NDTi
National Development Team for inclusion

Access, Standard of Living and Relationships

Successes	Challenges
Access to our service	**Access to our service**
We offer a variety of evidence-based treatments and tell people about this evidence. Multi-disciplinary teamwork and link workers enhance access to the right skills. Direct access by users, primary care or specialisms with no waiting. Single shared assessment with clear eligibility criteria. Quick onward referral. Direct payments can improve access to support. Local community teams and neighbourhood services. Specialist provision delivered in primary care settings. Advocacy. Medication management clinics help people ask for help. Recovery model. Clubhouse model allows lifelong membership. Joint training for service staff and service users. Some activities open to public. Service users can volunteer in the service. Service users doing mental health promotion sessions in schools etc.	*Referral systems 'send the wrong people'. Negative reputations affect what people get. Discrimination within the system - minorities not well understood or served. Not enough of the right type and quality of service (especially those based on talking, recovery and inclusion). Services not available 24 hours. Formal access criteria and restrictions can prevent some people getting access. Lack of information about what services are on offer. Poor relationships or information sharing between teams. Outcome-driven services can exclude people not expected to benefit and neglect people's life plans. CPA often fails to bring everyone together effectively. Building not physically accessible. Hard to get an interpreter. Poor transport links for rural areas.*
Standard of Living	**Standard of Living**
Personal goal setting and support for self management along with individual work on standard of living goals. Annual review incorporates a physical health check. Variety of financial, housing, supported employment and education initiatives, and recognition of the value of these activities. Income maximisation. Having your own tenancy or supported living arrangement. Passport to leisure and access to public transport. Rural scheme that provides people with mopeds. Using community sports facilities. Shared 'standard of living' campaigns with other service user groups.	*The benefits trap and some families rely on welfare benefit income. Sparse information and few housing, training or job opportunities and services find it hard to encourage interest in employment. Stigma by employers and others. Difficult to accommodate personal care needs in mainstream settings. Housing allocation systems form a barrier to service users. Lack of decent housing stock. Inadequate support for people to live in their own home. Over subsidising in-house provision discourages people from moving into community activities.*
Relationships	**Relationships**
Boosting confidence and promoting understanding of rights and self-advocacy. Promoting natural relationships. Anti-stigma campaigns in inclusive schools and mental health promotion activities in other community settings.	*Enduring stigma and negative attitudes in the community. Limited resources for supporting service users. Closed groups. Professional boundaries can get in the way. Some service users are very isolated and some prefer to stay within the mental health community. The wider society can be individualistic and the break-up of traditional families and neighbourhoods makes it harder to connect.*