

# Voices Of eXperience

## **VOX's response to the DWP's "No-one written off: Reforming Welfare to Reward Responsibility" Public Consultation**

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## 1. Background

### 1.1 Purpose of VOX

VOX is a national mental health service user led organization based within Scotland which aims to give a voice to mental health service users. We aim to drive policy and practice, facilitate partnership working and strengthen the voice of people who have or have had a mental health problem. We aim to do this by using a range of innovative and accessible consultation methods to involve members.

### 1.2 Mental Health Service Users, a key stakeholder

There has been a great deal of concern over the last few months about the proposed changes within welfare reform, and the implications this will have for those with mental health problems. For this reason we felt it was important to obtain some meaningful qualitative information on the concerns that those who have or have had mental health problems have in relation to these proposed changes.

VOX felt as though the consultation paper and 29 questions developed by the DWP was inaccessible for the majority of people, and that as mental health service users are a key stakeholder that the consultation should be looking to understand their views. We did not therefore answer the 29 questions and had to find a more inclusive approach to obtaining information from mental health service users in Scotland.

### 1.3 Inclusive approach taken

To do this VOX held a focus group where VOX members were invited to attend, nine members attended (7 males and two females).

VOX do not suggest that this group is a representative sample of Scottish Mental Health service users; however, we feel that the inclusive approach used will provide helpful information on some of the key concerns about these changes.

The method adopted was that we used rapid appraisal methods (a research method which produces qualitative information to determine our key themes) in addition to a general discussion and more focused discussion areas. From this the main ideas were coded and the most commonly repeated responses are the key '*themes*' which emerged from the discussions, we have quoted responses when available to exemplify the repeating ideas. In addition to this we have included issues to illustrate minority opinions which were given.

## 2. Key themes – an overview

### 2.1 Fluctuating conditions require flexible, understanding and specialist approaches to assessment

The group agreed that a focus on what people are capable of is useful, however, with the fluctuating nature of mental health problems there has to be an understanding that meaningful assessment will not be easily achieved, for this reason the approach must be flexible enough to cope with this.

It was agreed that because the green paper is fairly abstract at this stage that it is difficult to suggest how this could be achieved.

### 2.2 The right kind of work

It was generally felt that meaningful activity, volunteering and work can be beneficial to your mental health and well-being, however what was stated a number of times was it must be the right kind of work.

Many people have negative experiences of being in unsupportive environments, and this had in some cases been the cause of the mental health problem. Everyone felt there must be awareness raising within the workplace for the approach to be successful.

“It must be the right kind of work or your mental health will deteriorate”

*“Do employers understand what making reasonable adjustments within the workplace means in terms of mental health”*

Many members had worked within professions, or had skills which they wanted to utilize, for all meaningful activity was what was important and was felt to promote recovery. “We don’t want to be given unsuitable jobs, we need to be getting jobs that are right for us” It was highlighted by the group that the importance of this shouldn’t be under-estimated as mental health is aggravated by stress, and the wrong job will add to stress levels.

### 2.3 Assessment

Overall it was felt that there were concerns over the amount of training of those who will be involved in any of the stages within the process (assessments, both initially and throughout, and those who will be looking planning work focused activities with the individual).

It was felt that you cannot properly understand mental health by attending a short course on the topic; it was also felt that any training should be recovery focused and not about focusing on the medical model of understanding mental health.

*“When it comes to the people who will be working with me, what amount of training will they have had? How sensitive will they be to my mental health needs, this really worries me”*

## 2.4 Support

In order for any of the changes which are mentioned to work appropriate support must be provided, some of the suggestions provided by group members were peer support, club-houses or social firms where there is a good understanding of mental health. Support was felt to be the only way that we can move people (that is what is appropriate for the individual) onto work. Sanctions will not work with people who are genuinely unable to work, and will only aggravate the individuals mental health.

## 2.5 Mental Health Conditions Hierarchy?

There is also a question around when it comes to mental health what will be classified as severe, we would suggest that each person should be looked at individually. If you are so severely depressed you cannot get out of bed and don't want to eat this is severe! There should not be a hierarchy of conditions.

## 3. Focus on key questions

The following questions were chosen as the key areas of concern by members of the VOX board to ascertain key issues in relation to welfare reform and mental health.

3.1 How might we build on the foundations of the current rules so that they do not discourage unemployed people from volunteering as a deliberate back-to-work strategy, while retaining a clear focus on moving off welfare benefits into paid employment?, what stops people volunteering? And how can we build on the rules to utilise volunteering to get people back to work?

### Key themes

The key concerns around this were that by volunteering service users worried that this would be seen as being “work ready” when there was felt to be a large leap between volunteering and paid employment.

Generally the group felt as though volunteering was a good way to engage in meaningful activity, and that it was positive to mental health and well-being.

The group also felt that within the green paper there is an assumption that volunteering should be part of the movement along a process to the end point of paid work, whilst this may be the case for some people there are others who will not be able to work because of the nature of their mental health problems, work isn't appropriate for everyone!

The group also felt it is important for DWP to recognise that voluntary work is not work of less importance to society, and they mentioned that many organisations cannot function without volunteers. *“What about the value of volunteering”*

Finally in relation to volunteering it was also felt as though the system doesn't allow for people to try work for a short period of time, the amount of money you are allowed to earn should be more flexible to encourage people to dip their toe in.

#### Important minority issues

Tokenistic approaches to paying volunteers are demeaning.

### 3.2 How can we make Access to Work more responsive to the needs of claimants with fluctuating conditions, including mental health conditions?

#### Key themes

The group felt that mental health problems were not really understood by society, and that involving those with a real understanding of the individual's mental health problems are crucial in ensuring that essential support is provided. It was felt that sanctions for being unwell and not being able to attend a necessary meeting were abhorrent.

*“I couldn't guarantee regular attendance as my condition goes up and down”*

*“There needs to be consideration that people may not be turning up for Jobcentre appointments due to a sudden deterioration in their mental health”*

By sanctioning it seems as though the majority of genuine individuals with mental health problems have to suffer because of the small minority of people who may not be genuine.

*“We will suffer because of a small minority”*

*“For mental health you need a sensitive method of assessing people”*

Suggestions such as social firms, club-houses and peer support highlight the importance of specialised understanding of mental health problems that are required to make access to work function effectively.

#### Important Minority Issues

People off sick put pressure on those at work leading to resentment.

We shouldn't be punished for trying to keep well

### 3.3 What additional flexibilities in the system, or forms of support, would claimants with multiple and complex problems need to enable them to meet the

new work-focused requirements proposed in the Green Paper, what are the barriers and what support would be required?

#### Key themes

It was suggested that the work-focused requirements should be linked to individual's recovery plan, and that the system will not work effectively if it does not try and ensure that the work-focused requirements are flexible enough for the individual.

Emphasis was also places on the work environment being prepared for those with mental health problems. It was stated that employers probably don't know much about making reasonable adjustments within the workplace, they would understand if it was for accessibility for wheelchairs but not for mental health. It was felt that the weight of responsibility is leaning too far towards the individual, and not with ensuring that the issues such as stigma and discrimination and more generally understanding mental health within the workplace.

There is the difficult situation of whether you reveal to a potential employer that you have a mental health problem, if you do will be likely to be discriminated against by the employer, if you don't, you cannot get the support you may require as you did not disclose (this links to the disability discrimination act).

"If I started in a new job meeting someone for a coffee for half an hour at the end of the day might help, in work support approaches should be flexible"

Some of the supports which could be built into the process could include appropriate training, individual placement supports, links with recovery plans and suitable job placements. Without specialist advice on how this would work in practice the process will affect mental health service users in a detrimental way.

#### Important Minority Issues

We may wish to try other approaches, like being self employed, this needs to be encouraged.

Social firms can be a way forward into employment.

3.4 Do you agree with the proposed approach for identifying problem drug use, how it should be implemented? Do you think that everyone claiming a working age benefit should be required to make a declaration of whether or not they use certain specified drugs?

It was clear that the group felt this would be a violation of human rights, and felt as though this should not be the role of the DWP.

#### 4. Summary

VOX decided to take a different approach in consulting our members from what was suggested in the document. The approach we used highlighted some key themes around the need for flexible systems, the important of the right kind of work, the assessment procedures and the level of understanding of mental health those who undertake the assessments have.

In addition to this the value of volunteering, and the fact that it's not always an in-between stage (work isn't appropriate for everyone). The working environment must also be considered, there is still a lack of understanding of mental health within the workplace. It was recommended that more flexible approaches are required to support people and that the responsibility is not solely with the individual.

#### Appendix 1

Notes of the information gathered from the rapid appraisal exercises.

- Don't discourage volunteering
  - Incentives
  - Stepping Stones
  - Different stages of recovery
  - Can't all be placed in the one "back to work" box
  - Concern about international companies supplying these Back to Work services.
  - How well do they know the culture of the country?
  - Do they get bonuses for the amount of disabled people they get back to work?
  - Are people being forced back into employment when not ready.
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- People worry that if they can volunteer then they can work full time.
  - Volunteering should be seen as valuable activity which may but not should or must lead to employment.
  - I am in favour of volunteering especially if it leads to useful employment e.g. visiting ill people in hospitals/homes and doing a bit of caring and tlc.
  - There should not be a "catch 22" whereby voluntary work is seen as indicating ability to return to full time paid work.
  - People are reluctant to volunteer as they may be seen as "employable" and either forced into work or removed from benefits (penalised).
  - People can benefit and maintain mental health wellbeing by volunteering and staying there, rather than be pressurised to return to work without being penalised.
  - Learning should be fun, interesting and rewarding for volunteers and workers.

- The £20 disregard is humiliating/demeaning, should be encouraged to volunteer without sanctions.
  - Should be a simple way back to benefits if one finds they cannot work.
  - Social Firms are the way forward for people with difficulties, disabilities and recovery from mental illness, supportive environment, training, voluntary part time or full time.
  - I couldn't guarantee regular attendance as my condition goes up and down. Conflict of interests. I am on a sub committee whose aim is to reduce sick leave as it is unproductive.
  - People off sick put pressure on those at work leading to resentment and then they also are being off work.
  - Something should be available to "Dip their Toe" to see if they can succeed at work.
  - People with mental health problems should not be punished for trying to keep well, by the way we have votes.
  - Needs to be as easy as possible to move from benefits to work and back again.
  - Flexibility and suitability of employment and retraining.
  - Deprivation is detrimental to mental health.
  - The government should make provision for people to be self employed and not lose out financially.
  - Ongoing support with less, or no, sanctions.
  - Peer Support.
  - There needs to be consideration that people may not be turning up for Jobcentre appointments due to a sudden deterioration in their mental health, however these may be appointments where non-attendance is penalised.
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| <ul style="list-style-type: none"> <li>• Barriers</li> <li>• Telling employers</li> <li>• Stigma</li> <li>• Revealing mental health problems</li> <li>• Need training</li> <li>• Things change</li> <li>• Dead end jobs</li> <li>• Therapeutic earnings</li> <li>• £20 disregard</li> </ul> | <ul style="list-style-type: none"> <li>• Supports</li> <li>• Job search</li> <li>• Self employed support</li> <li>• Appropriate training</li> <li>• Individual placement support</li> <li>• Recovery Plan</li> <li>• Social firms</li> <li>• Peer support</li> <li>• Job placements</li> </ul> |
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- Disclosing personal information regarding the use of opiates or crack cocaine. What next, do you drink alcohol or smoke cigarettes?



- Violation of civic liberties
- Violation of human rights
- Dual diagnosis
- Stigma of disclosing