

Written evidence from Mind and RCPsych (FJP0067)

Mind is the leading mental health charity in England and Wales. We provide advice and support to empower anyone experiencing a mental health problem. We campaign to improve services, raise awareness and promote understanding. Ensuring the benefits system is both fair and supportive for people with mental health problems is a key part our work due to the high numbers of people with mental health problems who receive this support.

The Royal College of Psychiatrists aims to improve the outcomes of people with mental illness, and the mental health of individuals, their families and communities. In order to achieve this, the College sets standards and promotes excellence in psychiatry; leads, represents and supports psychiatrists; improves the scientific understanding of mental illness; works with and advocates for patients, carers and their organisations. Nationally and internationally, the College has a vital role in representing the expertise of the psychiatric profession to governments and other agencies.

1. Introduction and summary of key points

1.1 A large and growing proportion of people supported by Jobcentre Plus (JCP) experience mental health problems. Almost half of people on Employment and Support Allowance (ESA) are claiming primarily because of mental health problems,¹ and studies suggest that over a third of people on Jobseekers Allowance (JSA) have some kind of mental health problem.² As such, it is vital that JCP is able to effectively understand, support and safeguard this group.

1.2 We have serious concerns about both the policy design for how support from JCP is expected to develop over the coming years, and also the capacity, skills and expertise of JCP to deliver this planned service. If these concerns are not addressed, not only will JCP prove ineffective at supporting people with mental health problems towards work, but it will also lead to large numbers of people with mental health problems being treated in a way that will be detrimental to their health, wellbeing, and future prospects of working.

1.3 The key issues and concerns we address in our submission include:

- The move to Universal Credit and the implications of this for people with mental health problems, in particular:
 - the expectation of earlier engagement with employment support
 - the role of Work Coaches in setting activities and associated conditionality, and the wider capacity of JCP to deliver the expected and necessary levels of support
 - the risk of a 'digital first' approach particularly disadvantaging this group
- The rationale for directing different cohorts to different types of support
- The need to effectively monitor and evaluate the new service
- The potential and risks presented by devolution, co-location and integration

¹ Calculated from the DWP's Tabulation Tool: http://tabulation-tool.dwp.gov.uk/100pc/esa/tabtool_esa.html

² DWP (2012), *Mental health in context: the national study of work-search and wellbeing*

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/193393/810summ.pdf

2. Implications of the move to Universal Credit

2.1 As is the case for many organisations, we support the principles behind Universal Credit, but have serious concerns about how the policy is being implemented, and the likely implications for people with mental health problems.

2.2 The expectation of early engagement with support

Under the current system of ESA and JSA, people who believe that they are too ill or disabled to work at this time can apply for ESA and will not be required to engage in any job-search or work-related activity until they have been assessed through the Work Capability Assessment (WCA) – they are paid an ‘Assessment Phase Rate’ of ESA (equivalent to JSA) and are not subject to any conditionality. Under Universal Credit, people who wish to apply for the ‘limited capability for work’ or ‘limited capability for work related activity’ components (the equivalent of the WRAG and Support Group under ESA) will be subject to full conditionality (with the caveat of Work Coach discretion to ‘tailor’ this) until they have been assessed.

2.3 This is a shift from presuming that claimants should be protected from conditionality until they have been found ‘fit for work’, to presuming that people should be subject to conditionality until they have been proven to have limited capability for work or work related activity.

2.4 The risks of this approach

We recognise that the current approach has some disadvantages, in that people do not tend to engage with any support until they have been assessed – a process which can often take months to complete. However, the approach also offers some key safeguards: over two thirds of people who applied for ESA in the last year for which statistics are available (Oct 2014-Sep 2015) were awarded the benefit, meaning there would be restrictions on what they could be required to do, with over half being placed in the Support Group where they are subject to no conditionality.³

2.5 Under the new approach, there is a huge risk that people who eventually end up being deemed to have limited capability for work, or for work related activity, will spend months before they are assessed being required to undertake activities that are inappropriate for them, under the threat of having their benefits cut at the expense of their mental health. This in turn would be likely to push them further from work.

2.6 This approach places a massive responsibility on JCP Work Coaches to recognise the barriers that ill and disabled people face to engaging with both work and work related activity, and tailor their activities and conditionality accordingly. As we explain in more detail later in this submission, we have little confidence that the skills, experience, capacity and culture of Work Coaches will ensure that people with mental health problems are sufficiently protected. This process effectively turns Work Coaches into assessors, without the more specific and detailed training received by Healthcare Professionals delivering assessments.

³ DWP statistics on outcomes of WCAs <https://www.gov.uk/government/statistics/esa-outcomes-of-work-capability-assessments-claims-made-to-jun-2015-and-appeals-to-dec-2015>

2.7 The rationale for conditionality

We do not believe that such a fundamental switch in process and emphasis is required to address the issue of engaging people with support at an earlier stage. Unfortunately, since the DWP tends to see ‘offering support’ as synonymous with ‘mandating support’, any move towards earlier intervention is inevitably linked to an extension of conditionality.

2.8 However, there is little evidence that conditionality and sanctions form an effective incentive system for people who are out of work primarily because they have mental health problems. We know from our own local services, as well as programmes such as the Individual Placement and Support Model and Work Choice, that voluntary schemes are more effective at supporting people with mental health problems into employment than schemes based on the use of conditionality. Well-evidenced effective employment support relies on co-production, a personalised approach and a trusting relationship between advisor and client – which are difficult to achieve under the threat of sanction.

2.9 Whilst the DWP argues that only small numbers of people with mental health problems are actually sanctioned, Freedom of Information requests show that 40,000 referrals for sanctions were issued in 2014-15 to people with mental health problems on ESA.⁴ 73 per cent of these referrals did not result in a sanction,⁵ but this does not mean that the process had no impact on the people concerned. The threat of sanctions is detrimental to someone’s mental health problem whether or not it ends in an adverse decision. This impact will be even greater if, as currently planned under Universal Credit, claimants will lose not only their limited capability for work component but also other support such as housing benefit.

2.10 *“It didn’t help at all. If anything it caused even more stress, worry, anxiety. It was really hard for me to push myself to go to these [appointments] every week, knowing that if I didn’t go or if I was late then my benefit would be stopped.”* Quote from a Mind service user

2.11 The new Secretary of State, Stephen Crabb, acknowledged in his first major speech that “the [disability] employment gap isn’t because of a lack of aspiration on the part of sick and disabled people. We know the majority want to work or stay in work”.⁶ It is known that people with mental health problems have a particularly high ‘want-to-work’ rate.⁷

2.12 In this context, it is not clear why the aspiration of engaging people with support at an earlier stage needs to be linked to greater levels of conditionality. If the right support is offered to people with mental health problems, by people who have taken the time to listen to them and establish trust and rapport, many people will engage with this support, and in a far more positive and willing manner than if they had simply been mandated to do so.

2.13 The capacity of JCP and role of Work Coaches

It is clear that JCP Work Coaches will play a vital role under Universal Credit. As outlined above, they will have a much greater level of responsibility for tailoring both support and

⁴ Freedom of Information Request 2015-4599

⁵ Freedom of Information Request 2015-4599

⁶ <https://www.gov.uk/government/speeches/transforming-lives-through-welfare-and-work>

⁷ Perkins R, Farmer P, Litchfield P (2009) Realising ambitions: Better employment support for people with a mental health condition

conditionality. The cohort they will be working with will be much larger, and will contain a much larger proportion of people on ESA (or the Universal Credit equivalent), since fewer people will be referred to contracted schemes such as the Work Programme.

2.14 We are deeply concerned that the DWP is underestimating the skills, experience and culture required to effectively deliver this support. Without any assessment or benefit proxy to rely, Work Coaches will be expected to meet with people with mental health problems (who will often not be particularly open about this), understand their needs and barriers from a short conversation, and put together an appropriate package of support, with appropriate levels of conditionality.

2.15 It is clear that this will require a significant improvement to the current ‘tailoring’ of support that occurs as well as the training Work Coaches receive. A report into the current Jobcentre Plus offer found ESA claimants and “particularly those with a mental health condition” were less likely to receive tailored support than other claimants.⁸ A pan-disability research report from 2014 supports these conclusions, finding that of 550 recipients of Jobcentre Plus and Work Programme support:

- Only 23 per cent of people felt their ‘action plan’ of support was appropriate for them
- Only 21 per cent felt involved in making the plan and agreeing to the activities
- Only around 30 per cent felt their adviser had adapted activities to take account of their condition and the impact it had on their ability to engage.⁹

2.16 Work Coaches will also be expected to support more claimants in ESA WRAG with longer term prognosis, as the new Health and Work Programme will be focusing on those closer to work, similar to the cohort of Work Choice (see subsequent section on ‘the rationale for directing different cohorts to different types of support’ for more detail). The ability of Work Coaches to support this cohort is unproven as data is not recorded on the employment outcomes of JCPs broken down by condition, however general employment and ‘off-flow’ statistics indicate they are not successful at present. Training for advisors is also not tailored to those with more severe conditions, focusing more on “wellbeing” rather than clear medical understanding of the behavioural of cognitive impacts of having mental health problems – crucial to supporting someone to move closer to work.

2.17 We are concerned over the decline in the number of specialist Disability Employment Advisors,¹⁰ and the focus on Work Coaches being able to support all benefit claimants no matter what condition. In Mind’s experience, the more successful support for people with mental health problems is delivered by specialists with high levels of training in supporting people with mental health problems, often coupled with personal experience of mental health problems.

⁸ Department of Work and Pensions (2013) The Jobcentre Plus Offer: Final evaluation report

⁹ Catherine Hale (2014) ‘Fulfilling Potential? ESA and the fate of the Work-Related Activity Group’

¹⁰ Parliamentary Question 206577, on the number of Disability Employment Advisors employed by the Department of Work and Pensions in the 6 months prior to May 2014 <http://www.parliament.uk/written-questions-answers-statements/written-question/commons/2014-07-17/206577>

2.18 Working with advisers from our successful employment support programmes across the network we have compiled a list of skills and knowledge that those supporting people with mental health problems should have. Whilst we understand that the DWP are working to improve training, recruitment still fails to specifically seek these key qualities:¹¹

Skills and knowledge needed to support someone with a mental health problem into employment

- Ability to listen and empathise
- Ability to work collaboratively and alongside the individual
- Knowledge and understanding of the challenges for people with mental health/disabilities
- Experience in supporting someone with a mental health problem
- Awareness of mental health issues preferably through lived experience
- Knowledge of local job market
- Knowledge of employment law and regulations (e.g. Equality Act 2010)
- Knowledge of local employer recruitment practises
- Knowledge of how to start a business/become self employed

2.19 Engaging online

While we understand the drive towards engaging with claimants online, we do not believe the DWP has sufficiently considered the needs of people with mental health problems, both in terms of facing barriers to using the internet and responding better to face-to-face support. The DWP guidance on this issues for ill and disabled people is simply inadequate:

“You can prepare for Universal Credit by doing things such as:

- Opening a bank account if you don’t already have one
- Finding out where you can access the internet
- Improving your internet skills”¹²

2.20 Some people with mental health problems will need additional support to use the internet (particularly if in a public space), to find out where they can access support to improve their skills, or to simply use a computer. The current level of advice shows a lack of understanding of the complexity of mental health problems and severity of some people’s conditions, as well as the support that will be needed to overcome these. This will undoubtedly lead to many of those who most need support being excluded.

2.21 Managing budgets and rents

People with mental health problems are more likely to be in debt than the general population, in part due to difficulties in organising finances.¹³ However, Universal Credit will expect each person to pay rent to their landlord, manage one monthly payment, budget on a monthly payment plan (despite perhaps always being paid weekly) and manage to save enough money from their current benefit, or before losing their job, to sustain themselves for the six weeks¹⁴ before their first payment arrives.

¹¹ Ref application work coach form

¹² DWP (2016) ‘Universal Credit if you have a disability or health condition’
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/515191/uc-health-disability.pdf

¹³ Mind (2008) In the red

¹⁴ Need to double check

Considering many people who will be moved on to Universal Credit will have severe mental health problems which will impact on their ability to do this, we believe the DWP is underestimating the level of support people will need to adapt to this change in expectations.

3. The rationale for directing different cohorts to different types of support

3.1 There has been limited success in supporting people with mental health problems in ESA WRAG into employment through current schemes. We therefore welcomed the announcement of the new Health and Work Programme designed to support people with health conditions and disabilities. However, it has become apparent that this programme will support only a small percentage of those in ESA WRAG whilst also focusing on those closer to work. This therefore again leaves those who have the biggest barriers to work without the tailored support. We are concerned that this is not ambitious enough and that it is a perverse situation to have those who are closer to work directed to a specialist, voluntary support scheme, while those with greater barriers remain in mainstream support where there is likely to be a large degree of mandation.

3.2 Other pilots, such as the RAND Europe pilots, online CBT and co-location, whilst welcomed are again not specific to those with the most significant barriers to work. The concern is that findings from these pilots will not be able to show what support works for the ESA WRAG cohort and that when in place, providers will continue to focus on those closest to work.

3.3 Overall, we are concerned that the Government may end up going against what it has set out to do, and “write people off” because they are focusing on those closest to work in the ESA WRAG and pushing those with the biggest barriers to work towards more generic JCP support.

4. The need to effectively monitor and evaluate the new service

4.1 Lack of transparent data

At present, the DWP does not collect data on Universal Credit job outcomes broken down by condition. Considering a high percentage of those who will be receiving Universal Credit in the future will be claiming because of their mental health problem, not collecting this data is an oversight.

4.2 Further, Jobcentre Plus does not collect data on its job outcomes broken down by condition, unlike other programmes of support such as the Work Programme. Collection of both of these sets of data would better allow the DWP to understand what support works and what doesn't. This in turn would allow the DWP to make improvements to help them towards their aim of halving the disability employment gap. Having these data for the Work Programme has allowed Mind demonstrate the poor performance of the Work Programme in supporting people with mental health problem into sustained employment.

5. The potential and risks presented by devolution, co-location and integration

5.1 Co-Location of services

Co-location of services is a positive step forward, however there are issues that the DWP has yet to address or explain. In the case of IAPT, it is unclear as to whether claimants will be

referred directly, whether they will “queue jump” others referred to the service or whether others receiving the service will have to attend the Jobcentre for their appointments.

5.2 Our beneficiaries also have concerns over mandatory referral to these services. Despite reassurances from the DWP, we have heard anecdotal evidence that claimants have felt forced into signing consent forms for treatment (the TPR2 form) believing that if they then do not undergo treatment they will be sanctioned. Some local Minds have found their clients have felt forced to attend their support programmes by the DWP, despite this not being the case. It is critical that people with mental health problems do not feel they are being forced into undergoing treatment.

5.3 Working more closely with specialist organisations

Local Minds and JCPs have good relationships in some parts of the country, however engagement is stifled by the use of conditionality (which can impact on the trusting and clinical relationship between a local Mind and their client) and focus purely on employment outcomes. Removing conditionality and focusing on holistic outcomes (which will result eventually in employment outcomes) would allow for more specialist organisations to be involved.

5.4 Funding such as the Flexible Support Fund and Social Investment Bonds provide an opportunity for funding for specialist support and this offer should be enhanced. These funding mechanisms allow for specialist organisations to be involved in support without the direct financial risk. To build these partnerships JCPs need to work closely with the local community and other partners (e.g. local IAPT teams, Community Mental Health Teams, Primary Care) to ensure they can commission the right local support which takes into account local issues.

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