

Policy briefing from Mind



Employment and Support Allowance trials

August 2017

About Mind

We're Mind, the mental health charity for England and Wales. We believe no one should have to face a mental health problem alone. We provide advice and support to empower anyone experiencing a mental health problem. We campaign to improve services, raise awareness and promote understanding.

Summary

On 2 August 2017 the Department for Work and Pensions released [three research reports](#) looking at the support disabled people receive in Jobcentres. In this briefing we explain what this means for people with mental health problems and set out our recommendations for change.

What is the Department for Work and Pensions' research about?

The research brings together evaluations of three trials the Department for Work and Pensions ran in 2015. They were all focused on people receiving Employment and Support Allowance (ESA) - the main benefit that people with mental health problems can claim if they are too unwell to work:

- **The Claimant Commitment** is an agreement between Jobcentre staff and someone receiving ESA. It sets out what someone commits to do in order to remain entitled to their benefits. This was tested as voluntary (i.e. a person signs up to the agreement but wouldn't receive a sanction if they can't do the things they've agreed to)
- **Voluntary early intervention** involves inviting people to meetings with Jobcentre staff and encouraging them to look for work shortly after they have started claiming ESA. This will include people who have not yet had their assessment and might be found to be too unwell to work when they do have it. This was also a voluntary test.
- **More intensive support** is targeted at people who have been through the Work Programme and not found work. It involves more frequent appointments and meetings with Jobcentre staff. It was tested as mandatory – and those that did not meet their requirements would have been at risk of a sanction.

Why is this research so important?

Every year over 400,000 people with mental health problems make a claim for Employment and Support Allowance.¹ We know that the kind of support people receive from Jobcentres can make a real difference to their lives. Too often people are faced with the fear and anxiety of facing a benefits sanction if they cannot do what they are asked by Jobcentre staff.

This research is particularly important because the three trials it looks at are no longer trials. In coming months and years mandatory versions of these initiatives will be introduced to anyone who receives Employment and Support Allowance or the equivalent benefit under the new system of Universal Credit.² This research is our best chance to understand how these new initiatives might affect people with mental health problems.

What did the research find?

The Government lists its own conclusions and lessons in the research and we would encourage people who are interested to [take a look at these for themselves](#). Below we've identified some of the findings that we think are most relevant for people with mental health problems, as well as our view of what the Government needs to do now.

Work Coaches

Work Coaches are the advisers that work in Jobcentres. The research found that many of them hadn't previously had extensive experience of working with people with mental health problems. Some of them found talking about mental health 'personal, difficult and uncomfortable to handle'.³ The research highlighted that many Work Coaches actively asked for more training, support and guidance to help them work with people with mental health problems.

Many Work Coaches said they did not know what sorts of requirements were appropriate to place on people with mental health problems. They felt 'uneasy' about 'how forceful they can be' when requiring people with mental health problems to take steps towards work.⁴ The research found that Work Coaches were most effective when they built up empathetic relationships and listened to people with mental health problems about how their mental health affects them.⁵

Some Work Coaches said that they were unclear about the boundaries of their role. The research describes times when they felt they were 'blurring the line between employment support and therapeutic support'. This includes situations where they found themselves advising people on mental health issues like managing agoraphobia and anxiety.⁶

¹ DWP (2017). Work, Health and Disability Green Paper Data Pack (pg 57)

² Turn2Us (2017). Universal Credit (UC): Claimant Commitment/Conditionality

³ DWP (2017). The 2015 ESA trials: A synthesis of qualitative research with Work Coaches (pg 55)

⁴ DWP (2017). The 2015 ESA trials: A synthesis (pg 46)

⁵ A synthesis (pg 30)

⁶ A synthesis (pg 44)

Mind's view:

For Jobcentre staff to provide effective and compassionate support for people with mental health problems they need the right support and training themselves. What's really worrying is that some Work Coaches are relying on pressure and the threat of sanctions to encourage people with mental health problems back to work. We know this doesn't work, and the anxiety these threats cause actually make people's mental health worse.⁷ Instead, the Government should give Jobcentre staff the tools they need to build a trusting and empathetic relationship with the people they support.

It's also a real concern that some Jobcentre staff are moving into giving health advice – which should always be delivered by trained mental health professionals and in line with an individual's own choices. One of the most important features of good mental health treatment is giving people choice and control over their treatment so that they can take steps towards recovery in a way that works for them. We know that people with mental health problems often see Jobcentres as pressurised environments because of the potential threat to their income that benefit sanctions represent. This means that Jobcentres simply aren't the right place for therapeutic support.

Sanctions and mandatory requirements

The one trial that was mandatory and involved the threat of sanctions resulted in people with mental health problems spending less time in work overall. It also resulted in them spending slightly less time receiving benefits compared to people without mental health problems. This suggests that people with mental health problems were more likely to stop claiming benefits altogether, without finding work.⁸ Work Coaches also had to exempt people who were very unwell including people who were hospitalised following suicide attempts. Others reduced the frequency of meetings in order to 'alleviate negative effects of mandated meetings'.⁹

The research reported that people with mental health problems often felt threatened by requirements and 'work related activity'.¹⁰ In the voluntary trials the Work Coaches could not rely on sanctions, to encourage people to do what they asked. They had to spend more time listening to people's concerns, reassuring them and asking them about their mental health before talking about work.¹¹

The research also makes clear many people with mental health problems did not realise that their involvement in these trials was voluntary and that they would not receive a sanction if they did not do what they were asked.¹² This is not necessarily surprising, for example taking part in the Claimant Commitment was described as voluntary but the

⁷ Mental health sector response: Work, health and disability green paper (2017) (pg 13)

⁸ A synthesis (pg 64-65)

⁹ Qualitative research with Work Coaches (pg 33)

¹⁰ Qualitative research with Work Coaches (pg 56)

¹¹ Qualitative research with Work Coaches (pg 43)

¹² DWP (2017), The 2015 ESA trials: A synthesis of qualitative research with claimants (page 76)

meetings to discuss it were mandatory. The document itself also referred to the risk of receiving a sanction in multiple places.¹³

Mind's view:

People with mental health problems tell us that the threat of sanctions stops them from being able to trust the support that Jobcentres offer. It makes people anxious and fearful, even when there is no sanction imposed.¹⁴ It's not surprising that few people on the trial spent more time in work as a result. The research describes times when people who were very unwell were exempted from mandatory requirements but we know that too often those exemptions don't happen. If Jobcentres really want to support more people with mental health problems they have to remove those threats so that people can get the support they need at a pace that works for them.

It was encouraging to see that when Work Coaches couldn't rely on sanctions they spent more time listening to people, trying to understand how their mental health affects them and building a trusting relationship. We want to see that happen every time a person with a mental health problem meets their Work Coach and we know that making support voluntary is the way to achieve that.

People with mental health problems' barriers to work

The research found that there's a real variation in people with mental health problems' barriers to work. There were some people who felt ready to work straight away but needed to find a working environment that would be supportive for their mental health. The supported they wanted from Jobcentres was to think through the kinds of work they might be able to do. Others felt that they would never be well enough to work – or would need a significant shift in the attitudes and expectations of employers in order to find work. Some people felt they could work in the future but needed time to focus on their recovery.¹⁵

Mind's view

Often Jobcentre support focuses on the changes people with mental health problems need to make in order to find work. This approach can risk missing some of the real barriers people face when trying to find work that will be appropriate for them. We know that most people with mental health problems want to work but need help to find supportive environments and employers who will understand their mental health.

It's also disappointing that the research suggested that the aim of Jobcentre support was to change people's motivations around work rather than listening to their own needs and ambitions. Jobcentre staff who tailored their approach in order to give people with mental health problems time to focus on their recovery were described as 'acquiescing' and not doing enough to help those people back to work. We know that for any support to be

¹³ Qualitative research with Work Coaches (pg 40)

¹⁴ Mental health sector response (pg 13)

¹⁵ A synthesis (pg 21-5)

effective it has to start with listening to people with mental health problems about their own needs and ambitions.

What needs to happen now?

We think there are clear lessons for the Department for Work and Pensions to learn from this research. To make sure that people with mental health problems get the right support they should:

1. Remove the use of mandatory requirements and the threat of sanctions for people with mental health problems.
2. Develop a programme of training and development for Work Coaches on mental health, including giving them options to specialise in supporting people with mental health problems.
3. Change the way they measure performance so that Jobcentre staff see their aim as building trust, empathy and positive engagement – not changing people's motivations or immediately moving them off benefits.
4. Encourage Jobcentres to work more closely with local employers to understand how they can do more to create supportive workplaces for people with mental health problems.

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