

DWP Benefit Safeguards:

Protecting employment and support allowance claimants with mental health conditions

July 2016

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www.cpag.org.uk

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Abbreviations and glossary

<i>Appeal</i>	Review of a benefits decision by HM Courts and Tribunal Service (almost always) following a mandatory reconsideration (see <i>MR</i> below)
<i>Assessment provider</i>	Government contractor charged with conducting the medical assessment of ESA claimants.
BDC	<i>Benefits deliver centre</i> DWP venues where decisions about entitlement etc. are made
DWP	<i>Department for Work and Pensions</i> ; government department administering many benefits including ESA, JSA and UC (but not housing benefit or tax credits).
ESA	<i>Employment and support allowance</i> , a benefit for people unable to work due to physical or mental ill health
ESA50	Questionnaire sent to most ESA claimants asking about their health, disabilities and capacity to work
HCP	<i>Health care professional</i> ; medically qualified assessor who compiles a report on the claimant's capacity at a medical assessment for the DWP
<i>Implicit consent</i>	Procedure by which DWP staff establish that a third party (eg adviser or carer) can be given information on a claimant, based on their answers to a series of questions about the claimant's circumstances, in the absence of a formal authority statement.
JCP	<i>Jobcentre Plus</i> : First "high street" point of contact with the DWP for claimants
JSA	<i>Jobseekers allowance</i> ; a benefit for people who are able to work but unable to find a job
MR	<i>Mandatory reconsideration</i> ; Revision of a benefits decision by the DWP, requested by the claimant (see appeal above)
WCA	<i>Work capability assessment</i> ; DWP name for the assessment of whether a ESA claimant has a <i>limited capability for work</i> and can continue to receive ESA and whether s/he should be placed in the work group or the support group (because s/he has a <i>limited capability for work related activity</i>)
WPP	<i>Work programme provider</i> ; private or charitable sector organisations contracted by the government to provide work related activity (help to prepare to work) for JSA ESA claimants
UC	<i>Universal credit</i> ; New benefit gradually replacing the most significant income related benefits including JSA and ESA

Introduction: a brief guide to employment and support allowance

Employment and support allowance (“ESA”) is the primary benefit for people who are unable to work because they suffer from an illness, disease or disablement, including mental health problems.

ESA has two versions: *contribution based* (paid according to the claimants national insurance contributions) and *income related* (based on the claimants income and needs).

ESA began replacing incapacity benefit in 2008 and income related ESA will eventually be replaced by Universal Credit, a process which has been underway since 2013 and is gathering pace.

Potential issues for clients with mental health conditions:

Claimants of ESA are *usually* are required to complete a questionnaire called an ESA50 during the first three months of their claim and subsequently attend a medical assessment. If they fail to return the ESA50 or attend the medical, their entitlement to ESA may end.

After the medical assessment (if one is deemed necessary, terminally ill claimants, for example, are unlikely to be called) a DWP decision maker decides whether the claimant has a *limited capability for work* and can continue to receive ESA. If the claimant is judged to have a limited capability for work a further decision is made whether the claimant has a *limited capability for work related activity* and should be placed into the support group or the work group.

Claimants in the work group are entitled to an extra component worth £29.05 and must *do work related activity* - usually attending the Work Programme (WP). The term “WP” covers several schemes run by government contractors which aim to help ESA claimants prepare for work.

Claimants in the support group do not have to attend the WP and are entitled to receive an extra component currently worth £36.20.

If a claimant fails to do work related activity as they are instructed, or misses a mandated appointment at the jobcentre plus office or the work programme office, s/he may be sanctioned - loss of part of a claimant’s benefits for a fixed period or until s/he complies.

As the demands placed on ESA claimants grow, those with mental health problems are particularly vulnerable to:

- Loss of benefits if they do not attend the medical assessment
- Loss of benefits if they do not return the ESA50 questionnaire
- Sanctions for failing to do work related activity or attend meetings
- Failure by DWP staff to realise the implications of their health problems and the limitations such problems impose on a claimant.

Getting wrong decisions changed:

Many of these problems can be challenged with reference to the law and by requesting mandatory reconsiderations (and subsequently, appeals) of wrong decisions. For example, a claimant may request a mandatory reconsideration of a decision to stop his or her ESA following a missed medical, arguing that s/he had *good cause* for so and citing regulation 23 of the ESA Regulations 2008.

Mandatory reconsiderations and appeals take a long time and the claimant can be left with no income while a decision is reviewed, leaving the claimant with no option but to claim jobseekers allowance (“JSA”) which is largely inappropriate for claimants with mental health problems.

Advisers professionals and claimants can also overturn sanctions and challenge disallowance of ESA by referring to the DWP’s own [mental health safeguarding procedures](#) and any failure to adhere to those procedures before a sanction is imposed of ESA entitlement ceased.

Mental health safeguarding procedures

CPAG and our colleagues at Greenwich Council Welfare Rights Service (who uncovered and first published the safeguarding procedures) have found that referring DWP staff to failures to abide by the mental health safeguards before a sanction is imposed or benefit entitlement is ceased, can be a very effective method to getting a vulnerable claimant’s benefits reinstated.

DWP benefit safeguards are designed to ensure that vulnerable people, including those with mental health conditions, are safeguarded before any decision is taken to stop or sanction their Employment and Support Allowance.

The safeguards are a useful tool for professionals and their clients to ensure that people with mental health conditions, learning disabilities, or conditions affecting cognition, are protected from destitution.

The safeguards were introduced in 2000 following the death of a man suffering from schizophrenia. The coroner found that neglect by the Benefits Agency (the predecessor to the DWP) had contributed to the death and suggested that the Benefits Agency should have special rules for people suffering from mental illness. Since then, safeguards for claimants have been included in guidance for DWP staff and Work Programme Providers *but not in law* (see section 5 below).

However, there is often a lack of awareness of benefit safeguards among Department for Work and Pensions (DWP) and Work Programme Provider (WPP) staff.

Unfortunately, in July 2016 the DWP scrapped the minimum requirements they needed to adhere to “ensure that [they] are not found to be neglectful in [their] duty towards claimants” with “a known background of mental illness”. This is the only instance CPAG is aware of DWP accepting that they have a duty of care towards claimants.

These notes aim to enable professionals and advisers to advocate on behalf of vulnerable ESA claimants and to get benefit back into payment for destitute clients by referring the DWP to the remaining safeguarding procedures.

Tip: Advising a client to submit a safeguarding alert at the start of their ESA claim can help to avoid problems later on. The end of these notes

These notes have sections on:

- The minimum requirements. **SCRAPPED July 2017**

- Core visit safeguards.
- Liaising with DWP.
- Talking to clients about the benefit safeguards.
- The weaknesses of the benefit safeguards.
- Benefits safeguarding alert and guidance to professionals
- Example of the safeguards in use

1. The minimum requirements

Note these requirements were scrapped in July 2016

After the death of the claimant in 2000 the DWP introduced the minimum requirements. These requirements are designed to ensure that the DWP are not neglectful in their duty of care towards claimants with a “known background of mental illness”. The minimum requirements are:

- 1) “Where a claimant has been attending a psychiatric unit a liaison officer should be appointed to maintain good relations between JCP and the Patient Affairs Officer.”
- 2) “Where it is known that a claimant has a social worker designated to them DWP should liaise closely with the Social Services department.”
- 3) “All cases, where there is a known history of mental illness, should be referred to a manager before a decision is made to withdraw benefit. The definition of a manager is Band C or above.”

These minimum requirements provide an overarching commitment to safeguarding clients with a history of mental ill health.

The minimum requirements later informed the writing of the core visit safeguards.

However, where the core visit safeguards do not allow for proper safeguarding of a client it may be that advisors can argue that the minimum requirements should apply.

2. Core visit safeguards

Core visit safeguards exist in guidance covering:

- Department for Work and Pensions (DWP);
- Work Programme Providers (WPPs); and
- Work Programme Provider sub-contractors.

The core visit safeguards build on the broad approach adopted by the minimum requirement safeguards (now scrapped).

Claimants with mental health conditions or learning disabilities, or conditions affecting communication/cognition (for example, stroke, autistic spectrum disorder, drug and alcohol addiction), or any condition that could affect their ability to understand and comply with

conditionality - the requirements they have to meet in order to continue receiving ESA and avoid sanctions - should be protected by the core visit safeguards.

For the remainder of this factsheet mental health conditions, learning difficulties, and conditions affecting cognition are referred to as 'mental health conditions' when being discussed in the context of core visit safeguards.

There are different core visit safeguards depending on the circumstances. Safeguards for claimants who fail to attend a Work Capability Assessment (WCA) or to return an ESA50 are weaker than those which cover sanctionable failures to comply with conditionality – it is important to be aware of the differences.

Sanctionable failures

Safeguards apply when a claimant fails to attend, participate in, or undertake:

- a New Joiner's Work Focused Interview
- Flexible Intervention
- Work Programme Referral Interview
- Work Programme Completer Interview
- Work Related Activity

An ESA claimant who fails to attend or participate in these mandatory interviews and appointments at the work programme is liable to be sanctioned. If claimants can show that they had good cause for their failure to attend or participate, the sanction is revoked.

If the DWP is aware a client has mental health problems, the safe guarding procedures mandate the following procedures:

1) If JCP have been unable to contact the claimant or have been in contact with a claimant but are considering not accepting good cause then a visit to the claimant at home must be arranged before any sanction decision is considered. This should take place each time a decision is taken to impose a sanction in order to safeguard claimants with fluctuating mental health conditions.

The purpose of the visit is to explain the claimant's responsibility to comply with conditionality and to determine whether they understand their responsibilities. The visit will be carried out by the DWP Visiting Service. There must be two attempts to visit the claimant.

2) If it is not possible to visit the claimant or the attempted visits are unsuccessful, then the DWP says that it has a 'moral obligation' to make organisations aware of potential incidents around vulnerable claimants. As such, they must attempt to contact the following sources to establish the claimant's welfare:

- a. Claimant's appointee/power of attorney/next of kin
- b. Claimant's community psychiatric nurse
- c. Social services
- d. Police

3) Only after these steps have been taken should the DWP consider a sanction. All cases where there is a known history of mental illness should be referred to a manager before a decision is made to withdraw benefit. The definition of a manager is “band C” or above.

Work programme sanctions

Many claimants must do *work related activity*, which in practice means attending the Work Programme Provider offices to join classes, meet job coaches and develop their employability. ESA claimants (unlike JSA claimants) do not have to apply for jobs or attend interviews as they are acknowledged to have a limited capability for work.

Work Programme Provider staff can mandate ESA claimants to do various tasks as part of their work related activity and refer a claimant to be sanctioned by the DWP if the claimant fails to attend or participate by “raising a compliance doubt”.

Like the DWP, WPPs and their sub-contractors are responsible for safeguarding vulnerable ESA clients, including those with mental health problems. Carrying out safeguarding activity is referred to as a ‘high level must-do’ in government guidance given to WPP.

If a WPP staff mandate a client to do something during a face to face appointment then they do not have to carry out safeguarding activities if the client later fails to comply.

If a claimant was mandated to do something by letter rather than during a face to face meeting then WPPs must attempt to have a face to face discussion with the client to confirm the participant has understood the activities that they have mandated them to do and the consequences of not complying. Work programme providers should visit vulnerable ESA claimants at home if they are considering raising a compliance doubt, and are unable to see the claimant face to face in any other way.

The WPP should not raise a compliance doubt if they carried out safeguarding and decided that the client did not understand the activity and the consequences of not complying.

If they attempted to see the claimant face to face but were unable to meet them then they must raise the compliance doubt.

Failure to attend a WCA or return an ESA50 questionnaire

ESA claimants are likely to be asked to complete a questionnaire called an ESA50 during the first months of their claim and subsequently be called to a medical assessment by a health care professional employed by a contractor known as an “assessment provider”. The HCP’s report forms the basis of the DWP’s decision as to whether the claimant can continue to receive ESA and which group they are placed in, how much extra they are paid and whether they have to do work related activity with the work programme.

In practice, failure to return an ESA50 by a claimant with mental health problems will not lead to ESA disallowance. The case will be automatically referred for a work capability assessment (“WCA”) if the DWP are aware of the mental health problems. If a claimant with mental health problems has benefit disallowed due to failure to return an ESA50 then notifying the DWP of the claimant’s mental health problems should get benefit back into payment immediately.

It is therefore important that claimants with mental and physical health problems make both clear on their ESA50 and in the fit notes they must provide in the initial stages of their claim (see tip below).

Tip: Fit notes (or “medical certificates”) for clients with mental and physical health problems don’t always list all the conditions affecting a client. Advising a client to ensure that their fit note lists their mental health conditions as well as their physical health conditions can help avert problems later in the claim.

If a claimant with a known mental health problem fails to attend a WCA, the DWP procedures are as follows:

1) If the DWP has been able to contact the claimant (by phone, or if the claimant has returned a form) or if the claimant has previously received a sanctions safeguard visit for non-attendance at mandatory interviews then the DWP can consider disallowance without a visit to the claimant at home. However, if when considering good cause the decision maker considers that the claimant would benefit from a domiciliary medical they can request that the Assessment Provider undertakes this.

Tip: Note that there are fewer instances in which DWP have to make a home visit when compared to the procedures for sanctionable failures (for sanctionable failures there needs to be a visit each time DWP are considering not accepting Good Cause).

2) If the DWP have not been able to contact the claimant and the claimant has not received a previous sanctions safeguard visit for non-attendance at mandatory interviews, then a visit to the claimant at home must be arranged before a disallowance decision is considered. The purpose of the visit is to explain the claimant’s responsibility to comply with conditionality and to determine whether they understand their responsibilities. The Visiting Officer will cover conditionality for the WCA process and collect information on possible good cause. The visit will be carried out by DWP Visiting Service. There must be two attempts to visit the claimant.

3) All cases, where there is a known history of mental illness, should be referred to a manager before a decision is made to withdraw benefit. The definition of a manager is band C or above.

4) Although it is unclear if this is part of the safeguarding process in the DWP procedures do allow for third parties (such as carers and advisers) to be notified of a disallowance. Wherever possible the decision maker should notify the claimant of a disallowance by phone. However, if contact cannot be made directly with the claimant, *implicit consent* can allow a recognised third party such as a social worker to be contacted. The third party must agree to notify the claimant of the disallowance decision.

3. Liaising with DWP

If the benefit safeguards have not been applied, contacting the Benefit Delivery Centre to make them aware that they should have been applied should lead to the client's benefit being reinstated immediately.

Tip: If you want to talk to the benefits delivery centre about a decision about your / your client's benefits, call the enquiry line on 03456088545 and ask for a call back from the BDC.

If they do not already have it, the DWP are likely to ask for evidence of the condition. This could take the form of a medical certificate from the claimant's GP, medical reports, and so on. As soon as the DWP are aware of a claimant's mental health condition, they should apply benefit safeguards, retrospectively if necessary.

Tip: Ring CPAG's advice line if you need advice to help you support a client – 02078125231 (open Monday – Friday, 10-12pm and 2-4pm).

Benefit Safeguarding Alert

The Welfare Rights Service at Greenwich Council have produced a Benefit Safeguarding Alert form which can be used to register a safeguarding alert with Jobcentre Plus offices and is *found at the back of this pack*. The form comes with guidance to mental health professionals on completing the form.

The form enables a professional (such as a GP or social worker) to provide their contact information so that they can be contacted as part of any subsequent DWP safeguarding process. If the professional is subsequently contacted by JCP or one of their partners, their assistance may prevent a significant deterioration in their patient's health, and possibly destitution.

Return the completed safeguarding alert to the DWP.

4. Talking to clients about benefit safeguards

While some claimants will provide substantial detail about their mental health, others will be more cautious or may not recognise that they have a mental health condition. We have found the following questions useful when discussing benefit safeguards with claimants:

- Is there an alternative contact that DWP could use in the future e.g. friend/relative?
- Do they receive treatment for mental health problems? Do they take medication?
- Have they received professional mental health support other than from their GP? Are there any named professionals or teams that the DWP could contact?
- Do they self-harm? Have they ever felt suicidal?

- Have they been in hospital due to mental health problems? How long for?
- What are the physical effects of their mental health condition?
- What would the risk to mental and physical health be if the benefit is not reinstated?

5. The weaknesses of the benefit safeguards

While the Benefit safeguards are an important tool, there are a number of problems with the safeguards:

- The benefit safeguards will not be transferred into Universal Credit.
- The safeguards are not in legislation. The Work and Pensions Select Committee report on sanctions after the Oakley Review recommended that safeguards were included in legislation.
- The safeguards do not apply to Jobseeker's Allowance. JSA claimants with a mental health condition will not be protected by the safeguards.
- Due to IT problems Jobcentre Plus referrals to the WPP include minimal information about the vulnerability of clients. This can mean that where JCP/DWP may treat a client as vulnerable, the WPP may not, and vice versa. Good liaison work with the WPP can overcome this for individual clients. It is unclear whether this will continue to be a problem with Universal Credit IT.
- There are no appeal rights if the DWP refuses to implement the safeguards. In this situation an adviser could assist with a complaint.
- The safeguards for failures leading to a disallowance (such as failure to attend a WCA) are less comprehensive than the safeguards that apply for sanctionable failures. This conflicts with the original purpose behind the introduction of the safeguards in 2000 after a man starved to death after his benefit had been terminated (not sanctioned).
- If the DWP is considering sanctioning a client they have to make a visit each time they are considering not accepting good cause in order to protect claimants with fluctuating conditions. However, for some claimants who have missed a WCA it is sometimes possible for DWP to remove benefit even if they have been unable to contact the claimant or to establish good cause for not attending. This does not mirror the DWP commitment to protect people with fluctuating mental health conditions.
- DWP guidance about the core visit safeguarding process is unclear about the purpose of the core visit. It seems that it can be used to collect information about good cause but the guidance does not make this obvious. The Work and Pensions Select Committee report on sanctions after the Oakley Review recommended that a review of safeguards was carried out to clarify this point.
- Because they are not set out in legislation, benefit safeguards can be interpreted in varying ways by the DWP. This means it is important for DWP staff to consider them alongside other DWP guidance. For example, decision makers are advised that repeated failures to comply with conditionality should not make them less likely subsequently to accept good cause for the claimant's failure to comply.
- DWP can amend the guidance without consulting or notifying stakeholders. Work Programme Provider Guidance was watered down significantly in November 2015 to allow WPPs to refer for a

sanction doubt if they have been unable to see a claimant face to face and that no safeguarding is required if a claimant was originally mandated during a face to face meeting.

Benefits Safeguarding Alert

Guidance for Health Professionals

The accompanying form can be used to register a safeguarding alert for someone who is claiming benefits.

The alert is a statement that a health practitioner (for example GP, consultant psychiatrist, or CPN) can sign to confirm their service user's mental health conditions, learning disabilities or conditions affecting cognition.

For some benefits there are safeguarding provisions before the benefit is stopped or reduced. Unfortunately, safeguarding procedures are not always operated, and in some cases information about a claimant's health is not fully communicated to trigger them.

For benefits with safeguarding rules a completed alert should help the relevant agencies put proper safeguards in place. For benefits without safeguarding rules a completed alert could still help to ensure that reasonable adjustments are made and/or additional support provided to ensure that problems do not arise.

It would be a great help if you can complete this alert. If you are subsequently contacted by JCP or one of their partners, your assistance may prevent a significant deterioration in your service user's health, and possibly destitution.

The safeguarding alert can be used with benefit claimants who have:

- Mental health conditions
- Learning disabilities
- Conditions affecting cognition (including autism or addiction)

We hope you will find the form straightforward, but if you would like to check any details or have any queries, please contact Royal Greenwich Welfare Rights Service (details below). When complete, we recommend that you and your service user both retain copies. We recommend that your service user visit their local Jobcentre to ask for the form to be sent to the office which deals with their benefit claim, and that they request a receipt. If this is not possible, the form can be posted direct to the Jobcentre office which deals with their benefits.

Produced by:

Royal Greenwich Welfare Rights Service

020 8921 6375

Welfare-rights@royalgreenwich.gov.uk

July 2015

Benefits Safeguarding Alert

My name: _____

Address: _____

National Insurance Number: _____

Mental Health Diagnoses: _____

Learning Disabilities: _____

Conditions affecting cognition: _____

(e.g. autism, addiction)

My signature: _____

I am claiming benefits and wish to nominate a health professional who has personal knowledge of me, and request that you contact them as part of any future safeguarding process and to ensure that reasonable adjustments are made and/or additional support provided.

Please ensure all of the following are made aware of this alert: Benefit Delivery Centre, Local Jobcentre Plus, Relevant Work Programme Provider and their sub-contractors, Labour Market Decision Maker, and any other organisations relevant to my benefit claims.

Data protection: I authorise JCP, DWP, Work Programme Providers and their sub-contractors, work capability assessment providers, Royal Greenwich, and my nominated health professional to share information by email with each other about my case.

My nominated Health Professional is:

Name: _____

Address: _____

Email and telephone: _____

Their status (select as applicable): GP / Consultant Psychiatrist / Registered Nurse / Social Worker / NHS Clinical Psychologist / Occupational Therapist / Employment Adviser /

Other (please state) _____

Signed (Professional)

Date _____

Organisational Stamp (if available)

Safeguards in action: The following letter was sent to request a revision of the decision to cease a claimant's entitlement to ESA after she missed her medical. The DWP accepted good cause and reinstated the claimants benefits

Direct line telephone:020781252

Caseworker email:dnorris@cpag.org.

Our Ref: FB//DN

Dear Sir or Madam

RE: N A

Please see the enclosed form of authority.

Request for a review of the decision to disallow entitlement to employment and support allowance ("ESA") made on 16.5.16.

1. N failed to attend a medical assessment in connection with her work capability assessment scheduled for 3.5.16. Her entitlement to ESA was stopped on this basis from 4.5.16.
2. Please would you conduct an any-time revision against the decision to disallow N's ESA on the basis that she had good cause for failing to attend, in accordance with reg. 23(2) of the ESA regulations (2008/794) and reg. 19 of the ESA regulations (2013/379).

Grounds for anytime revision request

3. N suffers from severe depression "*with psychotic and delusional episodes*" (see attached letter from N's GP, Dr L).
4. The severity of N's condition is illustrated by her GP's prescription of:
 - i) *Olanzapine* which as anti-psychotic medicine used to treat severe and enduring psychotic illnesses such as schizophrenia
 - ii) *Aripiprazole*, a medicine used to treat bi polar disorder
 - iii) *Sertraline*, an anti-depressant. N is prescribed 100mg per day, a far higher than normal dosage.
5. The prescription of these medicines (see attached prescription form) and Dr L's testimony strongly indicates that N remains a severely mentally ill woman who is unable to care for herself.
6. Dr L specifically states that N "*needs support with attending planned appointments*" (see attached letter dated 20.5.16).

7. On the day in question, the support which N requires was not available as her support worker in the hostel for vulnerable women where N lives, was sick and not at work (see attached letter from J S at Hopetown Hostel).
8. On the day in question, N was unable to attend a medical assessment because she was suffering from a severe illness and because her normal care arrangements were not in place.
9. I note reg. 24(b) of the ESA regulations (2008/794) makes reference to *"the claimant's state of health at the relevant time;"* as a matter to be taken into account in determining good cause in this context. Paragraph 42261, chapter 42, vol. 8 of the Decision Maker's Guide makes a similar point.
10. There is specific and explicit evidence that N "state of health" combined with the absence of her support worker on 3.5.16 was such that she had good cause for failing to attend.

Mental Health Safe Guarding Procedure

11. DWP mental health safeguarding procedure set out "minimum requirements" to ensure that the DWP's duty of care to "vulnerable claimants" (including those suffering from severe mental health conditions) is adhered to.
12. Specifically these safeguards include
 - i) Provision that any decision to cease a vulnerable claimant's entitlement to benefits should be referred to a manager before a final decision is taken.
 - ii) Specific instruction that before deciding that a claimant does not have good cause for failing to attend a medical assessment, a home visit (referred to as a "core visit" in the guidance) should be conducted in order to explain to the claimant her responsibilities and ascertain whether she has understood those responsibilities
 - iii) "Core visits" should be conducted in each instance of a "breach" of a claimant's responsibilities and two attempts should be made to make a core visit before a decision is made to cease entitlement to benefits
14. It is not clear whether a manager made the decision to cease N's entitlement. It is clear that no "core visit" to N has been attempted.
15. As the attached evidence shows N is clearly one of the vulnerable claimants who the safeguarding procedure aims to protect
16. Accordingly please would you inform me (as N's representative) which elements of the mental health safeguarding procedure were considered before the decision of 16.5.16 was made
17. In my email of 13.5.16 (copy attached and acknowledged by customer services on the day of sending) I made a specific undertaking to take N to any rearranged medical. In light of N's manifest ill health, of which you have comprehensive evidence, a reasonable assessment of the DWP's duty of care clearly entails allowing an opportunity for this undertaking to be acted upon before ceasing this vulnerable young woman's only income.

Request that you give this review request high priority

18. Case law (specifically *MS C & Anor, R (On the Application Of) v Secretary of State for Work and Pensions* [2015] EWHC 1607 (Admin)) has established that DWP officers may use discretion to prioritise particular cases and decisions.
19. N is severely ill: it is unreasonable to expect her to claim JSA as she clearly fails the *availability for work* condition given her enduring ill-health. Her income (and thus her wellbeing and her ability to feed and care for herself) are contingent on a swift decision in this case.
20. Accordingly may I request that this case is given the priority that it deserves, particularly as it is unclear whether the DWP's safe guarding procedures have been properly applied in this case.

Keeping me informed

21. In accordance with the *Working With Representatives Guidance* (https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/453168/working-with-representatives-aug-2015.pdf), please would you forward your response to dnorris@cpag.org.uk. If you are emailing and concerned with claimant confidentiality, may I suggest you use the reference FB//DN and in the subject and refer to N as "NA".

Please contact me if you would like to clarify anything.

Yours sincerely:

Dan Norris
Welfare Rights Adviser

enc.

Cc N A, J S