

Written evidence from MIND (ANC0064)

Overview

1. 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.
2. The current sanctions regime has a significant impact on the lives of people with mental health problems. We hear every week from people who tell us that they experience a great deal of fear and anxiety around attending Jobcentre appointments. Living with that fear often stops people from taking steps forward in their recovery. It also damages trust in the system, preventing people from building positive relationships with Jobcentre staff and leaving them without meaningful support to return to work.
3. This submission sets out recommendations for change based on the evidence of nearly 3000 people with mental health problems who told us about their experiences of Jobcentre support through a series of surveys, interviews and focus groups in 2016/17. It has also been informed by our network of Local Minds, and by Rethink Mental Illness who provide direct support to people with mental health problems through a variety of different services. These recommendations aim to reduce the pressure people with mental health problems face in the current system, and shift the culture of Jobcentre Plus so that more people can receive employment support that's right for their needs and circumstances.

To what extent is the current sanctions regime achieving its policy objectives?

4. The Department for Work and Pensions has said that 'sanctions are designed to act as a deterrent against claimants deliberately failing to meet reasonable requirements'.¹ People with mental health problems often tell us that the current sanctions regime instead causes a significant amount of anxiety as they attempt to navigate the system in good faith. Research from the Department for Work and Pensions found that only one in five disabled people reported that the activities in their claimant commitment took their circumstances into account. 10% of people with a long-term health condition reported that they did not remember agreeing a claimant commitment at all.² Many people with mental health problems tell us that they approach Jobcentre appointments with anxiety because they fear being caught out for a misunderstanding and receiving a sanction as a result:

¹ [Universal Credit Full Service Guidance](#)

² [Universal Credit Test and Learn Evaluation: Families](#)

My symptoms are worse for days before I have to go in for meetings and I struggle with self-harm, suicidal urges, insomnia and panic attacks. I am so terrified of getting something wrong or being misunderstood or not explaining myself (it is very hard for me to describe accurately my own mental state) and so losing my benefits.

Too scared to enter the building, don't understand the forms, too busy, too many people, don't understand the questions, bright lights. Get very scared and anxious and can't think. Worry for a long time before and after.

I am scared to contact the Jobcentre in case they make me get a job I can't cope with. This makes my mental health ten times worse.

5. The sanctions regime does not help people with mental health problems to find sustainable work. The potential for sanctions and the threat of sanctions to push people with health conditions further away from work has been reflected in research from the National Audit Office, the Behavioural Insights Team, the Welfare Conditionality Project and several evaluations of employment programmes commissioned by the Department for Work and Pensions.³ Many people with mental health problems tell us that the fear of sanctions makes them scared to engage with the Jobcentre. As a result even if they manage to comply with their requirements and attend appointments, they are not in an environment or state of mind where they feel able to have personal and sensitive conversations about their mental health and ambitions for work:

Sanctions heaped on the pressure and made my mind more muddled and less able to cope with day to day activities as well as job hunting.

It made me not trust the Jobcentre staff and not want to tell them anything. I was also more worried about going to the Jobcentre in case I had done something wrong without knowing.

I can't count the number of times I've had panic attacks in Jobcentres or how anxious even the thought of them makes me feel.

In this way the sanctions regime undermines the aspirations of many people with mental health problems who want to return to work but who need ~~compassionate and~~ specialist support to do so. It also undermines the

³ [NAO, Benefit sanctions](#); [BIT, Poverty and decision-making](#); [Welfare conditionality, disabled people](#); [DWP, ESA trials](#); [DWP, Telephone support trial](#); [DWP, Group work trial](#); [DWP, Work Programme evaluation](#)

Government's intention to support one million more disabled people into work by 2027.

6. ***We believe the Government needs to take bold action to address these problems by making employment support voluntary for disabled people and people who face barriers to work as a result of a health condition.*** This would mean that Jobcentre staff would need to tailor their offer of support to each person's circumstance and needs, rather than relying on the threat of sanctions. It would go some way towards making Jobcentre Plus an effective employment service for people with mental health problems.

Are levels of discretion afforded to jobcentre staff appropriate?

7. Jobcentre staff have a very wide degree of discretion over what activities they can require a person to undertake as a condition of receiving benefit. In recent months we have seen cases where Jobcentre staff have required people with mental health problems to attend therapy and support groups, or risk facing a sanction. This can be hugely damaging as it risks undermining a person's relationship with mental health services and their willingness to seek help in the future.
8. We are also seeing an increase in requirements that are not clearly connected with employment. One example cited in a recent Department for Work and Pensions evaluation involved a Work Coach requiring a person with agoraphobia to attempt to leave the house every day.⁴ This blurring of the line between employment support and therapeutic support is inappropriate given the fear and anxiety that sanctions create and the fact that Jobcentre staff are not trained mental health professionals.
9. Changes introduced through Universal Credit have also given Jobcentre staff more discretion over who can be subject to mandatory requirements. In the legacy system, disabled people could only be subject to sanctions if they were found to be capable of work or of work-related-activity, following a Work Capability Assessment (WCA). In Universal Credit, anyone making a claim is subject to full conditionality by default while they wait for a WCA. This is a concerning development, given that Jobcentre staff are not medical professionals. In one recent example a person who struggled to leave the house on most days because of severe anxiety and agoraphobia was required to undertake a full 35 hour a week work search for nine months while she waited for a WCA:

I was treated like a work shy nobody up until I had my work assessment and they realised I am actually struggling with my health at the moment. They would change my appointments at a moment notice and borderline harass me to attend meetings even though my

⁴ [DWP, ESA trials](#);

GP had provided me a sick note for several months at a time. Because of the stress of it all my step dad had to become my appointee and deal with them because it was making me more ill.

10. While Jobcentre staff have an increasing amount of discretion over setting mandatory requirements, they have relatively little discretion over what happens when someone does not meet a requirement. There is an expectation in guidance that Jobcentre staff will always refer the case to a decision-maker in these instances. We know that the process of being referred for a sanction is itself a real source of anxiety for many people with mental health problems. We would support an approach which empowers Jobcentre staff not to make a referral when they do not feel it would be appropriate. Within the current system we accept that it is important that someone other than Jobcentre staff reviews any decision to impose a sanction – because of the very significant consequences that decision has for a person’s mental health and their financial situation. However deciding not to make a referral in the first place does not carry any such risk.
11. **The Department for Work and Pensions should take action on the worrying instances of people with mental health problems being required to undergo medical treatment or face a sanction.** It should reinforce its existing policy on mandatory treatment to all Jobcentre staff and monitor compliance.
12. **The Department for Work and Pensions should produce clear guidance about what should or should not be considered ‘work-related-activity’.** Jobcentre staff should feel able to recommend wider support services, but engaging with these services should not become a mandatory action and should not be included in a claimant commitment.
13. **The Department for Work and Pensions should remove conditionality for disabled people in the ‘assessment phase’ of Universal Credit, who are currently required to look for work while waiting for a Work Capability Assessment to take place.** It should also remove the requirement that a person must spend 30 days subject to conditionality before they can request a Work Capability Assessment is booked.
14. **The Department for Work and Pensions should develop guidance that would support Jobcentre staff to avoid making sanction referrals in a range of situations .** The recommendation later in this submission about moving to a ‘voluntary by default’ approach would also address this issue.

Are adequate protections in place for vulnerable claimants?

15. We believe there is a lack of protection for vulnerable claimants, including many people with mental health problems, both at the stage where the claimant commitment is agreed and before a sanction is imposed.

16. Many of the people with mental health problems we hear from say that their health condition wasn't taken into account in their claimant commitment (or equivalent agreements in legacy benefits). Too often meetings to discuss setting requirements take place in an open-plan office where people understandably do not feel comfortable talking in detail about how their mental health affects them:

"You should be able to see an advisor who can understand your situation and definitely in a private room. A person suffering from anxiety cannot discuss personal issues in public!"

They should allow you to have your appointments with them in a private space so that you wouldn't have to worry about other job-seekers overhearing the sensitive and very personal information about your mental health condition(s)"

17. Within Universal Credit there are 'easements' which allow for mandatory requirements to be switched-off in certain circumstances including when a person is unwell and can provide a fit note. However people with mental health problems tell us they are not aware that these easements exist, and it is unclear how often Jobcentre staff make use of them. There is also a gap for people who are in hospital following a mental health crisis and who, without support, are unlikely to be able to provide a fit note and make sure that requirements are switched off while they focus on recovery.

18. People with mental health problems who have been sanctioned tell us that they often did not know why their money had been stopped, or what the reason was for the sanction. It is also striking that many people we hear from will often not know whether their payment stopping was an administrative problem or a deliberate sanction. Within the current system there is a clear need to provide more notice and information before a sanction is imposed, and if the Department fails to make contact, to instead try to contact a relevant third party such as a support worker or community psychiatric nurse.

19. The Department for Work and Pensions should reform the process of setting a Claimant Commitment so that these agreements better reflect the needs and circumstances of people with mental health problems by:

- making sure that people with mental health problems are always offered a private room for the meeting where they are expected to discuss their commitment.
- adding specific prompts for Jobcentre staff to ask about kinds of work which someone may struggle with as a result of their health condition.
- producing clear information to make people aware that they can request adjustments to their commitment as a result of a health condition or disability
- producing detailed guidance for Jobcentre staff about when a formal claimant commitment would not be appropriate (e.g in cases where someone is too unwell to understand or remember its contents)
- commissioning research into how effectively Jobcentre staff are tailoring commitments for people with mental health problems and other groups who are likely to struggle with the generic requirement to search for work for 35 hours a week.

20. The Department for Work and Pensions should strengthen safeguarding procedures. This should include:

- Attempting a phone call and home visit before imposing any sanction when a person is known to be vulnerable.
- Where a phone call or home visit has been unsuccessful, attempting to make contact with any relevant third parties e.g support worker or community psychiatric nurse before imposing any sanction.
- Extending existing guidance on suicide and self-harm declarations to include the need to remove requirements for someone who is unwell

21. The Department for Work and Pensions should collect data about how often Universal Credit 'easements' are used to switch-off requirements for people Jobcentre staff believe are too unwell. It should evaluate how well Jobcentre staff understand when these easements should apply, and produce accessible guidance so that people with mental health problems know how to ask for an easement.

22. The Department for Work and Pensions should extend existing 'easements' in Universal Credit to include people recovering from a mental health crisis. This would mean that people receiving support in hospital and planning for returning home have the space to focus on managing their mental health and regaining independence.

Could a challenge period and/or a system of warnings for a first sanctionable offence be beneficial? If so, how should they be implemented?

23. We believe that implementing both a challenge period and a system of warnings would improve the current system. However it is important to emphasise that a challenge period by itself would not address some of the fundamental problems we see in the system. Many people we hear from are sanctioned for missing an appointment when they are too unwell. A challenge period would give them access to recourse before the sanction is imposed. However providing 'good reason' in those cases would likely mean trying to obtain a note from a GP. This may come at a financial cost, and in many areas would take several weeks. This added pressure could be avoided through combining the challenge period with an effective warning system, where there is no sanction referral at all in many instances and therefore no need to go through the onerous process of gathering evidence.
24. We note that the Department for Work and Pensions have now committed to trialling a written warning system for the 'first sanctionable offence'.⁵ For this to make a real difference to the experiences of people with mental health problems it is important that Jobcentre staff are encouraged to have an open conversation with someone after a 'sanctionable offence' and reflect on whether there are changes they need to make to their practice. For example if a person misses an appointment because their medication makes them disoriented in the mornings, or because they struggled to cope in a crowded bus on the way to the Jobcentre - then offering different appointment times, appointments over the phone, or a home visit may all be appropriate responses. There are likely to be many cases where this conversation should prompt Jobcentre staff to remove requirements altogether if it becomes apparent that someone is too unwell to engage with the Jobcentre at all.
25. **The Department for Work and Pensions should implement a 'voluntary by default' approach to conditionality and sanctions for disabled people and people with health conditions.** This would mean that rather than starting a sanction referral when a person misses an appointment, there should instead be an attempt to contact that person, ask them about their reasons, make any adjustments that would allow them to access Jobcentre services more easily, and offer to reschedule the appointment. The same approach should apply to the activities set out in a person's claimant commitment.

What effects does sanctions policy have on other aspects of the benefits system and public services more widely? Are consequential policy changes required?

⁵ [Jobseeker's Allowance trial:Written statement - HCWS697](#)

26. In our 2017 survey of nearly 3000 people with mental health problems and experience of the benefits system, nine in ten of those who were sanctioned or threatened with a sanction said it had led to a deterioration of their mental health.⁶ A YouGov survey of over 2000 people in contact with secondary mental health services found that, of those who had considered taking their own life 29% cited the fear of losing welfare benefits.⁷ We hear from many people who seek extra support from the healthcare system to manage the impact conditionality and sanctions have on their mental health.

I stopped spending money on food and heating to save for an uncertain future, and relapsed terribly with anorexia. I had to give up my voluntary work and go into hospital as I was physically and mentally very unwell: the admission lasted a year - costing hundreds of thousands of pounds which I feel terribly guilty about. But if I had felt more supported to take recovery at my own pace, and not feared financial repercussions and sanctioning, then I do not think (nor do my medical team) that I would have relapsed at that point.

My client has panic attacks when they have any correspondence from Jobcentre staff. They are now unable to deal directly with them as it is causing them to relapse which has the potential to end in admission to hospital which will affect benefits further.

27. While we believe that changing these experiences requires meaningful reform of the current conditionality and sanctions regime, within the current system there is evidence that access to expert welfare advice can make a real difference to a person's mental health and hopes for recovery. **We support the Centre for Mental Health's call for welfare advice to become a standard feature of mental health services.**⁸

Is the current evidence base adequate and if not, what further information, data and research are required?

28. One of the biggest gaps in the evidence base is the lack of information about what happens to people after they are sanctioned. The Department currently

⁶ [Mind, People with mental health problems made more unwell by benefits system](#)

⁷ [Mind, One in two people with mental health problems have felt suicidal because of money, housing or benefits issues](#)

⁸ [Welfare advice for people who use mental health services](#)

does not distinguish between people who move off benefits and into work, and people who simply stop claiming benefits altogether without a source of income. There is also currently no data about sanctions broken down by health condition. This data has been removed from the Department's statistics on ESA and is not currently collected in Universal Credit. In the past we have been able to highlight concerns when the sanction rate for people with mental health problems has increased substantially. This kind of scrutiny will no longer be possible unless this data is restored in Universal Credit.

29. While there is a growing body of evidence about the impact of conditionality and sanctions on disabled people and people with mental health problems, there is a need to look at the total cost of the sanctions regime, including through the impact it has on people's mental health, and increased use of healthcare and other community services.
30. There is good evidence that specialist and voluntary forms of employment support such as 'Individual Placement and Support' are effective at helping people with mental health problems find sustainable work.⁹ However the Department has not trialled or explored how Jobcentre Plus could adopt a voluntary model, and what support, training and time Work Coaches would need to better build trusting and collaborative relationships with people with mental health problems.
31. **The Department for Work and Pensions should integrate sanctions and benefit claims data with HMRC data in order to:**
 - Quantify how many people respond to a sanction by moving off benefit without moving into employment
 - Allow the Department to evaluate Jobcentre Plus performance by how many people move into sustainable work, rather than how many people moves off benefit.
32. **The Department for Work and Pensions should as a matter of urgency begin collecting health condition data for people receiving Universal Credit as it had for previous benefits.** This would allow the Department and others to monitor sanction rates for people with mental health problems and disabled people more widely.
33. **The Department for Work and Pensions should commission research into the impact of conditionality and sanctions.** This should include the effect on people's mental health and their interactions with healthcare and community services. It should also include how conditionality and sanctions affect perceptions of employment support.

May 2018

⁹ [IPS in the UK](#)

