Money and Mental Health submission to the Department for Work & Pensions Health and Disability Green Paper consultation: Shaping Future Support

Introduction

The Money and Mental Health Policy Institute is a research charity established in 2016 by Martin Lewis to break the link between financial difficulty and mental health problems. The Institute's research and policy work is informed by our Research Community, a group of thousands of people with lived experience of mental health problems or caring for someone who does. This written submission has been informed by this powerful, lived experience testimony, as well as our wider body of research.

As part of this consultation response, from 20 August - 10 September 2021 we surveyed 309 Research Community members about their experience of applying for and receiving health and disability benefits. All quotes are from members of the Community who have participated in our research. In addition to this response, we recommend the Department for Work and Pensions review our 2019 report *The benefits assault course*, which considers how the UK benefits system could be made more accessible for people with mental health problems.[1]

Our response addresses 26 questions from all five chapters of the consultation. As many of the recommendations within our response overlap across questions, to avoid repetition, we have included brief details of our proposals with full explanations under the most relevant chapter.

Background

- We welcome many of the proposals outlined in the Green Paper and agree that work can be beneficial for many people with mental health problems. However, we are disappointed that the consultation focuses predominantly on encouraging people with health problems and disabilities into employment, with limited recognition of the role of supporting people into good work - suited to people's skills, abilities and needs.
- Nearly half (47%) of working-age adults receiving an out-of-work benefit have a common mental disorder, such as depression or anxiety.[2]

[1] Bond N, Braverman R and Evans K. The benefits assault course. Money and Mental Health Policy Institute. 2019

[2] McManus S et al (eds.) Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014. NHS Digital. 2016.

- Half (50%) of people in receipt of Employment and Support Allowance (ESA) claim for a mental or behavioural problem. Yet, one in three people claiming ESA for a physical or sensory health problem are also experiencing a common mental disorder.[3]
- Mental health problems are also common among people receiving Universal Credit (UC), with analysis for 2020 finding an estimated 1.3 million claimants were experiencing a mental health problem.[4]
- Common cognitive, psychological and behavioural changes associated with mental health problems can make it harder to navigate the benefits system and engage with services, as explored in Table 1 below.
- Our research finds that people with mental health problems' experiences of health and disability benefits are overwhelmingly negative. Just over one in three (32%) were satisfied overall with their most recent PIP or DLA assessment,[5] and even fewer (29%) were satisfied overall with their Work Capability Assessment (WCA).[6] These findings contrast starkly with the Department's findings of claimants' overall satisfaction levels with the PIP and Work Capability assessment processes.
- There are concerns at all stages of claiming health and disability benefits, from making a claim and participating in assessments to the outcomes of those assessments.

Table 1: How the cognitive, psychological and behavioural changes associated with mental health problems can make navigating the benefits system harder[7]

What is the problem?	**What is the impact?**
Difficulties understanding and processing information	People may take longer to process information or require additional prompts to provide the relevant facts. This can make answering questions accurately much harder, particularly where detailed information is needed to assess entitlements.
Memory problems	Difficulties recalling information can make answering questions on forms or in assessment interviews tricky.
Reduced planning and problem-solving skills	Faced with a complex problem, people can struggle to determine what actions they should take to resolve it. This can make getting through lengthy and complex processes difficult.
Reduced attention span	Concentrating on a task for a prolonged period, such as filling in a long-form, can be difficult.

[3] Money and Mental Health analysis of Department for Work and Pensions, Employment and Support Allowance statistics, November 2020, and Adult Psychiatric Morbidity Survey 2014.
[4] Money and Mental Health analysis of University of Essex, Institute for Social and Economic Research. Understanding Society: COVID-19 Study, July-November 2020.
[5] Money and Mental Health survey. Base for this question: 298 people with experience of mental health problems and participating in a PIP or DLA assessment within the last three years
[6] Money and Mental Health survey. Base for this question: 248 people with experience of mental health problems and participating in a WCA for receipt of ESA within the last three years
[7] Bond N, Braverman R and Evans K. The Benefits assault course. Money and Mental Health Policy Institute. 2019

Social anxiety and communication difficulties	Many people experiencing mental health problems struggle with some forms of communication. For example, our previous research focusing on essential services found that half of people with a mental health problem struggle to use the telephone, and one in six struggle to open post.[8] It is likely this group experiences similar difficulties communicating with benefits agencies.
Increased impulsivity	Increased impulsivity can mean people act without their usual degree of thought or attention.
Depleted energy and motivation	Low energy can make it difficult to complete basic self-care tasks such as washing and eating. Finding the motivation to complete the complicated task of navigating the benefits systems can be impossible for some people.

Source: Money and Mental Health Policy Institute

[8] Online survey of 2,078 people, carried out by Populus for Money and Mental Health. 11-13 May 2018. Data is weighted to be nationally representative.

Chapter 1: Providing the Right Support

What more could we do to improve reasonable adjustments to make sure that our services are accessible to disabled people?

Providing the right support to make the benefits system accessible to people with mental health problems requires change that goes beyond reasonable adjustments and requires a fundamental shift in the system's design.

A combination of high levels of undiagnosed mental illness and stigma means efforts to improve access to the benefits system for people experiencing mental health problems that either focus on those who are claiming because of a mental health problem, or rely on disclosure, will never completely address the problem. Therefore, to provide an accessible benefits system, the DWP cannot just focus on giving extra help to claimants who disclose a mental health problem. Instead, we need to make sure the system is accessible for everyone. One way of doing this is to take a universal design approach: to design the system with the needs of those likely to have the most difficulty navigating it in mind, on the understanding that if it works for this group, it will work for everyone else too.

The concept of universal design involves understanding the barriers people may face in accessing a system or process and, rather than trying to identify and offer specialist support to those people, finding ways to change the system so the standard version works for them – and everyone else. We believe universal design-style changes could help improve the accessibility of the benefits system for people experiencing diagnosed and undiagnosed mental health problems. Outlined below are our recommendations for a benefits system built around universal design principles and enhanced processes for claimants with the greatest need.

Introduce universal design principles to reduce the administrative burden on claimants and make the benefits system more universally accessible by:

- Routinely recording claimants' communication preferences and needs, and communicating via their preferred channel as standard
- Designing online PIP and WCA forms so people can save their progress
- Pre-filling basic details for PIP award reviews and WC reassessment forms - such as personally identifying information
- Splitting PIP assessment (PIP2) and UC (UC50) forms into sections, so people know clearly which parts they do and don't need to complete.

However, a universal design approach cannot fix all problems. Some people with mental health problems will experience symptoms so severe that even an accessible process won't suffice. To ensure the most vulnerable people are not left behind, we must provide reasonable adjustments and target support to people with more complex needs, including people experiencing severe mental illness. A more appropriate process for this group could be designed by learning lessons

from the Health and Social Care Assessment guidelines, which make better provision for people with similarly high needs when undertaking assessments.[9]

Introduce enhanced default processes for people with Severe Mental Illness (SMI) by:[10]

- Offering claimants a choice of venues for WC and PIP assessments that meets their needs and, importantly, which they are comfortable discussing their circumstances in
- Consulting with claimants on suitable dates and times of assessments with greater flexibility for responding to fluctuation in mental health, which may mean claimants are unable to participate on the day
- Offering assessors the option of a new, more extended time period between assessments
- Ensuring WC and PIP assessments of people with a primary condition of SMI are conducted by specialist assessors with experience and knowledge of mental health. (Further details of these enhanced processes are provided throughout this consultation response).

What more information, advice or signposting is needed and how should this be provided?

We welcome the changes outlined in the Green Paper that are already underway to make it easier for people to identify and access relevant support. Despite this progress, these changes fall short of meeting the needs of people with mental health problems. There are several further steps the DWP should take to ensure people with mental health problems can access the right benefits and support.

Work coaches' ability to signpost people with mental health problems to relevant support to help them secure, remain or progress in work is only as good as the training they have received. Since 2018 it has been mandatory for all work coaches to receive mental health training, although this does not always translate into improvements in service for people with mental health problems.

We surveyed our Research Community in Autumn 2018 and August 2021 - just as mandatory training was introduced, and three years on. Consistent feedback across both surveys found practice to be lacking in understanding of mental health problems and how they impact people's ability to communicate, engage in work and work-related activity and navigate the benefits system more broadly. People told us how they still frequently encounter DWP staff who demonstrate little to no understanding of mental health problems and how they affect people's ability to adhere to claimant commitments or work search requirements.

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[9] Department of Health and Social Care. Care and support statutory guidance. October 2018

[10] We define SMI as people whose mental illness impairs their ability to function in a severe and enduring manner, this covers a wide range of psychiatric problems and include, but is not limited to, schizophrenia, psychosis, bipolar and conditions formally known as personality disorders.

Develop staff training to improve recognition and understanding of mental health problems

- Require all customer-facing staff to attend not just introductory mental health training, but enhanced training with yearly refreshers.
- Audit how customer-facing staff apply mandatory mental health training when dealing with customers, specifically evaluating:
    - the extent to which the new vulnerability markers are being utilised
    - how claimant commitments are specifically tailored to a claimant's needs.
- Conduct a thorough review of the design and delivery of all DWP processes and operations to ensure those designing services do so with an understanding of the cognitive and psychological needs of people with mental health problems.[11]

Extend the proactive offer of a benefits check to all new PIP claimants with an SMI

Since the end of 2020 the DWP has offered a full benefits check to people who apply through the Special Rules for Terminal Illness. This identifies the financial support people may be entitled to. For people experiencing the cognitive and psychological effects of many mental health problems understanding eligibility for entitlements can be tricky. Extending this service to all people with mental health problems would recognise the challenges people may face. However, as a minimum this service should be extended to people with SMI.

Do you agree with the principles we have set out for advocacy support?

We welcome the proposals to provide additional support to ensure people get the help and information they need. Such advocacy can be particularly valuable for people who cannot use the benefits system independently or do not have the help of friends, family or other support networks. Fundamentally, however, we disagree that this service can be provided by the DWP itself. The DWP's primary role is the administration of welfare benefits. This means it is not independent and staff therefore are constrained in their abilities to defend or maintain a cause on behalf of a claimant adhere to the true principles of advocacy.

We support the development of an advocacy service to help those claimants who do not have existing systems of support available. But, as the DWP cannot represent a claimant who is in dispute with it, **the DWP should commission advocacy services but they should be delivered independently.** This should be similar to the independent social security advocacy service introduced in Scotland, commissioned by the Scottish Government, but delivered entirely independently by the established advocacy service, VoiceAbility.[12]

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[11] The cognitive and psychological effects of many mental health problems can mean that people struggle to navigate the benefits system. Challenges in understanding entitlements, navigating websites to understand eligibility criteria and how to apply, mean that many people with mental health problems are not in receipt of the benefits they are entitled to. The impact of these challenges can be most acutely felt by people who experience SMI, whose specific challenges can mean they struggle to successfully navigate the system.

[12] Scottish Government. Independent Advocacy for Disabled People. https://www.gov.scot/news/independent-advocacy-support-for-disabled-people/ (Accessed: 01/10/21)

How might we identify people who would benefit from advocacy?

Identifying people who most require advocacy support relies on DWP staff making assessments of need. Unfortunately, evidence gathered as part of our research suggests that DWP staff are not sufficiently equipped to understand people's mental health problems and identify all those who need support. To do so, the DWP would need to improve staff training significantly, to equip them with the skills to correctly identify those most in need.

Furthermore, identification may also rely on people speaking up and notifying the DWP that they are unwell and need additional support. The cognitive and psychological effects of mental health problems can impact people's self-worth and ability to speak up and mean many people experiencing mental health problems can struggle to advocate for themselves. Also, not everyone with a mental health problem knows they're unwell, which again impacts people's ability to reach out and ask for support. These are all considerations the DWP should bear in mind when considering which groups of claimants would most benefit from advocacy support.

As a minimum, **advocacy support should be proactively offered to people with SMI -** who do not have any informal support networks to rely on.

What kinds of support do you think people would want and expect from advocacy?

Proper advocacy support exists on a continuum, from providing basic information to skilled advice and even representation. Our research found that people with mental health problems wanted support which ranged from prompts to take certain actions; help to complete forms and maintain a claim; hands on support to gather evidence and complete necessary tasks to maintain their claim; to representation to challenge decisions and direct support to ensure full entitlements are being received.

Advocacy services should provide support to help people maintain their UC claims. Symptoms of mental health problems, such as depleted energy levels, memory problems or difficulties processing complex information, can make it challenging to complete the regular tasks involved in managing your UC account. For the nearly 1.3 million UC claimants who report experiencing significant mental distress, requirements like responding to messages and attending appointments can be particularly problematic to complete alone. Failure to do so can have devastating consequences. Sanctions, deductions or lost entitlements mean people cannot meet their essential living costs, which can aggravate mental health problems and delay recovery.[13]

[13] Bond N. Set up to Fail. Money and Mental Health Policy Institute. 2021

Chapter 2: Improving Employment Support

What more could we do to further support employers to improve work opportunities for disabled people through Access to Work and Disability Confident?

Only 4% of total Access to Work spending is on people with a primary condition of mental health problems.[14] The DWP should **improve the Access to Work scheme by actively promoting it to people with mental health problems and streamlining access to the scheme through reduced timescales for decisions and awards.** Improved promotion of the Access to Work scheme for people with mental health problems, alongside streamlined access, would support people with mental health problems to remain in work and sustain their incomes.

The Disability Confident scheme, administered by the DWP, is a pan-disability voluntary scheme that employers can sign up to, encouraging them to achieve one of three disability confident levels.[15] Yet, it is only at level three that employers are voluntarily encouraged to report on disability, mental health and wellbeing under the Voluntary Reporting Framework. This can include voluntary reporting on progression and pay of disabled people and workplace adjustments.

Differences in earnings are a major driver of the mental health income gap, but there is limited data on how wages vary for people with mental health problems. **The DWP should build on their existing work on voluntary reporting by making reporting on pay, progression, retention, recruitment, flexible working requests denied and granted, condition/disability - a requirement for achieving any of the three Disability Confident levels.** This would raise transparency among employers, and allow for examples of best practice to be shared and drive improvement among employers.

However, to improve employment support and extend work opportunities to people with disabilities the government needs to go beyond these recommendations for the Access to Work and Disability Confident schemes and **make mental health reporting mandatory across all companies with more than 250 employees.** While this will require a greater collection of data by employers, previous exercises on the gender pay gap have demonstrated this is possible and effective.

How can we support people who have fallen out of work to identify and consider suitable alternative work before their Work Capability Assessment?

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[14] Department for Work and Pensions. Access to Work Statistics: April 2007 to March 2020. (Accessed: 12/01/21) Year 2019/20. Table 13. https://www.gov.uk/government/statistics/access-to-work-statistics-april-2007-to-march-2020.

[15] (1) Disability Confident Committed - agree to a set of commitments; (2) Disability Confident Employers - online self assessment against markers; and (3) Disability Confident Leader - self assessment validated by an external party.

We share the concern that the longer a person is absent from work the less likely they are to return and the greater the risk to their long-term health and wellbeing.[16] 300,000 people with a long-term mental health condition lose their job each year. Yet, people do not fall out of work easily. It is often after a prolonged period of poor health, sometimes exacerbated by workplace practices that are not conducive to good mental health.[17]

However, we reject the assumption that there is a need to support people with mental health problems to identify and consider alternative work before their WCA. When people who have experienced mental health problems fall out of work and begin applying for benefits and awaiting a WCA, they are often acutely unwell. Therefore, to assume that the immediate response to this is to support people to consider alternative work as a priority over dealing with their mental health problems is a flawed premise on which to build an intervention.

People need to be supported to get well again before they can return to work. For some people, a short period of rest and recuperation may be sufficient to return to preparing for and seeking employment. For others, an important factor in timely recovery from mental health problems is access to mental health services.

Ensure people are supported to find good work suited to their skills and abilities with appropriate flexibility and assistance to allow them to manage their mental health problems. People with mental health problems need to be supported into good work,[18] not just any work. Research Community respondents told us how the benefits system does not engage with them or their particular mental health needs and how these present a barrier to finding suitable, sustainable work. While work coaches aim to tailor support to people's needs, without understanding how a claimant's mental health problems impact their ability to engage meaningfully with employment or benefits, the system fails to facilitate lasting change.

What has been your experience of receiving employment support? What was good about the support? Are there further improvements that can be made?

We asked Research Community members to reflect on their experiences of being supported to prepare for and search for work over the last three years.

- Almost nine out of ten (87%) survey respondents disagreed that the DWP offers a good level of support to people with mental health problems to support them into work.[19]
- 86% of survey respondents agreed that they were nervous about engaging with employment support.[20]

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[16] NICE. Workplace health: long-term sickness absence and incapacity to work. 2009.
[17] Bond N and Braverman R. Too ill to work, too broke not to. Money and Mental Health Policy Institute. 2018
[18] Taylor M. Good work: the Taylor review of modern working practices. Department for Business, Energy and Industrial Strategy. 2017.
[19] Base: 46 people who have experience of claiming UC or ESA within the last three years who have been required to or voluntarily requested support to prepare for or search for work from the DWP
[20] Base: 43 people who have experience of claiming UC or ESA within the last three years who have been required to or voluntarily requested support to prepare for or search for work from the DWP

- Over eight out of ten (82%) survey respondents disagreed that the tasks they are required to do in exchange for their benefits were well tailored to their capabilities and circumstances.[21]

We heard how work coaches failed to accurately understand a person's mental health needs and pushed people down generic routes to prepare for work. People told us that interventions to support them to prepare for work were not well-tailored to their mental health needs.

"I am nowhere near capable of work. The courses offered seem promising, but I feel pressured to say I am improving when I am really not. Fear of being unable to pay rent and bills, so go along with what the coach wants me to do." Expert by experience

People described being sent to CV writing workshops when their mental health problems meant they found group work challenging. Others were required to take self-directed training courses, even when they struggled to use the online systems and needed extra personalised support or did not have the levels of self-efficacy to complete the task. Invariably, people did not perceive the intervention they received to prepare for work as supportive.

"To be honest, there was not much support. I was on my own and asked to go online and look for a job." Expert by experience

"It [employment support] seemed to be targeted towards being shamed into work." Expert by experience

Employment support primarily happens in isolation from employers. Yet, it is not a siloed task which can be separated from support for employers. Employers need to be assisted to ensure their workplaces and practices are suitable for people with mental health problems, and people with mental health problems need to be helped to remain with their employers.

Individual Placement and Support (IPS) is a programme that supports people with severe mental illness to enter employment. Research has shown that IPS has helped people with more severe mental illnesses to enter and retain work. The scheme's success is in part, rooted in its founding principles: voluntary participation; skills and preference matching; and ongoing support to employer and employee. Despite its success, the principles of IPS are not replicated in the wider employment support system for people with less severe conditions. Employment support and in-work support models delivered by the DWP through Work Coaches have a 'work first' approach, prioritising the person getting any job. In practice, this often means little account is taken of a person's mental health needs or how their condition interacts with their ability to apply for, retain or progress in employment.

[21] Base: 39 people who have experience of claiming UC or ESA within the last three years who have been required to prepare for or search for work from the DWP

The DWP should **build upon the success of IPS by piloting the delivery of employment and in-work support grounded in IPS principles to people with common mental health problems via specialist mental health Work Coaches.** Specialist coaches would help people secure employment suited to their skills and appropriate levels of flexibility, as well as guiding employers to make appropriate adjustments. This approach should help more people with mental health problems to secure sustainable employment and provide a solid foundation from which to progress and increase incomes.

What more could we do to work with other organisations and services, such as local authorities, health systems, and health services offered in the devolved administrations, to provide and join up employment support in health settings?

Expand the definition of employment support and routinely promote access to independent income maximisation and money advice services - The success of IPS evidences that for people with mental health problems, employment support should be more than getting a person into work. It involves a wrap-around service that supports a person and their employer to manage their mental health, and crucially, supports people to manage the transitions involved in moving from benefits to employment or managing incomes from both sources.

Juggling multiple sources of income or transitioning between income sources can be tricky for anyone. But for people with mental health problems, the cognitive and psychological effects of their conditions - including impacts on budgeting skills, clarity of thought, planning and problem-solving skills - can make this task harder. By expanding the scope of employment support to include help with benefits counselling, money worries and debt advice, services (as explored below) will be better equipped to support people holistically.

- **Outreach services for people in crisis** - This could be delivered through co-located debt advice and welfare rights services in mental healthcare services, or outreach services in mental health hospitals, such as those run by Citizens Advice in Birmingham and Leeds or local authority-run services in Sheffield and Hertfordshire.

- **Embed debt advice in IAPT** - Similar to the principle of embedding Employment Advisors, joining up mental health and debt advice services in IAPT is one way of supporting people more holistically into employment. Money and Mental Health is currently piloting this approach with researchers at King's College London and Citizens Advice, exploring how money advice could be embedded into NHS-provided talking therapy.[22] We, alongside Citizens Advice, have also recently submitted a proposal to the Comprehensive Spending Review for the government to invest in a small-scale pilot to integrate money advice into IAPT and would be happy to share this with the DWP.

[22] Annual Impact Report 2020/21. Money and Mental Health Policy Institute. July 2021

What can we offer that would encourage people in the Support Group or LCWRA to take up our employment support?

Research Community members with experience of being in the Support Group or Limited Capability for Work-Related Activity (LCWRA) group overwhelmingly told us that they were too unwell to consider voluntarily requesting employment support. While this was the main message from our research on this question, another recurring theme emerged around people's perceptions of the DWP as hostile and coercive. People feared a negative impact on their benefit entitlements, and that by putting their hand up and asking for help, they ran the risk of the DWP drawing false conclusions about their ability to engage in work. As a result, people described keeping their distance from the DWP at all costs.

"No one that has middling to severely impacting mental health conditions would ask for work support from the DWP. This is because they know they are too ill to look for work and have supporting evidence and/or people who are prepared to back them up. As soon as anyone gives a hint of thinking about work then there is little chance of getting a LCWRA status. You would have to be an idiot or severely unaware to ask for any type of support from DWP unless you had a written paper letter saying you had been awarded LCWRA." Expert by experience

Other respondents reflected on how the DWP has a long way to go in rebuilding trust with people with disabilities before they are even likely to contemplate engaging voluntarily with the department.

"The DWP are not providing support, their aim is to use all means and coercion to force people with health disabilities back to work. I don't want to engage with the DWP other than the minimum I have to do as I fear it may result in me losing LWCA benefits when my mental health prevents me from working."

"Too unwell to participate in work and am scared of approaching the DWP for help because I feel they might just decide I'm fit for work and shove a job onto me. DWP should work on improving stigma and letting people on disability benefits know that we can support you without any pressure or commitments." Expert by experience

As a priority, the department needs to improve people's trust in the system, and provide reassurance that they will not draw inadvertent conclusions about people's capabilities if they volunteer for, or engage in employment support. A commitment that voluntary engagement with employment support will not trigger a benefit reassessment would be a helpful step towards this. People also need to be confident that the tasks they are asked to complete will be meaningfully tailored to their mental health needs and circumstances.

What should we consider when developing a digital support offer for disabled people and people with health conditions?

We welcome the DWP's consideration of expanding the range of communication channels available to claimants for accessing employment support. A digital channel will help some people to engage with the service in a manner more suited to their needs. However, this channel will not be accessible for everyone, and should be just one of a suite of channels for people to choose from.

In exploring offering employment support digitally, it is helpful to learn from the digital delivery of UC. Our research into the experience of people with mental health problems found that four in ten (39%) survey respondents found it difficult to use the digital online UC system.[23] This included a third (34%) who found it hard to understand tasks set in their to-do list[24] and just under half (47%) who found it tricky to raise queries or questions online.[25] Design flaws can make processes arduous for people with mental health problems to use, meaning they often need to rely on family, friends and advocacy services simply to navigate the very systems intended to be their safety net.

A digital employment support system is likely to require claimants to navigate some of these same hurdles. Therefore, the DWP needs to build the system with universal design principles in mind. **Digital support should be introduced as just one available channel for engaging with employment support, and crucially the digital offer should exist within a suite of other channels for people to choose the route most suited to their needs.**

Chapter 3: Improving Our Current Services

During the coronavirus pandemic, we introduced assessments by telephone and video call as a temporary measure. In your view, in future, what mixture of methods should we use to conduct assessments?

Our research has produced substantial evidence that people with mental health problems welcome a range of communication channels to liaise with essential service providers - from financial services to the benefits system. The introduction of telephone and video assessments during the pandemic was a positive move for many people with mental health problems. It enabled them to participate in their health assessment from the comfort of their own home, without having to travel to an assessment centre which can be a challenge in itself.

"More phone or online consultations. The journeys, waits and face to face are so incredibly stressful." Expert by experience

In considering communication channels for non-paper-based health assessment in the future, the DWP should ensure that people are offered the full range of assessment channels, from face to face, telephone and video. **People should not be required to participate via one**

[23] Money and Mental Health survey. Base for this question: 241 people with experience of claiming UC.
[24] Money and Mental Health survey. Base for this question: 238 people with experience of claiming UC.
[25] Money and Mental Health survey. Base for this question: 236 people with experience of claiming UC.

specific channel and should be offered a choice from which they can choose the channel most suited to their needs.

Invariably some communication channels will prove more cost-effective to run. Yet, to ensure that people are supported to communicate in the way most suited to their needs, people should be offered the full range of channels. More expensive channels should not be reserved for people who can make their case for them, as is currently the case with home visits. This change would also support the DWP to run more effectively.

How could we improve telephone and video assessments, making sure they are as accurate as possible?

In this consultation response, we have made numerous recommendations that would improve the accuracy of assessments, including ensuring assessors and decision-makers are suitably trained and recommendations to improve the accuracy and quality of medical evidence.

From our research, three clear problems remain for people with mental health problems: assessment decisions often do not reflect their conversations with assessors; reports are often inaccurate; and assessment interviews are long and exhausting.

The accuracy of telephone and video assessments could be improved, by introducing recordings of assessments as standard. This would help assessors write more accurate reports. **As standard, telephone and video assessments should be recorded, and claimants should be provided with transcripts or recordings of their assessments.** This would have the added benefit of improving claimants trust in the assessment process through greater levels of transparency.

People with mental health problems can find long assessment interviews particularly problematic due to difficulties with energy levels, concentration and memory. **Assessors should have the option to break down assessments into manageable sessions, and they should proactively offer this to claimants.** The introduction of telephone and video assessments make this more feasible for claimants and the DWP.

What more could we do to reduce repeat assessments, where someone has a condition that is unlikely to change?

Too many people with mental health problems tell us they find WC reassessment and PIP award reviews incredibly distressing. The processes contribute to increased anxiety and fear and exacerbate mental health problems.

We agree that the DWP needs to periodically review health and disability benefits and that the government should be appropriately ambitious about reducing the disability employment gap. However, it is equally important to be realistic about claimants' capability to engage in work and work-related activity, and reduce the disruption to claimants by repeated, unnecessary and

stressful WCAs, where a person's condition means it is unlikely that a repeat assessment will reveal anything new.

The frequency of reviews rests on the expertise of decision-makers and the quality of evidence provided.[26] Assessors and decision-makers are only required to undertake foundation training on "supporting customers with a vulnerability" and an "introduction to work with customers with a mental health condition". Additional mental health training beyond this introductory learning appears to be delivered less routinely or compulsorily.[27] Therefore, it is unsurprising that reassessment periods are perceived as arbitrary by claimants and at the whim of assessors and decision-makers.

Proposals outlined elsewhere in our response would significantly improve the decision-makers' expertise and the quality of evidence provided. This in turn would better equip decision-makers to make more informed decisions on time periods between assessments. In addition to these, we propose the following changes:

- **The DWP should offer assessors and decision-makers the option of a new, more extended period between assessments.** Five years would provide a helpful halfway house between a 'lifetime award' (that exempts a person from further work capability assessment), and the period that currently exists for those with the most severe mental illness.[28]

- **Introduce light-touch triage reviews to determine if a person's circumstances have changed.** This could include obtaining consent to go directly to healthcare professionals rather than requiring claimants to engage in unduly arduous processes. This would reduce the burden placed on claimants to continue to produce evidence confirming the impact of a health condition or disability. If this is considered unfeasible to implement universally, this should be delivered as a minimum as an enhanced process for people with SMI.

- **Establish a guiding framework to support assessors in determining lengths of awards,** which should be co-produced with people with disabilities.

- **Use evidence from previous WC and PIP assessments as a baseline, with assessors enquiring about changes rather than starting from scratch.** When reassessing people with an SMI diagnosis, assessors should use evidence from previous assessments as a baseline and inquire about changes, rather than starting from scratch. These adjustments should not be dependent upon a claimant or their representative requesting it. Where a person has a primary diagnosis of SMI, the DWP

[26] House of Commons. ESA and PIP reassessments. May 2019 https://researchbriefings.files.parliament.uk/documents/CBP-7820/CBP-7820.pdf (Accessed: 27/09/21)
[27])What do they know? DWP. Central Freedom of Information Team. https://www.whatdotheyknow.com/request/467066/response (Accessed: 27/09/21
[28] Centre for Health and Disability Assessments. DWP Severe Conditions Prognosis/Re-referral Guidance at WCA Face to Face Assessments and Filework. 2017.

should automatically consider these adjustments before contracting an assessment out to a provider.

"*I have both mental and physical disabilities and my partner [for whom I am an appointee] suffers from psychosis & schizophrenia. In my partner's case, this will not ever get better and he will never be able to work. I, therefore, feel in these circumstances he should never be subjected to a WCA and the DWP should have something in place where people that will never be able to work are exempt from assessments and letters that distress them.*" Expert by experience and carer

What other changes could we make to improve decision making?

Our research found that seven out of ten (70%) Research Community members surveyed disagreed that their WCA accurately captured the challenges they faced because of their mental health problems,[29] and three-quarters (75%) disagreed that their PIP assessment accurately captured the challenges they faced.[30]

One change the DWP could make to improve the accuracy of decision-making is to **offer claimants advanced sight of WC and PIP assessment questions.** This would help claimants who have difficulties understanding and processing information, and those who struggle to think on the spot, to give more full and accurate answers to questions. Three-quarters (77%) of survey respondents[31] agreed that they would have been able to provide more accurate answers during their WCA if they had been allowed to read the assessment questions in advance, with 71% of PIP recipients agreeing.[32]

This information is already accessible via a FOI request. Giving people the best opportunity to prepare for their assessment and to be able to answer questions accurately would be a universal design adjustment that would mean people with mental health problems are not disadvantaged in the assessment interview.

This would ultimately support assessors to conduct more effective assessments and make more accurate recommendations to decision-makers - in turn potentially reducing the number of mandatory reconsiderations and appeals.

[29] Money and Mental Health survey. Base for this question: 234 people with experience of claiming ESA/UC in the last three years.
[30] Money and Mental Health survey. Base for this question: 295 people with experience of claiming PIP in the last three years.
[31] Money and Mental Health survey. Base for this question: 227 people with experience of claiming ESA/UC in the last three years.
[32] Money and Mental Health survey. Base for this question: 281 people with experience of claiming PIP in the last three years.

Chapter 4: Re-thinking Future Assessments to Support Better Outcomes

Is there anything about the current PIP activities and descriptors that should be changed?

Only one in six (16%) survey respondents with mental health problems said their PIP assessment accurately captured the challenges they face because of their mental health problems.[33] Questions on PIP forms tend to focus on people's physical ability to carry out activities, such as moving around, preparing a meal or picking things up. Participants said questions aimed at understanding mental health problems did not cover the full range of their symptoms, so they often had to in effect translate how their mental ill health affected their ability to complete tasks.

We asked Research Community members about their views on how PIP assessments could be improved to better reflect how their mental health problems impact their day-to-day living. People overwhelmingly told us that the DWP should **introduce more mental health-centric activities and descriptors to capture the day-to-day challenges that people with mental health problems experience**.

The activities and descriptors are currently confusing and physical-health centric. They require a level of mental dexterity to interpret the question and provide an answer. This can be particularly difficult for people with mental health problems who may have cognitive processing challenges.

"All of the questions about how your health is affected by your illness were geared towards having a physical disability. I found it extremely difficult to explain that although I can physically do certain tasks, it is the motivation, ability to remember, communication, feelings of anxiety etc that affects me." Expert by experience

We have made a series of recommendations below about how WCA activities and descriptors can be revised to better reflect the experiences and circumstances of people with mental health problems. The principles outlined in the response below also apply to PIP descriptors. and should be drawn upon when revising PIP activities.

Is there anything about the current WCA activities and descriptors that should be changed?

Our research found that fewer than one in four people with mental health problems felt they were able to explain how their mental health affected them during their WCA.[34] Only 17% of

[33] Money and Mental Health survey. Base for this question: 295 people with experience of claiming PIP in the last three years.
[34] Money and Mental Health survey. Base for this question: 266 people with experience of participating in a WCA in the last three years.

survey respondents said that their WCA accurately captured the challenges they faced because of their mental health problems.[35]

People are assessed against a criteria that is incredibly physical health-centric, with ten physical health activity descriptors. While there are just seven activities to assess a person's mental, cognitive and intellectual functions. The physical health-centric nature of the descriptors and questions require claimants to exercise a degree of mental dexterity.

"The paperwork took over 26 hours to actually fill in, that's without the hours of ruminating . It needs to be clearer as to what it's actually asking, and in a better manner. The paperwork is directed at physical illness, frustrating the process of describing the facets of mental illness. It appears to put physical illness as more important than mental illness. There needs to be more MH descriptors." Expert by experience

The DWP should improve WCA activities and descriptors to more accurately assess the challenges people face because of their mental health problems in the following ways:

- **Amend all seven of the mental, cognitive and intellectual functions activities to reflect fluctuating conditions.** Many mental health problems fluctuate, either through crisis or periodic acute episodes of ill health where people's psychological or emotional state may reduce their capacity to cope with everyday tasks. Despite this, there is minimal provision for fluctuating conditions within the activity descriptors for WCAs.

  All seven mental, cognitive and intellectual functional activities should be revised to capture fluctuating conditions, by adding timeframes to descriptors to reflect how often conditions impact a person's ability to undertake specific tasks e.g. always, sometimes, never.

- **Introduce an activity descriptor for memory and the ability to retain information.** There are no activity descriptors for memory. Activity 11 - "learning tasks" - begins to address the complexity of the task a person is able to learn, but does not capture their ability to retain information on how to complete that task, nor how this ability may fluctuate.

- **Introduce an additional activity that assesses a person's energy and motivation to complete specific tasks.** This should cover their energy and motivation to undertake basic tasks required for functioning e.g. eating, getting washed and dressed.

- **Amending the descriptor on hazards to include not just reduced *awareness of*, but *reduced regard for* personal consequences to capture suicidality and risk**

[35] Money and Mental Health survey. Base for this question: 234 people with experience of claiming ESA/UC in the last three years.

to own life. Activity 12 addresses awareness of hazards but does not capture personal attitudes to hazards - specifically where people have scant regard for their own life - as is the case with people presenting with histories of suicidality.

Should we seek evidence from other people, such as other health professionals and support organisations?

The task of collating medical evidence is often arduous for people with mental health problems. With a claimant's consent, the DWP should **liaise directly with a person's healthcare team to obtain medical evidence for assessments and repeat assessments.**

"I thought I just had to fill the form in and they would get all the professional reports they needed. I couldn't read the form or take it in, my anxieties were much too high." Expert by experience

Almost nine out of ten (88%) survey respondents with mental health problems said that they would be willing to give consent for their medical evidence to be shared between their WCA and their PIP assessment to make the process of gathering evidence easier.

How could we make sure the evidence we collect before a WCA or PIP assessment directly relates to a person's ability to do certain things?

Providing medical evidence to support your claim can be incredibly difficult for many people with mental health problems. Less than one in five (18%) survey respondents agreed it was easy to collect evidence that confirmed their mental health diagnosis for their WCA,[36] and even fewer - 13% - said it was easy to collect evidence for their WCA that detailed how their health condition impacted their ability to work.[37] These challenges remain when collecting medical evidence for PIP assessments too, with only 18% agreeing that it was easy to collect evidence to confirm their mental health diagnosis.[38] Just 8% agreed it was easy to gather evidence for their PIP assessment that evidenced the extra costs they incur because of their mental health condition.[39]

"I was never told exactly what information was needed. I have always had to go back to my care coordinator each time the DWP asked for more information." Expert by experience

The DWP should support people to collect accurate evidence before an assessment by:

- **Providing clear and concise guidance for claimants on the specific medical information required for WC and PIP assessments.** This should include the

[36] Money and Mental Health survey. Base for this question: 250 people with experience of participating in a WCA in the last three years.
[37] Money and Mental Health survey. Base for this question: 237 people with experience of participating in a WCA in the last three years.
[38] Money and Mental Health survey. Base for this question: 303 people with experience of participating in a PIP assessment in the last three years.
[39] Money and Mental Health survey. Base for this question: 289 people with experience of participating in a PIP assessment in the last three years.

difference between confirmation of a condition and information which details how a condition impacts a person's ability to work or the resulting increased costs.

"In the case of PIP it was not clear what information was required. It just said `send all you can to support your claim." Expert by experience

- **Proactively give advance notice of descriptors and activities to claimants so they can select the evidence that best supports this.** It is not sufficient that this information is available online for those people who have the forethought and capacity to be able to seek it out.

  "In the booklet that comes with your PIP claim form. They could easily put in there what evidence they would ideally need or want. Instead, they leave it to the individual to guess what they will believe or not believe." Expert by experience

- **Offering clear guidance to health professionals who are providing medical evidence for WC or PIP assessments.** The current practice of requesting medical evidence from health professionals is opaque, with little advice on precisely what that evidence needs to contain. The DWP could provide more explicit guidance to health and social care professionals providing medical evidence, with details of the activities and descriptors they assess claimants against.

  While this risks placing an additional burden on already overstretched health and social care professionals, lessons could be learnt from the process of streamlining the Debt and Mental Health Evidence Form (DMHEF). DMHEF is used by health professionals to provide evidence of a mental health problem to a patient's creditors.[40] The revised version guides health professionals through the process, helping them to quickly provide the right level of information and detail required for the purpose at hand.

  "Health care professionals don't understand the benefits system so will tend just to write 'Mrs Smith has depression' rather than how it affects you. One of the most useful things that you could do would be to provide concise info for HCP giving examples of the different kinds of info that is useful when providing support for ESA & PIP showing that different info is required for each." Expert by experience

- **Improve the examples of WC and PIP assessment descriptors** to make them easier to understand and respond to in applications. People should not feel so confused about what evidence to provide that they send in reams of deeply personal information which is surplus to requirement to make the decision at hand.

[40] Money Advice Trust. Debt and Mental Health Evidence Form. https://www.moneyadvicetrust.org/advice-services/dmhef/ (Accessed: 27/09/21)

"It is very unclear as to what information you need to include. As a result, I have in the past ended up sending in psychological assessment reports which contain incredibly personal information. I still don't know whether this was the right documentation." Expert by experience

- The DWP should consider the constraints claimants face in obtaining medical evidence and **accept information from as wide-ranging sources as possible.**

  "I'm too unwell to go out because of my mental health much of the time and I don't, therefore, get the help I need or medical evidence for mental or physical problems." Expert by experience

How could we improve assessments or the specialist support available to assessors and decision-makers to better understand the impact of a person's condition on their ability to work or live independently?

It is positive that the Green Paper recognises the view of claimants that assessors often do not have enough knowledge about certain conditions to accurately assess them. That said, **we fundamentally disagree that solely focusing on a model of specialist support available to assessors to improve decision-making is the right one.**

The Green Paper has outlined why matching condition-specific specialists with claimants' primary condition would be difficult on the grounds of assessor availability and the challenge of assessing people with comorbid conditions. The current approach to this is for assessors to have access to specialist support for advice. The scope of this question limits responses to a narrow model of generic assessors and decision-makers with access to specialists for advice and consultation. Our position and the views of our Research Community is overwhelmingly that people should be assessed by a condition-specific specialist matched to their primary presenting condition.

However, if the department is unwilling to consider this model further, **as a minimum, condition-specific decision-makers should be matched with people's primary presenting condition and only make decisions on primary conditions in which they are a specialist.**

Furthermore, and in line with our recommendations around reasonable adjustments, **as a minimum, the DWP should ensure WC and PIP assessments of people with a primary condition of SMI are assessed by specialist assessors with experience and knowledge of mental health.**

How can we make it easier for people to inform us if their condition or circumstances have changed so that a review of entitlement can be carried out at the right time?

We appreciate that the DWP wants to have an up-to-date picture of people's health circumstances so they can review entitlements and ensure that awards are correct. Yet it would be a missed opportunity to review the way people are supported to keep the department up to date about changes to their health, without looking at the broader issue of the lack of trust in the system.

Proposed details of the Health Impact Record (HIR) are scant. This poses a multitude of questions about how the DWP will utilise information provided by claimants and if this would be to claimants' benefit or detriment. Specifically, would a claimant's entry in their HIR risk triggering a re-assessment? And if so, under what circumstances? Given people's overwhelming fear and anxiety of the assessment process and its outcomes, this would need to be addressed before further commentary on any support for this intervention.

Low benefit rates and frequent reassessment mean, for many, the benefits system feels less like a safety net and more a source of precarity and uncertainty. Therefore, trying to develop systems and processes that encourage people to report a change in real-time against this backdrop of fear and precarity is likely to be viewed with mistrust and scepticism.

"I always assume they will cut my benefits. It's why I never applied for PIP as I didn't want to rock the boat. I'm not sure I will ever really trust them. Not while I'm seen as the scourge of the country eating up resources & the problem poor." Expert by experience

If the department intends to pursue this course of action, they should learn from flaws in processes in UC which place responsibilities on claimants to update the DWP of any changes in circumstances. Our research found that over half (56%) of survey respondents with experience of mental health problems found it difficult to understand which changes of circumstances to notify the DWP of,[41] and one in five (22%) found it hard to add a note to their journal.[42] A system that requires claimants to update their records continually is thus likely to prove particularly challenging for many people with mental health problems.

What could be included in a discussion to develop a more personalised employment and health support plan?

As currently proposed, we would not support the introduction of an employment and health support plan. In principle, the idea of separating assessments for financial support from employment support sounds encouraging, but the current proposal is vague and as such leaves room for doubt.

Focusing employment and health discussions on what a person can do, rather than what they can't, is a sound basis. However, people need to feel supported and understood, and conversations that exclude what people can't do risk missing important parts of a person's

[41] Money and Mental Health survey. Base for this question: 237 people with experience of claiming UC.
[42] Money and Mental Health survey. Base for this question: 240 people with experience of claiming UC.

condition. This intervention would also need to be delivered by suitably trained and skilled staff, with a sound understanding of mental health problems, or to ensure the challenges posed by people's mental health problems are properly factored in.

The personalised employment and health support plan is an example of the overriding focus on employment as an outcome in the Green Paper and is disappointing. We agree that the government needs to be ambitious for people with mental health problems and their ability to engage with employment. However, it is also imperative that the DWP remains mindful that not everyone will be able to do so. Pursuing an employment agenda for everyone, irrespective of the quality of that work, and its suitability to the person's needs, risks harm. The DWP should support people into good work that is conducive to their mental health.

What skills and experience should the person undertaking an employment and health discussion have?

Money and Mental Health does not support the proposal for employment and health discussions as currently outlined in the Green Paper. If the department chooses to pursue this, at a minimum advisors should have a sound understanding of different mental health conditions and how they may impact a person's ability to engage with work, earn money and communicate. A similar guide exists for financial services collections staff on the impact of health conditions on people's ability to earn and manage money.[43]

Training must extend beyond that currently provided by the department. As shown elsewhere in this response, the introduction of mandatory mental health training for work coaches in 2018 has not resulted in improvements to people's experience and perceptions of the department, meaning better training is required.

[43] Bond N and Fitch C. Practical guide - The need to know: Understanding and evidencing customers' mental health problems. Money and Mental Health Policy Institute and Money Advice Trust. 2020

Chapter 5: Exploring Ways to Improve the Design of the Benefits system

How could we simplify the system for people applying for multiple health and disability benefits?

The proposals outlined in the Green Paper would go some way to improving the benefits system. Our additional recommendations would go further in simplifying and improving people's experience of the system. However, we remain concerned that this question restricts the simplifying of the benefits system to streamlining health and disability benefits and their gateway assessments for the 1.6m people claiming both.

Share appropriate data and supporting medical evidence between benefit applications

Almost nine out of ten (88%) Research Community members would be willing to consent to their medical evidence being shared between their WCA and PIP assessments to make the process of gathering evidence easier.[44]

However, any efforts to streamline this process would need to be done with care and rigorous external scrutiny to ensure that this process continues to benefit claimants, and that the government does not inadvertently use it as a precursor to introduce a single assessment framework. We would not support a single assessment process at this point, given the high rate of incorrect decision-making by the DWP. Introducing a single assessment against this backdrop would risk vulnerable people being left without any health or disability benefits.

Our research found that people want the benefits system to be simplified beyond the narrow focus of streamlining processes for people applying for both ESA/UC and PIP. Our respondents supported a simplified system that makes all benefits more accessible with enhanced default processes for people who need it most (See universal design and SMI enhanced process recommendations in Chapter 1).

How could the current structure of benefits be changed to overcome people's financial concerns about moving towards employment?

We recognise features of UC which are intended to make it easier for people to move into work. including flexible taper rates and work allowances.[45] However, our research found that these features do not mean that people with mental health problems feel confident about trying out work.

People with mental health problems frequently tell us that trying out work is a minefield. Even once you've been successful at an interview, it's a tricky period of understanding your employer's attitudes to and support of people with mental health problems, and a balance of

[44] Money and Mental Health survey. Base for this question: 172 people with experience of claiming both ESA/UC and PIP in the last three years.

[45] Work allowances support people with LCW to earn up to a certain amount before it affects their benefits.

figuring out if you can manage the demands of the role and make the situation work and meet your mental health needs.

Many people have fluctuating mental health problems too, and engaging with work is fraught with anxieties around fluctuations in their mental health. This can mean they fall out of work and have to start the whole cycle again. People need reassurance that efforts to reduce the uncertainty and precarity in the system are being actively addressed.

"The one thing that's not helped is that if I got a job that's over 16 hours a week, I lose ESA fully. Why can't there be a freeze in benefits because people who are ill can relapse and don't want to have to go through claiming again? So there is a fear of trying to take on work. If they relapse, find the work isn't for them etc, they can then just let DWP know and the benefit can be restarted again. It would be a security net to land on should you need it." Expert by experience

Introduce a grace period for people with LCW and LCWRA to try out work before it impacts their reassessment period. While work allowances and taper rates mean that people will not lose all of their benefits, people remain fearful of trying out work and unintentionally triggering an early WCA re-assessment. People in the LCW and LCWRA should be able to try out work for a grace period without impacting their benefit decisions. If employment does not work out people should be able to return to their previous rates without it impacting their reassessment period. This could be introduced with parameters, people could be afforded one grace period a year, and they could 'try work out' for a maximum duration of six weeks before it impacts on a reassessment period.

"I hope I can return to work one day but am terrified that DWP would throw the baby out with the bathwater, giving me no flexibility to return to ESA without another assessment." Expert by experience

Support people with disabilities to keep more of what they earn by increasing the generosity of work allowance rates and introducing greater levels of support for people with disabilities who voluntarily engage with employment support programmes

- Increase the generosity of work allowance rates. The UC earning taper rate is currently set at 63%. Currently, people assessed as having limited capability for work are granted a work allowance, which allows them to earn up to a certain amount, before the taper rate takes effect. The DWP should support people with mental health problems to increase their earnings through work, by increasing work allowance levels. This would mean that people with limited capability for work can earn more before the UC taper rate is applicable.
- Introduce greater levels of support for people with disabilities who voluntarily engage with employment support programmes. This might include bespoke employment support which takes account of a person's mental health needs; help to complete benefit calculations which consider the financial gains of employment; or financial assistance to attend training courses and interviews.

- A period of assistance provided to both employee and employer to support people to settle into and remain in work. This might include advice to employers on supporting employees with mental health problems, and/or support to employees to manage the personal and financial transition into employment.

While continuing to focus financial support on people who need it most, how could we more effectively support disabled people with their extra costs and to live independently?

The value of benefit payments is a glaring omission within the Green Paper. Decade-long changes to the benefits system have seen reductions in benefit levels, which has led to the social safety net becoming a source of precarity rather than security. Many people with mental health problems cannot live as independently as they would like because benefit rates are too low in the first instance. The DWP should **support people who are unwell to become more independent by increasing the incomes of people considered able to prepare for work** by reinstating the additional component for people in the WRAG/LCW groups.

Conclusion

We welcome this long-awaited Green Paper, although we are disappointed in its scope and lack of ambition. The consultation focuses on encouraging people with health problems and disabilities into employment rather than supporting them to live full, independent lives. This approach undermines the DWP's aim of a benefits system that delivers more consistent, accurate and robust decisions that truly reflect the lives of people with disabilities.

More broadly, the Green Paper represents a missed opportunity to genuinely engage with the views and experiences of people with disabilities. The limited scope of the questions in the consultation suggests that ideas outside of these topics - which nonetheless could help the DWP achieve its goal of a more consistent, accurate and robust benefits system - will not be central to the department's next steps. As others, including Mind, have argued, an **independent regulator for the benefits system** would help to address core challenges faced by the DWP in delivering meaningful change - the lack of trust that many claimants have in the processes and personnel intended to support them and the imbalance of power that leaves many people with mental health problems struggling to challenge inaccurate decisions.[46] We hope that the DWP will consider how it can address these issues, through an independent regulator but also the other steps we have highlighted, as it moves forward with its plans.

[46] Manji A. People, not tick-boxes. Mind. 2020