
Discharge Booklet for Carers

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Introduction- Purpose of the Discharge Handbook

The discharge Handbook is a guide to discharge and information about community resources to ensure:

Clinically Safe Discharge: Ensuring that the individual's mental health needs are appropriately addressed and that they are stable enough to live in the community.

Legal Compliance: Discharge must comply with any legal orders, including conditions or parole requirements.

Ongoing Support: Providing the necessary social, mental health, and legal support to ensure the individual's reintegration into society.

Risk Management: Ensuring the safety of the individual and the public by identifying and mitigating any potential risks that may arise post-discharge.

Carer/Nearest Relative support

Carer assessment

If you care for someone, you can have an assessment to see what might help make your life easier.

This is called a carer's assessment.

It might recommend things like:

- someone to take over caring so you can take a break
- gym membership and exercise classes to relieve stress
- help with gardening and housework
- training how to lift safely
- putting you in touch with local support groups so you have people to talk to
- advice about benefits for carers

A carer's assessment is free and anyone over 18 can ask for one.

It's separate from the [needs assessment](#) the person you care for might have, but you can ask to have them both done at the same time.

How to get a carer's assessment

Contact the Carers Service at EFLT on: elft.chcarersservice@nhs.net

Nearest Relative

Nearest relative is a special term used in the Mental Health Act 1983. It gives one member of your family rights and responsibilities if you are:

- detained in hospital under sections **2, 3, 4 or 37**
- under a community treatment order (CTO)
- Under a guardianship.

Nearest relative is not the same as next of kin. The next of kin doesn't have any rights under the Mental Health Act. Nearest relative is an important safeguard for people who are affected by the Mental Health Act. The nearest relative is another way of making sure that Clients rights are protected when they are unwell.

Section 26 of the Mental Health Act 1983 sets out who will be your nearest relative. The list is in strict order and the person who is highest on the list is the client nearest relative.

1. Husband, wife or civil partner (including cohabitee for more than 6 months).
2. Son or daughter
3. Father or mother (an unmarried father must have parental responsibility in order to be nearest relative)
4. Brother or sister
5. Grandparent
6. Grandchild
7. Uncle or aunt
8. Nephew or niece.

Also, the nearest relative must:

- be over 18 unless they are your mother, father, husband, wife or civil partner.
- live in the UK, Channel Islands or the Isle of Man

Other situations that affect who the nearest relative might be

- If you are under 18 and subject to a care order, the local authority will be your nearest relative, unless you have a husband, wife or civil partner.
- If you are permanently separated from your partner, they cannot be your nearest relative.

- If there are two people from the same group, **the elder person is nearest relative**. So for example, Parent of client, the elder one would be the nearest relative.
- If you have lived with a relative or are cared for by one of your relatives, they will become your nearest relative.
- If you have lived with someone who is not related to you for more than 5 years, they will be added to the bottom of your list of relatives after niece and nephew.

Powers of a Nearest Relative (NR)

Right to ask for a Mental Health Act assessment. The Nearest Relative can ask social services to assess a client mental health. Social services have a duty to consider client mental health if the NR asks them to. Some families have found this right helpful in a crisis.

Right to consultation

The AMHP must consult with your NR before you can be

- detained for treatment under section 3.
- Or guardianship.

Consult means that the AMHP must speak to your NR. The only time that an AMHP doesn't have to consult your NR is:

- if it is not reasonably practical to. For example, your NR can't be found quick enough which could cause your treatment to be delayed
- your NR is having difficulty with their own health or mental capacity.
- Your NR may not be consulted about an application for detention under section 3. This is if they feel if it would have a negative effect on you.

AMHP's should record their reasons if they do not consult with your NR. Detention under section 3 or a guardianship can't go ahead if your NR disagrees with the decision. An AMHP can apply to County Court if they think that your NR is stopping the application on unreasonable grounds. A County Court can remove your NR and give the NR duty to someone else. This is known as 'displacement'. Your NR can't stop a community treatment order (CTO), or a section 2 from being made.

Right to discharge

The NR can discharge client from detention under:

- section 2,
- section 3,
- a community treatment order (CTO)
- Guardianship.

Your responsible clinician is able to stop the discharge in certain circumstances. But your responsible clinician has no power to stop your NR discharging you from guardianship. Your NR must be told of your discharge from detention or CTO. But your NR may not be told if

- it is not practicable to tell your NR
- Either you or your NR has requested that information about the discharge should not be given.

Right to get notice of discharge Your NR should be given 7 days' notice of the end of your section or community treatment order (CTO) order if possible.

Right to be told about:

- the renewal of your detention
- extension of your community treatment order (CTO)
- if you are transferred from one hospital to another.

Under a **Section 37/41** of the Mental Health Act, a person does not have a designated "nearest relative". This means the person's family member, who would typically act as the nearest relative, has no special legal rights or powers regarding their care or discharge. Section 37/41 is a hospital order with restrictions, meaning it's a court order to keep someone in hospital for treatment, and it also imposes restrictions on their freedom.

If a person is detained under **Section 47** (transfer to hospital without restrictions of a person serving a sentence of imprisonment) or **Section 47/49 (transfer with restrictions)**, they generally do not have a nearest relative. A section 49 restriction is typically added to a transfer under section 47. This means a patient who is a prisoner transferred to a hospital under Section 47 would not have a nearest relative due to the added restriction of Section 49.

Roles and Responsibilities of Professionals/systems you may encounter pre/post discharge

Effective discharge requires the collaborative effort of a **multidisciplinary team (MDT)**, with professionals assuming specific roles:

Consultant Psychiatrist: Leads the mental health evaluation for discharge readiness, prescribes and manages medication, and works closely with other clinicians. Responsible for ensuring that the individual is mentally stable and able to manage their condition in the community.

Community Forensic Team: Once discharged, this team provides continued care, monitoring, and risk management in the community. They ensure access to mental health services, provide supervision, and assess the individual's progress.

Social Worker: The social worker coordinates housing, social support, and community resources. They work with family or caregivers to provide social integration and reduce the risk of relapse or reoffending.

Multidisciplinary Team (MDT): In addition to the professionals mentioned, the MDT includes psychologists, nurses, occupational therapists, peer support workers, and others. They work together to assess the individual's readiness for discharge and develop a comprehensive aftercare plan.

Family and Caregivers: In cases where family or informal caregivers are involved, they provide essential support post-discharge. Their involvement is critical for social reintegration and managing any issues that arise during recovery.

External agency's

MOJ

The Mental Health Casework Section of the Ministry of Justice employs nearly 60 officers whose sole concern is to carry out the Secretary of State's responsibilities under the Act and related legislation. Among their duties, they authorise the admission to hospital of patients transferred from prison; they consider recommendations from responsible clinicians in hospitals for the leave, transfer or discharge of restricted patients, seeking the personal authority of a Ministry of Justice Minister in some instances. They prepare the Secretary of State's statement to the Tribunal when it hears applications from restricted

patients, as required under the First tier Tribunal (Health, Education and Social Chamber) Rules 2008. After the conditional discharge of a patient by authority of either the Secretary of State or the Tribunal, they monitor the patient's progress and give consideration to the variation of conditions, recall to hospital, or absolute discharge as circumstances require.

MOJ timescales

- *Prison transfer 5 days*
- *Remission to prison 7 days*
- *Hospital transfer – trial leave from high to medium secure 28 days*
- *Hospital transfer – downgrade in security (excluding high to medium) 28 days*
- *Hospital transfer – level security 14 days*
- *Hospital transfer - upgrade in security 7 days*
- *Community leave – escorted day 28 days*
- *Community leave – unescorted day 35 days*
- *Community leave – overnight 30 days*
- *Community leave – long-term escorted leave of absence 35 days*
- *Conditional discharge 28 days*
- *Absolute discharge 28 days*
- *Recall to hospital Same day*

MAPPA

Multi agency public protection arrangements (MAPPA) purpose is to protect the public, including previous victims of crime, from serious harm by sexual and violent offenders. MAPPA is not a statutory body but a mechanism where agencies discharge their statutory duties. Mental health practitioners have a duty to co-operate with MAPPA and share information about patients that is relevant to the statutory purposes of assessing and managing risk, even where the patient does not consent. However, patients may be asked to consent to the sharing of other relevant information within MAPPA to assist with their risk management (if they have the capacity to understand what they are consenting to).

If a patient has received a hospital order or guardianship order (s.37 with or without an s.41 restriction), mental health services are the lead agency for their management and the Probation Service has no supervisory responsibilities (this is for S47/49 case). If the patient is also a registered sex offender, the police need to be consulted throughout the patient's detention.

PROBATION

Probation Officer: Ensures the individual complies with legal obligations such as parole or probation conditions. They coordinate with other professionals to ensure the individual is monitored as needed.

JIGSAW:

These are specialist teams within each Metropolitan Police borough. They are responsible for managing Registered Sexual Offenders (RSOs).

Funding Considerations

S117

Section 117 specifically relates to the aftercare of individuals who have been detained under the Mental Health Act (1983) for treatment. Once a person is discharged from a psychiatric hospital or treatment setting after being detained under this act, they are entitled to receive aftercare services to support their recovery and help prevent re-admission to hospital.

Discharge Routes

Restricted client are discharged one of two way-

Tribunal:

- Independent judicial body.
- Reviews detention against the MHA criteria.
- If criteria not met, must discharge and may impose conditions (*difference between s37/41 patients and transferred prisoners*)

MOJ/ Secretary of State

- Based on assessment of risk
- Considers clinical assessment and recommendation
- Balances patient's right to treatment with public protection
- Does not seek to make own or disagree with clinical assessment, but primary concern has to be public protection
- MAPPA – views of other agencies
- Victim issues
- Offending behaviour – are risks reduced
- What are the control measures

(S47/49 only) Tribunal (see above)/Parole Hearing

Please see Parole guidance in Leaflet

Information on sections of Mental Health Act (1983)

Section 2: admission for assessment

This is a civil section for assessment (or for assessment followed by treatment). Two doctors must make the recommendation, and the application is then made by an AMHP. It lasts for a maximum of 28 days and cannot be extended. At any time during the s2, the patient can be put on s3; otherwise, detention expires at midnight on the 28th day.

Section 3: admission for treatment

This is the long-term civil section. An AMHP makes an application for admission, based on the recommendations of two medical practitioners. The initial period for which detention is authorised is six months, but it can be renewed by the RC (**Responsible Clinician/ Consultant Psychiatrist**) for a further six months, then for further periods of 12 months.

Section 4: emergency admission for assessment

Section 4 is used when it is of urgent necessity for the patient to be admitted and detained under section 2 (s4(2)). It is similar to s2, but differences include that only one medical recommendation is required, and it lasts up to 72 hours.

Section 5: holding powers

A nurse of the specified class may detain certain inpatients for up to 6 hours, and a doctor may detain inpatients for up to 72 hours.

Section 7: guardianship

This is not a detaining section but is included here for ease of reference.

Section 37: hospital order

Either the Crown Court or magistrates court can impose a hospital order. It is usually given after conviction. The effect is largely the same as an admission under s3.

Section 37/41: hospital order with restrictions

The restrictions under section 41 may be given only by the Crown Court. The restrictions relate to renewal, leave, transfer, discharge and other matters.

Section 38: interim hospital order

An interim hospital order is a temporary hospital order made under s38 in the case of person convicted of an imprisonable offence other than murder, where there is evidence that it may be appropriate for a hospital order under s37 to be made.

Section 47: transfer direction (from prison)

A prisoner can be transferred to hospital under s47. Under s47(3) he will be treated as if subject to a s37 hospital order - so s47 on its own is often informally called a "notional s37". A patient subject only to s47 cannot be transferred back to prison under the MHA.

Section 47/49: transfer with restrictions

A "restriction direction" under s49 made alongside a transfer direction is given in nearly all cases when moving a prisoner to hospital. The restrictions cease on the prisoner's release date, and then the patient is treated as if he had been detained under s47 on that date.

Section 45A: restriction direction

This is an order which the Crown Court can make at the same time as imposing a prison sentence (except where the sentence is fixed by law, i.e. murder) upon an offender who suffers from mental disorder: s45A(1),(2). A "limitation direction" must also be given: s45A(3).

Notional s37

The term "notional s37" is not mentioned in the statute, but is often used informally, including (1) when a patient is transferred under s47 but without a restriction direction under s49, or (2) where he was transferred under s47/49 but, on the release date, the restriction direction has ceased to have effect, he will be left with the s47 on its own and the notional s37 begins when the restrictions cease.

Prison sentences

You will need to get used to the different types of prison sentence regimes, which have an impact on the operation of the Mental Health Act and the effects of Tribunal decisions. This is particularly relevant to Sections 47, 48 and 49: transferred prisoners.

- **Indeterminate sentences**, namely life sentences, Imprisonment for Public Protection (IPP) and Detention for Public Protection (DPP, the IPP equivalent for under 18s). These begin with a minimum term (sometimes still called the tariff) during which the prisoner cannot be released, followed by a period during which the prisoner may be released by the Parole Board if it is satisfied that detention is no longer necessary in order to protect the public from serious harm. IPP/DPP sentences can no longer be given but some prisoners are still subject to them.

- **Determinate sentences.** With some exceptions, if a person is given a determinate prison sentence he only serves half of it in prison, and the second half on licence. The exceptions include offenders of particular concern (eligible for parole at half-way point, one-year licence extension), dangerous offenders subject to extended sentences (eligible for parole at the two-thirds point, and extended licence period), and terrorists (eligible for parole at the two-thirds point). A breach of licence may lead to recall to prison. Some prisoners are entitled to early release on a home detention curfew.
- For the purposes of the Mental Health Act, determinate-sentence prisoners have a 'release date' on which any restrictions will cease, but indeterminate-sentence prisoners have no 'release date' so they will remain as restricted patients (even past their tariff) for as long as they are detained under the MHA.

Under the Criminal Justice Act 2003 (Requisite and Minimum Custodial Periods) Order 2024 some prisoners will be released at the 40% point instead of the 50% point.

Parole Board Reviews

A leaflet for patients who have been **recommended** for conditional discharge from hospital.

Your responsible clinician has recommended to the Mental Health Tribunal that you should get a conditional discharge from hospital.

As your responsible clinician has made this recommendation, your parole review will start.

- The Public Protection Casework Section (PPCS), part of Her Majesty's Prison & Probation Service, will ask your Community Offender Manager for a parole report. This will form part of your 'parole dossier', which is a collection of documents that PPCS send to the Parole Board to help them consider your case.
- The Parole Board will consider the medical reports that were provided to the Mental Health Tribunal. These will help the Parole Board assess your suitability for being released 'on licence' (that is, under a set of rules, known as licence conditions, that you must follow if you are released to serve the rest of your sentence in the community).
- You will remain detained in hospital under the Mental Health Act while the Mental Health Tribunal process continues, and the same treatment regulations as before will continue to apply. If you have any questions

about the Mental Health Tribunal process, please ask a member of staff at the hospital.

Who will decide whether I can be released?

The Parole Board will decide whether you can be released. To make their decision they will assess whether you can be managed safely in the community. The Parole Board is independent, like a court.

Who is my Community Offender Manager?

Your Community Offender Manager is responsible for your supervision during your sentence – in prison, in hospital and in the community. They work for the Probation Service. If you do not know your Community Offender Manager's details, you can get them from staff in the hospital.

Your Community Offender Manager is responsible for writing your parole report (called a PAROM report) and will work with you to do this. You may also be allocated a Prison Offender Manager who can help with your case and answer any questions you may have.

Your responsible clinician will also be able to help with your case and answer any questions you may have.

How can I have my say in the parole review?

PPCS will send you a copy of all the reports that will be sent to the Parole Board. You can then provide written representations (information that you think the Parole Board should consider when making their decision). This is your chance to explain why you think you are safe to be released to serve the rest of your sentence in the community.

Can I write my own representations?

Yes, you can write your own representations. The hospital will give you lined paper and will send your representations to PPCS for you. PPCS will then send these to the Parole Board. If you find writing difficult, ask a member of staff at the hospital to help you. However, you must give your written permission for someone other than your legal representative to write representations on your behalf. If you are not sure what to do, please speak to a member of staff at the hospital.

Can I have a legal representative?

It is best to appoint a legal representative to help you with your representations, write them for you, and represent you if your case proceeds to

an oral hearing. Your legal representative would send your representations direct to the Parole Board.

The legal representative does not have to be the person who represented you at the Mental Health Tribunal.

If you do not have a legal representative, ask a member of staff at the hospital for a list of approved legal representatives.

What happens if I cannot afford a legal representative?

If you want a legal representative but cannot afford to pay them, you may be able to claim legal aid to cover the cost. This will depend on your financial circumstances. The legal representative would usually apply for legal aid on your behalf. If you want to find out more about legal aid, speak to a legal representative.

What will the Parole Board do?

The Parole Board will review your case. They will look at all relevant documents, including your medical reports, your Community Offender Manager's parole report and your representations (if you have made any). It may also include statements from victims of the offence.

Based on all of this information, the Parole Board will assess your suitability to be released into the community.

They will decide to:

- release you on licence
- not release you, or
- refer your case to an oral hearing.

The Parole Board will send a copy of their decision to you, your Community Offender Manager and your legal representative (if you have one).

What if my case is referred to an oral hearing?

If your case is referred to an oral hearing, the Parole Board might ask for more reports to help them assess your suitability for being released and to get updates on your progress. You will be given a copy of all the reports the Parole Board have asked for.

The Parole Board will instruct witnesses, including your Community Offender Manager and your legal representative (if you have one), to attend your oral hearing to provide evidence on your case. You will be invited to attend the hearing and will be given the opportunity to speak.

How soon will an oral hearing to be held?

The Parole Board will aim to hold the hearing within eight weeks of their decision to refer your case for one.

What happens if the Parole Board decide to release me?

If the Parole Board decide to release you, PPCS will work with your Community Offender Manager and the hospital to make sure that you are released as soon as possible, but only once your risk-management plan and licence conditions are in place. Your licence conditions might include that you must live at a certain address, must not to contact some people, and must not enter certain areas.

You must keep to your licence conditions. If you do not, you may be recalled (sent back) to prison.

What if I am not released?

It is important to remember that even if the Parole Board do not release you, your case will be reviewed again in the future. PPCS will set a date for the next review and will send you a letter confirming the details of your next review. Make sure you understand the Parole Board's decision letter (you can ask a member of staff at the hospital for help). You should then speak to your Community Offender Manager or Prison Offender Manager (if you have one) about how to prepare for the next review. They will work with you to help you understand what you need to do to deal with any issues set out in the Parole Board's decision letter and what would need to be in place in the community for you to be considered for release.

Is the Parole Board's decision final?

For all Parole Board decisions, whether to release or not release, there is a 21-day 'reconsideration window'. During this time, you or the Secretary of State can make representations against the Parole Board's decision if you or they think that decision is either irrational or procedurally unfair. The Parole Board will give you more information about this with their decision.

If no representations are made, the decision becomes final at the end of the reconsideration window.

If you have any questions about the parole review process, ask a member of hospital staff for more information or speak to your Community Offender Manager.

Types of discharge

A **conditional discharge** is a legal term, most commonly used in the context of mental health law when a person has been **detained under a restriction order** (typically under **sections 37/41 of the Mental Health Act 1983**) and is then discharged from hospital **under specific conditions**.

What is a Conditional Discharge?

- A **conditional discharge** allows someone who has been detained in a psychiatric hospital under certain sections of the Mental Health Act to **leave the hospital**, but **under specific conditions** set by the **Ministry of Justice (MoJ)** or a **Mental Health Tribunal**.
- The person is **not fully free**—they must comply with certain terms, such as:
 - Living at a particular address.
 - Attending regular psychiatric appointments.
 - Avoiding certain people or places.
 - Taking prescribed medication.

Who Can Be Conditionally Discharged?

Usually:

- People who are **under a restriction order** (e.g., **Section 41**) as a result of a court decision, often after committing an offence.
- The **Secretary of State for Justice** or a **Mental Health Tribunal** can order a conditional discharge.

Conditions Imposed

Conditions vary but may include:

- Supervision by a **community psychiatric nurse (CPN)** and forensic social supervisor.
- Restrictions on travel without notice
- Substance abuse monitoring.
- Requirement to reside at a specific place, like supported accommodation.

What Happens if Conditions Are Breached?

If the conditions are not followed:

- The person can be **recalled to hospital immediately**
- The **Ministry of Justice** can order the recall.
- There is **no need for the person to become unwell again** to be recalled—just not following the rules is enough.

Discharge from Conditional Discharge

A person can apply for an **absolute discharge**:

- This means **all conditions are lifted** and they are completely free.
- Applications are made to a **Mental Health Tribunal** or considered by the **Ministry of Justice**.
- It may be granted if the person has been stable for a long time and is not seen as a risk to the public.

Rights Under Conditional Discharge

- Right to **legal representation** (e.g., for tribunals).
- Access to an **Independent Mental Health Advocate (IMHA)**.
- Right to apply for **tribunal reviews** at set intervals.

Community Treatment Order (CTO)

A Community Treatment Order (CTO) is a legal mechanism used to ensure that individuals with severe mental health conditions who are living in the community continue to receive necessary treatment and care. A CTO allows for individuals who have been previously hospitalized or under care for mental health conditions to live in the community under certain conditions, while still being monitored by health professionals.

The individual subject to a CTO must agree to certain conditions, such as attending appointments, taking prescribed medications, or engaging in therapy. These conditions are tailored to the individual's treatment needs and may be adjusted if necessary. Please consider for S3, S37 or S47 (N37) clients.

Deprivation of Liberty Safeguards (DoLS)

The Deprivation of Liberty Safeguards (DoLS) is a set of legal protections in the UK designed to ensure that individuals who may be deprived of their liberty are safeguarded under the law. These safeguards are particularly relevant for people who lack the mental capacity to make decisions about their care or treatment, such as individuals with dementia, learning disabilities, or mental health conditions.

The DoLS were introduced under the Mental Capacity Act 2005 (MCA) in England and Wales and are designed to protect individuals who, due to mental health conditions or cognitive impairments, may be deprived of their liberty in a care home or hospital setting. The safeguards are intended to ensure that such a deprivation is in the individual's best interest and is necessary for their care and protection.

Deprivation of liberty can occur when someone is:

- Not free to leave a care home.
- Under continuous supervision and control, even if they are not physically restrained.
- Deprived of their right to make decisions about their own care and treatment in a way that significantly restricts their personal freedom.

External support

Solicitor

What to ask a possible solicitor

How many years have you been a qualified solicitor?

How many years experience do you have representing people with mental health needs?

What do you expect for a tribunal to discharge a patient?

Do you ever send a para-legal to attend CPAs, tribunals instead of yourself?

Do you keep regular contact with clinical teams?

REASONS YOU MIGHT CHANGE SOLICITORS

The solicitor is not good generally at representing me. I don't know what's going on!

The solicitor is too inexperienced and young.

The solicitor keeps postponing tribunals which is not good.

The solicitor keeps sending para-legal people to CPAs or tribunals instead of herself/himself.

The solicitor does not keep contact with me or attend CPAs or regular contact.

The solicitor does not keep in regular contact with my clinical team.

The solicitor gives out business cards or gets patients to hand out cards.

WHAT I NEED TO DO TO WIN A TRIBUNAL

Engage with my team

Taking my medication

No drugs or alcohol

Keeping to the rules of the ward

To be doing at least 4 structured activities a week

Keeping excellent personal hygiene, grooming and my room

Be trustworthy

Advocacy

In cases where a person has no family or friends to represent their interests, an IMCA can be appointed to help ensure that the person's rights are respected.

Area	Advocate
Hackney	ReThink Advocacy 0300 7900 559 advocacyreferralhub@rethink.org
Tower Hamlets	POhWER https://www.pohwer.net/waltham-forest 0300 456 2370
Newham	Voice ability https://www.voiceability.org/support-and-help/services-by-location/newham +44(0)300 303 1660 helpline@voiceability.org
Waltham Forest	POhWER https://www.pohwer.net/waltham-forest

	0300 456 2370
Barking and Dagenham	Cambridge House 020 7358 7007 (9am to 5pm Monday to Friday) chadvocacy@ch1889.org
Havering	Mind 01708 457040 advocacy@haveringmind.org.uk .
Redbridge	Voice ability https://www.voiceability.org/support-and-help/services-by-location/redbridge +44(0)300 303 1660 helpline@voiceability.org

DRUG AND ALCOHOL SERVICES

They support and empower service users to achieve a better quality of life and fulfil their personal ambitions for recovery by reducing drug and alcohol related harm... they do this by supporting you to identify your individual strengths and assets, and working with you to set goals. They deliver personalised and evidence based interventions in one-to-one and group settings.

FORENSIC SERVICES

SMART RECOVERY PROGRAMME

Where: 86 Old Montague Street, Whitechapel, E1 5NN

When: Every Tuesday

Time: 11:00 – 12:00

020 8510 2463

elft.fx-DrugAndAlcoholService@nhs.net

The client's GP

Your GP can provide confidential advice and refer you for extra support. If you're not registered with a GP, you can [find one on NHS UK](#).

Area	Service
Forensic services	<p data-bbox="400 443 903 477">SMART RECOVERY PROGRAMME</p> <p data-bbox="400 573 1235 607">Where: 86 Old Montague Street, Whitechapel, E1 5NN</p> <p data-bbox="400 640 730 674">When: Every Tuesday</p> <p data-bbox="400 707 703 741">Time: 11:00 – 12:00</p> <p data-bbox="400 775 628 808">020 8510 2463</p> <p data-bbox="400 842 1007 875">elft.fx-DrugAndAlcoholService@nhs.net</p>
Hackney	<p data-bbox="400 969 523 1003">Your GP</p> <p data-bbox="400 1037 1374 1171">Your GP can provide confidential advice and refer you for extra support. If you're not registered with a GP, you can find one on NHS UK.</p> <p data-bbox="400 1267 930 1301">City and Hackney Recovery Service</p> <p data-bbox="400 1335 991 1368">102-110 Mare Street, Hackney, E8 3SG</p> <p data-bbox="400 1402 1422 1581">Delivered by Turning Point in partnership with Mind, CHWF and Antidote, City and Hackney Recovery Service offers free and accessible substance misuse support and treatment to all Hackney residents.</p> <p data-bbox="400 1615 1401 1850">Experienced staff understand people have different support and treatment needs around the use of drugs and provide a full range of services from harm reduction interventions, to participating in more structured treatment, one to one support and clinical services.</p> <p data-bbox="400 1883 1422 2018">Referrals into detox and rehabilitation services are always made as part of a care package to prepare individuals for inpatient treatment and to ensure there is aftercare for sustained recovery.</p>

	<p>The service also provides support for carers and families, and delivers benefits advice. Along with a range of reintegration activities, the service delivers excellent women-only services, LGBTQA+ specific services, rough sleepers services, and clear pathways from the criminal justice system into treatment, education and training. Recovery workers can also deliver treatment in partnership with your GP.</p> <p>For more information visit City and Hackney Recovery Service. To refer or self-refer, use the online portal, email CityandHackney@turning-point.co.uk, or call 0345 144 0050, for advice on treatment or enquiries about drugs.</p>
<p>Tower Hamlets</p>	<p>RESET Treatment and Recovery Support Service</p> <p>Integrated structured drug and alcohol treatment service for adults in Tower Hamlets</p> <p>RESET Treatment Service (RTS)</p> <p>RESET Treatment Service (RTS) is the front door service to structured drug and alcohol treatment for residents aged 18 or over.</p> <p>RTS supports residents, family and friends concerned about someone’s drug and/or alcohol use and provides help for people looking to stabilise or become free from their substance use.</p> <p>This includes support with</p> <ul style="list-style-type: none"> long term recovery reducing harms associated with their drug and alcohol use access to residential rehabilitation. <p>Find us</p> <p>183 Whitechapel Road, E1 1DN</p> <p>Monday, Thursday (10am to 8pm), Tuesday and Friday (10am to 5pm), Wednesday (1 to 5pm)</p>

	<p>71a Johnson Street, E1 0AQ Monday, Tuesday, Thursday, Friday (10am to 5pm), Wednesday (1 to 5pm)</p> <p>RESET Recovery Support Service (RRSS)</p> <p>RESET Recovery Support Service (RRSS) offers a wide range of one-to-one and group sessions to support residents and their family members, throughout and beyond treatment for their substance use.</p> <p>Find us</p> <p>The Alma, 41 Spelman Street, London, E1 5LQ Opening times vary and based on group sessions. Contact RESET for more information.</p> <p>Tel: 020 3889 9510</p> <p>Email: reset.towerhamlets@cgl.org.uk</p> <p>Any adult living in Tower Hamlets can make a referral online</p> <p>For more information about the service visit the RESET website</p> <p>Download RESET's leaflet in English or Bengali.</p>
Newham	<p>CGL Newham Rise (Adults Substance Misuse Service)</p> <p>BSL Support</p> <p>The drug and alcohol service for Newham residents is run by Change, Grow, Live (CGL). The service offers a wide range of free, confidential treatment and recovery support services for individuals affected by drug and/or alcohol use, and those who may be impacted by someone else's substance use, like, families, carers and friends.</p> <p>This includes:</p> <ul style="list-style-type: none"> Opiate substitute prescribing Psychosocial interventions Group work

	<p>One-to-one key working and recovery planning</p> <p>Counselling</p> <p>Family support</p> <p>Parenting support</p> <p>Alcohol and drug community detoxification</p> <p>Access to residential rehabilitation</p> <p>Blood Borne Virus testing and vaccination</p> <p>Support to avoid re-offending</p> <p>Peer to peer support</p> <p>Support to access education, training and employment programmes</p> <p>Access to Build on Belief</p> <p>Access to Release legal advice surgery.</p> <p>Referrals</p> <p>Self-referrals are welcome, as well as referrals from professionals, by calling, e-mailing or visiting the service in person.</p> <p>Rise - Newham Change Grow Live</p> <p>Telephone: 0800 652 3879</p> <p>Email: newham.referrals@cgl.org.uk</p>
<p>Waltham Forest</p>	<p>CGL Waltham Forest is a free, safe and confidential drug and alcohol service. You can talk freely and without judgement. This service is available for all adults, children and young people of Waltham Forest.</p> <p>Services provided are:</p> <p>One-to-one key working</p> <p>Group programme</p> <p>Medical assessment for opiate substitute treatment and on-site prescribing</p>

	<p>One-to-one counselling</p> <p>Alcohol treatment (including detox)</p> <p>Support for parents and carers (including counselling)</p> <p>Advice and information</p> <p>Harm reduction (including needle exchange, BBV testing and vaccination)</p> <p>Family interventions and hidden harm work</p> <p>Multi-agency support with mental health, social care, hostels and other teams</p> <p>0203 826 9600</p> <p>CGL.WalthamForest@cgl.org.uk</p>
<p>Barking and Dagenham</p>	<p>CGL St Luke's Service is a free and confidential drug and alcohol service for adults in Barking and Dagenham. We provide open access support and treatment for people with alcohol and drug problems. The service aims to help you identify the impact that drugs and/or alcohol may be having on your life and to develop the motivation and confidence to make positive changes.</p> <p>We offer a range of support services including:</p> <ul style="list-style-type: none"> • One-to-one advice, information, support and treatment • Key work sessions, counselling and complementary therapies • Medically assisted community detoxification, or referral to inpatient detoxification treatment • Physical health checks and advice • Needle syringe provision • Harm minimisation and immunisation for BBVs • Outreach and assertive engagement • Service user involvement, peer mentor and volunteering opportunities <p>Opening times</p>

	<p>Monday 9.30 – 5pm, Tuesday 9.30 – 7.30pm, Wednesday 1.00 – 5pm (staff training), Thursday 9.30 – 7.30pm, Friday 9.30 – 12.30 (women only)</p> <p>The service is closed every day from 12.30 – 1.00pm for lunch</p> <p>020 8595 1375</p>
<p>Havering</p>	<p>Aspire Havering is an integrated service delivered by CGL. We offer a free and confidential support service for individuals and their families affected by drug and alcohol problems. We operate from our base on Romford High Street, as well as across other locations in Havering.</p> <p>Service offers:</p> <ul style="list-style-type: none"> • Complementary therapies • One-to-one key working • Substitute prescribing • Information, advice, support, assessment and drop-in • Needle exchange and harm reduction services • Group work and day programme • Access to detox and rehab • Debt and housing advice • Specialist women’s services • Counselling and group work • Self-help and mutual aid groups • Aftercare services including skills coaching • Family and carers’ support and advice • Education, training and employment support • Health assessments and blood-borne virus • Specialist services for alcohol and cocaine users • A health and wellbeing service for people who use substances at lower levels

	<p>Opening times</p> <p>If you are new to the service then please attend during an Open Access session: Monday 10am-1.30pm, Tuesday 10am-1.30pm, Thursday 10am-1.30pm, Friday 10am-1.30pm</p> <p>Otherwise the service is open :</p> <p>Monday 10am-4:30pm, Tuesday 10am-4:30pm, Wednesday 1-4:30pm, Thursday 10am-8pm (5pm onwards appointment only), Friday 10am-4:30pm</p> <p>01708 747614</p>
Redbridge	<p>R3 (Redbridge, Recovery and Reintegration)</p> <p>Free and confidential support service for individuals and their families in Redbridge affected by drug and alcohol problems.</p> <p>The R3 service offers a wide range of support to individuals and their families who wish to receive advice, assessment, and treatment for their drug and/or alcohol problems.</p> <p>The service is open to all Redbridge residents aged 18 or over, as well as their families and carers and is based in Ilford Chambers in Ilford town centre. It offers a wide range of clinical, non-clinical and harm reduction interventions including:</p> <ul style="list-style-type: none"> Needle exchange Testing and vaccination for blood borne viruses Opioid substitute prescribing One to one psychosocial interventions and case management Structured groupwork programmes Community and residential detoxification Residential rehabilitation Recovery day services Accredited peer mentoring programme

	<p>You can self-refer to the service for support or be referred in through a professional such as GP, social worker, probation officer.</p> <p>Contact details</p> <p>Telephone: 0300 303 4612</p> <p>Email: redbridge@viaorg.uk</p>
Other	<ul style="list-style-type: none"> • DrugWise: provides evidence-based drug, alcohol and tobacco information and resources, including an international knowledge hub • Frank: information about drugs and alcohol and confidential advice and support. Call free on 0300 123 6600 (24 hours a day / 7 days a week), text 82111 and FRANK will text you back, send FRANK an email or chat online (2pm – 6pm, 7 days a week) • Narcotics Anonymous: call free on 0300 999 1212 for advice, visit their website for information or participate in their online forum • SMART Recovery: online and in person meetings. Join an online meeting

Other Support services

NHS 111, 'Option 2' in East London

You are also able to call NHS 111 and select 'Option 2' in East London.

We encourage those known to services to continue contacting them in the ways they had been doing so previously during working hours. Those wishing to contact a mental health professional outside of hours – or those who aren't previously known to services – should contact 111 and select option 2. Read more in our [website news item](#).

East London Crisis Cafés

Newham Together Cafe - Stratford Advice Arcade, 107-109 The Grove, London, E15 1HPT (Monday - Friday: 5pm to 9pm, Weekends and Bank Holidays, 3pm to 9pm) Tel: 07511082293

Tower Hamlets Together Cafe - 86 Old Montague Street, Whitechapel, London, E1 5NN (Monday - Thursday: 5pm to 9pm, Saturday, Sunday and Bank Holidays: 12pm to 9pm)

City & Hackney Together Cafe - The Raybould Centre, City and Hackney Centre for Mental Health, London, E9 6SR (Monday - Friday 6pm - 9pm, 12pm - 4pm at weekends)

BENEFITS

UNIVERSAL CREDIT

Universal Credit is a benefit from the Department for Work and Pensions.

You may be able to get Universal Credit if:

- You are out of work
- You are in work and have low earnings.

Most new benefit claims will be for Universal Credit.

Universal Credit has replaced 6 benefits

- Child Tax Credit
- Working Tax Credit
- Housing Benefit
- Income Support
 - Income-based Jobseeker's Allowance
 - Income-related Employment and Support Allowance.

Some benefits **will not change** how much Universal Credit you get.

These include:

- Personal Independence Payment
- Child Benefit and some others.

Most people contact Universal Credit using our online service but can also contact them below

Telephone: **0800 328 5644**

Textphone: **0800 328 1344**

How to calculate how much Universal Credit I will get?

Calculating your Universal Credit amount can be done by following these five steps:

1. Calculate your Universal Credit standard allowance.
2. Add the Universal Credit elements you're entitled to - such as childcare or housing cost.
3. Make reductions based on your income, savings and capital.
4. Take away any further sanctions or reductions.
5. Check the amount is not above the Benefit Cap.

Your Universal Credit payment can change monthly if your income changes regularly, or if your circumstances change.

Each Universal Credit element has an assessment period, which is one month. At the end of each assessment period, the DWP will calculate your Universal Credit for that month.

1: Universal Credit standard allowance rate

The standard allowance is the basic amount of Universal Credit benefit you will receive per month - your age determines it and if you live on your own or with a partner.

If you live with a partner, you'll have a joint claim and get one shared payment. The table below shows the Universal Credit standard allowance rate:

Circumstances	UC standard allowance rate
Single and under 25	£265.31
Single and 25 or over	£334.91
Joint claim, both under 25	£416.45
Joint claim, with one either 25 or over	£525.72

Once you turn 25, you will automatically receive the increased Universal Credit standard allowance rate.

You should inform the DWP if you move in with or separate from a partner, as this will affect your Universal Credit. Learn more about telling the DWP of changes that affect your Universal Credit.

2: Universal Credit elements

You can claim additional extra benefits to top up your Universal Credit standard allowance called Universal Credit elements. You may be entitled to more than one of the following:

- Child element
- Childcare costs element
- Housing cost element
- Limited capability for work element (LCW)
- Limited capability for work-related activity element (LCWRA element)
- Carer element

Universal Credit housing element for supported housing?

You may live in supported housing, which is when you get care and support as part of your accommodation. Different organisations can arrange this, including:

- The council,
- A housing association,
- A registered charity, or
- Voluntary organisation.

If you live in supported accommodation, you will need to claim housing benefit. You will not get your housing costs paid through Universal Credit.

The rules around supported housing and supported 'exempt' accommodation are complicated, so if you need advice on supported 'exempt' accommodation, you should contact a specialist housing adviser.

You will continue to get Universal Credit, but you'll get a separate Housing Benefit payment rather than the Universal Credit housing element.

Limited capability for work Universal Credit element

The Limited capability for work (LCW) is for people who are too unwell to work at the time of your Universal Credit assessment. You will have to do work training and work-related activities to help prepare you for work.

The government has made changes to limited capability for work element (LCW). If you claim after 3 April 2017, you will not get an extra payment for getting the LCW element and payments will continue at the rate as the standard allowance.

However, if you have claimed before 3 April 2017 and the DWP have already said you have LCW you will continue to receive an extra £132.89 each month.

Limited capability for work and work-related activity Universal Credit element

The Limited capability for work and work-related activity (LCWRA) is for anyone who is too unwell for work and does not have to do work-related activities.

Most people will not get the LCWRA elements until the three-monthly assessment phase has ended. If you have a terminal illness, you will get the LCWRA element at the start of your Universal Credit application.

If you are eligible for LCWRA, you'll get an extra £354.28 a month, and the DWP won't set a maximum amount - called the Benefit Cap - for what you can get in benefits.

Make reductions based on your income, savings and capital

The next stage for working out how much Universal Credit you can get is to make reductions based on your income, savings and capital.

How your work earnings determine how much Universal Credit you can get

You can still claim Universal Credit if you work, but how much you earn may reduce the amount you receive. Your Universal Credit payment will go down by 55p for every £1 on all of your earnings.

You may pay tax using Pay As You Earn (PAYE); in this case, Her Majesty's Revenue and Customs (HMRC) will tell the Department for Work and Pensions (DWP) how much you earn.

Universal Credit work allowance

You may qualify for a work allowance which allows you to earn money before your Universal Credit is affected. You can be eligible for a work allowance if:

- You're in paid work and responsible for a dependent child,
- You have limited capability for work because of a physical or mental health illness.

The amount of your work allowance depends on whether you also get the Universal Credit housing element

Your situation	Work allowance
You get the housing element	£344
You don't get the housing element	£573

Your Universal Credit payment will go down by 55p for every £1 that you earn above your work allowance.

What happens if my income, capital and savings reduce my payment past the threshold?

If your income, capital and savings reduce your Universal Credit to £0 you will no longer be able to claim Universal Credit - the DWP will inform you if this happens.

You will need to make a new Universal Claim in the future. If your circumstances change and you are therefore eligible for Universal Credit. You can do this by signing into your Universal Credit account.

PERSONAL INDEPENDENT PAYMENT

Personal Independence Payment (PIP)

What PIP is for

Personal Independence Payment (PIP) can help with extra living costs if you have both:

- a long-term physical or mental health condition or disability
- difficulty doing certain everyday tasks or getting around because of your condition

You can get PIP even if you're working, have savings or are getting most other benefits.

How PIP works

There are 2 parts to PIP:

- a daily living part - if you need help with everyday tasks
- a mobility part - if you need help with getting around

Whether you get one or both parts and how much you get depends on how difficult you find everyday tasks and getting around.

Daily living part

You might get the daily living part of PIP if you need help with:

- preparing food
- eating and drinking
- managing your medicines or treatments
- washing and bathing
- using the toilet
- dressing and undressing
- reading
- managing your money
- socialising and being around other people
- talking, listening and understanding

Mobility part

You might get the mobility part of PIP if you need help with:

- working out a route and following it
- physically moving around

- leaving your home

You do not have to have a physical disability to get the mobility part. You might also be eligible if you have difficulty getting around because of a cognitive or mental health condition, like anxiety.

How difficulty with tasks is assessed

The Department for Work and Pensions (DWP) will assess how difficult you find daily living and mobility tasks. For each task they'll look at:

- whether you can do it safely
- how long it takes you
- how often your condition affects this activity
- whether you need help to do it, from a person or using extra equipment

Eligibility

You can get Personal Independence Payment (PIP) if all of the following apply to you:

- you're 16 or over
- you have a long-term physical or mental health condition or disability
- you have difficulty doing certain everyday tasks or getting around
- you expect the difficulties to last for at least 12 months from when they started
- You must also be under State Pension age if you've not received PIP before.
- If you're over State Pension age, you can apply for Attendance Allowance instead. Or if you've received PIP before, you can still make a new claim if you were eligible for it in the year before you reached State Pension age.

How much you'll get

How much Personal Independence Payment (PIP) you get depends on how difficult you find:

- everyday activities ('daily living' tasks)
- getting around ('mobility' tasks)

PIP amounts

	Lower weekly rate	Higher weekly rate
Daily living part	£72.65	£108.55
Mobility part	£28.70	£75.75

PIP is tax free. The amount you get is not affected by your income or savings.

How you're paid

PIP is usually paid every 4 weeks.

Your decision letter tells you:

- the date of your first payment
- what day of the week you'll usually be paid
- how long you'll get PIP for
- when and if your claim will be reviewed
- If your payment date is on a bank holiday, you'll usually be paid before the bank holiday. After that you'll continue to get paid as normal.
- All benefits, pensions and allowances are paid into your bank, building society or credit union account.

Other help you can get

If you get the mobility part of PIP, you might be eligible for a:

- Blue Badge
- vehicle tax discount or exemption
- Motability Scheme vehicle, if you get the higher mobility rate of PIP
- If you get either the daily living or mobility part of PIP you're eligible for a Disabled Persons Railcard.

If you get other benefits and PIP

You may get a top-up (called a disability premium) if you get:

- Income Support
- income-based Jobseeker's Allowance (JSA)
- income-related Employment and Support Allowance (ESA)
- Housing Benefit

- You might get the disability element of Working Tax Credit if you're eligible.

Start your claim by phone

You need to:

- Call the 'PIP new claims' phone line. You'll then be sent a form that asks about your condition.
- Complete and return the form. The address is on the form.
- You might need to have an assessment, if more information is needed.
- If you need someone to help you

You can:

- ask for them to be added to your call - you cannot do this if you use textphone
- ask someone else to call on your behalf - you'll need to be with them when they call

Before you start

You'll need:

- your contact details, for example telephone number
- your date of birth
- your National Insurance number, if you have one (you can find this on letters about tax, pensions and benefits)
- your bank or building society account number and sort code
- your doctor or health worker's name, address and telephone number
- dates and addresses for any time you've spent in a care home or hospital
- dates for any time you spent abroad for more than 4 weeks at a time, and the countries you visited

PIP new claims phone line

Telephone: 0800 917 2222

Textphone: 0800 917 7777

Completing and returning the form about your condition

If you apply by phone or post, you'll usually get a form called 'How your disability affects you' within 2 weeks.

Fill in the form using the guidance that comes with it, and return it to the address on the form.

Include supporting documents if you have them - for example, prescription lists, care plans, or information from your doctor or others involved in your care.

You have 1 month to return it. Contact the PIP enquiry line if you need more time or have questions.

Check if you can apply online

You can only apply for PIP online in some areas. You'll need to check your postcode when you start your application.

To start your claim online you'll need your:

- National Insurance number
- email address
- mobile phone

After you've applied

You might be invited to an assessment with a health professional if more information is needed. They'll ask about:

- how your condition affects your daily living and mobility tasks
- any treatments you've had or will have
- They might ask you to do some simple movements to show how you manage some activities.
- The assessment can be in person, over the phone or by video call. It usually takes 1 hour.
- You can read Citizens Advice's help on preparing for an assessment.

Getting a decision

You'll get a letter that tells you whether you'll get PIP and the date of your first payment.

If you disagree with a decision

You can challenge a decision about your claim. This is called asking for 'mandatory reconsideration'.

If your PIP claim is reviewed

The letter you got when your Personal Independence Payment (PIP) was approved will tell you when your claim will end and if it will be reviewed.

How PIP reviews work

You will continue to get PIP while your claim is being reviewed.

You'll get a letter asking you to fill in a form called 'Award review - how your disability affects you'.

Fill in the form using the notes that come with it.

Send the form and any supporting information you have not shared with the Department for Work and Pensions (DWP) before - the form explains what to include and where to send it. You'll need to return it within 1 month. Contact the PIP enquiry line if you need more time.

DWP will review your form. If they need more information, an independent health professional might phone you to ask some questions or send a letter inviting you to an assessment. Assessments can be in person, over the phone or by video call.

You'll get a letter that tells you what will happen with your PIP. If your needs have changed, your PIP might be increased, reduced or stopped.

If you disagree with a decision

You can challenge a decision about your claim. This is called asking for mandatory reconsideration.

Report a change to your needs or circumstances

You must contact the Personal Independence Payment (PIP) enquiry line straight away if:

- you need more or less help with daily living and mobility tasks
- your health professional tells you that your condition will last for a longer or shorter time than you reported before
- a medical professional has said you might have 12 months or less to live (you could get PIP at a higher rate under 'special rules for end of life')
- you go into a hospital, a hospice, a nursing home or a care home
- you're imprisoned or held in detention
- you plan to go abroad for more than 4 weeks
- your immigration status changes and you're not a British or Irish citizen
- you start or stop getting pensions or benefits from an EU country, Switzerland, Norway, Iceland or Liechtenstein

- your husband, wife, civil partner or a parent you depend on starts or stops getting benefits from an EU country, Switzerland, Norway, Iceland or Liechtenstein

These changes can affect your PIP award. Depending on the change, your PIP could go up, go down, stay the same or stop.

You could be taken to court or have to pay a penalty if you give wrong information or do not report a change straight away.

You must also contact the PIP enquiry line straight away if:

- your personal details change, for example your name, address, phone numbers, bank account or doctor
- someone is acting on your behalf and that person changes

How to report a change

Call the 'PIP enquiry line'.

- If you need someone to help you, you can:
- ask for them to be added to your call - you cannot do this if you use textphone
- ask someone else to call on your behalf - you'll need to be with them when they call

PIP enquiry line

Telephone: 0800 121 4433

Textphone: 0800 121 4493

If you've been paid too much

You may have to repay the money if you:

- did not report a change straight away
- gave wrong information
- were overpaid by mistake

Other types of community service available to outside of Borough

Employment Support

- **Name: Smart Works North London**

Address: 3 Centers in London – see website

Tel: 020 7288 1770

Email: london@smartworks.org.uk

Website: <http://smartworks.org.uk/london-smart-works/>
Facebook: <https://www.facebook.com/smartworkscharity/>
Twitter: **@SmartWorksHQ**

Description: Smart Works is a charity helping vulnerable, unemployed, and low-income women gain employment by providing suitable interview clothing, interview advice and mentoring.

- **Name: Suited and Booted Centre Ltd**

Address: 38 Grays Inn Road, London WC1X 8JP

Tel: 07808 531 654

Email: info@sitedbootedcentre.org.uk

Website: www.sitedbootedcentre.org.uk/

Facebook: <https://engb.facebook.com/pg/sitedandbootedcentre/about>

Twitter: **@SuitedBootedC**

Description: Suited & Booted is a charity helping vulnerable, unemployed, and low-income men gain employment by providing suitable interview clothing, interview advice and mentoring.

- **Name: Find A Job Service (Jobcentre plus)**

Website: www.gov.uk/find-a-job

Target Group: Services users in receipt of benefits

Description: Support and coaching in to work.

Referral: Via Jobcentre / Jobcentre Work Coach

Financial Support, and Debt Management

- **Name: Mary Ward Legal Centre**

Address: 10 Great Turnstile, London, WC1V 7JU

Tel: 020 7831 7079 Monday, Tuesday, Thursday, Friday between 10am and 1pm.

Website: www.marywardlegal.org.uk

Twitter: **@MaryWardLegal**

Target Group: People who work or live in London on a low income.

Description: Employment, debt, housing, benefit, and general legal advice.

- **Name: StepChange Debt Charity**

Address: 123 Albion Street, Leeds LS2 8ER 3

Tel: 0800 138 1111 Monday to Friday 8am to 8pm and Saturday 9am to 2pm

Website: www.stepchange.org

Facebook: www.facebook.com/stepchangedebtcharity

Twitter: @StepChange

Target Group: Open to all

Description: Debt advice, online debt remedy tool, money advice, benefit checker, helpline

Online debt advice available 24hrs a day:

How Your Debt Advice Session Works. StepChange

- **Name: National Debt Line**

Address: Tricorn House, 51-53 Hagley Road, Edgbaston, Birmingham B16 8TP

Tel: 0808 808 4000 (Monday to Friday, 9am - 8pm, Saturday 9.30am- 1pm)

Website: www.nationaldebtline.org

Facebook: www.facebook.com/nationaldebtline

Twitter: @natdebtline

Target Group: Open to all

Description: Debt advice, helpline, webchat service, fact sheets, and sample letters.

- **Name: Money and Mental Health & Money Saving Expert**

Email: contact@moneyandmentalhealth.org

Website: www.moneyandmentalhealth.org

Target Group: Open to all

Description: Debt advice.

Martin Lewis, Money Saving Expert – Free ‘Mental Health Debt Guide - help, information, guidance, and support for individuals and carers:

www.moneysavingexpert.com/credit-cards/mental-health-guide

Furniture

- **Name: British Heart Foundation**

Website: www.bhf.org.uk

Facebook: www.facebook.com/bhf

Twitter: @TheBHF

Target Group: Open to all

Description: Low-cost furniture and free furniture collection.

Physical Activity, Leisure

- **Name: Our Parks**

Tel: 0800 111 4464

Email: getfitnow@ourparks.org.uk

Website: www.ourparks.org.uk

Facebook: www.facebook.com/ourparks

Twitter: @OurParksUK

Target Group: Open to all

Description: Our Parks is an initiative bringing free, group exercise classes, led by experienced, fully qualified, and insured instructors, to local parks in partnership with local councils. With the aim of improving the health and wellbeing of local communities.

Name: Bikeworks

Address: Bikeworks HQ 138 – 140 Cambridge Heath Road E1 5QJ

Tel: 020 8980 7998

Email: enquiries@bikeworks.org.uk / cycletraining@bikeworks.org.uk

Website: www.bikeworks.org.uk

Facebook: www.facebook.com/BikeworksLondon

Twitter: @Bikeworksuk

Target Group: Open to all

Description: Helping people to get fit, find work, gain confidence, and develop new skills. Services include Build a bike course, cycle training, on-site maintenance courses, and cycling sessions with a range of bikes including wheelchair bikes, hand cycles and tricycles.

Support, Advocacy and Advice

- **Name: Good Thinking**

Email: info@good-thinking.uk

Website: www.good-thinking.uk

Description: Online service providing tools and information resources for mental health wellbeing, including online assessment tool.

- **Name: SCOPE**

Tel: 0808 800 3333

Email: helpline@scope.org.uk

Website: www.scope.org.uk/helpline/

Facebook: www.facebook.com/Scope/

Twitter: @scope

Description: helpline providing free, independent, and impartial advice and support on issues that matter to disabled people and their families.

- **Name: Galop (Pan London)**

Address: Resource for London, 356 Holloway Road, London N7 6PA

Tel: 020 7704 2040 – London LGBT+ casework service

0800 999 5428 – National LGBT+ domestic abuse helpline

Email: referrals@galop.org.uk - London LGBT+ casework service

help@galop.org.uk - National LGBT+ domestic abuse helpline

Website: www.galop.org.uk

Twitter: @GALOPUK

Target Group: LGBT+ Community London wide.

Description: Galop works to prevent and challenge homophobic and transphobic hate crime in London.

Advice, support, and referral services to LGBT+ people experiencing homophobic, transphobic, and same sex domestic violence.

Information, advice, and training to people who are responsible for domestic violence policy and practice in mainstream and specialist organisations.

- **Name: LGBT Stonewall Housing**

Tel: 0800 6 404 404

Email: info@stonewallhousing.org

Website: www.stonewallhousing.org

Facebook: www.facebook.com/StonewallHousing

Twitter: @Stonewallhousin

Description: Provides supported housing, advice and advocacy for the lesbian, gay, bisexual, and transgender communities in London.

Drop-In times and locations are available on the website.

- **Name: Refugee Action**

Address: Society Building, Regents Wharf, 8 All Saints Street, London N1 9LR

Tel: 0800 141 2426

Email: info@refugee-action.org.uk

Website: www.refugee-action.org.uk

Facebook: <https://www.facebook.com/RefugeeAction>

Twitter: @RefugeeAction

Target Group: Asylum seekers and refugees

Description: Advice and support for asylum seekers and refugees.

Training

Name: Learn Direct

Tel: 01202 006 464

Website: www.learndirect.co.uk

Facebook: www.facebook.com/learndirect

Twitter: @learndirect

Target Group: Open to All

Description: Examples of E-Learning include basic numeracy and literacy, IT etc.

Transport

Name: Dial-A-Ride

Tel: 0343 222 7777

Email: dar@tfl.gov.uk

Website: www.tfl.gov.uk/modes/dial-a-ride/

Twitter: @TflAccess

Target Group: Adults and Older Adults who have a permanent or long-term disability.

Description: Service for people with mobility issues and significant problems with accessing public transport.

Referral: Application forms available via the website.

Volunteering

- **Name: Do It**

Website: www.doit.life/volunteering

Facebook: www.facebook.com/DoItUK

Twitter: @doituk

Target Group: Open to all

Description: Mainstream online service to help people to access volunteering opportunities with a national database of volunteering opportunities in the UK.

Referral: Apply online on the Do It website or alternatively via direct contact with organisation offering volunteer role.

- **Name: Team London (Mayor of London)**

Address: City Hall, The Queens Walk, London, SE1 2AA

Website: www.london.gov.uk/what-we-do/volunteering

Facebook: www.facebook.com/teamLDN

Twitter: @TeamLDN

Target Group: Open to all

Description: Mayor of London volunteering initiative. Including environmental, sporting, cultural and business volunteering opportunities.