales/culture/welsh-language/welsh-language-act-1993>

Appendix A

Mental Health and Money Advice Service Referral Guide





Using the portal for the first time

- The first time you use the portal, you will need to set up a password. Your password that was in use for the previous portal will no longer work.
- Navigate to the portal at: <https://mhmas.zentsocloud.com/>
- Click login then forgot your password:

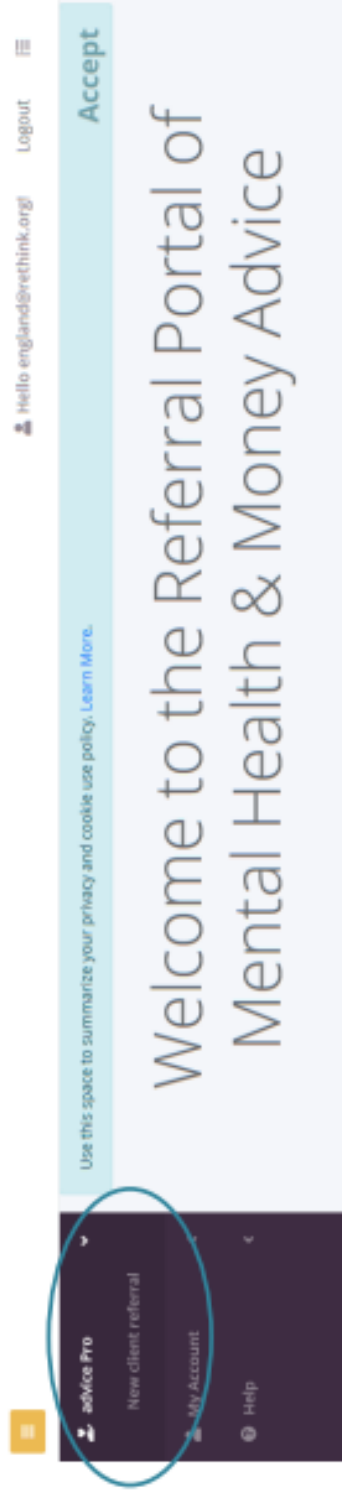
A screenshot of the login page for the Mental Health & Money Advice portal. The page has a light blue header with "Register" and "Login" links. The main content area is white and contains a "Log In" section. Below the heading, it says "Use a local account to log in." There are input fields for "Email" and "Password". A "Remember me?" checkbox is present. A green "Log in" button is at the bottom right of the login section. Below the button, there is a link that says "Forgot your password?" which is circled in red. At the very bottom, there is a small link that says "Register at 3 new sites".

- Enter your email address on the next screen.
- A link will be emailed to you to re-set your password.
- Your password must be at least 6 characters long.



Making a referral

The new portal works much the same way as the previous portal. Log in at <https://mhmas.zentsocloud.com/>.



Click advicePro in the top left corner, then new client referral

This will bring you to a page with the 4 nations of the UK. Select the nation that the person you want to refer lives in. This is to make sure their appointment is booked with the team based in your nation and that the client gets the advice that is accurate for them

Referral: Select Contract

England
Northern Ireland
Wales
Scotland

Then you can enter their first name, last name, and use the dropdown list to select an appointment slot. Hit submit and the appointment is reserved.

Referral: Select Appointment

Client first name	Enter Forename
Client last name	Enter Surname
Appointment	Select an appointment slot
Back	Submit



This will bring you to the page where you can enter all the client's details.

There are two mandatory fields:

- Phone
- Client info

You cannot complete the referral without completing these fields.

Use the client info box to tell the Mental Health & Money Advice team about the issues the client needs advice on. As much information as you have to share is useful here

There is a box in the top right corner that you can use to upload files. For example, you may wish to upload a personal budget sheet:

A screenshot of a file upload interface. At the top, it says "Upload files to be attached to the case in AdvicePro". Below this is a light blue rectangular area. Inside this area, on the left, is a button labeled "BROWSE...". To the right of the button is the text "Or drop files here".



These check boxes are also very important:

- ☐ Consent given?
- ☐ Can MHMAS say where they are calling from?
- ☐ Can MHMAS leave a voicemail?

- Tick "consent given" to confirm that you have spoken to the client and explained that you are sharing their data with us and that we will hold it securely in line with the Data Protection Act. If you have given any information about the client's mental health diagnosis in the case note box, because this is sensitive personal information, you must have the client's explicit consent before you can share that with us.
- Tick "Can MHMAS say where they are calling from" if the client is happy to say we are calling from the Mental Health & Money Advice Service. Not everyone is comfortable with this, and it can be a concern for some people, especially if there is a chance someone else might answer the phone.
- Tick "Can MHMAS leave a voicemail" if the client is comfortable with us leaving a message on a voicemail. Again, this is particularly important if someone else might pick up the message.



When you have completed all the relevant fields, click submit and the referral will be complete.

If you have entered an email address for the client, they will get an email confirming their appointment time.

Mental Health & Money Advice

Meet the team...

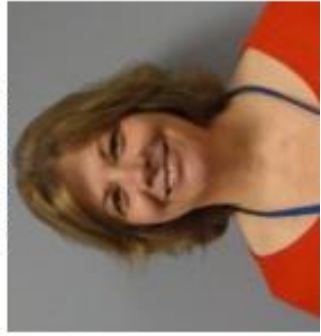
Project Manager – Alison
Dahlgren



Money Advisor-
Christopher Smith



Money Advisor-
Linda Travis



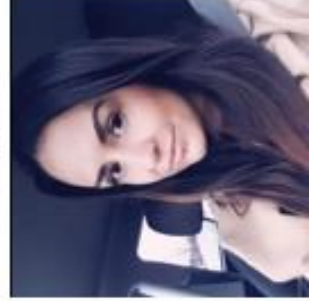
Contact:

Alison.Dahlgren@Adferiad.org
Christopher.Smith@Adferiad.org
Linda.Travis@Adferiad.org
Laura.Jones@Adferiad.org

Money@adferiad.org

0808 801 0373

Money Advisor –
Laura Jones





We do not provide a benefit check service. This should be done prior to making your referral to us.

Benefits checks can be carried out at

Turn2us Benefits Calculator <https://benefits-calculator.turn2us.org.uk/>

Benefits Calculator Entitled to: <https://www.entitledto.co.uk/>

Claim what's yours | Advicelink Cymru – Phone service <https://www.citizensadvice.org.uk/wales/about-us/our-work/advice-partnerships/advicelink-cymru/> 0800 702 2020



When making a referral please be mindful that although we will be completing a full assessment of the clients needs and situation.

Please make sure that you provide us with the following information

- Clients full name
- Clients telephone number and email address
- Clients full address
- Clients Mental Health diagnosis, any other health conditions
- Is the client open to any other agencies eg Social Services, CMHT
- A full description of the clients situation including
 1. Reason for referral
 2. Brief description of background history
 3. What you are hoping to achieve for the client
 4. Your role in supporting the client
- Please attach any relevant documents to the referral eg benefits check, care plan, debt letters, benefits awards letter
- Please provide contact details of anybody supporting the client eg social worker

Please remember we are here to support your clients, we cannot support everyone, we need you to help us. We know we are missing many clients who cannot get an appointments. Please be mindful if a client is being supported by another agency eg Citizen Advice for debt or benefits, we would ask that clients stays with that agency, this will free up space for clients who have no support.

Good Referral v Bad Referral

- Please make sure that you provide as much information as possible in your referral



"Client has debts"

"Client wants help to claim PIP"

"Help with carers benefits"



"Client is struggling to pay priority debts. Water arrears of around £1,000 plus Receiving debt collector letters for credit cards and catalogue debt (Lowells) around £2,500."

"Client has a diagnosis of bipolar and has recently been discharged from hospital. Client is subject to a care plan and is receiving support from CMHT. Client struggles with day to day tasks and is receiving OT support. Client needs help maximising their income and would like to make a claim for PIP."

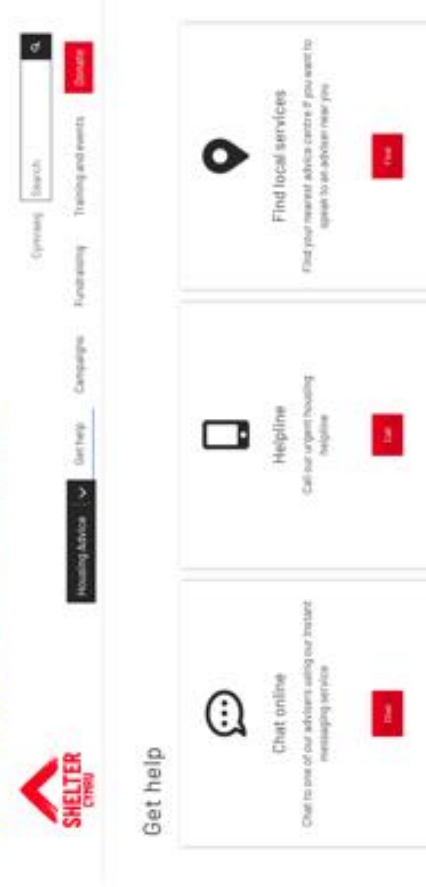
"Client gave up work in 2022 to care for daughter who has schizophrenia. Client is not receiving full carers benefits (please see outcome from benefits calculator attached). Client would like advice and support to claim carers allowance. Due to clients caring responsibilities, she may require assessment/contact broken down into shorter periods which will be more manageable for her".



We do NOT specialise in housing. We will always signpost/refer any housing issues to Shelter Cymru.

If someone is in an urgent situation please email Alison.Dahlgren@Adferiad.org. If a client has a possession order or warrant for eviction please refer them urgently to Shelter. For urgent advice please call their expert housing advice helpline on 08000 495 495 or, for non-urgent enquiries please use their email advice service.

<https://sheltercymru.org.uk/>





Please advise the client of the date/time of the appointment.

We do not make contact with the client until the day of the appointment, nor do we confirm the appointment details with the client.

If the client needs to cancel or the appointment is not convenient, please let us know. We can then free up the appointment slot for someone else.

If the client needs practical/emotional support for the assessment, please ensure that you or another member of staff can be present for the initial assessment.

On the day of the client's initial assessment, we will attempt to call the client TWICE. We will call at the appointment time, and again ten minutes later. If the call is not successful, we will send the client an email advising that they missed their appointment with us and advising them to go back to their referrer to make a new referral. We will not try to contact the client again. We will then email you to advise you that the appointment was unsuccessful.

If the appointment is successful, we will provide you with our agreed objectives moving forward and what you can do to assist the client to achieve these.



Financial Abuse/Economic Abuse

It is incredibly important to be able to spot the signs of Financial Abuse. Do NOT wait for us to pick up the referral to take appropriate safeguarding action. These need to be raised immediately to the designated safeguard officer, Samantha Drohan (Sam.Drohan@Adferiad.org)

Training on spotting the signs of financial abuse/economic abuse is available on share point and is a mandatory training requirement.

To recap.....

Mental Health & Money Advice

- Client may say they are not “allowed” to spend money that is theirs
- Receiving a budget or spending allowance as opposed to having full access to their own/joint income
- Lack of cash funds where there is apparent income coming into the household
- Client discloses that their income is paid into another person’s account. Alternatively, clients may disclose that income is transferred from their account into someone else
- Direct debits/standing orders set up to pay debts the client is not liable for



Please note that this is not exhaustive. If you have ANY concerns that the client is at risk, please discuss with your line manager and take relevant safeguarding steps.

- Client is unable to spend their own money/is told how to spend their money (please note that this does not apply if the client has an appointee or Power of Attorney (POA) in place)
- Client discloses that they have been coerced into transferring money (savings/benefits/wages) into another person’s bank account
- One partner assuming control over a joint bank account because they may be “better with money”
- Client is unable to access their own funds without permission
- Client discloses that they have debt in their name that they were coerced into, or was taken out without their consent. They may be feeling pressure to pay this back.



Benefits
Guide

Personal Independence Payment (PIP)

- If you believe that your client is entitled to PIP it is important that you do not begin the claims process before making the referral to us.
- Due to the forms being time sensitive, it adds pressure to us and the client to complete/return a form within a very small time frame.
- Please allow us to complete our assessment, following this we will advise you/the client to call the PIP new claims line to order the form. Forms take on 7-10 working days to arrive and have to be returned within a period of roughly six weeks
- In order for a claim to PIP to be successful we require supporting evidence to provide to DWP. This might include
 - Repeat prescription
 - Care plan
 - Specialist letters eg psychiatrist, CPN, OT.
 - Hospital admission/discharge notes
 - Your observations regarding the clients presentation (please see template provided)
 - Supporting evidence from carer/family/friends



Guidance on providing supporting evidence.

Please ensure that this is always on letter headed paper (not email, although you are welcome to provide it to us under cover of an email)

- Your role
- How do you support the client – what does your support involve
- Who was the referral made by
- How long is your support likely to last
- Any other agencies involved
- Your observations of the client, please try and stick to the PIP descriptors as much as possible.

- Please state what conditions your client has, and what medications, treatments and therapies have been prescribed or recommended for them
- When answering the following questions please consider your clients ability to perform each activity:
 1. Safely
 2. To an acceptable standard
 3. Repeatedly (as necessary); and
 4. Within a reasonable time
- Please indicate where your client is unable to perform these activities without either physical help, or someone prompting them to carry out the activities.
 - To what extent does their condition(s) affect their ability to prepare food?
 - To what extent does their condition(s) affect their ability to take appropriate nutrition?
 - To what extent does their condition(s) affect their ability to manage therapy or manage their health condition?
 - To what extent does their condition(s) affect their ability to wash or bathe?
 - To what extent does their condition(s) affect their ability to manage their toilet needs or incontinence?
 - To what extent does their condition(s) affect their ability to dress or undress?
 - To what extent does their condition(s) affect their ability to communicate verbally?
 - To what extent does their condition(s) affect their ability to read and understand signs, symbols and words?
 - To what extent does their condition(s) affect their ability to engage with other people (who they do and do not know) face to face?
 - To what extent does their condition(s) affect their ability to make budgeting decisions?
 - To what extent does their condition(s) affect their ability to plan and follow a journey (both those that are familiar and unfamiliar)
 - To what extent does their condition(s) affect their ability to physically move around?

Universal Credit (UC)

- Please do not begin the clients claim for UC prior to our initial appointment. The reason for this is that the client may be entitled to legacy benefit (eg new style ESA) and may be significantly worse off on UC.

Once the claim for UC is started it cannot be reversed and legacy benefit cannot be claimed. Please allow us to carry out our assessment before supporting the client to apply for UC as we are encountering clients who should have been placed on legacy benefit however the claim for UC is already in place.

- UC is an online benefit managed by the client via an online portal. The client will have a username/password used to access their journal. If the client is already on UC at the time of your referral, please ask them whether they are happy to share their login details with us so that we can access their journal remotely and monitor the status of their claim. Please provide the login details as part of your referral.



Useful Sources for further information

MH&MA website packed with information – Cost of Living – Money – Benefits – Tools

[Mental health and money : Mental Health & Money Advice \(mentalhealthandmoneyadvice.org\)](https://mentalhealthandmoneyadvice.org) Mental health and money : Mental Health & Money Advice (mentalhealthandmoneyadvice.org) – MH&MA website, you can find all the links we discussed at our meeting.

[Help with your PIP claim : Mental Health & Money Advice \(mentalhealthandmoneyadvice.org\)](https://mentalhealthandmoneyadvice.org)– Quick link to help with PIP

[Tools & Calculators : Mental Health & Money Advice \(mentalhealthandmoneyadvice.org\)](https://mentalhealthandmoneyadvice.org) – Quick link to tools

[How to claim welfare benefits with a mental illness : Mental Health & Money Advice \(mentalhealthandmoneyadvice.org\)](https://mentalhealthandmoneyadvice.org) – Quick link to benefits

[Dealing with money problems during the cost-of-living crisis : Mental Health & Money Advice \(mentalhealthandmoneyadvice.org\)](https://mentalhealthandmoneyadvice.org) – Quick link to cost of living and benefit calculators

Appendix B

Advicepro updated to include “MX” as a client title option.

Title *:	Mx
Forename *:	-
Middle Name:	Cllr
Surname *:	Dame
Previous / Maiden Name:	Dr
Gender:	Fr
Date Of Birth:	Lady
Not Given:	Lord
Client Age:	Miss
Is Child:	Mr
	Mrs
	Ms
	Mx
	None
	Prof
	Rev
	Sr

Appendix C

Advicepro updated to include the client's preferred name.

Preferred name of client:

Appendix D

Outcome Measures Example (blank)

Add New Reading
×

Date of Reading: 15/03/2023

Category	Name	Min	Score	Max	
Confidence managing money	How confident are you that you can manage your money (1 = low confidence, 5 = high confidence)	1		5	0
Other support	I am aware of other support I can access for mental health matters (1 = no, 2 = yes)	1		2	0
Other support	I am aware of other support I can access for money matters (1 = no, 2 = yes)	1		2	0
Stress levels	How stressed have you felt in the past two weeks? (1 = low stress, 5 = high stress)	1		5	0
SWEMWBS	In the last 2 weeks, how optimistic about the future have you been feeling? (1 = not optimistic, 5 = extremely optimistic)	1		5	0
SWEMWBS	In the past 2 week, How clearly have you been thinking? (1 = not clearly, 5 = extremely clearly)	1		5	0
SWEMWBS	In the past 2 weeks, how able to make up your own mind about things have you been feeling? (1 = not at all able, 5 = extremely able)	1		5	0
SWEMWBS	In the past 2 weeks, how close to other people have you been feeling? (1 = not close, 5 = extremely close)	1		5	0
SWEMWBS	In the past 2 weeks, how relaxed have you been feeling? (1 = not relaxed, 5 = extremely relaxed)	1		5	0
SWEMWBS	In the past 2 weeks, how well have you been dealing with problems? (1 = not well, 5 = extremely well)	1		5	0
SWEMWBS	In the last 2 weeks how useful have you been feeling? (1 = not useful, 5 = extremely useful)	1		5	0

Add Reading
Cancel

Appendix E

Outcome Measures Example (Completed)

Scored Outcomes

[+ Add Reading](#)

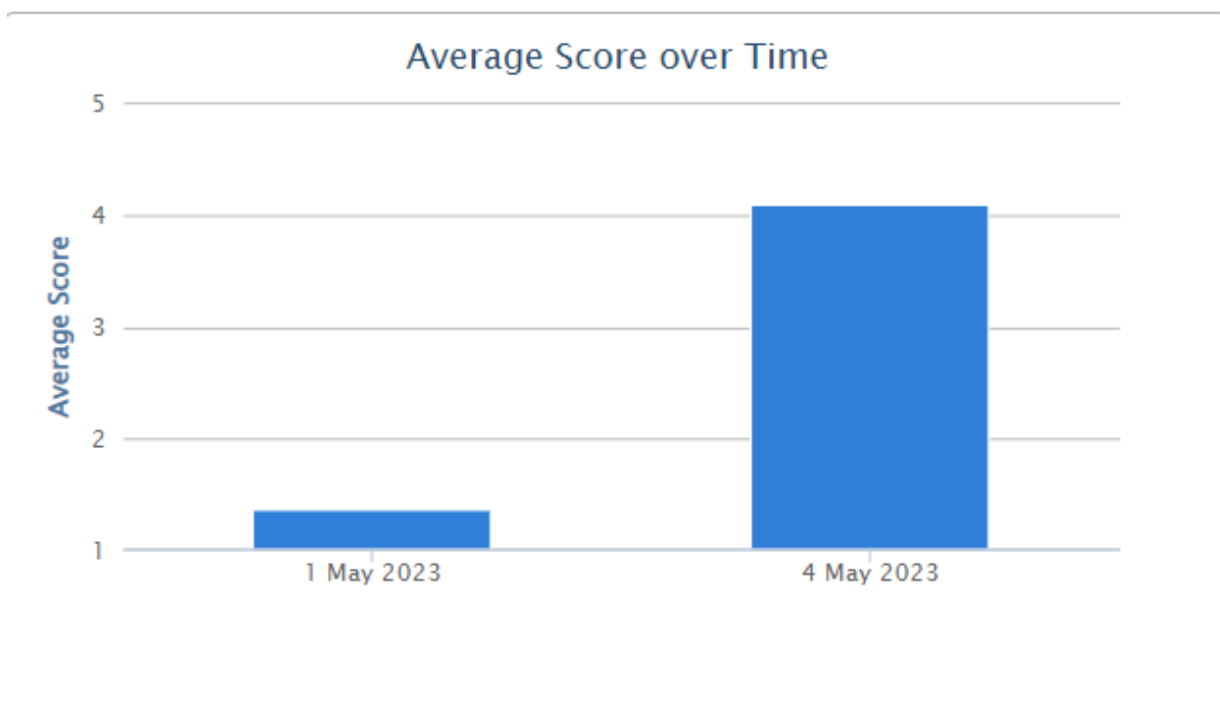
Category	Name	1 May 2023	Uplift	Uplift Percent
		Edit	Delete	
Confidence managing money	How confident are you that you can manage your money (1 = low confidence, 5 = high confidence)	1	-	0%
Other support	I am aware of other support I can access for mental health matters (1 = no, 2 = yes)	1	-	0%
Other support	I am aware of other support I can access for money matters (1 = no, 2 = yes)	1	-	0%
Stress levels	How stressed have you felt in the past two weeks? (1 = low stress, 5 = high stress)	5	-	0%
SWEMWBS	In the last 2 weeks, how optimistic about the future have you been feeling? (1 = not optimistic, 5 = extremely optimistic)	1	-	0%
SWEMWBS	In the past 2 week, How clearly have you been thinking? (1 = not clearly, 5 = extremely clearly)	1	-	0%
SWEMWBS	In the past 2 weeks, how able to make up your own mind about things have you been feeling? (1 = not at all able, 5 = extremely able)	1	-	0%
SWEMWBS	In the past 2 weeks, how close to other people have you been feeling? (1 = not close, 5 = extremely close)	1	-	0%
SWEMWBS	In the past 2 weeks, how relaxed have you been feeling? (1 = not relaxed, 5 = extremely relaxed)	1	-	0%
SWEMWBS	In the past 2 weeks, how well have you been dealing with problems? (1 = not well, 5 = extremely well)	1	-	0%
SWEMWBS	In the last 2 weeks how useful have you been feeling? (1 = not useful, 5 = extremely useful)	1	-	0%
Average Scores		1.4	-	0%
Total Score		15	-	0%

Appendix F

Outcome Measures Example (comparison of two dates)

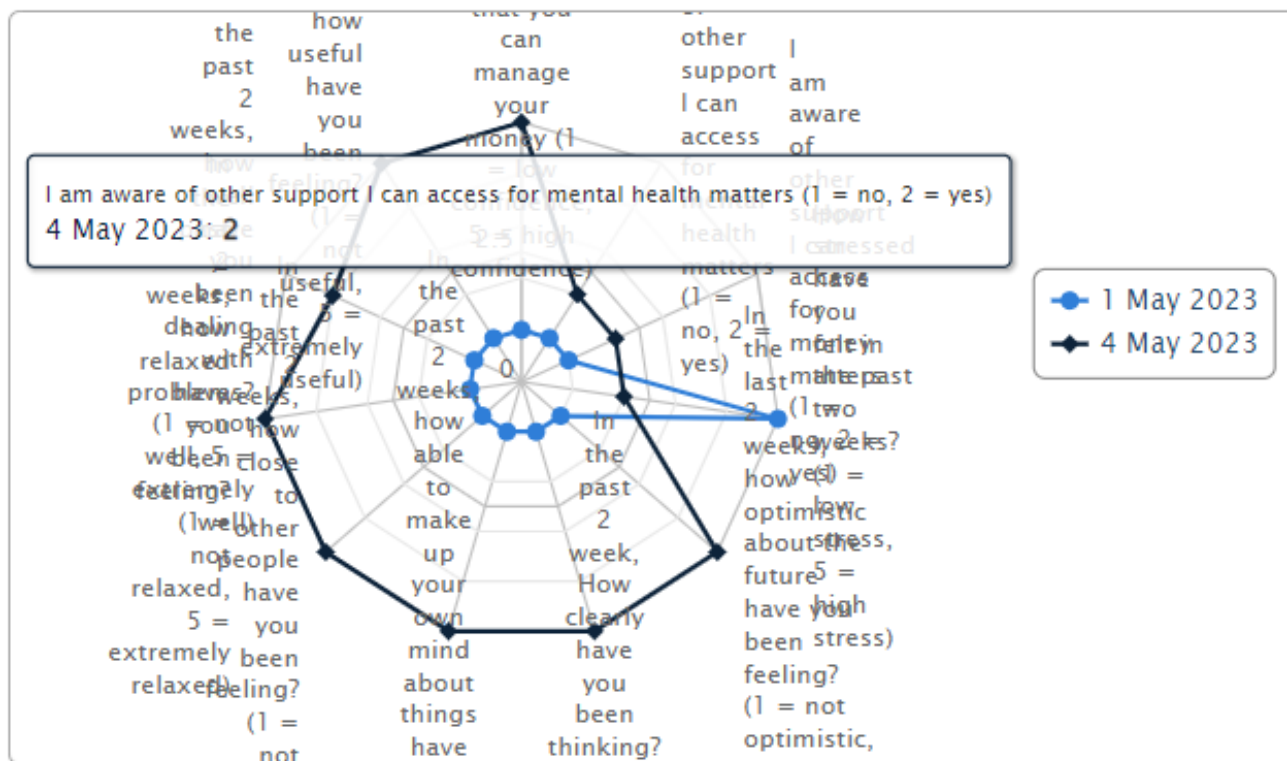
Category	Name	1 May 2023		4 May 2023		Uplift	Uplift Percent
		Edit	Delete	Edit	Delete		
Confidence managing money	How confident are you that you can manage your money (1 = low confidence, 5 = high confidence)	1		5		4	67%
Other support	I am aware of other support I can access for mental health matters (1 = no, 2 = yes)	1		2		1	33%
Other support	I am aware of other support I can access for money matters (1 = no, 2 = yes)	1		2		1	33%
Stress levels	How stressed have you felt in the past two weeks? (1 = low stress, 5 = high stress)	5		2		-3	-50%
SWEMWBS	In the last 2 weeks, how optimistic about the future have you been feeling? (1 = not optimistic, 5 = extremely optimistic)	1		5		4	67%
SWEMWBS	In the past 2 week, How clearly have you been thinking? (1 = not clearly, 5 = extremely clearly)	1		5		4	67%
SWEMWBS	In the past 2 weeks, how able to make up your own mind about things have you been feeling? (1 = not at all able, 5 = extremely able)	1		5		4	67%
SWEMWBS	In the past 2 weeks, how close to other people have you been feeling? (1 = not close, 5 = extremely close)	1		5		4	67%
SWEMWBS	In the past 2 weeks, how relaxed have you been feeling? (1 = not relaxed, 5 = extremely relaxed)	1		5		4	67%
SWEMWBS	In the past 2 weeks, how well have you been dealing with problems? (1 = not well, 5 = extremely well)	1		4		3	50%
SWEMWBS	In the last 2 weeks how useful have you been feeling? (1 = not useful, 5 = extremely useful)	1		5		4	67%
Average Scores		1.4		4.1		2.7	49%
Total Score		15		45		30	49%

Appendix G
Outcome Measures table graph



Appendix H

Outcome Measures diagram



Appendix I

Completed Learning Logs

Log Book

Student Name:	Laura Marie Jones
Name of Host Employer:	Adferiad/Mental Health and Money Advice Service

Record of project work carried out.

Date:	4 th October 2022 & 11 th October 2022 (1 hour + 1 hour)
Tasks completed:	Brainstorming ideas and compiling potential project ideas
Reflection:	<u>Ideas</u> 1. An internal guide for staff members to know what services are available for service users and how to access them, e.g. project lead, contact details, referral criteria etc. 2. An easy-access mental health guide for team members to be aware of common MH disorders and how these might fit into the criteria for accessing welfare benefits, e.g. PIP, names of common medications, side effects etc

Date:	20 th October, 30 minutes
Tasks completed:	Meeting with the line manager to present my project ideas
Reflection:	My ideas are not novel- we already have information on our staff intranet (SharePoint) regarding this which none of us in MHMA were aware of. Additionally, our intranet is being updated with further information and staff training is being rolled out. The line manager suggests meeting with my colleagues to formulate an idea together. I was reluctant to do so at first as this made me feel like I was failing by needing to reach out for help. After a talk, I realised that asking for further input from team members would be positive.

Date:	21 st October 1 hour
Tasks completed:	Meeting with colleagues (teams)
Reflection:	Successful meeting: Lots of good ideas were discussed. All team members raised the issue of the poor quality of referrals we receive and the amount of vetting we need– time-consuming. Discussed insufficient referrals and inappropriate referrals – poor quality supporting evidence—referrals where safeguarding concerns were raised via the safeguarding officer. I took away

	plenty of ideas for a potential referral guide to run past the line manager and felt very positive after this interaction with colleagues.
--	--

Date:	24 th October 1 hour
Tasks completed:	Meeting with the line manager to present my project ideas
Reflection:	Positive meeting. We discussed the contents of the guide, the benefits that this would have for our service, and the benefits for service users. She also suggested including signposting information. The line manager is keen for me to proceed. Verbal confirmation from the line manager that I have been asked to present in the next managers' meeting (directors)

Date:	28 th October 1 hour
Tasks completed:	Meeting with senior management
Reflection:	Successful meeting. Presented to directors, all in agreement that the referral guide would be positive for everyone concerned. I discussed potential content. I asked permission to meet with the area managers for our services – I was given authorisation to do so. Draft—draft to be approved by senior management before publication to staff.

Date:	2 nd November 30 minutes
Tasks completed:	Sending invites and organising calendars to accommodate meetings with team leaders from all of our projects (22 regional managers in total)
Reflection:	As each county in Wales has its own regional manager, each manager needs to be invited to a meeting to discuss barriers to making positive referrals and how these can be overcome. What content would they like to see in the referral guide? Invites sent and meetings arranged.

Date:	7 th November – 30 th November 22 hours
Tasks completed:	Meetings with area managers

Reflection:	Meetings with 22 regional managers held throughout November • Bridgend • Caerphilly • Cardiff • Carmarthenshire • Ceredigion • Conwy • Denbighshire • Flintshire • Gwynedd • Anglesey • Merthyr • Monmouthshire • NPT • Newport • Pembrokeshire • Powys • RCT • Swansea • Torfaen • VOG • Wrexham • Blaenau Gwent Some of these meetings proved challenging but were generally very positive. A widespread response was, "It's nice to put a face to a name in an email/voice at the end of the phone", so it was decided that within the referral guide should be a brief introduction page (not for release to service users, staff only). Discussed content and discussed issues that managers are receiving fed back regarding our referral system/ the portal on Advicepro. Gathered lots of ideas for the referral guide together with some suggestions for changes/adaptations to be made on Advicepro (client name MX and preferred name) Feedback from the majority of managers that they do not feel a sense of connection to our service and that it would be good for them to receive feedback on the positive outcomes of our service.

Date:	1 December 2022 4 hours
Tasks completed:	Drafting document version 1
Reflection:	I spent the majority of my non-working day working through the content of the user guide, using feedback from managers gathered previously. Creating the user guide was not nearly as time-consuming as the planning and consideration that went into it. I used my notes from the meetings to include information and guidance that was raised.

Date:	1 December 2022 10 minutes
Tasks completed:	Email exchange with line manager
Reflection:	I discussed with the line manager that I would require access to the referral portal in Advicepro to create a step-by-step technical guide on navigating the portal. Access granted.

Date:	1 December 2022, 45 minutes
Tasks completed:	Once I received my access credentials, I created an account as a referrer on Advicepro. I learned how to navigate it via teams with the line manager. She explained the steps a referrer requires and highlighted areas where referrers often go wrong.
Reflection:	Seeing the referral portal from the “other side” as a referrer was interesting. I realised how fiddly it can be, especially for staff dealing with high workloads.

Date:	2 December 2022 3 hours
Tasks completed:	Created the “start-up guide” to referrals, including screenshotting the referral portal and creating step-by-step guidance on completing it. Formatted this in a step-by-step, easy to follow format.
Reflection:	Feeling optimistic that this will significantly help referees should make the referral process far more straightforward than going into it “blind”.

Date:	5 th December 30 minutes
Tasks completed:	I emailed the completed guide to my line manager and then had a team call wherein she went through the guide with me and made some suggestions for things she would change/modify slightly.
Reflection:	Reflecting on this together was a positive experience; I felt a sense of accomplishment as she expressed her satisfaction with the document I had produced.

Date:	5 th December 30 minutes
Tasks completed:	Making suggested amendments/updates to the referral guide
Reflection:	Mainly spelling and grammar mistakes

Date:	7 th December 1 hour
Tasks completed:	I am attending management meetings (senior directors) and showcasing the referral guide.
Reflection:	The referral guide was approved, feeling very positive. I received a lot of positive feedback.

Date:	8 th December 15 minutes
Tasks completed:	I emailed all regional leaders copies of the referral guide and asked for their feedback.
Reflection:	Feedback is positive – we confirmed that the referral guide could be a “work in progress”, so if something changes or needs amending/updating, I can be approached regarding this, and I will make any required updates.

Date:	8 th December 15 minutes
Tasks completed:	Emails to line manager making suggestions for updates to Advicepro – line manager to raise this with senior management/IT.
Reflection:	I feel pleased that my line manager is prepared to take these suggestions on board and that my project has resulted in changes to our database. - This was approved, and Advice Pro was updated. This was not done by myself but by the IT department; however, it was made due to my suggestions.

Date:	12 th December 2022, 30 minutes
Tasks completed:	Meeting with the line manager to discuss measuring the personal outcomes of our service (not just financial figures)
Reflection:	I felt nervous before this meeting and that I should not be telling my line manager what we should be doing. However, she was keen to hear what I said and said she would raise this in the next board meeting. She advised that this would probably not be until after Christmas because many senior staff and I were on annual leave for two weeks over Christmas. We agreed to touch base on this in the new year.

Date:	11 th January 2023, 10 minutes
Tasks completed:	Email exchange with line manager regarding presenting to the board of directors
Reflection:	

Date:	13 th January 2023 1 hour
Tasks completed:	Planning of my proposal to the board of directors
Reflection:	I spent time researching the advantages of measuring the client's personal outcomes in addition to the financial outcomes, which automatically generate monthly and annual figures.

Date:	13 th January 2023 1 hour
Tasks completed:	Presenting to the board of directors (measured outcomes)
Reflection:	Positive meeting

Date:	16 th January 1 hour
Tasks completed:	Presented to the director, Alun Thomas
Reflection:	Another positive meeting went very well; he took my points on board and agreed that this would benefit our service.

Date:	17 th January – 13 th Feb 8 hours
Tasks completed:	Researching, planning and designing the questionnaire.
Reflection:	This was incredibly time-consuming as I needed to ensure that the questions we were asking would provide us with the data that we needed. During this time, I consulted with my line manager almost constantly – I have included this all as one entry in the time log due to the number of interactions and meetings we had. The questionnaire took significant consideration, and we changed the questions/removed questions at various points of the process. At various points during this process, I felt very stressed as it turned out to be a far more complex task than I had anticipated, to begin with.

Date:	14 th Feb 5 minutes
Tasks completed:	Questionnaire reviews by directors (sent via email)
Reflection:	Questionnaire was sent to directors for approval.

Date:	23 Feb 30 minutes
Tasks completed:	Adjustments to two questions
Reflection:	Feedback was received with a request to make some alterations to the wording of some of the questions. Management requests to organise a pilot group of referrers and gather feedback.

Date:	24 th Feb 10 minutes
Tasks completed:	Organising pilot group
Reflection:	Emails sent

Date:	2 nd March 1 hour 15 minutes
Tasks completed:	Pilot group – feedback on the questionnaire
Reflection:	Mainly positive, it was good to take on board the feedback of referrers looking at the questionnaire with fresh eyes—a few minor changes to be made to the questions.

Date:	6 th March 1 hour
Tasks completed:	Updating the questionnaire and making amendments regarding wording and clarity
	Making the final adjustments to the questionnaire so it can be submitted to the IT department to implement within Advicepro.

Date:	13 March 1 hour 10 minutes.
Tasks completed:	Presenting the questionnaire to our team
Reflection:	This gave me the opportunity to showcase the questionnaire to our team and to answer any questions regarding it. I was able to explain the rationale behind it and the importance of completing it at the first and final contact. Very successful meeting; all colleagues seemed pleased and positive about implementing this into their casework routine.

Appendix J

Project Information Form

KET 2018-19

M6X02257 Work-based Learning Placement: Information form

Name of Student: <i>Enw'r Myfyriwr:</i>	Laura Jones
Proposed Placement Setting and Address: <i>Enw'r Lleoliad a Cyfeiriad:</i>	Adferiad head office Unit B3 Lakeside technology Park Phoenix Way Llansamlet, Swansea SA7 9FF
Proposed Dates of Placement: <i>Dyddiadau'r lleoliad:</i>	I am an employee and am present at this office Four days a week
Name of Contact for Venue: <i>Enw'r person cyswllt:</i> Please also state their position: <i>Beth yw ei rôl?</i>	Alison Dahlgren Service Manager
Email Address*: <i>Cyfeiriad e-bost:</i>	alison.Dahlgren@adferiad.org
Telephone Number for Contact at Placement*: <i>Rhif ffon ar gyfer y cyswllt:</i>	079852 03639

*This information must be provided / Mae'r gwybodaeth yma yn anghenrheidiol.

Please return this form to Lymarie Rodriguez-Morales
(lymarie.rodriguez@uwtsd.ac.uk) no later than 29th October 2021.

Appendix K

Project pre-Implementation

KET 2018

M6X02257

Pre-placement plan

Pre-placement plan

Student: Laura Jones

Placement organisation: Adferiad head office

Task identified during placement:

due to the high turnover of support workers,
our service is receiving a large number of unsuitable
& inadequate referrals - create a comprehensive
guide to our service to provide to existing and
new staff.

How I plan to approach this:

1: Identify issues 2: address them in a step by
step guide to referrals 3: distribute the
guide amongst the managers to provide to
their staff.

How I plan to evidence this:

present the guide to the module lead
(Dr Lymarie Rodriguez - Morales)