Effective Key Working in a Recovery-Oriented Service

A GOOD PRACTICE GUIDE



EVE QA/PASS







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This guide was produced by EVE and reviewed by Plain English Ireland. Based on this review, the guide has received the Plain English clarity award.

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Foreword

Welcome to the EVE guide to *Effective Key Working in a Recovery-Oriented Service*. This guide is one of a series of guides that EVE have developed for staff to help strengthen and continuously improve our ability to provide first-class, recovery-oriented and community-based services.

While traditionally the term 'recovery' has been used to mean 'cure' and becoming 'symptom-free', in more recent years a new understanding of recovery has been suggested by people with lived experience of mental health recovery. Service providers are now challenged to change from a model focused on treating symptoms to one that supports people in a far more holistic way, taking into account all aspects of a person's life.

Adopting a recovery ethos for services, as recommended in *A Vision for Change* (2006), initiates a realignment of power and personal responsibility for members/participants. Service providers are also required to carefully consider new ways of working to meet the changing nature of the relationship between staff and members/participants. Whilst welcomed in principle, in practice this has led to some confusion around what is now expected of staff and requests were made for clarification on a range of practice issues that can arise when delivering recovery-oriented services.

This guide looks at the topic of 'Effective Key Working' and describes the role of a key worker working in a recovery-oriented service. As relationships work two ways, all issues addressed in the staff guides have been included in a member's/participant's handbook and our induction process to ensure that EVE's expectations of our staff are clearly explained to each member/participant.

In this way, we hope that this guide and the member/participant handbook will support us in ensuring that EVE offers contexts for recovery that are profoundly respectful, welcoming and safe for everyone.

The guides have been developed in consultation with EVE staff and members/participants and are consistent with good practice across the sector, and we are delighted that Plain English Ireland has given us the Clarity Mark for each publication.

It is our hope that the series will prove to be a useful resource and that it will support EVE's services, staff and member/participants to achieve our shared vision of creating high-quality, recovery-oriented programmes and services.

Margaret Webb PhD General Manager EVE

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Introduction

This staff guide aims to explain the role of a key worker in EVE and recommends a best-practice system for key working staff in centres. The guide also provides an overview of positive mental health models and describes how having a key worker could be of benefit to people participating in our services. The principles and practices included in this guide are relevant to staff working in a recovery-oriented service and are not unique to EVE.

Why key working?

Key working as a system has been in use in the social care area for many years now. A Vision for Change (2006), Ireland's national mental health policy, fully endorses key working and a recovery orientation in all our mental health services and organisations like EVE. It recommends that:

"A recovery orientation should inform every aspect of service delivery and service users should be partners in their own care." (p.6)

This comprehensive document also recommends:

"The allocation of a key worker to each service user and their carers, so that every service user and carer should have direct access to a known team member. The role of a key worker is to establish a close relationship with the service user, to take responsibility for actively remaining in contact with them and to take the initiative in making contact if they fail to do so." (p.108)

As staff in EVE are in daily contact with the members/participants for whom they key work, this guide aims to offer practical guidance and support to ensure consistency in the partnership between key workers and members/participants.

What are the benefits of effective key working?

The consequences of the many effects of mental health difficulties can be enormous. For example, frequent hospital admissions can result in a person not being able to hold down a job; people living on welfare benefits often have little money to access leisure activities such as going to restaurants, pubs or music concerts; and maintaining friendships and relationships can be difficult. All of this may result in people losing the confidence to reactivate their lives when they are feeling better, which can prolong their social exclusion. A key worker could therefore be a welcome support for a member/participant in their recovery journey, providing consistent hope and encouragement.

Key working and EVE organisational vision

EVE's Vision Statement states that the organisation is "committed to the development of cultures of wellness". The Vision further states that "we will achieve this through the delivery of hope-inspiring recovery oriented services and environments in the pursuit of well-being". We are therefore strongly committed to working in a recovery-oriented way that highlights people's strengths. We believe that having a key working system in place that supports people's journeys can help us to achieve this.

As a recovery ethos and the Strengths Model strongly underpin how we work with members/participants, we will now briefly outline the main aspects of each.

What is mental health recovery?

Traditionally, recovery was used to mean 'cure', but people who have experienced mental distress and recovery have defined recovery in a different way.

Recovery, in this sense, describes how people who have mental health difficulties use both personal and other resources in their lives to develop a positive identity and a satisfying life. It is a different process for each person.

This definition does not always mean 'cure' in the traditional sense (clinical recovery), but involves a person creating a good life despite their mental health difficulties (personal recovery).

People in recovery tell us that this ongoing process involves the growth of:

- hope
- meaning
- purpose
- control over the decisions affecting their lives
- participation in their communities

Recovery is linked with a person's overall well-being, including feeling at ease in yourself, with other people around you and being content with different parts of your life.

What is the Strengths Model?

The Strengths Model (Rapp & Goscha, 2006) operates on the belief that everyone has strengths and resources for their own empowerment. In a strengths-based approach, the focus is on the individual and their strengths and abilities, not their disability. The strengths-based model does not ignore problems but rather focuses on abilities.

Key elements of a strengths-based approach include:

- a focus on strengths, not weaknesses, problems or deficits
- the member/participant is in charge, and nothing is done without their approval
- the community is a resource, not an obstacle
- members/participants continue to learn, grow and change regardless of their disability

Through the Person-Centred Planning (PCP) system and other day-to-day contact, key workers can help the member/participant to become more aware of their past and current strengths and of community resources available to them. In this way, the member/participant can be assisted to make steps to achieve important personal goals.

(It should be noted that no one method or set of tools defines Person-Centred Planning).

Key worker role

A key worker's role is to support the members/participants assigned to them in the following ways:

In induction, the key worker will:

- ▶ Introduce themselves to new members/participants and explain what their role is, what the key worker system is and how it operates.
- Introduce a new member/participant to all staff and different centre activity options.
- ▶ Introduce new members/participants to the service, including induction procedures (see Induction Booklet).
- Discuss activities outside the centre that members/participants can avail of.

Note: In some cases it may be the manager that takes this role initially. However, it is important for the key worker to make sure this has happened.

In key worker meetings, the key worker will (where relevant):

- Meet formally with each member/participant every four weeks to review individual progress/well-being. (If you are meeting more frequently, please continue to do so as this is excellent practice).
- Assist the member/participant in setting person-centred goals.
- Note how the member/participant is feeling, getting on in their programme (including centre/club-based and external activities), review goals and any queries/issues that may need to be addressed or where a follow-up is required.

 Record any agreements made between the key worker and member/participant and inform the team (for example, their attendance, holiday arrangements or work placement plans).

In Person-Centred Plans (PCPs), the key worker will:

- Carry out needs assessments with the member/participant.
- ▶ Participate in PCPs with the member/participant.
- Attend PCP meetings.
- Support and encourage members/participants to set personally meaningful goals.
- ▶ Encourage members/participants to plan for moving on from the centre by encouraging an outward focus.

Note: Clubhouse staff may not carry out PCPs but will provide personal supports outlined below.

In line with the recommendations of the *New Directions Report 2012-2016* (p.20), the personal supports that staff in all services may provide through the key working system may include support for:

- making choices and plans
- making transitions and progression
- inclusion in one's local community
- accessing education and formal learning
- maximising independence
- personal and social development
- health and well-being
- accessing bridging programmes to vocational training

- accessing vocational training and work opportunities
- personal expression and creativity
- having meaningful social roles
- influencing service policy and practice

In creating links, the key worker will consider the following:

An effective key worker supports a member/participant to be in charge of their own life. Different people however may be at different stages in assuming personal control and may need help to link with supports. For instance, the key worker may need to:

- Act as a link and communicate with other agencies and people representing the member's/participant's opinion, when required.
- Liaise with families/carers/advocates on issues relevant to the member/participant with their consent (unless there is a threat of harm to themselves or others, in which case consent is not required).
- ▶ Liaise with medical/clinical team on issues relevant to the member/participant with their consent (unless there is a threat of harm to themselves or others).
- ▶ Liaise with training and employment providers to enable members/participants to pursue their vocational goals.
- ▶ Refer on to appropriate services, where necessary, regarding relevant member/participant issues.
- Provide information on sources of health promotion and help to identify threats to personal well-being.
- ▶ Help prepare and plan for any significant transition/change within the member's/participant's life, for example work placement or training.

 Support members/participants in accessing resources within their community.

In building positive relationships, the key worker will:

- ▶ Form a positive relationship with the member/participant and continuously remind the member/participant of their strengths.
- Constantly encourage members/participants to move towards independence.
- Look for feedback from members/participants on all aspects of service delivery and actively support the work of the representative committee.
- Where necessary, assist with resolving any interpersonal conflict that arises during the member's/participant's time on the programme.
- Understand confidentiality policies and procedures and their importance for building a trusting relationship with the member/participant.
- ▶ Be sensitive to member's/participant's cultural identity.
- ▶ Ensure all key worker meetings take place and that appointments happen on time in an atmosphere of respect.
- ▶ Embody hope and work to build a relationship based on mutual trust and respect.

In record keeping, the key worker will:

 Fill out relevant forms and keep relevant records which should be dated and signed.

In team-working, the key worker will:

- Attend staff meetings regarding member/participant key working issues and deliver relevant information to the team.
- Know when to seek assistance from the manager, staff members or any other appropriate individual. It is not acceptable for staff to act outside of their scope of professional competencies and codes of practice.
- Keep in contact with key workers in other services the member/participant uses, with their consent. This will ensure continuity/consistency of approach, good team work and communication.
- ▶ Hold a meeting with their key worker group weekly to discuss relevant centre/community issues (only expected if already in place). Individual member/participant personal issues should not be discussed at group meetings and confidentiality must be respected at all times.

What key working is Not

Key working is **NOT** a substitute for professional roles and duties that are currently being performed by others. If you, as the key worker to a member/participant, have concerns about unmet mental health, social or medical needs, it is your duty to discuss this with the member/participant, and relay this to your manager and to the mental health team of the member/participant.

Likewise, if the member/participant you are key working for has, for example, financial or relationship difficulties, it is not your role to solve these problems. Where possible, you should refer the participant/member to the appropriate organisation in their community. Such contacts will be noted on their key working meeting sheets/notebook

Key worker system

This section outlines how a key worker system would operate in practice. It includes how members/participants are assigned to key workers, how and when meetings take place, who key works, and how meetings are recorded. Ideas on how to reflect on all meetings in a recovery-focused way are also suggested.

Allocation of key workers to members/participants

- Each member/participant is appointed a key worker on their first day by the centre manager. This is reviewed within one month based on issues such as perceived compatability, member/ participant choice and availability. In the case of clubhouses, another member may also act as a 'buddy' to the new member during the induction phase.
- It is best if a manager does not act as key worker, where possible, so they can act in a support role and perhaps take over key worker duties when staff are on leave.
- ▶ It is imperative that the member/participant should have a key worker at all times. Key worker meetings should take place regardless of staff being on leave. A substitute key worker, such as the manager/other staff member, should be appointed to each member/participant to act in the absence of their key worker. The substitute key working arrangement should be formally recorded.
- All members/participants have the right to a new key worker should they request one and should be informed of this right.

Key working meetings

The following summarises an example of a key working system. Key working is, by nature, a one-to-one working system between a staff member and a member/participant. While small, informal key working meetings can take place, the priority of the key worker should always be to meet the member/participant on an individual basis.

- ▶ Each key worker must schedule a formal meeting with each member/participant every four weeks, or more frequently if required. If you are currently seeing people more frequently, for example, weekly/fortnightly, this is excellent practice so please continue to do so. In the case of clubhouses, a formal meeting should be offered to 'active' members. It is recommended that local arrangements be put in place regarding 'inactive' members.
- ▶ Informal meetings can happen on a daily basis depending on the needs and wants of the member/participant. However these meetings do not replace the formal meeting.
- All formal meetings should be recorded every four weeks. Notes must reflect how the person is feeling, getting on in their programme (including centre/club-based and external activities), a review of goals and any queries/issues that the person may need assistance with or where a follow-up is required.
- Informal meetings should be recorded as required, based on the content of the discussion.
- ▶ Key workers attend needs assessment and PCP meetings (these may take another form in a clubhouse setting), where relevant.

- ▶ In addition to the formal monthly meetings, group key worker meetings could take place weekly/fortnightly, which would give members/participants the opportunity to speak in small groups. Please note these meetings are not mandatory and occur at the discretion of your centre manager. These meetings should not address personal issues and should only refer to general location/training issues. Feedback from these meetings can be forwarded to the centre manager.
- ▶ The purpose of one-to-one key worker meetings is to regularly review the progress of the member/participant and assess if their needs are being addressed.
- Key workers liaise and meet with member's/participant's families, mental health teams, and employers/potential employers where appropriate and with the consent of the member/participant.

Recovery-oriented key working¹

It is necessary to reflect on our practice at all times and particularly on our role as key workers. To deliver recovery-oriented services we need to review our meetings and ask ourselves the following questions:

Did L...

- ▶ Actively listen to what the person was saying?
- Help the person identify and prioritise their personal goals for recovery?
- ▶ Demonstrate a belief in the person's existing strengths?
- ▶ Pay attention to the importance of goals which take the person out of the 'sick/dependent role' and enable them to actively contribute to the lives of others?
- ▶ Identify friends, contacts and organisations that are relevant to the achievement of their goals?
- Actively encourage the person to look at options outside the centre, such as work placement, employment, training, educational and/or social opportunities?
- Encourage the person's self-management of their mental health difficulties?
- ▶ Behave at all times so as to convey an attitude of respect for the person and a desire for an equal partnership?
- While accepting that the future is uncertain and setbacks may happen, continue to express support for the possibility of achieving these self-defined goals — maintaining hope and positive expectations?

Adapted from Making Recovery a Reality, Sainsbury Centre for Mental Health (2008)

Record keeping

It is imperative that the key worker maintains records of all formal meetings with the member/participant. Two options for this record system are outlined below.

Option 1: Record Sheet Key worker meetings can be recorded using a record sheet (see below)

The information recorded should be clear, easy to read, informative and reflective. It should record accurately what happened during the meeting (without personal opinions). For example, "Elizabeth did not speak at the meeting" or "John said he was very upset", as opposed to "Elizabeth was unwell as she did not speak" or "I think John was upset because he doesn't like the programme".

Remember that anything written down about a member/participant can be read by them on request. Therefore it is extremely important to record only the facts as they occurred and not your opinions.

Where should the record sheet be kept?

This record sheet should be kept in a locked filing cabinet in a) the member/participant file in the manager's office or b) a designated key worker cabinet in another part of the building. The decision about which option to choose will be made by the centre manager. It is good practice to show the member/participant what you have written on their key worker notes. It is good practice to show the member/participant what you have written on your notes, as they are entitled to have access to them.

Option 2: Key Worker Notebook

Certain centres operate a key worker notebook system, which for the most part works very well.

The key worker notebook covers the same information as the record sheet.

Each key worker divides their notebook into separate sections for each member/participant. This will make it easy to track an individual's well-being and will enable the manager/associate key worker to access the information in the event of the key worker being absent.

The information recorded should be clear, easy to read and informative.

It should accurately record what happened during the meeting (without personal opinions). For example, "Elizabeth did not speak at the meeting" or "John said he was very upset", as opposed to "Elizabeth was unwell as she did not speak" or "I think John was upset because he doesn't like the programme".

Where should the notebook be kept?

This notebook should be kept in a locked filing cabinet/desk drawer. If this is not available, it should be stored in the manager's office.

Sample record sheet

The following gives a brief overview of what should be contained within the record:
M/P name: Date:
K/W:
Location of meeting:
Sample Content:
Introduction/greeting delivered in a warm, friendly manner, which will help put the member/participant at ease.
► How are you getting on?
▶ What is going well for you?
What would help to support you over the next four weeks?
▶ Review PCP goals/recovery plans.
Next Steps:
1. 'X' to contact 'Free Travel' section, Sligo, in the next three days re: travel pass.
2. Record 'X' in for annual leave on Wed & Thurs.
3.
Member/Participant signature:
Key worker signature:
A template, which can be used for a record sheet or a notebook, can be found overleaf. Please

note that the information on pages 17 & 18 should be adhered to when completing any record

of a key working meeting and this template must be used.

M/P name:	Date:
K/W:	
Location of meeting:	
·	
Next Steps:	
1.	
2.	
3.	
Member/Participant signature:	
Key worker signature:	

Role of the different health professionals

As a key worker, you may be in contact with many professionals or mental health teams. The following suggestions may assist you when contacting mental health teams and a brief description of their roles and responsibilities is included below. For further clarification please contact the Participant Assistance & Support Service (PASS) team.

Suggestions for contacting health professionals:

- 1. Establish with the member/participant at an early stage who their relevant contact person is (for example, a psychiatrist, community mental health nurse, social worker or occupational therapist).
- Begin to build a good working relationship with the referring professional. This can be done by writing to them initially to thank them for the referral and or by phoning to let them know how the member/participant is getting on. This must be done with the member's/participant's consent.
- 3. Inform the relevant health professionals, such as a community mental health nurse, of any concerns you may have around a member/participant. You should do this with the consent of the member/participant, except where they are at risk of harming themselves or others, and with the manager's prior knowledge.

General health professional roles

Community Mental Health Nurse (CMHN)/Clinical Nurse Specialist

A CMHN/clinical nurse specialist sees people who are living in the community. This can be clinic-based or the CMHN may see the person in their own home. A community nurse will help patients with their medication and will be able to answer many questions about side-effects and so on. Because community nurses see patients in their own homes, they also play a valuable role in helping family and carers understand and cope with the member's/participant's difficulties. Nurses may also provide general support in relation to a range of life areas and can be the person that the member/participant has most contact with on the team. Some CMHNs, where trained, may also provide counselling and therapy.

Consultant Psychiatrist

A consultant psychiatrist usually works in a community multidisciplinary team. The consultant has overall responsibility for the management of patients under the care of the team. A psychiatrist may use medication or psychological treatments when dealing with someone with mental health difficulties. Team members can include psychiatric registrars, social workers, community psychiatric nurses, clinical nurse specialists, psychologists and others.

Counsellor/Psychotherapist

A counsellor/psychotherapist is trained to listen carefully to the client's problems and to support the client while they find solutions in a relationship that is confidential and is based on respect and trust. Counsellors/psychotherapists can help a client to discover the reasons for negative feelings and to work out ways of dealing with them as

well as providing an opportunity for the client to express difficult feelings such as fear, suspicion and jealousy in a safe, supportive environment. The Irish Association for Counselling and Psychotherapy (IACP) identifies, develops and maintains professional standards of excellence in counselling and psychotherapy. It is important to ensure that any counsellor/psychotherapist is registered with a professional body and has a recognised qualification.

General Practitioner (GP)

The general practitioner (GP) is responsible for the medical well-being of their patients. GPs are often the first point of contact for people with mental health difficulties and may prescribe medication. Where they feel the patient needs further specialist help, GPs can refer to a number of different services such as a counsellor or a consultant psychiatrist.

Occupational Therapist (OT)

Occupational therapists (OT) work in a variety of settings. OTs are concerned with how an individual functions in their work, leisure, domestic life and personal self-care. They will work with individuals who are experiencing difficulties functioning in their daily life, by using purposeful and meaningful activities. An OT takes a person-centred approach, and will work with a person either individually or within a group.

Participant Assistance & Support Service (PASS)

Participant Assistance & Support Service (PASS) is EVE's professional multi-disciplinary rehabilitative and recovery-oriented support service. The PASS team plays a supportive role in facilitating members/participants to achieve their self-determined goals in the context of a person-centred recovery plan.

The service aims to assist members/participants to use and develop personal resources and access community supports. The members of the PASS service provide short-term, focused and needs-driven professional interventions to members/participants and offer a consultation service to EVE service personnel. In addition, the PASS service is involved in the development of innovative programmes and research initiatives.

Psychiatric Registrar

The registrar is a qualified doctor training to become a psychiatrist. The registrar provides psychiatric care for patients under the supervision of a consultant. The actual format of appointments will vary depending upon the doctor involved and the ethos of their hospital/clinic. In most cases the registrar will monitor medication, scheduling anything from weekly appointments to appointments every three months, depending upon the well-being of the client/patient. Registrars rotate every six months.

Psychologist

Psychologists are often based in clinics and have a varied role. The psychologist aims to reduce psychological distress and to enhance and promote psychological well-being. A wide range of psychological difficulties may be dealt with, including anxiety, depression, relationship problems, learning disabilities, child and family problems, and serious mental illness. Psychologists work with people either individually or in groups, assessing their needs and providing therapies based on psychological theories and research.

Social Worker

The social worker promotes change, problem-solving in human relationships and the empowerment of people. Social workers may work with families and individuals who are experiencing a variety of problems, including emotional, social, psychiatric and behavioural issues. They may also work with individuals and their families on either a daily or weekly basis on matters such as child abuse, domestic violence and homelessness. Social workers can be based in hospitals and local area clinics.

Organisations that may support your work as a key worker

A recovery-focused key worker aims to promote social inclusion and to encourage members/participants to participate in their community. Peer support has been identified as being helpful to recovery. The following is a list of some of the organisations that may assist you in this regard.

1. Alcoholics Anonymous (AA)

Alcoholics Anonymous is a fellowship of men and women who share their experience, strength and hope with each other so that they may solve their common problem and help others to recover from alcoholism.

For further information contact:

Tel: 01 842 0700

Email: gso@alcoholicsanonymous.ie

2. AHEAD

AHEAD is an independent non-profit organisation working to promote full access to and participation in third-level education for students with disabilities in Ireland.

For further information contact:

AHEAD, Newman House, 86 St. Stephen's Green, Dublin 2

Tel: 01 475 2386 Web: www.ahead.ie

3. Asperger Support Ireland

Asperger Support Ireland is a coordinated initiative which aims to enhance and support the whole person and family affected by Aspergers by providing access to information.

The formal partners in the project are Irish Autism Action, Gheel Autism Services, Aspire, Tuiscint (EVE), ABAILE/Drogheda ABACAS School for Children with Autism and Cork Association for Autism. The project has been funded under the Enhancing Disability Services Programme. Funds are provided by the Department of Justice, Equality and Law Reform and the programme is managed by Pobal.

For further information, contact:

Tel: 01 853 1572

Email: info@autismsupport.ie Web: www.autismsupport.ie

4. Aspire

Aspire, The Asperger Syndrome Association of Ireland, was set up by a group of parents in March 1995 to provide support for people with Asperger Syndrome (AS) and their carers, and to encourage research into the condition. Aspire works tirelessly to raise awareness of the syndrome and develop services for those affected by the condition and also to assist their carers.

For further Information, contact:

Aspire - The Asperger Syndrome Association of Ireland, Coleraine

House, Carmichael Centre, Coleraine Street, Dublin 7

Tel.: 01 878 0029 / 0027

E-mail: development@aspire-irl.org

Web: www.aspire-irl.org

5. AWARE

The Aware Helpline is a non-directive listening service for people who experience depression and concerned family and friends. The helpline offers a non-judgemental listening ear to people who may be distressed or worried, or just need someone to talk to.

You can also call the helpline if you are worried about someone who may be depressed or for information about depression or Aware services.

Tel: 1890 303 302 Web: www.aware.ie

6. Centre for Independent Living

The Centre for Independent Living provides support for people with disabilities to live and work in the community.

For further information, contact:

CIL, Carmichael House, North Brunswick Street, Dublin 7

Tel: 01 873 0986 Web: www.dublincil.org

7. Citizens Information

The Citizens Information Board is the statutory body which supports the provision of information, advice and advocacy on a broad range of public and social services. It provides the Citizens Information website, www.citizensinformation.ie, and supports the voluntary network of Citizens Information Centres and the Citizens Information Phone Service 1890 777 121. It also funds and supports the Money Advice and Budgeting Service (MABS) 1890 283 438.

8. Disability Federation of Ireland (DFI)

DFI is the national support organisation for voluntary disability organisations in Ireland that provide services to people with disabilities and disabling conditions: Hidden, Intellectual, Mental Health, Physical, Sensory, Emotional and Neurological. DFI works to ensure that Irish society is fully inclusive of people with disabilities and disabling conditions so that they can fully exercise their civil, social and human rights. In pursuit of this vision DFI acts as an advocate for the voluntary disability sector and supports organisations to further enable people with disabilities.

For further information, contact:

Disability Federation of Ireland, Fumbally Court, Fumbally Lane, Dublin 8

Tel: 01 454 7978

Email: info@disability-federation.ie Web: www.disability-federation.ie

9. FÁS/Solas

FÁS/Solas offers a range of training courses suited to the needs of jobseekers. It also offers dedicated services aimed at providing eligible people with an opportunity to participate in community life through community-based training programmes and work experience. The organisation operates throughout Ireland and is divided into eight regions.

For further information contact:

FÁS/Solas head office: Tel: 01 607 0500

Web: www.fas.ie

10. GROW

GROW is a mental health organsiation which helps people who have suffered, or are suffering, from mental health difficulties. Members are helped to recover from all forms of mental breakdown, or indeed, to prevent such things from happening. GROW, founded in Australia in 1957 by people with experience of mental health difficulties, has a national network of over 130 groups in Ireland. Its principal strength is the support members give each other from their own experience in matters relating to mental health. GROW is grant-aided by the HSE and the Department of Health and Children.

GROW is a voluntary organisation with a small number of paid employees.

For further information contact: GROW Infoline on 1890 474 474

Email: info@grow.ie

11. Irish Advocacy Network (IAN)

The Irish Advocacy Network is an island-wide mental health organisation run and led by service users. The Network delivers a Peer Advocacy Service. It provides information, support and choice for those who have experienced difficulties with their mental health and wellbeing.

For further information contact:

Tel: 047 38918 / 72863

email: admin@irishadvocacynetwork.com

12. Inclusion Ireland

Inclusion Ireland provides a central forum for its members to identify priorities and formulate nationally agreed policies to present to government, statutory bodies, other relevant groups as well as the general public. Inclusion Ireland campaigns for changes in services and legislation that will improve the quality of life and participation of people with an intellectual disabilities in Irish society.

For further information contact:

Inclusion Ireland, Unit C2, The Steelworks, Foley St, Dublin 1

Tel: 01 855 9891

Email: info@inclusionireland.ie Web: www.inclusionireland.ie

13. Irish Autism Action

Irish Autism Action is an organisation formed in 2001 which brings positive change into the lives of those affected by autism. The range of services which Irish Autism Action provides includes awareness raising, early detection diagnosis, education support, advocacy, counselling, helpline, home-based support, transition planning, social housing, research information and advice for families upon receiving diagnosis.

For further information, contact:

Irish Autism Action, 41 Newlands, Mullingar, Co. Westmeath

Tel: 044 933 1609

Email: info@autismireland.ie Web: www.autismireland.ie

14. Local Employment Service (LESN)

The Local Employment Service Network (LESN) provides a range of services to the local community focusing on the provision of practical support, advice, guidance and information relating to employment, training and return to work and welfare rights options. It has been in operation since 1996.

For further information please access the following webpage: www.localemploymentservices.ie

15. Money Advice and Budgeting Service (MABS)

MABS is a national, free, confidential and independent service for people in debt or in danger of getting into debt and has a very useful website.

For further information contact:

MABS Helpline: 0761 07 2000 (9am-8pm Monday to Friday)

Email: helpline@mabs.ie
Web: www.mabs.ie

16. Mental Health Ireland (MHI)

Mental Health Ireland (MHI) supports local mental health associations in their work. MHI a) provides information and training, b) provides a network of Development Officers working around the country, c) campaigns and advocates to improve national mental health policy and service provision, d) provides an information service on issues relating to mental health and mental illness through information fact-sheets, the website and directly by telephone, post and email, e) undertakes research on mental health topics, such as the national survey on stress and the national survey on public attitudes to mental illness and f) organises conferences, courses, workshops and seminars on a wide variety of issues relating to mental health. MHI also promotes and co-ordinates activities to celebrate World Mental Health Day on 10th October each year.

For further information contact:

Tel: 01 284 1166

Email: info@mentalhealthireland.ie Web: www.mentalhealthireland.ie

17. National Disability Authority (NDA)

The NDA is the independent state body providing expert advice on disability policy and practice to the Minister, and promoting universal design in Ireland.

For further information, contact:

National Disability Authority, 25 Clyde Road, Dublin 4

Tel: 01 608 0400 Email: nda@nda.ie Web: www.nda.ie

18. National Service Users Executive (NSUE)

NSUE informs the National Health Service Directorate and the Mental Health Commission on issues relating to user involvement and participation in planning, delivering, evaluating and monitoring services including models of best practice. NSUE also develops and implements best practice guidelines between the user and provider, including capacity development issues. The Mission of NSUE is to protect, promote and represent the interests of all service users and their families while ensuring that every individual can feel confident that their own views, needs and wishes will be heard and will help shape service delivery and the strategic direction of mental health services.

For further information, contact:

Tel: 085 121 2386 Web: www.nsue.ie

19. Out and About Association (OANDA)

OANDA offers practical help and self-help support groups for people suffering from agoraphobia and social anxiety disorder. Group meetings are held in Dublin, Cork, Limerick and Drogheda to allow sufferers to have personal contact with other sufferers and to educate relatives regarding their role in helping recovery.

For further information contact:
OANDA, 140 St. Lawrence's Road, Clontarf, Dublin 3

Tel: 01 833 8252

Web: www.oandaireland.com

20. Social Anxiety Ireland

Social Anxiety Ireland is a programme offered by the Adult Psychological Service in the Mater Hospital. The programme is held every Wednesday evening from 6pm-8.30pm (in the Adult Psychological Department) in 63 Eccles Street, Dublin 7. The programme, which largely adopts a cognitive behavioural model, is conducted over 14 weeks.

For further information contact:

Odhran McCarthy, Senior Clinical Psychologist on 01 803 2855

Email: socialanxietyireland@hotmail.com Web: www.socialanxietyireland.com

21. Social Inclusion Division, Department of Social Protection

The Social Inclusion Division is responsible for a number of functions. These include: to co-ordinate implementation of government strategies for social inclusion; to promote the incorporation of anti-poverty and social inclusion objectives; to analyse the impact and effectiveness of public policy on poverty and social exclusion; to promote the development of data strategies and research to inform anti-poverty and social inclusion policies and practice; to monitor and report on poverty trends at national and European levels; to develop appropriate mechanisms to promote the participation of people experiencing poverty and social exclusion; and to promote co-operation on social inclusion issues between Ireland and other jurisdictions, in particular Northern Ireland.

For further information, contact:

Social Inclusion Division, Department of Social Protection, Gandon

House, Amiens Street, Dublin 1 Tel: 01 7043 245 / 968 / 614 Email: social.inclusion@welfare.ie Web: www.socialinclusion.ie

Please add your own additional contacts here:				

