

Money and Mental Health's submission to the Work and Pensions Committee's inquiry into safeguarding vulnerable claimants

Introduction

The Money and Mental Health Policy Institute is a research charity established by Martin Lewis to break the vicious cycle of money and mental health problems. We aim to be a world-class centre of expertise developing practical policy solutions, working in partnership with those providing services, those who shape them, and those using them to find out what works. Everything we do is rooted in the lived experience of our Research Community, a group of 5,000 people with personal experience of mental health problems.

This written submission has been informed by the experiences of our Research Community, including a survey with 303 people with lived experience of mental health problems about the challenges they face when making and managing benefit claims and 53 people with experience of caring for someone with mental health problems. This response also draws on our wider body of research. Unless otherwise specified, all quotes in this response are drawn directly from the Research Community.

In this response, we answer questions 1, 1a, 2, 3, 3a, 3b, 4, 5, 5a, 5b and 7.

Background

- In any given year, one in four people will experience a mental health problem which affects their cognitive and psychological functioning.¹ Over a lifetime, this proportion rises to nearly half the population.² However, we do not always know when we are unwell or receive treatment. Over a third (36%) of people with a common mental disorder have never received a diagnosis, and 62% are not currently receiving treatment.³
- People with common mental disorders like anxiety and depression have typical annual incomes of just two-thirds (68%) of those without those conditions, equivalent to a gap of £8,400 per year. That gap for those with severe mental illness is £6,500 per year. Lower employment rates and weaker wages when in work help drive this vast difference, combined with the fact that people with mental health problems are more likely to receive benefits, which provide a low level of financial support.⁴

¹ McManus S et al. Adult psychiatric morbidity in England, 2007. Results of a household survey. NHS Information Centre for Health and Social Care. 2009.

² Mental Health Foundation. Fundamental facts about mental health. 2016.

³ McManus S et al. Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014. NHS Digital. 2016.

⁴ Bond N and D'Arcy C. Mind the Income Gap: How work and social security shape the incomes of people with mental health problems. The Money and Mental Health Policy Institute. 2020.

- Common symptoms of mental health problems, like low motivation, memory difficulties, limited concentration and reduced planning and problem-solving abilities, can make applying for benefits and managing claims especially difficult.⁵ Despite these challenges, people with mental health problems receive limited support or flexibility from the Department for Work and Pensions (DWP) in making and managing a benefit claim. People also often face barriers to getting this support from third parties such as friends and family.⁶
- People with mental health problems are three and a half times more likely to be in problem debt than those without, and half (46%) of adults in problem debt also have a mental health problem.⁷
- Mental health and financial problems can form a devastating, self-reinforcing cycle. Over 420,000 people in problem debt consider taking their own life in England each year, and more than 100,000 people in debt attempt suicide.⁸

Summary

- Common symptoms of mental health problems can make applying for and managing a benefit claim especially difficult.⁹ Yet the experiences of members of our Research Community make it clear that the DWP does not have sufficient processes in place to identify or support people with these challenges.
- This lack of process for identifying and responding to those with more complex needs and requiring assistance means the DWP is failing to adequately safeguard the well-being of many people with mental health problems.
- To address this, the DWP should provide clear, detailed and widely circulated processes for identifying and recording vulnerability and supporting those in vulnerable situations. These measures should be backed by a statutory duty and be accompanied by the establishment of an independent body that monitors and inspects the DWP's safeguarding practices.
- Wider reforms should also be implemented to improve how the DWP engages with individuals and its processes and support for making and managing a claim.

A note on terminology

- This submission refers to “people or individuals in vulnerable situations” rather than “vulnerable claimants”. This is because vulnerability is not a characteristic inherent to a person but often is situational, and the term claimant can be dehumanising. However, there are instances in this submission where its use has been upheld for continuity with DWP communications.

⁵ Bond N, Braverman R and Evans K. The Benefits Assault Course: Making the UK benefits system more accessible for people with mental health problems. The Money and Mental Health Policy Institute. 2019.

⁶ Bond N. Set up to Fail: Making it easier to get help with Universal Credit. The Money and Mental Health Policy Institute. 2021.

⁷ Holkar M. Debt and mental health: a statistical update. Money and Mental Health Policy Institute. 2019.

⁸ Bond N and Holkar M. A silent killer: Breaking the link between financial difficulty and suicide. Money and Mental Health Policy Institute. 2018.

⁹ Bond N, Braverman R and Evans K. The Benefits Assault Course: Making the UK benefits system more accessible for people with mental health problems. The Money and Mental Health Policy Institute. 2019.

1. DWP does not have a statutory duty to safeguard the wellbeing of vulnerable claimants. Should this change?

Currently, the DWP is failing to adequately identify and assist those who are in vulnerable situations - and who face challenges navigating the DWP's systems and processes. Given how many people with mental health problems depend on the social security system, the DWP should have a legal requirement to safeguard the wellbeing of people with more complex needs and who require assistance.

Lower rates of employment and lower wages, combined with the additional costs of having a mental health problem, mean that social security is crucial for many people with mental health problems.¹⁰ Yet common symptoms of mental health problems, like low motivation, memory difficulties, limited concentration and reduced planning and problem-solving abilities, can make applying for benefits and managing claims especially difficult.¹¹ For some individuals with mental health problems, their care and support needs mean they face additional difficulties engaging with these processes.

While the DWP states that it has various processes to support those with complex needs and to protect individuals' wellbeing - processes and guidance on this is not widely circulated. We, as an organisation, are only aware of processes that have been shared via addresses to Parliament¹²¹³ and responses to FOI requests.¹⁴¹⁵¹⁶¹⁷

From the experiences of our Research Community, it's clear there is either a lack of process for adequately identifying individuals who face such challenges and providing support in response to this identification - or problems with the implementation of those processes. Members of our Research Community talk about how engaging with the DWP can compound the challenges they face, in some instances leading to worsening mental health.

"It caused me huge anxiety - something I suffer from anyway - so the whole application & assessment process exacerbated it over a very long period each time. It always felt as if the DWP set itself up in an adversarial position to try to stop people getting help, rather than a supportive role to provide what was essential to my life." Expert by experience

¹⁰ Bond N and D'Arcy C. Mind the Income Gap: How work and social security shape the incomes of people with mental health problems. The Money and Mental Health Policy Institute. 2020.

¹¹ Bond N, Braverman R and Evans K. The Benefits Assault Course: Making the UK benefits system more accessible for people with mental health problems. The Money and Mental Health Policy Institute. 2019.

¹² Leigh Day. [DWP outlines safeguarding procedures for vulnerable benefits claimants](#). 2020.

¹³ Work and Pensions Committee. [Oral evidence: Safeguarding vulnerable people: how the DWP learns lessons from serious cases, HC 599](#). 2020.

¹⁴ [Protecting claimants at risk](#).

¹⁵ [Spotlight on: complex needs](#).

¹⁶ [Vulnerability Guidance – Additional Support for Individuals](#).

¹⁷ [Prevention of Future Deaths FOI](#).

“For me it was dreadful experience which resulted in suicidal ideation and exacerbated my anxiety and stress massively. There was no help or support or indeed empathy or understanding. I was actually left feeling bullied, intimidated and left feeling scared and vulnerable at the service and treatment I experienced from DWP and work coaches...Horrific!”
Expert by experience

Research conducted by Rethink demonstrated how the DWP’s failings to protect applicants’ wellbeing have resulted in severe distress and harm and, in some instances, contributed to tragic deaths.¹⁸

No one should experience distress at the hands of the social security system. This is why, alongside wider reforms to how the DWP engages with individuals and its processes for making and managing a claim, the DWP should have a statutory duty to safeguard the wellbeing of individuals in vulnerable situations. This would support the establishment of detailed processes for identifying and responding to vulnerability and the uniform enforcement of safeguarding procedures. Such a duty would be an essential step in reforming the benefits system to make it accessible and supportive for those with more complex needs.

To ensure this duty is adhered to, it must be accompanied by establishing an independent body that monitors and inspects DWP’s safeguarding practices. The current Internal Process Reviews that the DWP are required to conduct whenever their actions have played a part in someone dying or experiencing severe harm, lack transparency and public accountability.¹⁹ For confidence in the social security system, an independent body should undertake thorough and transparent reviews of the DWP safeguarding practices and ensure appropriate action is taken against the DWP if and where they fail to meet this duty.

1a. If so, what should this duty look like?

A response to a recent parliamentary question has made clear that there is no set definition of vulnerable claimants used by the department.²⁰ Therefore, we would like the DWP to make the criteria they apply when identifying someone as vulnerable publicly available. This transparency would enable individuals in vulnerable situations who receive social security and organisations that support and represent them to assess this criteria. If it is deemed insufficient, the DWP should consult with these groups to ensure it adequately captures everyone a future duty should protect.

A similar consultation should also take place regarding the duty itself. With DWP developing a safeguarding duty in collaboration with those it would class as being in vulnerable situations and those who support those individuals. This consultation must take place before it is possible to be prescriptive about what this duty should look like. However, there are some existing Acts that the DWP could draw on.

¹⁸ Rethink Mental Illness. Tip of the Iceberg: Deaths and serious harm in the benefits system. 2021.

¹⁹ Rethink Mental Illness. “We’re just numbers to them” – The DWP’s failure to investigate death and serious harm. 2022.

²⁰ <https://questions-statements.parliament.uk/written-questions/detail/2023-01-30/135440#>

The first is the 2004 Children Act.²¹ Section 11 of this requires a range of organisations - including the DWP - to ensure that their functions and services “are discharged with regard to the need to safeguard and promote the welfare of children”.²² We would like to see a DWP duty similarly require its functions and services to take into account the need to safeguard and promote the welfare of adults in vulnerable situations.

The second is the 2014 Care Act, and in particular, its principles.²³ These already inform the DWP’s own principles for protecting claimants at risk,²⁴ and their person-centred approach makes these principles a good starting point for a DWP safeguarding duty.

- Empowerment - This would require the DWP to support and encourage individuals to make their own decisions about what they feel would be the best course of action for them in a safeguarding scenario.
- Protection - This would involve the DWP working to provide the relevant support to protect those identified as being in a vulnerable situation from harm.
- Prevention - Central to this would be DWP better identifying and recording vulnerability to ensure proactive measures can be taken to prevent individuals from harm. This would include training DWP staff to recognise and respond to vulnerability. And ensuring DWP processes are accessible and supportive to individuals to prevent the difficulties people might face when engaging with them.
- Proportionality - This would require the DWP to take the least intrusive response appropriate to the risk presented. Central to executing this effectively would be DWP more proactively identifying what individuals’ needs and desired courses of action are - to ensure they aren't applying a one-size-fits-all approach to safeguarding.
- Partnership - This would require the DWP to effectively liaise with external agencies that might already be supporting individuals or who individuals might need to be referred to.
- Accountability - This would refer to DWP being accountable and transparent in its safeguarding processes. We believe that central to this principle, and in line with Rethink’s campaign,²⁵ would be establishing an independent body that monitors and inspects DWP’s practice when it comes to safeguarding and establishing a clear and effective process for complaints and investigations.

2. Is DWP adequately transparent about its safeguarding measures for vulnerable claimants, including how the Internal Process Review (IPR) procedure works and what is done to implement lessons learned?

The DWP is not currently adequately transparent about its safeguarding measures for vulnerable claimants. Specifically, there are three key areas where the DWP is failing to be transparent about how it operates:

²¹ <https://www.legislation.gov.uk/ukpga/2004/31/contents>

²² HM Government. Working Together to Safeguard Children Statutory framework: legislation relevant to safeguarding and promoting the welfare of children. 2018.

²³ <https://www.scie.org.uk/safeguarding/adults/introduction/six-principles>

²⁴ [Protecting claimants at risk.](#)

²⁵ <https://www.rethink.org/campaigns-and-policy/campaign-with-us/stop-benefit-deaths/>

- identification of vulnerability;
- supporting vulnerable individuals and safeguarding them from harm; and
- the methods by which DWP reviews and learns from its mistakes.

These failures in transparency make it difficult to scrutinise any measures. It also means that people with mental health problems and their friends and families are left with limited reassurance that their engagement with the DWP won't continue to result in undue stress and, in some instances, harm.

The identification of vulnerability - A recent response to a parliamentary question outlined how serious mental illness, cognitive conditions, and difficulties communicating or engaging with DWP processes were insufficient to warrant someone to be classified as vulnerable by the department. Instead, these challenges would lead to a person being identified as 'Additional Support' on the system. To be identified as 'vulnerable' and marked as 'Additional Customer Support', individuals would need to be vulnerable due to their circumstances, not just their condition.²⁶

Beyond this confusing description of the criteria that define a person as 'Additional Support' or 'Additional Customer Support', to our knowledge, the DWP has not circulated detailed guidelines on what constitutes someone being vulnerable. Our concern is that the DWP is using quite broad guidelines on what could deem someone as being vulnerable and warranting the appropriate marker - creating the potential for many people to be missed.

Furthermore, there is limited transparency in how this marker is applied, who can apply it, which members of DWP staff are then able to view this marker, how long it lasts, and, importantly, what detail is provided on the actions that should or should not be taken regarding someone's claim in light of it.

Supporting and protecting individuals in vulnerable situations - As referenced above, there needs to be publicly available guidance on what support and measures are taken to protect individuals in vulnerable situations. While the Department has training available to frontline staff to help them identify "mental wellbeing issues or vulnerabilities, and to take appropriate action to support individuals",²⁷ feedback from our Research Community makes it clear that support and safeguarding measures are not consistently delivered. This reinforces the requirement for a statutory safeguarding duty to facilitate the uniform delivery of support and safeguarding measures.

Learning from mistakes - As Rethink's research has demonstrated, in-depth details on the conclusions and lessons learned from Internal Process Reviews are not routinely published.²⁸ The failure to publish these details, as well as other investigations into DWP vulnerability

²⁶ <https://questions-statements.parliament.uk/written-questions/detail/2023-01-30/135440#>

²⁷ Heather Evennett. Mental health and universal credit claims. House of Lords Library. 2021.

²⁸ Rethink Mental Illness. Tip of the Iceberg: Deaths and serious harm in the benefits system. 2021.

failings,²⁹ is indicative of a lack of transparency and accountability by the DWP for the harm caused. When it comes to Internal Process Reviews, it is important to note that serious harm tends to be investigated less than deaths, despite serious harm such as self-harm being a lot more widespread.³⁰ Consequently, we support Rethink's call for establishing an independent body to investigate cases of death or serious harm in the benefits system. This body should work to involve the friends and families of those affected by the DWP's harm in these reviews.³¹

3. What are the main challenges that vulnerable claimants face when trying to make a new benefit claim?

To make a new benefit claim, people must complete various forms and provide certain evidence. For a person experiencing a mental health problem which affects their attention span, ability to process information, short-term memory or motivation, navigating these complex and demanding administrative processes can be very challenging. Those claiming as a result of their mental health problem will often be required to attend a health assessment. These are a great source of anxiety for many people and again present particular challenges for people with mental health problems whose accessibility requirements and individual experiences are often disregarded as part of the process.³²

It is unsurprising, in light of this, that 90% of people we surveyed said they had experienced difficulty in making and managing a claim for DWP benefits in the last three years as a result of their mental health.³³ Compounding this, key barriers exist to people getting support with making and managing a benefits application, as detailed below.

Applications - Benefit application forms are notoriously long and complicated, which can be incredibly daunting for people experiencing low energy due to their mental health problems. Questions on health and disability benefit forms tend to focus on people's physical ability to carry out activities, such as moving around, preparing a meal or picking things up. Members of our Research Community often tell us how questions aimed at understanding mental health problems do not cover the full range of their symptoms, so they often have to translate how their mental ill health affects their ability to complete tasks. These forms also often require individuals to repeatedly focus on their mental distress, which can be emotionally exhausting and demoralising.³⁴

²⁹ Disability News Service. DWP blocks release of report on impact of its errors on 'vulnerable' claimants. 2023.

³⁰ Disability Rights UK. Secret reviews into DWP deaths have more than doubled in three years. 2022.

³¹ <https://www.rethink.org/campaigns-and-policy/campaign-with-us/stop-benefit-deaths/>

³² Bond N, Braverman R and Evans K. The Benefits Assault Course: Making the UK benefits system more accessible for people with mental health problems. The Money and Mental Health Policy Institute. 2019.

³³ Money and Mental Health survey. Base for this question: 258 people who have received a DWP in the past three years.

³⁴ Bond N, Braverman R and Evans K. The Benefits Assault Course: Making the UK benefits system more accessible for people with mental health problems. The Money and Mental Health Policy Institute. 2019.

Exacerbating the inaccessibility of these forms are the restricted choice of communication channels. Three-quarters of people with mental health problems struggle with at least one communication channel,³⁵ yet most benefits provide a limited choice of channels via which an individual can claim. This can make it harder for people to engage with particular tasks required to make an application, which can mean claims are delayed or not completed.³⁶

Finding the right information and evidence to accompany these forms can also be difficult for people experiencing mental health problems. Members of our Research Community often tell us that they are unclear on what information to provide, with some reporting that guidance around the evidence that must be submitted is unclear, putting them at a disadvantage when their mental health problems affect their comprehension. Low motivation, difficulties concentrating and problems opening post can also make locating documents difficult. Completing applications for health and disability benefits can be challenging when people with mental health problems manage their conditions with minimal support or do not meet thresholds for secondary care services, meaning there's limited medical evidence about how their mental health problem impacts their daily activities.³⁷

Assessments - Members of our Research Community often tell us how their mental health deteriorates both in anticipation and following an assessment. For many with mental health problems, travelling to an assessment centre can be incredibly difficult. While home visits are available, individuals must provide medical evidence of need, which, as outlined above, can present challenges. Fluctuations in mental health can make it difficult to commit to a specific day and time in advance. Being ill on the day results in individuals having to try to rearrange an appointment, with all the difficulties involved. Or attending while unwell, which could reduce a person's ability to articulate their needs and the likelihood of a correct decision. Individuals who miss assessments are at risk of serious consequences.

Regarding the format of these assessments, cognitive challenges associated with mental health problems may make it harder for people to explain how their illness affects them in response to specific questions, particularly when they are not given foresight of the questions or an opportunity to prepare. A lack of specialist mental health assessors makes it harder for assessors to understand the challenges claimants face, particularly when a person is struggling to express themselves in a difficult situation. The Research Community reports that judgments are sometimes made about individuals' capability based on spurious evidence, such as making eye contact, being well-groomed or looking after a pet. This creates an atmosphere of mistrust

³⁵ Holkar M, Evans K and Langston K. Access essentials. Money and Mental Health Policy Institute. 2018.

³⁶ Bond N, Braverman R and Evans K. The Benefits Assault Course: Making the UK benefits system more accessible for people with mental health problems. The Money and Mental Health Policy Institute. 2019.

³⁷ Bond N, Braverman R and Evans K. The Benefits Assault Course: Making the UK benefits system more accessible for people with mental health problems. The Money and Mental Health Policy Institute. 2019.

in assessments, making it even harder for a person experiencing a mental health problem to self-advocate.

A lack of third-party support - In light of these challenges, people with mental health problems often need the support of third parties when making and managing a benefit claim. However, with the introduction of Universal Credit (UC), this has become increasingly difficult due to the 'explicit consent' process. The precise details required from individuals to provide explicit consent are not clearly explained within the online UC system, making it incredibly difficult, if not impossible, to record their wishes accurately. Delegating explicit consent online or over the phone also requires individuals to navigate the tasks that led to them needing help in the first instance. If people cannot navigate the main system, they are unlikely to be able to navigate the process of accessing support.

"The system needs to be easier to set up an advocate or member of the family to speak on my behalf. It took my father a whole day just to hand in a written letter giving him authority to speak for me." Expert by experience

Without effective systems for delegating consent to another person, individuals cannot get the assistance they need, raising the risk of harmful financial and mental health consequences.³⁸

3a. How effective is the Universal Credit "Help to Claim" service at supporting vulnerable claimants to register a claim?

The Help to Claim service is crucial in supporting people to navigate the complexities of the UC system and setting them up with the skills and knowledge to maintain their claims. However, there are two key ways in which the Help to Claim service is commissioned which means it falls short of adequately supporting people in vulnerable situations.

- Delivery channel - Since April 2022, the default delivery model for this service has been telephone and digital channels.³⁹ This narrowing of delivery channels risks some of those with the most complex needs, including mental health problems, falling through the gaps. Many cannot access a remote service and, therefore, will not get the support they need to make a claim. In addition, remote service delivery also reduces the opportunities for advisors to identify people who may need help with the skills, knowledge and capabilities to manage their ongoing claims. While there is an offer for people to be able to contact their local job centre if they are unable to access Help to Claim, everyone must have access to this independent, confidential and impartial service.
- Failure to provide support to manage an ongoing claim - While the Help to Claim service supports people to claim until they receive their first payment, the challenges of

³⁸ Bond N. Set up to Fail: Making it easier to get help with Universal Credit. The Money and Mental Health Policy Institute. 2021.

³⁹ Department for Work and Pensions. More people set to benefit from free support to help claim Universal Credit. 2023.

maintaining a UC account do not end here. People are expected to continually navigate the system, respond to notifications and complete tasks throughout the time they're claiming UC. Failure to do so can result in sanctions and, in some cases, lost or missed payments. Therefore, despite success in supporting someone to register a claim, people are at risk of their claim being closed or their support being withdrawn if they struggle to manage it and comply with commitments.

3b. What should DWP do to improve support for vulnerable people to make a claim and to ensure they do not delay making a claim?

Research Community members report a lack of support for people with mental health problems when making a benefit claim. Of those who experienced difficulty making and managing a claim for DWP benefits in the last three years, 92% of people did not receive any support with this from the DWP.⁴⁰ The impact of this can be devastating. People shared how a lack of appropriate support meant they struggled to advocate for themselves or put their best case forward, which in many cases led to people feeling like they missed out on benefits and weren't awarded what they believed they were entitled to. For others, a lack of support in making a claim led to delays in submitting their forms or stopped them from claiming altogether. The negative toll the process of applying for benefits took on people's mental health was a recurring theme from our analysis.

"The paperwork alone is daunting each time... When it comes to applying, I get in a panic, can't find the right words, produce cortisol/adrenaline, my frontal lobe shuts down - that which governs reason/ability to do 'normal' functions and it ends up a vicious cycle - I then don't think I put my best case forward." Expert by experience

Members of the Research Community suggested three key areas for change if the DWP are to support people with mental health problems better to make a timely claim and help people to engage in the process. These were the application process, the assessment process and improved third-party support.

The application process

- Simplify application forms - Application forms should be simplified and made more accessible for people with mental health problems. Central to this is reducing their length, making them accessible via a greater range of channels, and updating the questions to be more relevant to people with mental health problems.
- Improved processes for providing evidence - When collecting evidence, respondents would welcome enhanced guidance on the types of evidence they could provide. As well as a routine offer from the DWP of collecting this evidence on their behalf and reassurances that they won't be penalised for not having regular contact with a medical professional and therefore limited medical evidence on how their mental health problem affects their daily life.

⁴⁰ Money and Mental Health survey. Base for this question: 225 people who have experienced difficulty in making and managing a claim for DWP benefits as a result of their mental health in the past three years.

- Friendly reminders - Some respondents would welcome reminders of actions applicants should take and the relevant deadlines throughout the application process to address the challenges they can face with their memory due to their mental health problems. These reminders must be friendly and non-threatening in tone.

In addition to increased accessibility of these forms, respondents would welcome the provision of support and advice in making applications. People would like to be routinely informed of what benefits they are entitled to. Then, when it comes to making a claim, people would like help with having the forms explained to them and understanding how their experiences could relate to the questions asked. This needs to be provided via a variety of channels. Given the challenges that people with mental health problems can face asking for help, the DWP must routinely offer this support.

“I still have not even submitted my PIP form. I need the proper time and patience to fill in the form and scan and submit it. I need proper support for this with a qualified DWP staff to translate and explain my conditions and to help me to write in DWP language. DWP needs to train the staff how they have a duty to support vulnerable people and not to harass us.” Expert by experience

The assessment process

Fundamental changes also need to be made to the assessment process to reduce the stress and anxiety it causes, to make assessments more accessible to people with mental health problems, and to ensure they better capture how mental health problems can affect people’s daily lives. Essential steps in achieving this include

- Advanced sight of interview questions allowing individuals time to prepare their answers;⁴¹ the opportunity for people to be assessed via a medium that works best for them;
- Being assessed by an individual with a good understanding of mental health problems and how these affect people’s day-to-day lives and
- Greater weight given to the testimony and evidence individuals provide..

Given the stress and anxiety assessments cause, some people said they would welcome support before and after an assessment. This could include a warning of what health assessments will involve, a check-in, and, if applicable, support provided following an assessment.

“Perhaps a chat before assessment to enable an understanding of what my challenges are, to explain what the assessment includes and to offer any available support or assistance that could be available. Perhaps also someone with a background in mental health who has an awareness of the impact and related shameful feelings that can be a barrier to fully explaining

⁴¹ We have been working to pilot a pre-assessment letter with the Health Transformation Programme, where individuals receive an outline of the activities and descriptors that they will be assessed on in their assessment, and how their experiences of having a mental health problem could relate to some of these.

difficulties and, therefore perhaps not meeting criteria. Also, awareness that there could be a need for support during and after assessment." Expert by experience

Improved third-party support

In light of the challenges people with mental health problems can face in getting third-party support with making and managing a benefit claim, we would like some changes to be made to the explicit consent process in UC. These include:

- Providing people with clearer advice on what information they need to share with the DWP to get support from a loved one and the correct process for doing so through the UC website;
- Making the online process more accessible and user-friendly by adding prompts and drop-down menus to guide people. Giving people more flexible options to share information about their UC account with loved ones – for example, the option to provide a friend or relative view-only access to your UC account or to allow loved ones to get notifications about your account.⁴²
- As well as enabling third parties to support them in managing their claim, members of our Research Community would also welcome the ability for third parties to contact the DWP on their behalf when they are too unwell to do so, to let the DWP know if they can't make an appointment, for example.

4. What measures does DWP currently implement to ensure that vulnerable claimants are safeguarded against harm? How successful are these measures?

We, as an organisation, are only aware of measures that have been shared via addresses to Parliament,⁴³⁴⁴ and responses to FOI requests.⁴⁵⁴⁶⁴⁷⁴⁸ Therefore, it is difficult to scrutinise the existing safeguarding measures or comment on their success. Some of the current measures that we are aware of include frontline staff:

- Regularly reviewing and considering switching work search and availability requirements off for periods for customers with complex needs;⁴⁹
- Signposting to relevant information using the District Provision Tool and any local complex needs tool;⁵⁰ and
- Liaising with other agencies such as the NHS and police, rather than terminating benefits after failure to make contact with claimants identified as at risk who fail to cooperate with job centre staff.⁵¹

⁴² Bond N. Set up to Fail: Making it easier to get help with Universal Credit. The Money and Mental Health Policy Institute. 2021.

⁴³ Leigh Day. [DWP outlines safeguarding procedures for vulnerable benefits claimants](#). 2020.

⁴⁴ Work and Pensions Committee. [Oral evidence: Safeguarding vulnerable people: how the DWP learns lessons from serious cases, HC 599](#). 2020.

⁴⁵ [Protecting claimants at risk](#).

⁴⁶ [Spotlight on: complex needs](#).

⁴⁷ [Vulnerability Guidance – Additional Support for Individuals](#).

⁴⁸ [Prevention of Future Deaths FOI](#).

⁴⁹ [Spotlight on: complex needs](#).

⁵⁰ [Protecting claimants at risk](#).

⁵¹ Leigh Day. [DWP outlines safeguarding procedures for vulnerable benefits claimants](#). 2020.

From our analysis of available information of the DWP's processes around safeguarding vulnerable claimants, too much weight appears to be given to DWP staff discretion in evaluating whether someone is at risk and the action that is required to respond to this. This poses the risk of guidance not being consistently followed or applied and places a huge responsibility on DWP staff supporting individuals in vulnerable situations. Given these clear risks, we recommend the DWP be subject to a statutory duty to safeguard the well-being of individuals in vulnerable situations.

5. Does DWP have an adequate understanding of the vulnerable claimants that use the benefit system and the support they require?

Based on our analysis of the Research Community's experiences, the DWP does not adequately understand the challenges individuals in vulnerable situations face when using the benefits system or the support they require.

The impact of this inadequacy of understanding can be devastating. Research Community members with mental health problems often cannot engage with and manage their claims. Others find themselves agreeing to unrealistic claimant commitments that they cannot adhere to due to their mental health problems. Others still aren't aware of what is required of them and don't understand when or why they've been penalised for not meeting requirements. All of this can harm people's mental health and, in some instances, lead to payments being stopped.

"I find Universal credit is deliberately difficult to cause mental health issues. I need an independent support worker to manage it all, I cannot cope with how it makes me feel, the benefit system negatively affects my mental health and dealing with issues is extremely hard. It's a constant battle to sort." Expert by experience

In terms of the support that these individuals require - in addition to that relating to making an application, attending an assessment and getting third-party support as outlined in our response to question 3b - there were some further suggestions made by members of our Research Community. These included:

- more multi-channel communication;
- staff being more compassionate, understanding and supportive; and
- greater flexibility and reasonable adjustments from the DWP in light of peoples' mental health problems.

More multi-channel communication - A common frustration people cited was the time it takes to get through to the DWP and the lack of accessible communication channels. For example, accessing support online or via email would be helpful for those who struggle to use the phone due to their mental health problem and experience anxiety when waiting on hold for long periods. For others, the expectation that they can attend face-to-face appointments in the job centre might be very stressful due to conditions like agoraphobia, and adjustments should be made to enable them to engage virtually. It is also important that people can tell the DWP about

their preferred communication channel and for all subsequent communications from the DWP to be conducted via that channel.

“I think DWP staff should be trained in mental health awareness & emotional intelligence. Understanding non-verbal cues is important in safeguarding 'vulnerable' customers. I also think that if a customer requests contact via a specific method, a note should be put on their casefile to state this (& avoid feelings of harassment or feeling forced to communicate in ways that are detrimental to their mental health state).” Expert by experience

DWP staff being more compassionate, understanding and supportive - Members of our Research Community frequently share how their experiences of managing a claim could be significantly improved if DWP staff had a better understanding of how their mental health problem affected them and demonstrated understanding and compassion in light of this.

“More understanding of mental health, training so they know how to speak to you, treating you like a person and understanding why you might struggle with appointments, phone calls, and online documents.” Expert by experience

Many would like to be able to engage with mental health specialists, and ideally, the same specialist, to avoid having to repeatedly recount their experience to different members of staff who, as a result, never build up a consistent understanding of their challenges or situation.

“I would have liked to be assigned someone who actually understood my mental health issues. Instead every time I speak to DWP it's a different person who doesn't understand my mental health issues.” Expert by experience

If people felt like those they engaged with from the DWP genuinely understood their mental health problem, the whole nature of their interactions could be significantly different. People said they would welcome nudges on the progress and actions needed as part of their claim, as these would feel more supportive than threatening.

Greater flexibility and reasonable adjustments - Members of our Research Community felt that an important follow-up from staff members having a better understanding of mental health problems was increased flexibility and reasonable adjustments from the DWP. A non-exhaustive list could include longer appointment times in light of the challenges people with mental health problems can face processing large amounts of information; flexibility with timelines for people with mental health problems who can experience difficulties keeping to deadlines; taking a more collaborative approach to developing claimant commitments with individuals, and introduce a mental health impact assessment to be carried out by work coaches before sanctions can be applied.

When this flexibility is implemented, it can positively impact individuals. Regarding the claimant's commitment, it makes people feel as though this was more collaborative and developed in a balanced way. It, therefore, ultimately sets people up to be able to adhere to them. It also removes much hostility from the work coach relationship and sets the tone for a far more supportive relationship.

“My work coach was very understanding of my health problems. I have agoraphobia, so visiting a job centre is particularly distressing for me. My first appointment with my work coach was made as a telephone appointment. I was asked to explain my circumstances and she assured me there were other options for me. When drawing up my commitments she explained what was required of me and we discussed my options given I couldn't attend face to face meetings. I felt understood and my work coach empathised with my situation.” Expert by experience

5a. Does DWP do enough to monitor the well-being of vulnerable claimants?

Nine in ten (90%) survey respondents who had received a DWP benefit in the last three years disagreed that the DWP does enough to monitor their well-being.⁵² Not only does the environment created by the DWP deter an open and welcoming setting for individuals to discuss the challenges they are facing, which arise from their mental health needs, but the DWP also fails to routinely monitor these mental health needs.

There are various touch-points throughout the benefit process - from the initial application to the assessment and encounters with work coaches - where DWP should be more routinely monitoring people's wellbeing. Identifying vulnerability through the application and assessment process is especially key for those in the Limited Capability for Work and Work Related Activity Group and Support Group who don't regularly engage with DWP staff. To get a better sense of what actions the DWP could take to more routinely monitor people's wellbeing, we asked members of our Research Community to select and rank a list of actions that they would like the DWP to take:

- The most popular action was for the DWP to use past information from previous benefit claims to better understand the challenges an individual might experience. 83% of respondents would want to see this action taken⁵³ with people citing the desire for DWP staff to read all information about them before engaging with them to inform that interaction.
- The second most popular action with 76% of respondents wanting this - was for the DWP to make it easier for them to tell the DWP if they are struggling via multiple communication channels, e.g. online journal, telephone, face-to-face appointments, etc.⁵⁴

⁵² Money and Mental Health survey. Base for this question: 210 people who have received a DWP benefit in the past three years.

⁵³ Money and Mental Health survey. Base for this question: 269 people who have received a DWP benefit in the past three years.

⁵⁴ Money and Mental Health survey. Base for this question: 269 people who have received a DWP benefit in the past three years.

- The third most popular action was the DWP allowing external agencies who an individual is in contact with (e.g. mental health services, support charities, etc.) to tell the DWP if they are struggling, with 73% of respondents wanting to see this.⁵⁵ In particular, members of our Research Community would like the DWP to better communicate with healthcare professionals who can flag any concerns.
- 72% of respondents wanted the DWP to allow third parties such as carers, friends and family who support the individual to tell the DWP if they are struggling.⁵⁶ People were particularly keen for the DWP to listen to and engage with their support network.

The one action that was not supported by most respondents (38%) was the DWP proactively and routinely checking in with individuals to ask how they are doing via multiple communication channels, e.g. online journal, telephone, face-to-face appointments, etc. While some respondents did say they would like the DWP to engage with individuals to establish needs, risks and required support, it's clear that for many, their preference would still be to minimise the amount of contact they have with the department.

An important first step is to ensure DWP staff are more understanding, supportive and compassionate in their communications to reduce the anxiety many people have around engaging with them. Until that trust is built, checking in with people has the potential to feel like a form of DWP harassment.

"It's a catch 22 - On the one hand, I do not want to interact with them at all, just expecting a phone call from them sends my anxiety through the roof, and when they don't call on time, it sends me into a tailspin ... And on the other hand, when dealing with them, it would be so much easier to interact with someone who has an idea of the issues involved. I don't want them to 'look out for me', just make the whole process easier/smooth when it does involve interactions." Expert by experience

5b. Does DWP have sufficient processes in place to ensure that benefits are not withdrawn from vulnerable claimants when there is a risk that this will cause serious harm to the claimant?

Feedback from our Research Community suggests that insufficient processes are in place to stop benefits from being withdrawn from individuals where this could cause serious harm. Key points where people are at particular risk of having their benefits cut include when they do not attend a benefit assessment, when people don't complete tasks or comply with their commitments, and when people are subject to DWP error.

Not attending a benefit assessment - Individuals are told when and where their assessment will take place, and there is little flexibility for them to influence the date, time or place of their

⁵⁵ Money and Mental Health survey. Base for this question: 269 people who have received a DWP benefit in the past three years.

⁵⁶ Money and Mental Health survey. Base for this question: 269 people who have received a DWP benefit in the past three years.

assessment. Fluctuations in mental health mean members of our Research Community have sometimes been unable to participate on the day. The consequences can be severe for those who miss assessments. People on UC and ESA who miss an assessment are deemed capable of work, and people on PIP will see their claim closed and have to start the application process again. That is why dates and times of assessments need to be set in consultation with those being assessed, with greater flexibility from the DWP when it comes to responding to fluctuations in mental health, which may affect people's ability to attend.⁵⁷

Not completing tasks or complying with conditionality A mental health problem can make it difficult to engage in account management tasks, which can be compounded when the requirements to undertake tasks are not clearly communicated to the individual. Feedback from our Research Community suggests there's often very little understanding from the DWP about why someone might not have been able to complete these tasks and limited attempts to gain this understanding by communicating with the individual about the challenges they are facing before stopping their benefits.

"My PIP was started then stopped for over a month, I didn't notice for ages and then had to work out who to contact. I was told it was stopped because I hadn't submitted a Drs certificate but I hadn't been told I needed to. I asked the advisor why I wasn't contacted to say I wouldn't receive any money and she said they don't do that." Expert by experience

People with mental health problems can feel pushed into agreeing to claimant commitments that aren't suitable for them due to their work coach failing to understand the impact of their mental health problem. The whole dynamic of drawing up a claimant commitment is often unbalanced, with people feeling like work coaches enforced these on them. As a result, people can struggle to meet these commitments, placing them at a risk of sanction.

"Stopping benefits because a person missed an appointment without understanding what crippling anxiety disorder can do to your ability to attend or even just call to reschedule. Allow you to nominate a carer or relative who can be contacted if you do miss an appointment, who can explain your difficulties and reschedule appointments for you." Expert by experience

The current process for imposing a sanction⁵⁸ is insufficient to protect individuals in vulnerable situations from actual harm and threat of harm. Therefore, we would like to see the introduction of a mental health impact assessment to be carried out by Work Coaches before sanctions can be applied.

Adhering to commitments can be especially hard if you have a severe mental illness. While there are mechanisms in place to allow individuals to be relieved of the need to comply with

⁵⁷ Bond N, Braverman R and Evans K. The Benefits Assault Course: Making the UK benefits system more accessible for people with mental health problems. The Money and Mental Health Policy Institute. 2019.

⁵⁸ Kennedy S et al. Department for Work and Pensions policy on benefit sanctions. House of Commons Library. 2022.

work search or work-related activity conditions during periods of illness, these may be very difficult for a person to navigate during a mental health crisis. A person claiming UC may have conditionality paused due to temporary illness for up to 14 consecutive days (though a fit note is required after the first seven days). But this can only be applied twice a year,⁵⁹ and is unlikely to provide sufficient respite for a person experiencing a mental health crisis. Work search requirements may be paused for longer if a person is unwell for longer than 14 days, but only if appropriate medical evidence is provided.⁶⁰

However, it may be very difficult for a person to organise and provide the evidence required for such easements while experiencing a mental health crisis. Furthermore, in this case, an individual is not automatically excluded from work-related activity.⁶¹ People with 'complex needs' including mental health problems, can also be provided with respite from conditionality temporarily through a discretionary easement, but the activation of such an easement requires an interview to discuss the person's needs.⁶² A person in a mental health crisis might struggle to attend this interview and thus cannot access the easement they need. Therefore, in addition to increased flexibility and adjustments by DWP staff, we have also called for statutory protections to provide people with severe mental illness who are receiving crisis treatment with an easement from conditionality.⁶³

Respondents to our survey also wanted the DWP to record vulnerability better and for this to act as a flag on their DWP record, warning against the removal of someone's benefits who has been identified as being in a vulnerable situation.

"A flag on your account, like energy companies do, to let work coaches, etc know that you're vulnerable. Also having "the system" treat these accounts differently, i.e. not automatically closing accounts when claimant hasn't logged in - perhaps pointing out to the work coach that this is a concern and warrants their investigation." Expert by experience

DWP error - Action should be taken to address the impact of DWP error on wrongfully withdrawing benefits from individuals in vulnerable situations. These errors can have a detrimental impact on people's mental and financial health and can be particularly hard for people with mental health problems to both identify and challenge.

"Impact of DWP mismanaging benefits, reduced to £35 per week, son had further episode and hospitalised. Successfully sorted out with MP intervention, had £25,000 repaid. DWP has continually tried to reclaim the amount...Continued harassment is stressful to my son and me, (providing support)." Expert by experience

⁵⁹ Universal Credit Regulations 2013. (SI 2013/376). 99 (4a, 4b).

⁶⁰ Universal Credit Regulations 2013. (SI 2013/376). 99 (5c).

⁶¹ DWP. Advice to decision makers. Chapter J3: Work-related requirements. J3226.

⁶² DWP. Advice to decision makers. Chapter J3: Work-related requirements. J3250 – J3256.

⁶³ Bond N, Braverman R and Evans K. The Benefits Assault Course: Making the UK benefits system more accessible for people with mental health problems. The Money and Mental Health Policy Institute. 2019.

Work must, therefore, be taken to prevent the amount of DWP error that is taking place and ensure that people do not lose out on their vital income as a result of this. More proactive steps should be taken to identify errors and protect people from harm when errors do take place.

7. Is DWP's staff guidance for dealing with vulnerable claimants, including the Universal Credit Six Point Plan Framework, adequate?

Much of the DWP's guidance for dealing with individuals in vulnerable situations has not been widely circulated, and it is, therefore, difficult to comment on its adequacy. Regarding the Universal Credit Six Point Plan Framework,⁶⁴ this does provide a detailed procedural response that the DWP should take when presented with an individual who is suicidal. However, the emphasis in the Framework is on ensuring the right steps are taken by the DWP, with little focus on providing an empathetic response to the individual. For example, step 1 tells DWP staff to take the statement of suicidality or suicidal intent seriously, remain calm, and listen carefully. While this is all an important part of the response, this guidance feels devoid of routine reassurances to the individual that support is available. Also, it fails to empower the individual to identify their needs or support requirements. In short, the emotional well-being of the individuals feels to be lacking in this Framework.

Another concern with the Universal Credit Six Point Plan, is that there's limited detail on how its utilisation will impact the engagement an individual has with the DWP going forward. While it states that "the member of staff recording the incident must also record on the claimant's history that the Six Point Plan has been invoked", there's no mention of how that record will then translate to actions by the DWP to support the claimant in the future, for example, regarding the easing of conditionality or the prevention of sanctions.

Finally, the Framework provides no guidance on the experiences that might trigger feelings of suicidality. For example, while there is rarely one single factor that drives people to take their own life, there is a strong link between financial difficulties and suicide. People in problem debt are three times as likely to have thought about suicide, with nearly a quarter of people (23%) who attempt suicide being in problem debt.⁶⁵ Yet the Six Point Plan has no recognition of financial difficulties as a risk factor. Therefore, we're pleased to see the government's new Suicide Prevention Strategy commit the DWP to strengthening support for people who disclose that they're experiencing thoughts of suicide or self-harm, including for those experiencing financial difficulty, unemployment and other risk factors for suicide.⁶⁶

⁶⁴ [Suicide or self-harm: Universal Credit Six Point Plan Framework](#)

⁶⁵ Bond N and Holkar M. A Silent Killer: Breaking the link between financial difficulty and suicide. The Money and Mental Health Policy Institute. 2018.

⁶⁶ Department of Health and Social Care. Suicide prevention in England: 5-year cross-sector strategy. 2023.