Public Consultation

Kent County Council Consultation on the reform of the benefits system; “No one written off: reforming welfare to reward responsibility”.

Consultation Feedback Report

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For Kent County Council
1. Introduction

This report has been compiled by specialist community consultation company, Your Shout Communications, on behalf of Kent County Council (KCC).

The purpose of this report is to inform Kent County Council’s response to the Department of Work and Pensions Consultation on the proposed reforms to the benefits system. This accompanies the response from Kent County Council which is a separate document.

With a total of 78,080 people claiming benefits in the county KCC felt that in order to gain a broader understanding of the expected outcomes of the proposals that the Government is putting forward in the Green Paper they should engage with both service users who will be affected and also with providers of services to these people.

Working together with members of the Supporting Independence Programme team, we designed a day’s programme to enable service users to have a voice in this consultation. However as the response to the main event was poor, further consultations took place across the county with a variety of claimant groups.

This report outlines the process including the efforts made to ensure a representative sample of consultees, a description of the consultation process including the questions put to claimants and a breakdown of attendees at various locations, a list of responses both linked to individual questions and general comments and a general overview of the main issues raised by respondents.

Over 200 members of the public were consulted over a period of three weeks across Kent as part of this public consultation. This report presents the findings from direct responses from 60 individuals.

2. The Consultation process

The Supporting Independence Team provided a breakdown of benefit claimants across the county. From this breakdown we were able to suggest that a broadly representative, purposive\(^1\) sample would be made up of 60 Incapacity Benefit claimants, 16 Jobseekers claimants, 15 Lone Parent claimants and 1 or 2 Carers. Time, budgetary and resources constraints dictated that this was a manageable number of consultees with a realistic chance of reaching these numbers. Some guidance was also given on the age/gender breakdown of the consultees that would best represent each claimant population.

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\(^1\) A purposive sample is one which is selected subjectively. The sample appears to be representative of the population and will usually try to ensure that a range from one extreme to the other is included.
Although KCC are able to provide the statistics regarding the number of claimants in each of the groups that this sample was based on they do not hold personal details. Given that this exercise was aimed at people whose details are held by the Department of Work and Pensions our first recommendation was that Jobcentre Plus in Kent should be asked to send out, or in some way disseminate, an invitation to benefit claimants to attend the consultation event.

We suggested targeting invitees according to the breakdown provided by Kent County Council in order that respondents would best reflect the county figures. The plan was to ask Jobcentre Plus branches to select invitees based on the benefit group/gender/age guidelines.

Unfortunately, due to recent high profile losses of personal data by Government departments, Jobcentre Plus are not currently sending out any direct mail, and this direct link to benefit claimants was not able to be exploited.

However KCC had undertaken a consultation earlier in the year and using a network of service providers throughout the county had cascaded the invitation out to claimants. It was decided that this would be the most efficient ‘second choice’ method to reach as many people as possible.

The initial email, which was sent to over 100 service providers, was sent out in early September and then followed up by a reminder about 10 days later. Replies were very slow to arrive and so we contacted local TV and radio stations to ask for help to promote the event. At the same time members of the Supporting Independence Team were making direct requests to a range of advisors who work with claimants to ensure that as many claimants as possible were given the opportunity to attend.

3. Consultation Event

Unfortunately, even given considerable activity by the team to reach as many claimants as possible the actual turnout to the event was disappointingly low.

The consultees were:

- 1 Female aged 60/65 who is a carer for both her brother and her husband and offers support services through drop in sessions at the Maidstone Community Support Centre
- 1 Male aged 60/65 carer also from the Maidstone Community Support Centre
- 2 Females and 8 Males with learning disabilities whose benefits include Incapacity Benefits, Income Support and Jobseekers Allowance. These representatives spanned the age range from 18 to 44 and were accompanied by:
The attendance on the day, shown from this breakdown, meant that the consultation event was almost entirely focussed on Incapacity Benefit claimants and in particular claimants with complex problems, especially the experience of people with Learning Difficulties and/or Disabilities.

Several reasons for the poor turnout were suggested by both providers and claimants alike.

The first issue was one of venue, sadly it was reported by one of the facilitators, who works directly with disabled claimants, that the chosen venue was not popular with her client group, both in terms of location and also layout of facilities at the venue.

The location on a newly built residential/business park, though well linked to local transport services, appears remote and difficult to access and whilst KCC made it clear that travel costs would be reimbursed on production of receipts it would appear that the perceived difficulties in accessing the site may well have discouraged attendance.

Although the facilities are all on the ground floor of the venue there are some difficulties with wheelchair access to the toilets and this was reported as being a distinct hindrance for claimants with mobility difficulties.

In addition several of those who did attend pointed out that the invitation was ‘too wordy’ and that a more user friendly pictorial invitation would work better with a number of claimant groups, for instance those with visual impairment and those with learning difficulties.

Apart from the initial comments about the invite, there are a range of barriers with regard to consulting with benefit claimants. There are real fears amongst benefit claimants that attendance at this type of event could lead to loss of benefits; they may believe that the offer of reimbursement of travel costs and a free lunch should be declared. Claimants often believe that any deviation from the norm with regards to income, perceived or actual, can cause large amounts of paperwork and either delay payments or result in benefits being stopped; this often prevents them from taking part in such events.
Claimants have also commented that they do not see much point in taking part in consultations as their views are not really considered and these type of events are purely ‘box ticking’ exercises in order that it appears that ordinary people are being listened to. There is also a strong possibility that those invitations that were received were simply ignored due to ‘consultation fatigue’.

Unfortunately, as it was not possible to use the DWP mailing list to reach claimants directly through the postal system it was necessary to rely on professionals to promote the event. It is possible that some professionals felt that there was little influence their clients could bring to bear or they did not want to ‘worry’ claimants.

The day started with an introduction by Pauline Smith, County Manager, Supporting Independence Programme. *(See page 11)*

The presentation outlined the government proposals and was designed to put claimants at ease, as well as highlighting any possible changes that might affect them.

Some questions were raised during the presentation and were duly recorded. *(See page 14)*

The attendees were then divided into three groups, two dominated by claimants and the other focussed on providers’ experiences.

Each of the groups were allotted at least one facilitator, copies of the presentation, and a list of questions *(see page 16)* along with feedback sheets and post it notes to ensure that all comments were captured. These groups considered the issues and recorded their responses during the morning session. *(See page 16)*

After lunch the groups reassembled and a facilitator from each group gave their feedback. Once again this overall view was captured. *(See page 20)*

4. **Further Public Consultations**

Due to the small number of respondents who attended the Consultation Event, the Supporting Independence Team carried out a range of different approaches to gather more information together. These included:

- Surgeries with open access (no appointments, just attracting people coming into Gateways - multi-purpose buildings) in Ashford and Margate *(see page 21/22)*
- Interviews with people in Swanley *(see page 22)*
Public forum meetings with carers and people with learning difficulties and disabilities in Maidstone and Tunbridge Wells (see page 22)
Coffee morning meetings with lone parents in Ashford and Swanley (see page 24)
Session with drug misusers in Folkestone (see page 28)

In each case, except the session with drug misusers where they answered a questionnaire, notes were taken and transcripts are appended at the end of this report at the page number indicated against each session listed above.

There were also two further groups of carers consulted, at a meeting with carers in Maidstone (10 individuals) and with carers and people with LDD in Tunbridge Wells (4 individuals) – (see page 26)

5. Responses to questions

Extending personalised employment support

There were a number of recurring themes in the responses to questions about skills health checks, training, personalised support and combining caring with paid work or preparing for paid work.

Only two of the respondents who attended the event had experience of any type of skills assessment. One was over 12 years ago and the other took place with no support and resulted in the loss of mobility allowance even though a doctor has confirmed the claimant was eligible for Disability Living Allowance only two days previously. Despite this, respondents were broadly supportive of skills assessments in principle, feeling that they should take place soon after the benefit claim starts but they voiced concerns about how they would work in practice.

Amongst those claimants who took part in the further consultations there seemed to be a general consensus that a skills check should be undertaken as soon as a claim is made. However they also indicated that the skills check should be revisited as people’s conditions can change; one person stated that a skills check should be rechecked every six months. Several of the lone parents consulted were open to the suggestion of a skills check but had issues about child care and were not happy that such a check should be a condition of their benefit. Others felt the skills check would not be helpful.

The two Jobseekers Allowance claimants were keen on the skills check but felt that this should be followed up with relevant training, both in terms of the individual’s needs and also the skills gaps in the local area.
Training was another issue that elicited a range of responses. Claimants wanted to learn a wide range of skills which they felt would help them to gain an advantage in different work fields; they also wanted to have training that reflected their own talents and abilities. For instance one respondent had been trained as a plumber but the complexity of his mental and physical conditions meant that he was unable to perform well in this occupation, however he is a very competent photographer and his creative abilities have not been recognised or exploited.

Accessibility of training was also an issue. Respondents were unhappy that training is centralised in the county through one of the main contracted return-to-work providers rather than available in local areas. There was a general perception that the lack of support, especially with regard to the reimbursement of travel costs, was a definite barrier to take-up of training. There was also concern about the suitability of the training offered and respondents felt that a better range of course needs to be offered and that perhaps ‘taster’ sessions of different types of work would help people to find out what would best suit their individual interests and abilities.

The lone parents agreed that training should be related to the individual rather than ‘system requirements’ and all appeared to be against the idea of having to do training until they found out that there might be a top up payment for attending training – it would appear that the incentive in their case is money rather than training.

Service Providers and carers were worried about the overriding ‘ethos’ of the Department of Work and Pensions. They felt that before reforms can be fully implemented a change of approach was needed from organisation centred to person centred. One way respondents felt that the best way for advisors to practically implement this new way of working would be for them to come to the Day Centres to speak to service users directly and carry out skills checks.

This is linked to the issue of ‘proper partnership working’ which was raised several times. There appears to be a lack of understanding of the role of different organisations working together in delivering a ‘total package’. This is not uncommon in partnership working, where each participating group or department has their own internal agenda/targets. Although much of the delivery of services to claimants, such as job search, C.V. writing, training etc is contracted out it appears that those working in the field still feel it is Jobcentre Plus’s job to do outreach.

There were also concerns about links between agencies and providers especially when people leave full time education. Respondents felt that although they had opportunities to undertake some work experience whilst at college this did not continue once they left education. Respondents also felt that there should be more information sharing for
example if someone is identified by Social Services who would benefit from training they should pass the information onto Jobcentre Plus to implement a training programme.

The service providers felt that there needs to be an education programme aimed at advisors and employers to promote equality of opportunity and an understanding of the requirements for equality and diversity in the workplace. In addition, parents and carers of people on Incapacity Benefits, particularly those with learning difficulties, need to understand the benefits of supporting people back to or into work.

The carers felt that there was lack of flexibility in the benefit criteria which meant it was difficult for many carers to make a claim. It was also pointed out that carers allowance discontinues for female claimants after age 60 even though their expenses linked with caring continue. They also felt that carers should be rewarded even if they are managing to work outside the home above and beyond their caring responsibilities.

**Reviewing the Work Capability Assessment**

Claimants felt that a switch to looking at what they are capable of doing rather than what they are not able to do would be a great improvement. Perhaps the most illuminating comment during the day, and there were many, was made by a gentleman with complex mental health issues “*We are not lazy people, we want to work but at our own pace*”.

Amongst the claimants at the various surgeries and for a there were three people who felt that an assessment made by a GP should be purely medical and not look at work capability. They felt that individual assessments could be done by people who have the knowledge, expertise and experience of the issues. There was a strong consensus that the whole process should be individualised and that the main aim should be to support claimants to achieve their personal end goal, whether this be voluntary work, paid work or retraining to return to the workforce.

However they also felt that there are many barriers to entering the working world. Lack of understanding of parents and carers about the options and opportunities open to them, the requirement to have financial help once they have started work and benefit payments cease, parents and carers not being happy about them moving into work because they feel it might complicate their benefit payments were all mentioned. In addition they felt that there needs to be flexibility in the working week, some could work longer hours but many, due to their condition, would need to have a much more flexible arrangement, i.e. 8 hours work spread over a week.

Providers had similar views, they felt that the Work Capability Assessment is purely a screening tool which does not allow for flexibilities of circumstances and that the
outcomes were governed by targets not customer needs. Where they completely agreed with the claimants was that there is a need for a ‘can do’ approach to ensure more claimants are able to enter the workforce.

**Individual Budgets**

Although many disabled respondents viewed individual budgets positively, they were nervous about taking control of their own finances as they felt they did not have the skills to do so. They were keen to have support, advice and guidance from experts to enable them to make the right choices both financially and personally.

Carers were also worried about keeping control of the budget. Direct payments put the claimant in the legal position of an employer with all the legislation this entails so often carers end up having to do the bookkeeping as well.

**Employers**

There appeared to be a general agreement that employers also need education, support and advice with regards to the needs of people with disabilities. There are issues about flexibility of working hours for lone parents and disabled claimants.

**Returning to work and age of youngest child**

The consensus of opinion is that lone parents should not return to work until their youngest child reaches secondary school age – either 12 or 13 years old. This was a very emotive issue and resulted in one respondent refusing to answer any further questions stating “they won’t listen anyway”.

**Working for your Benefit**

Reactions to these proposals were varied, however only one person expressed agreement that it would be a good idea to work for their benefit. Two lone parents felt they should not have to work as did one of the Jobseekers Allowance Claimants – “why should you have to? The time would be better spent looking for work”

**Carers**

At a meeting with a group of carers in Tunbridge Wells there was a feeling that the proposals might be “change for change’s sake? It feels like we are always going through a cycle of change for benefits – are you messing with people’s benefits just for the sake of it?”
They were concerns about Jobcentre Plus staffing levels, additional costs involved in having to sign on regularly and that “carers feel that they are being put on quite significantly at present”.

They were also suspicious of the work group/support group system, feeling that it “is surely in danger of creating League Divisions 1 and 2, with relegation battles at the end of the season. Even I can see skivers have got to be weeded out, and I don’t know a good answer to this, but I do know a bad answer is to make everyone fail an exam.”

This group confirmed the opinions of the carers at the original consultation event that they had “met plenty of people who long to work despite considerable learning difficulties”.

**Responses to Questionnaire by Drug Misusers**

These responses came from a questionnaire that was completed by 13 people as part of a training course for drug users in Folkestone.

**Q1: What do you think about the proposal that the police should share information with Jobcentre PLus on those people who attend or refuse to attend a Required Assessment following arrest because they tested positive for heroin or crack and powder cocaine use?**

The almost unanimous response to this question was that they were very much against the idea. Several people mentioned infringement of their human rights or privacy and others had deep concerns about confidentiality. One respondent felt that “if the assessment is done by someone who can empathise and understand where the user is coming from, then yes. Otherwise a judgemental attitude may play out”. And another seemed to feel that “it’s a question of when not if”. In particular the Progress2Work scheme at Turning Point was mentioned as an example of best practice.

**Q2: Do you think that everyone making a benefits claim should be asked whether or not they use heroin or crack cocaine?**

This time the responses were totally unanimous, a resounding no. Respondents talked about being stigmatised, others about being discriminated against. Others felt that being asked was equally as inappropriate as being asked about their underwear or their sexuality.

**Q3: If you went to make a claim for benefits at JCP and they asked you if you used heroin or crack cocaine, would you be more likely to say yes if they were (a) going to force you into treatment or (b) if they offered you treatment and it was your choice?**
9 of the 13 respondents chose option (b) however the general theme was that this was the better of two evils and that once again this was a totally inappropriate issue for Jobcentre Plus advisors to discuss with this client group. “If I was a drug user and wanted help, I would be accessing it through the correct way, for example KCA, for prescribing. The Jobcentre is not educated enough to help and advise me”. Another common response was that the use of force was totally counterproductive especially as it is most important that a drug user chooses to seek treatment themselves.

*A full transcript of the responses can be found at page 29.*

**Summary**

Amongst all claimants and their carers, support workers and service providers, there was a strong feeling that these proposed changes could cause anxiety and stress. Claimants and carers fear either the benefit amount changing or their benefit being stopped.

Everyone agreed that there needs to be a fundamental change of thinking from Incapable to Capable which means that professionals whether in education, social services, job centres or in any other similar agency will need to change their focus. They also felt that this change of direction needs to be in place before making fundamental changes in the benefit system. This would mean a full training programme to ensure professionals are able to identify claimants’ capabilities and signpost them to suitable training.

Access to support, information, skills training and work experience along with continuity between education and entering working life were all highlighted as essential to ensuring that Incapacity Benefits claimants can enter and remain in mainstream work. They also felt that attitudes to mental illness and physical disability are very linear and do not take into consideration the spectrum of issues within each very large category. Until this issue is addressed people will be unable to get the individual support that they need.

Support needs to be on a one to one or small group basis and regular. All respondents were aware that this will not be possible through Jobcentre Plus and felt that such support should be devolved to specialist agencies or user led organisations. The Gateways service could offer Job Search/skills check/individual support services all in one place and might be a way forward.

There were some issues that caused serious concern such as work experience which respondents felt could be excellent when well planned and monitored but could equate
to cheap labour otherwise. They also felt that whilst they understood the need to have sanctions against claimants who were not making any effort to find work they felt that the reverse did not happen when professionals do not deliver on service delivery plans. This opinion was mirrored by one Jobseekers Allowance claimant who felt that “there are lazy people who mess it up for everyone else” whilst another felt that the “government gives the message they feel that everyone on benefits is lazy”.

There were also comments regarding the clarity of documentation, especially with regard to Direct Payments where it was felt that there is a lack of understanding across the board.

All in all the reaction was very mixed. Claimants and carers are unnerved by the proposed changes and feel that they should be carefully phased in with a full training and awareness raising programme running alongside. They also want better access to support, training, job search and work experience in order that they can find and stay in work which they find fulfilling and that they can develop within.

Perhaps the most negative group were the lone parents with the most telling comment being “there may be a possible chain reaction in an increase in second or third pregnancies to try to beat the system so that they retain a child under 5 or whatever the lower age limit is in order to keep their benefit payments going”.

However, the overall impression is that people want to work, but to do so they need flexible working contracts and conditions and accessible support. They believe that they do have a contribution to make and that the system needs to change to enable this.
Comments made during opening presentation

- Has mental health issues – frightened to work but wants to
- Has Learning Disability and does some work in Blockbusters one morning a week but can't do more as will loose benefits
- Scared of bullying in the workplace – when worked for a lorry company was beaten up by colleagues in back of van
- Carers allowance finishes at 60 for women then can only get pension but still have all the expenses of a carer
- Money goes to the person unable to work but the expenses are often born by their friends and family
- Assessment for Carers Allowance is based on the cared for not the carer – if carer did not stay at home the government would have to pay for someone else to come in.
- Bereavement Benefit only goes to next of kin and only if on very low income
Consultation Feedback from consultation event

Table 1 Incapacity Benefit Claimants with Learning Disabilities and their Support Workers

When is the right time to take a skills health check?

- Never given the choice after college to do any work, did some work experience in Marks and Spencer’s on shop floor 4 days a week, also at Bluewater – all retail work. Would have liked to get training for retail but didn’t have the opportunity.
- Worked somewhere but job finished as no funds to continue
- Skills check being job specific relative to particular careers, training relating to that, all different levels
- Man living on his own with some carers but are not linked in with organisations and is not engaged.
- A team to link with people who are excluded – he wants to work but needs to be engaged
- Advisors coming into Day Centres to speak to service users, PA’s, advisers should go and speak directly to the people at the Day Centres to carry out skills checks
- Best to do the skills check soon after the benefit claim starts
- Once left college the individuals are OK but many are not engaged or given help when in social services care
- Wants to do work experience and did it in college but has not had chance thereafter
- Some people got jobs through a review with a care manager
- Skills check with professionals would be useful
- Learning a sets of skills useful in a job, not just one skill

Should the support be about job search?

- Support workers are there to five help with care, shopping, paying bills etc.
- At present no support from Job Centre Plus, some used to see people from JCP but no longer.
- One person last seen JCP in 1996
- Some think that the provision of job search should be optional but it should at least be offered
- Once a week, regular contact would be good
• Form B16 problem – many people living with parents or carers and they are not always happy about them moving into work because they feel it might complicate their benefit payments
• Issue around education of parents and carers about the options/opportunities available to them

**Capability Assessment**

**As part of medical assessment, do the Work Capability Assessment straight away?**

• It depends on what the problem is, and that the assessment is done by someone who is a specialist about specific problems

**General comments:**

Too much change going on. Government should review what’s going on and make some changes now and some in the future so as not to risk raising anxiety

Voluntary or Community work….is it about giving people work experience or is it about cheap labour?

*NB some questions asked of this group got the answer ‘yes’ and when asked differently the answer was still ‘yes’*

**Table 2 Representatives from Maidstone Community Support Centre: Carers and Incapacity Benefits claimants with Learning Disabilities**

• Documents need to be simplified to help people with learning difficulties
• They have a fear of benefit amount changing or their benefit being stopped
• One gentleman had an unannounced assessment with no support present which resulted in his mobility allowance being stopped even though his doctor had said he needed the Disability Living Allowance two days previously
• Carers should be rewarded even if they are working themselves
• If savings too high not entitled to benefits
• Can’t claim Carers Allowance because cant prove 35 hours rule
• No financial help for people ‘outside’ the benefit criteria – this needs more flexibility
• Carers allowance should not stop at 60
• There needs to be more information sharing between organisations for example Social Services and Jobcentre Plus. If someone is identified by Social Services who would benefit from training they should pass the information onto JCP for training opportunities.

• Changes cause stress/anxiety

• Need financial help once they have started work – benefit stops when you start work and you may not get paid for 4-5 weeks just when you have additional expenses such as travel etc.

• I was sent on a plumbing course but actually I am brilliant at photography

• There needs to be real partnership working between employers/social services/JCP

• Direct payments means that the claimants has to be an employer and deal with NHI/Holiday Pay etc so the carers often end up doing all the bookwork on top of everything else

• There needs to be flexibility in the working week i.e. 8 hours spread over a week and also need support in the workplace

• Need to cover cost of living even when living independently.

• Where does the Supporting People Allowance fit in?

• Social Services changes along with benefits changes is very scary

• There are numerous problems with support services

• Carers are worried about keeping control of ‘budget’

• Why change the whole system when so much is changing

• How will individual budgets be implemented

Table 3 – Service Providers

Extending personalised employment support:

• Need staff training on ethos of ‘what I can do’

• Equality of opportunity – training for advisors in Jobcentre Plus to match new ethos

• Equality and Diversity Policies – Employers to be more aware of their requirements by law – link to JCP

• Civil servants approach to customers

Reviewing the Work Capability Assessment

• Screening tool – not allowing flexibilities of circumstances

• Governed by targets not customer needs

• Words are not following action to ‘can do’ approach

• More outreach services – customers will not work with JCP due to ‘official’
• JCP need to work in partnership – in practice not policy

New Specialist disability employment provision

• Partnership – multi agency approach to address deprivation issues

General Topics

• Passed around the centre (Jobcentre Plus) to find an advisor who knew how to help a disabled individual to enter back into the workforce.
• Use of technology – off putting for number of customers
• Various levels of flexibility required due to customers individual situations
• Only entry if appointment booked
• Lack of number of PA’s in Centres – further reduction planned
• DWP approach endorsed “pressure, negative rather than positive”
Overview from Groups’ Feedback session

- Changes could cause anxiety and stress
- briefing sessions should NOT be run in the Jobcentres
- both claimants and staff need reassurance/training
- Direct Payments - what opportunities for help are offered? There is a lack of understanding across the board – parents/carers/claimants/professionals – the documents are not clear enough
- there should be reverse sanctions for professionals who do not deliver on service delivery plans
- there needs to be a fundamental change of thinking from Incapable to Capable – professionals, education, Jobcentre Plus, Social Services all need to change their focus
- there needs to be a person-centred approach: now it is organisation centred
- this change needs to happen BEFORE going into ESA/JSA reforms
- Training/customer service issues need addressing in Jobcentre Plus
- Access to support is poor – only 1 person in the group has had an assessment and that was 12 years ago
- where are the resources for support coming from?
- Accessible information needs to be freely available
- Support needs to be on a one to one or very small group basis – this will not be possible through Jobcentre Plus and needs to be devolved to specialist agencies – could this be through a consortium of user led organisations?
- There were worries that work experience = cheap labour and will have no intrinsic benefit for either the employer or the claimant if not properly planned
- Skills training is not available to develop and move on
- Who does the training and when?
- There needs to be continuity between education and working life
- There needs to be proper partnership which is fully resourced – Thanet a good example of partnership working with strong leadership
- Job search needs to be accessible - information on availability and referrals
- There is an issue about the difference between pay day and end of benefits
- “You have to know the system”
- joining up specialist services like work step/pathways to work
- there needs to be a link between GP’s and Job Search Advisors
- Gateways could offer Job Search/Skills/Individual support services all in one place
- Profoundly disabled people do not have access to education/training as they do not fit the criteria – this causes a lack of respite for carers
- Where is the support for this group to access other services?
- “We are not lazy people we want to work but at our own pace”
Responses from Jobseekers Allowance claimants

2 individuals, interviews carried out at surgeries in Ashford and Margate

Female, Margate

**Working for your benefit** – why should you have to? The time could be better spent looking for work. It shouldn’t be mandatory but it should be an option if people want it, or at the JCP advisor’s discretion (said very strongly and directly, meant what she was saying)

Agree with the **sanctions** that are proposed but it needs flexibility and should be at the PA discretion, because there are lazy people who mess it up for everyone else. If you give JCP PAs a hard time they will leave you alone.

I feel that we need to get more support, 1:1 help for individuals which would include jobsearch. Employers need to do more though as well. **Skills check** is a good idea but to be followed up with **relevant training**, not just training for training’s sake, and only if it’s a skill that people want to improve.

Public transport is a real issue for finding or getting a job. Why don’t JCP fund driving lessons?

Male Ashford

I want to get back to work but local companies should be more involved and more supportive of the individual’s needs. I have a criminal record so nobody is willing to touch me with a bargepole because of my record. One of the things that would help me would be to get a licence and retraining for particular areas which would fill the skills gaps in the local area – e.g. in Ashford around forklift truck driving, etc.

Government gives the message that they feel that everyone on benefits is lazy and doesn’t want to work but I do, I am just not getting any support from the Jobcentre.
Responses from incapacity benefit/employment support allowance claimants

IB/ESA claimants (7 respondents), in surgeries at Ashford and Margate, and through consultation events with service user fora in Tunbridge Wells, Maidstone and interviews in Swanley

Skills health check question:

The skills health check should be done before the claim starts (1 person)

Skills check should be done when the claim is made to identify needs (1 person)

Basically the skills health check should have no time constraints on it – it should depend on the individual when their conditions are under control (2 people)

Skills check should be done straight away and rechecked every six months (1 person)

When a person first falls ill and claims benefit (1 person)

I don’t know as illness can get worse so the skills check may end up not being the same. (1 person)

Training is a good idea and would help people back into work, but it should be more focused in the local area so it’s more accessible to people (e.g. RBLI carrying out training at one place in Kent). Travel needs to be reimbursed on the day if people are expected to travel to get to training – all mentioned this as a barrier

No support for travel to get to training, etc

People may not be able to do the job they originally trained for because of illness. Being trained for a new role would be good (2 people)

Training is a good idea but it should be flexible and people should have the opportunity to specify what kind of courses they want to do.

Work tasters would be a positive thing – to see what we would be interested in to see what would be good in terms of training

Assessments

They should look at what you can do instead of what you can’t (one person)
Assessment – if a GP is doing the medical it should be purely medical focused, not including work capability – individual assessments should be done by specialists in each area – but perhaps on the same day at the same place – ensuring that the person who’s doing the assessment has the knowledge and experience, expertise of the issue they are talking about. (3 people)

Everyone has mentioned that it should be an individual approach (the whole package – meeting clients, carrying out assessments, support, guidance, training, etc) and that everyone is supported to achieve the end goal (whether that’s voluntary work, paid work, whatever) (all 7 respondents)

Should be up to the individual to say what kind of work you can do

**Individual budgets** – they would appreciate advice from manager or financial adviser on what to do with the budgets. Never had level of control as someone has always done it for me – need support and guidance now I have it (although it is viewed positively)

**Employers**

Employers need help and support when working with people with disabilities so they can be more supportive themselves. We could find work but we need support when in work as employers are taking a risk in employing us.

Helping people finding work is a good idea and working in groups with similar people who can support each other would be positive.

Employers should be more open to taking on people with disabilities.

**Benefit streamlining**

One benefit would be great – it would make it easier and simple to claim – having one form to fill out would make it much easier to complete. It could be colour coded to make it easier to fill out when answering yes/no questions and moving on to another question – to break down problems with people with low levels of literacy.

**Access to Work** – not even aware that there is funding available to them and employers. (2 people). One of the weaknesses is the communication between agencies and individuals. Inconsistencies around sharing and giving of information between JCP advisers and government departments.

**General - JCP**
Contact numbers not helpful – expensive to call JCP to get things sorted, it used to be OK when we could go into offices. Better solution would be to have access to JCP through a one-stop shop like a Gateway service where all enquiries could be dealt with at once.

People are pigeon holed by JCP into having a mental illness or a physical disability – don’t take into consideration the spectrum of issues within each very large category. This needs to be addressed so people can get the individual support that they need.

JCP advisers need to incorporate the ethos of personalisation, not just have it written down as policy

No contact with JCP – this is a real bugbear with all people and all types of claimants

Some people are choosing not to sign on because of the way that they are treated by JCP PA’s
Responses from lone parents

9 lone parents Interviews carried out with lone parents at a surgery in Ashford and Margate, and coffee morning meeting with lone parents in Swanley and Ashford

Work for your benefit
I don’t think lone parents should have to work for their benefit (two people)

It is a good idea to work for your benefit (1 person)

Skills health check
I don’t mind having a skills check or attending training but I do not think it should be a condition of getting my benefit

I’d prefer to learn new skills while actually employed through on the job training.

I would not find a skills check helpful (2)

I would find a skills check helpful as long as child care is made available

Pilot for extra benefit would be a good idea and would encourage training

Return to work and age of youngest child
Lone parents should go back to work when the child is 13 years of age.

Children should be at an age when they can look after themselves before a parent is forced back to work – about 12 or 13 years old.

Changing the age limit of the child: I am very anti this. Why bother changing it, it should be kept as it is. There’s no point in me talking to you any more because they won’t listen anyway. I am very against any changes to any benefits.

Training
Taking personalised approach to doing the assessments and training – it should be on personal requirements rather than system requirements.

If a lone parent goes on training they should get extra benefit premium for doing the training

Extra benefits in return for training when the youngest child is five or six should be payable.
Everybody seemed to be very against the idea of having to do training until they found out that there was a proposal for a premium paid on their benefits – it would appear that the incentive is money rather than training.

“What they should do is offer more training to partners who can work.”

General
Don’t stop claimants’ benefits until his or her partner has started earning a decent wage.

A single benefit would not be a good thing – it wouldn’t cover all the things you need and you might be worse off.

Fear around changes to benefits, loss of benefits and of being worse off a common feeling.

Childcare is the main barrier in returning to work.

It would be more helpful if employers were more flexible, especially in the retail trade, where weekend working is required.

Lump sum payments can be a good idea but it depends if you are restricted in what you can use the money for.

“Everybody has got different reasons for not working” (this person contradicted herself significantly throughout the questionnaire)

There may be a possible chain reaction in an increase in second or third pregnancies to try to beat the system so that they retain a child under 5 or whatever the lower age limit is in order to keep their benefit payments going.
Responses from carers

Through a meeting with carers in Maidstone (10 individuals)

Mainly relevant to question 23

Concerns around the proposal – OK to move on to JSA but realistically could not have same conditionality as normal JSA claimants – need for personalisation

If a carer on JSA goes into work and then experiences difficulties combining work and caring role, and needs to leave work, there should be safeguards around the linking rules back to level of previous benefit payment

At present IS for carers is means tested but this shouldn’t be the case – when carers have money they feel they are being discriminated against and victimised for that. Future savings are being used against the shortfall in benefits through no fault of their own. This should change as they will only become more dependent on benefits at a later stage.

To get carers allowance you have to be shown to be caring for 35 hours a week or more – shouldn’t we be eligible for the same benefits that people get from Working Tax Credits?

At present you can only get one payment of Carers Allowance, where some people are caring for more than one person – often 2 or 3. This needs to be addressed as this is unfair.

Carers should be involved in the assessment process of the people they are caring for. This includes assessments for ESA’s WCA. My daughter with mental illness shows no outward signs of illness or disability and is eager to please. The carer’s voice should be heard as well to ensure that they are not being set up to fail, there’s also a need for a more balanced approach to the WCA so that people with learning disabilities do not experience problems later on in their claim because they have portrayed a positive working ability of themselves to the assessor which is not accurate.

The system needs to be more flexible, and take a much more personalised approach to the claimant. Positive about the move towards personalisation but it needs to go further.

Most people know what JSA is. This will lead to fear and stress because they know what the regime for this benefit is.
Lack of communication about support and signposting about these changes - it is assumed that people will know what changes are taking place. If these people had not come out and talked to us, they wouldn’t have had any idea of what was happening to them. This is a problem within JCP, and other organisations.

When someone reaches pensionable age. Carers Allowance stops when a person reaches pensionable age. Is this going to change? Presumably this will stop too under JSA rules. Just because a carer reaches the age of 60/65, their caring responsibilities do not cease.

Through a meeting with carers and people with LDD in Tunbridge Wells (4 individuals)

This group had concerns about staffing levels at JCP when switching carers onto JSA. If carers are switched to JSA, would the JCP have sufficient staff to manage the needs of the carers if they are struggling with the workload that they face at the moment?

Is this change for changes sake? It feels like we are always going through a cycle of change for benefits – are you messing with people’s benefits just for the sake of it?

Carers: will carers have to sign on regularly at the JCP in the long term? This may cause additional costs to get to the offices to sign on, cause stress when the person they are caring for are not well, etc.

Carers feel that they are being put on quite significantly at present – changes to benefits, push for direct payments as an additional pressure on carers, allocation of funds going to other places rather than to where it really matters for the individuals they are caring for (closure of respite care, etc)

I have two major worries about the benefit changes. Telling carers they won’t get any less is like telling Noah it won’t get any wetter. The work group/support group system is surely in danger of creating League Divisions 1 and 2, with relegation battles at the end of the season. Even I can see skivers have got to be weeded out, and I don’t know a good answer to this, but I do know a bad answer is to make everyone fail an exam.

At one organisation I supported a couple of people with mental health diagnoses who wanted to be able to work one day, but couldn’t yet. Their lives were made miserable, and their progress was reversed, by the fear of the forthcoming interview. We appealed in one case, because it was clear even to a layman that the officiating GP had thought about quotas, not counting, when adding up the points. A successful appeal does not wipe out the suffering that led up to it.
I’ve not come across this problem since I have been at another organisation, but I have met plenty of people who long to work despite considerable learning difficulties. I wouldn’t want them lost in the support group – or exposed to that GP.
Responses from drug misusers

Q1: what do you think about the proposal that the police should share information with JCP on those people who attend or refuse to attend a Required Assessment following arrest because they tested positive for heroin or crack and powder cocaine use?

Responses:
1. I think it’s inhumane. It is too personal and singling individuals with substance misuse problems which need support and help and not more problems.
2. Very wrong an infringement of privacy
3. I think it is very wrong and as an addict I am against it. I think from when you say you have a problem there is a stigma attached to you and it seems you lost your basic human rights. You ask for help and in return you give people the power to use things against you instead of helping you help yourself.
4. If the assessment is done by someone who can empathise and understand where the user is coming from, then yes. Otherwise a judgemental attitude may play out
5. I think is an infringement of human rights. Also the child benefit people lost their data this is a lot more info people should ever have
6. One think has nothing to do with the other. By doing this if I was still an active user I would rather go out to steal more than do what is being proposed. You are stigmatising people with substance use issues. The Progress2Work scheme that has been started at Turning Point September 08 to September 09 is definitely the way to go
7. I believe it to be a breach of human rights when personal choice is being forced away from a human being – also an element of confidentiality is being breached
8. Information regarding criminal records should only be shared by exception and authorisation by the person on each separate occasion, i.e. after appointment on references, not prior to application.
9. I do not see the relevance. I think it is a breach of confidentiality. It would cause irrelevant questions or opinions to be made.
10. I strongly disagree regarding this matter; I think it would be an invasion of one’s privacy. It should be optional and down to the individual
11. An invasion of privacy but it may be helpful to some individuals.
12. The police are already sharing information with other agencies so why ask my opinion on something already being done. With JCP it’s just a question of when, not if.
13. I completely disagree with the proposals. Why and of what need is there for the police to disclose this information and what impact will it have on a persons benefits/housing. Jobcentre Plus do not work in substance misuse, therefore there
are no reasons to share this information, but will result in perceived or real concerns that benefits are at risk and a persons confidentiality has been broken.

Q2: Do you think that everyone making a benefits claim should be asked whether or not they use heroin or crack cocaine?
1. Totally not, I think it’s disgusting, what about all other substance misusers, and human rights and the data protection rights, also safety aspects, people’s details on discs and go missing quite a lot, so it seems on the News.
2. No they should not
3. No I don’t, they are not a drugs agency and don’t have the skill or knowledge to know what is right for you. It seems they just want to back people (addicts) into a corner and it’s so easy to go back to what you know, e.g. crime
4. No and they would not be honest around that stuff!!
5. No as it could force an addict more into denial, also someone may hear or the interviewer may know the person and judge them
6. No – not everyone will declare their substance abuse due to being stigmatised and penalised
7. No
8. No
9. No, there are many more people with much worse problems who are in addiction – smoking, alcohol and many more
10. No, maybe help should be offered to all and people with alcohol problems
11. No, because I’m not asked about my sexuality or other things that could make people judgemental about me. Information should be available about help for drug use, not forced
12. No. A person’s substance use has no relevance to claiming benefits and could lead to discrimination.

Q3: If you went to make a claim for benefits at JCP and they asked you if you used heroin or crack cocaine, would you be more likely to say yes if they were (a) going to **force you into treatment** or (b) if they **offered you treatment** and it was your choice?

1. B (More productive and may be people wouldn’t feel they would have to lie)
2. Probably B but in any case what a person uses or not is private information and not something benefits agency needs to know
3. Too little, too late. What could they do for someone like me who is already in recovery – just set me back and give me more problems than I have already. I would like to say (B) but they are not going to “offer you”, they are going to make it a condition.
4. B with no conditions – they got to want this!!
5. you cannot force someone to get clean. B could maybe be an option
6. Obviously B but it shouldn’t be down at the JCP. Advertise inside the JCP for substance misuse and offer treatment. If you try to force an active addict into treatment you are wasting the funding money that could be used for someone who really wants the treatment
7. Freedom of choice breach once again
8. As above don’t think you should be asked. Rather offered a list of treatments ranging throughout mental health, addiction for you to opt into.
9. B – no one likes to be forced into anything and if they had to be forced to do it, the whole process would be wrong
10. It would have to be choice B. You shouldn’t be forced into anything, everybody has a choice it would be inhuman if not offered to you! We also have rights under the Data Protection Act!!
11. B – it should be the choice of the individual – why are crack and heroin considered worse than other substances. Forcing people into treatment may be counterproductive (crime may rise, people less willing to be truthful)
12. I wouldn’t be happy either way. If I was a drug user and wanted help, I would be accessing it through the correct way, e.g. KCA, for prescribing. The Jobcentre is not educated enough to help and advise me. Again it’s choice, if I didn’t want help, I wouldn’t want to be forced into treatment.
13. I would not discuss my substance use issues with Jobcentre staff. The choice to enter treatment could be promoted via posters/flyers/leaflets etc, which would mean an individual, can speak to a professional substance misuse worker without fear or their confidentiality being broken or feel that their benefits are at risk.