# Ivan Written Reflection and Interview Transcript

*This document contains a written reflection (submitted by the participant before the interview) and the transcript of a semi-structured interview conducted online on 10 July 2020. Ivan was a Discharge Manager of a mental health ward in a hospital in South London. The transcript and written reflection have been anonymised, with identifying names and places removed, or replaced with pseudonyms.*

## Written Reflection

**Case A**

**Client** – schizophrenia diagnosed by mental health professionals, clients does not believe that s/he has any mental health issues.

**Housing** – Supported Housing Project.

**Support to complete PIP Form** Support Worker had completed PIP application but had returned with zero points for both care and mobility. Client had previously been on DLA (Medium and Low)

They had appealed (MR) but the result was the same zero points.

 **Approach/ Interview** – arranged to meet client at local café. Focused on how s/he was feeling over the past couple of days, how s/he managed to get to the venue and why s/he had been admitted to hospital.

 During the first part of the conversation s/he made it clear that s/he did not feel that s/he deserved any extra money and didn’t need any help.  We then talked about how s/he was feeling over past couple of days. The client explained that s/he didn’t get up before noon each day due to feeling very tried and that found it hard to focus on things before noon. The client also explained that support work helped her remember things like Medication, cooking and appointments. The Client also said that s/he did voluntary work at local shop once a week , but could not do this more often since it cost to much in taxi fares. I asked client why she was using a taxi , not bus. The client informed me that she found it hard to deal with people she did not know and that s/he felt very worried in case something happened to him/ her .

The Second part of the conversation, I explained that looked at her support plans and medical notes (I formed that doing this before the meeting) and I had listened to all the information s/he had given me today

 I felt that decision was wrong and that s/he had a good case to overturn this decision, I couldn’t guarantee this but process is simple and I would do all the work. S/he was worried about attending the Hearing .

 I explained that we could do a paper hearing or oral , that oral hearing had higher percentage of wins but that her case was strong and I was able to access a lot of good evidence so paper hearing would also stand a good chance of overturning the decision .

The Client agreed and together we completed the online application form.

**Format** – Paper Hearing

**Outcom**e -  Enhanced daily Living  Zero to 15points .  Mobility Zero to 4 points.

**General Thoughts**

Below are few thoughts on my approach and what percentage of cases have the above issues

This case represents between 25% -  33% of my cases that need extra support at MR/ Tribunal Stage. This percent  varies from Month to Month.

 Clients often link receiving disability benefit with them confirming that medical professions diagnosis is correct, so by not receiving benefits their view is correct.

**DWP Offers “Take it or Leave it”**

DWP often directly contact my clients making them  “take or leave it” which often is below the rate I feel is possible.

The Majority of My Clients will  stop once the DWP has made positive offer , sometimes this is out of fear of making the “Government Cross with them” but most time it’s due to financial pressures and  exhaust of

Dealing with their case.

I can only remember on two occasions that the client has continued to the Tribunal

**Engagement**

The best way of engaging is not to talk about disability/ points/ indicators  but focus on how they manage dealing with everyday tasks  and how they engage with people (Strangers/ Professionals/ Friends and Family)

Best format to achieve this is to have free flowing conversation in place where the client is most comfortable  (Then take notes straight after the meeting)

I always encourage them to talk about what happened to them over past couple of weeks and if met up with anyone.

I also try to do one meeting in their home. This often gives me good insight in how they are managing.

Finally I always ask for statement  from Friends/Family   and if possible for them keep up to 7 day diary.

**Stress the positive benefits of them receiving the income**

Extra time spend doing things they liked

Allowing them not worry about the heating costs during winter

To have break to recharge their batteries

I also explain that Benefit is access benefit that can allow for access to  an automatic Freedom Pass and exemption form council tax  (Severe Mental Impairment) , higher personal allowances for HB claims  , in some cases increase in ESA payments and Winter Fuel Discount / Water sure plus

## Interview Transcript

I = Interviewer P = Participant

I Hello?

P Hello. Can you hear me okay?

I I can hear you perfectly, yes.

P Brilliant. Thank you. How are you doing?

I I’m doing fine.

I Yeah? Oh…. Can you hear me all right?

P Yeah, yeah I can hear you good. So, are you all comfortable and fine? Oh. There you are.

I Yes, my thing comes up…always says your internet is unstable every time I talk to anyone. So, not quite sure…why that always says that. Anyway, as long as we can hear each other, that’s great.

I Yeah, that’s the main thing. I’ve had ones where the video that’s just frozen…

P Alex, I think you’ve frozen.

I Oh, have I? Can you hear me now?

P I can hear you, yeah, but your face is frozen.

I Okay. I’m sorry if I’m pulling a weird face [laughs] with it being frozen.

P No, you’re back, you’re back, you’re back.

I I’ve got to be careful what I do, in case it freezes, and it stays that way. Anyway, thank you for rearranging, as well. So, these have been between 45 minutes and an hour, two hours. It depends how long you want to talk, if you need to get up and get off and do something else, it’s perfectly fine. If you need to take a phone call, or get up and move around, please feel free to do that as well. That’s really fine.

P Okay, cheers, but no, I’ve got everything on silent and I’ve booked you for the full two hours.

I Oh brilliant.

P So, if we finish sooner than that, that’s great but I’ve got the whole area booked off.

I That’s brilliant. Thank you. So, just quickly, to get us started. You’ve had the consent form and the information sheet?

P Yes.

I And you’re voluntarily participating in the study?

P Yes.

I Brilliant. Thank you. So, you’re, is it a discharge manager?

P Yes, I am.

I How long have you been doing that?

P Well, I’ve worked in the sector since I left university, where I did social policy and public administration. So, it’s far too long, but it must be over 25 years. Yes, must be 25 years. Frighteningly.

I It goes fast, doesn’t it?

P Sadly, it does.

I Just, quickly to explain, I’ve got a notepad. So, if I’m looking down, and I’m not looking at you, that’s what I’m doing.

P Oh, that’s totally fine. But thanks for telling us anyway.

I So, how long have you been at your current place. Is that the 25 years?

P Five years.

I So, what do you do there, day to day?

P Well, that’s a good question, isn’t it? Basically, I’m discharge manager for complex housing and welfare issues. So, it can be going, desperately trying to get some keys, sorting it out for someone, all the way up to tribunal level, or court appearances, or reports to sort of defend people’s housing. We sort of do, basically advice and support. Then obviously just processing referrals as well. So, we’re a very busy service. We have between eight and 50 referrals each week. And I would say we would have about maybe two to three that would involve benefits. And then most of the benefits cases we get, there is absolute carnage. I spend a lot of time, especially with people who have not been in with PIP for maybe two or three years.

I’ve just come from the CAB actually, I didn’t do this budget problems until recently where we always apply for, whatever it is, we put an application in, and then we still appeal for the previous claim. And that way just in case the claims take longer, at least we’ve got a live claim that’s getting them some money in, rather than them having to wait for everything else. Also, we can go to the courts saying, well, look. Here we are, the case has been accepted that this person is on high, enhanced and that can sort of back date to around it, to the decision-making around it. So, that’s sometimes quite useful. But I’ve only just started using that system for the last six months or so.

I It must be hard to keep track of.

P Oh, you’ve frozen again. You’re back.

I That must be hard to keep track of all the different appeals and applications. No, have I gone again?

P Hi there, I lost it.

I Now you’re frozen. I wonder, should we try taking the camera off, and see maybe if just sound works a bit better?

P Yes, I was going to try myself, that’s what I was going to suggest.

I Yes, let’s give that a go.

P Yes, I’m off.

I Now, I’m showing myself up because I don’t know how to turn it off [laughs].

P There’s a big video. You know there’s mute on one side, and there… you’ve got it.

I Let’s see how this goes. Hopefully that works better. If we have a bit of trouble and if you don’t mind, I could just give you a call instead.

P Exactly, yeah. We could do that, totally don’t mind.

I Thank you. I was just saying that must be a lot to keep track of, all the different appeals and the applications.

P Well, there’s a lot of tools out there and there’s a lot of things. So, for appeals it’s quite easy, it’s basically just making sure you put things on the calendar, so you’ve got 28 days. Also, the clients are quite good when they get letters in. It’s more about gathering evidence and also, I’m quite lucky, because I’ve got access to their medical notes, that helps a lot as well.

I Oh yeah, so I guess, is that from, sort of a supported living where you are?

P No. So, basically, we’re based in [a London] Hospital, so I’ve got access to their database. That means we can then put OT reports in, we can put medical notes in, we can put all sorts of stuff that other people may not be able to put in and that helps a great deal with the cases. Um and then also, what’s very important is that I also always get the families to write a letter of support. We try and get the clients to also do a diary, not an epic diary, just roughly what’s happening over seven days or ten days. But nothing too long because it’s too much for people anyway. It also gives a good snapshot of roughly what’s happened. Then family can say what they normally do to support the person, and things like that. Which again is very helpful.

I How do your… Do you call them clients or?

P I always call them clients. That’s not the company version. The company version, we should be calling them customers. But I just don’t understand, how could anybody be a customer, when they’ve got no choice in the matter, which service they’re going to get. And then also I just think it’s a professional relationship. I don’t like the word service user, because that comes from the States. We’re all service users, but would you like to be called a service user? No. If I go to the bank, I’m a client. If I go on the bus, I’m a bus passenger, I don’t really want to be called a service user. So, but again that came out of the American, early 70s that sort of terminology, under their functionality approach and stuff so. As I said, it’s caught on in ours in the 80s. A lot of companies in our sector are trying to use customer, customer facing-roles, customer that. I just think it’s not really language that’s appropriate.

I No. It does seem to shift every few years, doesn’t it? I’ve worked at a few different charities, and it’s been service user, or client. I don’t think anyone was happy with any of the names, really. They don’t seem to fit.

P I suppose, the reason why I picked client, is that when you go to a bank, it’s a professional helping us and there I feel like a client, and the client care and I suppose, that’s why I picked client. I don’t know where else there is to go out that could be better. I don’t like service user, and I don’t like customer. Again, sometimes in my reports I’ve got to put those horrible words in, and of course, we’re in a hospital so we can call them patients, and again that’s inaccurate, but because we see them in the community as well and they’re no longer patients then, so that’s the reason why we call them clients. Most of the customers… sorry clients like it, because the other thing is, I do ask them what their preference is, and then most of them do pick client. I don’t think there’s anybody else who’s not picked that.

I And it’s always useful just to ask someone isn’t it, and what their preference is. Are you involved with them while they’re in hospital or do they get referred to you by clinicians and the people that are overseeing their care?

P Right, so we will take services from…basically the crisis team, that’s basically trying to keep people from coming to us. But it’s more difficult to get people that are mentally unwell into hospital now, because they say they can look after them in a community. I’ve got quite severe doubts around whether that’s actually the case. Also, people are off in the communities as well, so they’re getting discharged earlier. So, we get our referrals mainly from the wards, the acute wards. We’ll get the odd one from home treatment team, and we’ll get the odd one from the crisis team. They generally have nothing to do with benefits, they will be more around the housing situation. All the benefits cases will mainly come from clients that we’ve previously worked with, and they’ve done a self-referral, e.g., when the PIP form needs to be re-filled in again, and then umm… or from the acute wards… Can’t hear you.

I Sorry, have you got me now?

P I have, yeah. Loud and clear.

I Brilliant. I was wondering if you can take me through say someone that has been referred to you to do their PIP, and the journey and what it is that you would do with them?

P Oh right well, so first of all, we could just go up to a couple of clients. Do you want initials, or do you want nothing at all?

I It doesn’t have to be a specific person; it could just be generally what you do.

P Just the procedure?

I Yeah.

P So, we generally go and have a meeting, have a chat with them just about their income, see what they’ve got. Some people have got PIP, some of them have…uh have been turned down, and they need an MR and then others might need, if they’ve got the MR turned down, and they’re not going to do anything about it, and then for them… So, I’ll go through all three procedures. So, if they’re not on PIP and they meet the criteria, because we’ll go through the criteria, with them. We will then ring up the DWP, we’ll order the form. That normally takes about two weeks, in the meantime during the two weeks I’ll have a look at their notes. Um and then we’ll have a chat about everything, so go through their notes, look at the points where I think they’ve got a strong points on the criteria for PIP and then I’ll meet up with the clients when the PIP form comes, and just have a free-flowing conversation, which normally, depends on where they’re at, depends how much contact I’ve had with them doing the other tasks. Um…it’ll be roughly about an hour to two-hour conversation, just looking at how they’re doing, on their bad days, looking at their good days, um… see if they’re happy for me to contact their family, or anybody that’s close to them so that we can do a supporting statement.

Um… and then I will then go away and fill in the form, and then I’ll come back to them and say this is the form, are you happy with everything on it. I’ll also get supporting information, if there’s OT reports, that’s a big one, especially when they come into hospital, there’s normally a really good submission, and that submission is really… often has historical evidence of how many times they’ve been in hospital, what the main points are and also, we’ll have quite a few incidents, which will then go into support quite a lot of the points we’re trying to say e.g. mixing with people, you know and then also the mobility part as well, being able to move around, that’s the sort of evidence they’ll look in. And then I don’t generally take the form with them at all. It might be sort of questions around what kind of side effects they have on medication, I might ask that as a direct question. I’ll also make sure which professionals they want to include on the form. I think that’ll be roughly it for a start of PIP. If it’s an MR, we’ll generally ring the DWP, find out what the reasons are and what points they have because most of the time the clients have got no paperwork. Then I will do an MR for them, and then I’ll do a letter, and again just collect supporting evidence from EBGS, and then from the family and then send that in as an MR in.

Then if it’s a tribunal situation, again similar to the other ones apart from, I’ll do a written submission, which normally ends up being about eight to ten pages. Umm… and then it will use… at that point I’ll use quite a bit of case law, quite a bit of the regulation, and the DWP’s guides. Then also we should have from the DWP at that point, the MR result because we need to have that for the courts, and then we’ll see what will happen with them, sometimes the DWP will do an offer, and sometimes that’s a reasonable offer, which we’ll accept. Or we’ll go to tribunal. Umm… to be honest, because my clients are so high needs, since I’ve been in this job, I’ve already done I think, I’ve done six face-to-face tribunals, and we’ve got… there hasn’t been anybody from the DWP to represent them at all, or look in the interest of justice, which is what they’re meant to do. So, I’ve had no one from there, and the judges have accepted all of our evidence straight away, and apart from one, all the actual tribunals have lasted about five or six minutes.

I Wow.

P Umm… and it’s been really the mobility bit that’s been where we’ve had debates. I say if you do a good submission, and you do win, you do get a lot of things from the submission, or the DWP will then reassess. It’s not where I want them to be, but the clients are exhausted, they’re tired, they don’t want to fight on and on and on. They just want to have their PIP coming in, and if they’re on ESA still or they’re part of the SDP gateway, they just want to get the extra money, because they lose so much money by not having PIP. Um it’s just a lot of money they lose.

I Um, yeah and it seems like it’s a lot of work, isn’t it? So, with the submission that you put in, is it additional evidence that you’re putting in with that, or is it just laying it out differently?

P Rights, so there’s lots of tools. So, Rightsnet is brilliant. [unclear] are fantastic as well. They’ve got a lot of stuff and there’s also lots of things we do. There’s one Newcastle advice service, they did a sort of, they had a link… they didn’t come from Newcastle’s advice service, but because I’m all linked in with it, with the actual advice association of advice workers [National Association of Welfare Rights Advisers], they’re basically… they are a really brilliant source of stuff. Well, you know about them, because that’s how I got contacted by you. You had a message to them, didn’t you?

I Yes.

P And I sort of volunteered, but they’re really good, and their conferences are really good. Child Poverty Action Group does absolutely superb training as well, and I tap into that. Um…the work is hard, but sometimes, say with PIP, we can then do a couple of charity applications. Because once you’ve done a PIP application you’ve got an awful lot of evidence, and then sometimes we’ll then, I can do a couple of charity applications which will get them maybe £400, £500, but there’s no extra work in that, it’s just like basically cut and paste really, and just putting it on standard paper. And then also, with the submissions there’s a lot of work already being done on them, so it’s a template. So, it’s just adding on stuff. But again, it’s all about looking at case law, is the main thing, and then just seeing if there’s any more cases that’s going to strengthen your case for this particular client. But there’s tools for that and there’s lots of things that help you out with that, and I think it’s on Rightsnet. There’s a link that I go onto there, and then that basically gives us the latest case law, and it’s pretty clear what to go on. So, if I’m trying to increase the case around say nutrition, they might have a couple of case laws that I can put onto the thing around that. Then I’ve also got um… Tribunal procedure by one of the legal action group, um... and that’s quite useful. And then I use quite a bit of that, done by Edward Jacobs, and that’s a bit of a bible, and that’s quite useful so if they sort of…and some people have had problems just recently where they’ve not been allowed to quote notes, which is not correct, people if you’re an advisers, or if you’re a rep, you’re allowed to write notes, same as the court is. But you just have to quote the procedures so you can do that. It’s also talking to the other services and other people um… just to see what’s actually going on there. As I said Rightsnet is really good as a forum just to have chats with people about stuff or cases, and there’s lots of top tips. And there’s also, [city in north east England] got a massive, they do a lot of, I think they do 1,500 tribunals. I don’t know if you’ve got anyone from Welfare Unit, but they are very useful. They obviously do far more tribunals than I do. Is that all right?

I Yeah, yeah, that’s really good. It sounds like it’s a joint effort, the community of making sure you get a good submission in, or you know the procedure and the rules.

P Yeah, yeah it is networking, but it’s also like you’ve got to keep on talking to people around it and there’s also the training tools that come in. Also, I’m part of, I’ve just signed up for Ask, at Child Poverty Action, where they’re a lot more sort of the PIP letters and PIP cases and now you can do that lot electronically and that gives you automatic stuff, it adds in stuff to help you as well. There’s a lot of tools out there to make the job for advisors… um good. But then again, the problem we have is a lot of companies that claim to represent or do welfare benefits, don’t do any of this sort of stuff. They don’t even invest in a couple of good books that don’t even cost very much at all. You know, the big book of mental health is a superb book, it’s 26 quid. Child Poverty Action Group, their sort of welfare advice one, the bible, basically, every year, um, but that’s 70 quid but, you go to most of these organisations, including my one, and it’s a dessert. I keep talking to my colleagues and I say well just get one, it’s only 26 quid and no one gets it. With the bible one, the Child Poverty Action, I can understand why people don’t want to go into it, it’s a thick book, it’s got small writing, it’s very detailed. If you don’t know what you’re doing, I can see why people need a bit of confidence around it, but the Big Book of Mental Health, no, you don’t. There’s also lots and lots of good websites out there as well. Rethink [Rethink Mental Illness] does a good submission letter as well, which covers a lot of things in…. and that’s excellent as well, that’s a good template.

I’m trying to think, there’s another one that does it as well. I’m trying to think of the organisation I got this from. Basically, it’s got the PIP form, but it’s just put everything electronically, so it’s got all the questions and tick boxes all set out so you can basically just print it off. So, if you’ve got awful writing like me, it means you can just obviously… You can also put a lot more information in, which before…because the actual thing does limit you. Yes, you can put more evidence on, and I always do but still, it’s always good for anybody, when you’re trying to work things out, is having everything in the right place. You don’t want people to spend hours going through each point. You want to try and get them all in one, together, in …sort of as precise as possible, because you want to make the job of the decision maker easy …er… to find the information. The other thing is that, and all my colleagues from [London hospital], we just try and swamp them with information. So, the more information I get, you just make it very difficult for them to say no. That’s all you can do, really.

I How have you found your, when you’ve done the applications, what kind of feeling do you get for the rates of the ones that go through and the ones that you need to challenge?

P Well, my applications are quite standard, so I find it horrendous when I get a zero, zero, zero back for the cases. And you’re just thinking, how is that possible? Uh, and the points, generally on the first wave of PIP, the points is not right. It’s not like we don’t do…there’s a lot of evidence, so they’re just not looking at the evidence, they can’t be. Um, you know, when you’ve got clients, who have got a lot of medical notes saying someone stopped, for example, umm… I’m not eating at all for three days, because I feel like I’m poisoned, and that’s actually happened. That’s in the medical notes. And then they get zero for nutrition. Well, they can’t possibly get that, because they’ve already got evidence of them, quite straightforward, that this person, because they’re hearing voices, think he’s getting poisoned, so he doesn’t eat properly, and he doesn’t take on the required nutrition because he thinks.... Well, how can anybody get zero? It’s not possible to get that, because there’s evidence there, that’s prime phase, that does it. That’s why you get to latter stages, and you often speak to the DWP decision makers and they’re just, they can’t believe the evidence that you’ve provided, and where they’re at. I’ve had quite a few conversations, with C-19, the DWP I’ve got to say, have been absolutely superb. I think it’s because they’ve now just been, during this short period of time, have just actually been a welfare service, instead of sort of a workhouse service, where they’ve had to apply a lot of conditionality to stuff. So, they did an awful lot of settlement around it, they did a lot of settlement. So, I got a lot of DWPs, in fact I got over £100,000 worth of PIP payments during this period of lockdown, because the case had been on for two to three years, that’s why it’s been quite a lot of… that’s why it that. There’s eight cases that have got quite a lot of money to it. They got the majority of the money… of the finances. Then we’ve had other cases that have just gone through straight away.

I It makes a huge difference, doesn’t it? That’s such a large amount of money for people.

P Well it is, and also the opposite problem is that we’ve got to show that they would have spent it and things like that. But even then, the clients don’t really, they’ve nothing to live off because the welfare state is so awful. I mean… part of my cynical head of why the government’s being so generous to everybody on furlough and everything else, is that they just didn’t want anyone to see how awful the welfare state is. And how awful, that no one’s rent can actually get paid, under the criteria. You know, it’s only the bottom third of the market that get their rent covered. I think partly around that, is the government was terrified that people would actually see how awful the provision of welfare is. They could no longer say, their propaganda machine has been working on for a long period of time, is basically hard workers isn’t it, and the scroungers. And that’s just idiotic, because you’re not taking anything into consideration about illness, and how severe illness is. And especially what you’re looking at, invisible illness, which is mental health, where people’s health varies. And also, they’re in denial most of the time. You know, I’ve had a few clients where we’ve had to spend a lot of time going, I think I sent it in my submission to you, was they basically think that if they’re no longer on PIP, they’ve no longer got a disability. So, the diagnosis is not right, so that’s all right. Um and then the problem is they that they then go into poverty, because they lose all their, the sort of the two things they lose, which is PIP payments, which could be, let’s say the minimum amount is just over £200. But then they lost the Severe Disability premiums which is also another £200. So, they end up being £500 worse off. They also then have allowances, and passports, or stuff that they were able to get, disappears as well. So, then they may have to pay something towards their council tax, they may have to pay something towards the rent, which they didn’t before. So, there’s a whole host of things that start collapsing around it. They may lose their freedom pass, they may not. Most of our clients have got discretionary ones so it doesn’t depend necessarily depend on the PIP one, but it does cause problems for them.

I Yes, that was something that I found really interesting from what you sent in how you have to broach PIP with your clients. I’m wondering if you could maybe just give me a bit more detail about that, so like what PIP means to them and what disability means to them?

P Often they don’t think they’ve got a disability. So, we’ve had some people where for strange reasons they’ve had a very minor ailment, physical ailment as one client, and that’s what she’s focused on, but the entire PIP claim has been based on their uh… their mental health. And what they’re also quite happy for, which again I’m not quite sure why, but it’s quite consistent when I do this, they’re all quite happy for me to say that they don’t think they’ve got a mental health problem or they don’t think they struggle with this, but they’re then quite happy for me to put down that the professionals actually, or my family think, or my support worker thinks I do. And they’re more than happy for that to happen but they just won’t allow… for some reason so…they’ll allow it on the piece of paper, to basically have their issues recorded to the DWP, but they’re not having it from their voice. You see what I mean?

So for example, they’ll say that, um… ‘I think I eat perfectly fine’, or ‘I’m okay, and everything’s ok, but my professionals say that I keep missing meals, that when I do eat, I’m binging and I only have takeaways, and I’ve also been referred to a nutritionist, but I don’t think I need to attend’. So, as long as I put in in them terms, that their opinion is expressed, and then the DWP are aware that there’s issues with that, and then that’s it and they’re happy for that to go. But they’re also very happy for the evidence to be put in, with the medical notes as well. So, I’m not quite sure if, you might have to do face-to-face interviews with a client, but that’s quite consistent over 20 years, that’s been an approach that’s always worked. I don’t know if it’s just that people are not used to someone offering to have their voice heard, or… basically that it’s to do with… it’s not coming from them so they can have their opinion put down on paper, but they’re happy to let other people sort of express their opinion.

Also, maybe there’s this thing saying that they really need the money, because otherwise they can’t pay the bills, and this is a way of allowing them to keep their version of their health but still get the money. I don’t know, maybe some of them all, or maybe it’s a combination of them.

I Do you think it could be to keep a bit of distance between what they think of themselves and what they’re having to put on that form to get PIP?

P Yes, yes I think that’s true as well, because it’s the only time I’ll have conversations with them, there’s two times I have to have negative conversations with clients. Everything else is about what they can do, and it’s when we do the work capability assessments, and then when we do the PIP, are the only times that I’m looking at what they can’t do because all of everything else about our stuff, and what we look at for the clients, is what they can do. They’re the only two times that we’re having to have negative conversations or look at their, the things that they struggle with. While everything else is looking at doing positive things.

I suppose, again, that’s it. but also, I don’t use the forms as well, so I get a lot more information out of them. You know, we sit down in a café, or we’ll sit down at their home, or we’ll sit down, have a cup of tea, a biscuit, something like that and we’ll have a chat. Then I’ll take notes around it, or sometimes I don’t, sometimes I’ll just listen to what they’ve got to say and then after we’ve finished the meeting, I’ll frantically write up everything before it goes out of my brain. But then it depends on the client, I don’t want them being distracted by me writing everything down. It’s very important that they feel comfortable, because when you get them feeling comfortable and relaxed, they’ll say things that they don’t normally say. We’ll explore things with them, or, especially when using the diary. It’s quite a good tool because then you’ve got specific days, what they did. for example, they might say to me, ‘I’ve got no problems about dressing or undressing’, and then I’ll actually talk to them about a day that they’ve had this week, and they’ll say, ‘well, I couldn’t think of what clothes to wear’. You know, ‘I spent two or three hours just thinking about what clothes to wear, and I got a lot of things out’ or they might say, ‘I crashed out last night and I didn’t change my clothes at all’. But they wouldn’t say that openly, but if they put in a diary context, or a day, they’ll say ‘on Wednesday I didn’t do that’. You know, and that gets a lot more, you get more information when they’re more like free talking.

I Yeah, I guess with the PIP form it’s more abstract, isn’t it, rather than you having a conversation.

P Well, I know where everything has to go. So, there’s basically 12 questions, and then a bit of a group at the end where you can put anything that’s missing. I know roughly from those 12 questions, which kind of things to put in. So, I can do some prompting around that, that helps a bit. Then it’s looking at which criteria it is, you know, which point, is it A, B, C, D, or E or whatever. Now that’s a little bit more difficult to work out, but when I put it in the form, when I do actually fill the form in, I will helpfully put in to the DWP which indicator subsection I think they belong to. So, you know…around that bit. Um… yeah that, that’s it.

I I know from your reflection you said, is it quite a lot of your clients end up doing a paper appeal?

P We’ve had a few of them do that, yeah. We had one who ran away. She wouldn’t have done anything at all, so we did a paper one. So that’s the ones that are often very reluctant and I suppose they’re the ones that have got more, they’re the ones that have more around anxiety. So, we’ve got quite a few clients that will not want to do, you know, they can’t do the face-to-face. So obviously, stats-wise, oral presentation, by stats is better than paper, when the end result is getting exactly what you want. Most of our clients, once they come in, are very good because the courts have got to say… I haven’t had too many bad experiences with the courts. I’ve had a couple with some ropey doctors, but actually the judges and actually the laypersons have been really good. The only ones I’ve had any trouble with has been… GPs strangely enough on the tribunal stuff. But yeah, I’ve done some paper ones where I’ve had to say, well it’s up to you, but I’d rather put an appeal in than not put an appeal in. And I know my applications are quite good, so I’d rather they do a paper one than not do anything at all. And I said, the paper ones haven’t turned out that bad, we haven’t got as... I think one client… they’re not… we don’t get… generally get enhanced, enhanced [high rate for both categories], we generally get enhanced and with the mobility, when we go with the paper ones. And there’s a couple of cases where I think that’s fair enough, and there’s a couple other cases where I would have done standard for the care bit, and I would have done enhanced mobility, so they’re not quite the results, or quite as accurate as I would have… you know…I would do.

I What issues have you had with some of the GPs at the tribunals or the medical panel members?

I Oh, lordy, well. I had one of them… I don’t know what… where he was coming from, but he just had a go at the client. Um, you know the judge had to intercede because he was basically saying that there was nothing wrong with her. Even though we’d submitted quite a lot of medical evidence, and she couldn’t basically walk from one part to the other. She had her house adapted, so I’ve been to her house, and I’d seen everything had been adapted for her. Sometimes she did have good days where she could walk, a bit more walking than others. But when I’m… with that client I spent a fair amount of time with her, and I could see her struggling when we went for any walks. I even did use Google Maps on that one. But, yeah, the GP was just like a Victorian dad, uh, he was saying, how dare she ask us for money, really. The judge had to sort of reign him in, but their questions were aggressive, their questions were judgemental, um, and the questions were just out of order, and nothing to do with what the tribunal principles are. And the tribunal principles are, is that we’re trying to look at the evidence and make sure that justice is done. That’s a fundamental part of the tribunal, we’re trying to find out what is actually the right amount of money, and also does that person meet the criteria so that justice is done, and that’s what we’re doing. I mean, it’s not meant to be sort of uh… conflict, we’re meant to be looking at each other and to work together, around it. So, I don’t know what was on his agenda, or if he had a bad day or whatever, but that was the last one that we had, and in the end, we got that … actually adjourned that case and the client got £25,000.

I Wow.

P And that was all for PIP and ESA. That was five years of ESA, because the case had been going on for such a long time.

I Goodness, that’s such a long time.

P And we obviously got all the PIP attached to it and all that again. That’s still my biggest tribunal win. And then I didn’t, again the judges basically said the submission was brilliant, and they basically just took anything from the submission really. That is a good key for anybody doing the tribunals, is getting that submission, it is effort, but it does save you time. I mean, I am dealing with high-needs clients, so I’m not dealing with borderline clients. So, if you’re in the CAB or you work in different services, you might get a few more borderline ones. I think most of my clients… and also, I’ve got access to a lot of evidence as well to support everything I say. That gives me quite a lot of advantages over other people I think, my colleagues you know. Yeah, so that does make a difference, but that client was actually, the one I got £25,000 with, I was working with a GP, and I was working with the daughter, and I sorted her out, all of her PIP and her tax credits, and quite a few other things. I just helped the mother because she was struggling and then we had a chat when I was on the wards and she burst into tears, so I sort of I took her into the family room and had a chat with her about it, and then she explained what was going on in her life, and I said, well I can help out with that. And then I also think I helped her husband, I think I got him a attendance allowance. So, I think the whole family ended up getting about £40,000 worth of stuff, by the time I’d finished with it.

I That’s good work. That’s efficiency there.

P Yeah, but it’s just listening, so [organisation] has got a very good policy of carers and family policy and then I do try and follow up that, because families are struggling as well. If they’re doing a lot of support, they can’t support the client if they’re struggling themselves, and that’s the way I look at it. I don’t mind putting the extra hours in if it makes people’s life a bit easier. You know… I couldn’t believe that ESA wasn’t giving her any income, it just looked like absolute madness around it, totally.

I How did that tribunal experience affect her? Because that must have been quite a challenging one by the sounds of it.

P Well, she was… absolutely… when we did the adjournment one, where the GP lost control, she was devastated, and I ,you know… she was absolutely devasted. The clerk was very good and actually also the judge was very good because the judge really stepped in. And literally, didn’t rebuke the medical person, but basically said we haven’t got enough information here and in the interest of justice we need to get more information, so we’ll adjourn until we get more GP information around it. But she was extremely upset, and she was very stressed because it was another delay. This case had already been going on for over five years, and yet it was another, another delay. But it wasn’t that long, it was held within eight or ten weeks, it wasn’t very long. It was done quite quickly for a tribunal; it was quite quick at the time. Um… but yeah, it mostly drains the person. And then of course the financial stresses and strains as well, you know, you’ve got all the stresses and strains about having to pay the bills, they haven’t got enough money. She had her family there; she had her husband who was slowly going through Alzheimer’s disease.

There was a lot of things going on, the mother actually had two serious accidents, which is the reason why, she was involved with one of the terrorist incidents, it wasn’t 7/7, it was another one that was, basically she was caught in the aftermath, on the train. And then she had also had another serious accident, I think a car crash which damaged her spine. So, she’d already had a lot and then she had her daughter, who had been quite strong, coming down with schizophrenia, which she’d already been the one holding the family together often and sorting things out. So, it was all, that stress and strain coming on. Then added to that, having to deal with all of the just trying to get the income that’s really, if anybody spent any time trying to work it out, or trying to pay it properly would have realised in ten or fifteen minutes what the problems were. You can just see the assessment system is not set up properly. You need to spend time with people, if they’re going to do this assessment, they need to spend time in the community, not in an assessment room asking them a whole series of questions. It needs to be more of maybe, sort of an OT type assessment on certain things. Or spending some time with them or saying to professionals can you fill this form in and see how this person does on this day to support it, rather than this artificial assessment because the assessments, I’ve never… the PIP assessment places are just awful. They don’t really record anything. I don’t know if you’ve read any of them, but they’ve got nothing to do with anything on this planet. They’ll basically say that the clients are all right or they’ll recognise a few points, but they don’t recognise very many of them. While the decision makers, the DWP, when they get the evidence in, most of them are pretty... pretty… you know, they don’t always give the maximum, but they give them pretty fair results. Um yeah, they’re pretty fair results.

I I was going to ask how do your clients get on with that assessment part of it?

P Well I generally, I go just myself or with a member of the family. Quite a few of them are stressed about it. And they also ask, how did I perform? Did I do everything right? And I say, well, you can’t do anything wrong. All you can do is answer the questions truthfully, that’s literally all you can do, you can’t do anything else. But yeah, they get stressed about the day before, they’re worried about running late, they’re worried about finding the place. You know, work capability assessments, for ESA, they’re worried about them a lot, because none of them are in any condition to work, you know, really. They might do a bit, but they certainly can’t cope with the rigours of conditionality, or anything around that bit. And some of the clients will basically try and avoid the assessment if they can. So, when I have conversations with them, I encourage them to attend, and most of them will attend as long as there’s myself, or a close relative, or someone they really trust to go with them. I don’t think there’s many that would go there by themselves, because sometimes with the assessment ones they’re in areas that the clients don’t even know where they are. They’ve got quite a few local ones, but we don’t get the local assessments in [local location], they often have to go to [another location], which is quite a trek for them, there’s no direct transport routes really for them. And it’s quite stressful and they’re always worried about being late because they make it quite clear that if you’re late, there’s a problem. Um the experience is also a bit funny there, because if you look at it, they’ve got excellent customer relations skills, so they’ll offer people cups of tea, they’ll make sure that people are settled. They’ll make sure that if people need five minutes, they’ll give them five minutes. The people generally that do the assessments are generally nice, um… you know, pretty pleasant, make it reasonably comfortable for someone to talk. But it’s what they write that’s the problem. They don’t seem to grasp at anything around it… about what the client’s saying and sometimes the questions aren’t really that… I don’t think the questions are targeted enough for what PIP is all about.

I How do you prepare people if they are going to go to a tribunal and to a face-to-face one as well?

P Yeah, so generally, the day before, for face-to-faces it’s better to say, look, just be honest. So, I would say to people you’ve got to be honest all the time, you know, also talk about the bad days as well as good days. So, anything that you feel more than 50% of the time, anything that’s happened, make sure you highlight that all the time. And I say, you’ve always got me next to you. And I say, look, all you can do is be yourself and tell the truth. You can’t do anything more than that. Um, and they might not listen to you, but we might not get the results, so I always say that we might not get the results that we want to start off with, we might have to go to MR, we might have to go to tribunal. But, I say, in the end your case is very strong, so we’ll get there and I’m not going to leave you, I’m going to stay with you until this process is done. So just give them assurance that there’s going to be continuity there, and also give them assurance that I’m always going to be there, where I’m involved, from beginning to end, when I’m involved from beginning to end. Whatever element of time I’ve took up.

So, that’s one case, and another one is if it’s MR, I’ll just speak to them at MR and say we might have to go to tribunal. And if I’ve been given the case after MR, I’ll say we’ll do another MR, but we’ll also put a tribunal in, because you never know, sometimes the DWP will see the MR and they might reconsider their opinion. But it’s also quite good, when you go to the judges as well, by saying you’ve actually asked for another MR, because then you’re always trying to get justice done in the quickest, most effective time, without wasting the court’s time. So, that’s come in… Judges have praised me on a number of occasions, by saying, thank you, I can see that you’ve tried to settle this twice, not just once, by putting further information to DWP to save the court’s time, and to get justice done as soon as possible.

Um so, when comes to the actual tribunal date, it’s normally two or three days beforehand I’ll speak to them, and I’ll just go through what’s going to happen in the tribunal, because I’ll know which tribunal we’re going to go to. And of course, obviously we’ve got C-19, now it’s completely different, so... we’ve had, I haven’t had a telephone one yet, but the telephone ones are coming through and there’s been a bit of feedback around that. We’ve had trouble with telephone ones, where people haven’t been told. But let’s just go with the pre-C-19 just to keep things simple for you and we can talk about C-19 in a minute if you want. And then I’ll just sit down, and we’ll go through all the procedures, I’ve got a nice little form for them that I wrote. So, I say, this is for you to keep, just the dos and don’ts. Things like, you know, if you’re going to bring a drink in, just make sure you ask the judge, just be polite, you know, listen to what the judge says, the judge will do it. The courts are there to help get the decision. If the DWP person’s there, he’s again here to help us get the decision right, he’s not here, like a crown court, where it’s us against them. We’re all in the same room to try and make sure we get the right thing for you, and we get the right rate. So, it’s all about saying what the process, in theory, should be about. I’ll also say a little bit, although I don’t want to dwell on it too much, I don’t want to frighten clients off. I say, though, sometimes tribunals don’t always go according to plan, but I’ve got the regulations, if we need to, or if there’s something I’m not happy with, I will raise it with the judge. I’ll also say, if there’s any time that you get uncomfortable, or anything like that, it might happen if it’s a long one, you know, if you need to go to the toilet, just tell me, and I’ll speak to the judge, and we can ask for a short …um around it.

You know…and I’ll also sort of speak about the building, where the buildings are, where we’re going to meet, so we’re planning where we’re going to meet up at. Whether I’ll actually take them in there, whether they’re going to get a taxi with their friend. I’m also going to make sure that they come in well before time. So, I try to get half an hour before time, just so that we’re all settled, there’s time for us to have a bit of a chat, no one’s feeling flustered from the journey, everything’s fine, and we can just sit down. We can have a drink of water, we can have a coffee, you know, we can have a base, we’re there and I always do it with every client, I say with every client, it doesn’t matter about us waiting, we never get the courts to wait on us, we don’t make the courts wait, we wait on the courts. It doesn’t matter if that’s for a magistrate’s case or for a county court case. Whatever it is, we have to be ever so humble, in one way and just have to make sure we’re not causing any problems around that. So that’s all the way we do it so yeah, I suppose in summary, I’ll talk about, plan the journey, arrival times, which venue we’re at, a bit about the make-up of the actual court. Generally, for PIP it’s always about three people. I’ll give them a couple of dos and don’ts, um, and I’ll say always answer all the questions as honestly as you can. I just don’t want any lies, we’re not here to lie or to exaggerate around that, the submission’s quite clear. Also, I’ll give them a copy of the submission as well for them to read, so they’ve got two or three days to read the submission, so they know what I’ve actually put in, and my summaries of stuff.

And I said, not really had too many problems since I’ve been working in this job, because most of the cases have just been, you know, it’s been mainly talking about the mobility part more than anything else. Generally, every single client’s got enhanced care, and the only thing we’ve ever done is have conversations around whether it’s going to be standard mobility or whether it’s going to be enhanced mobility. That’s where most of the conversations I’ve had, when I’ve gone to tribunal and to face-to-face. And to be honest, that’s where I’ve had most of my conversations when I’m settling with the DWP as well. It’s been basically around the mobility part rather than the enhanced care bit. That’s been pretty standard for most clients.

I Has that changed much since the upper court decision? Was it in 2017 about emotional distress and how that links with mobility for mental health conditions?

P Yes and no. What’s often happened, and I’ve noticed this a lot, instead of clients getting enhanced care and no mobility, they’ve gotten standard care and standard mobility. So, basically financial settlements, the ones I’ve dealt with, and we’ve obviously appealed them, and we’ve got them changed but that’s what I’ve noticed a lot more, they’ll knock down the care rate. And they’ll do the classic one point away. So, they’ll basically say it’s borderline. When you get the decision, and they give you the points, you get so many people on 11 its just unbelievable, um on... for care. Then it’s up to them, whether the clients will want to go any further. Most clients will, but there’s a few that haven’t.

I Why do your clients decide to challenge it?

P Well I think poverty is one driving thing. For some clients, it’s a sense of justice, but generally it’s just basically that they can’t afford to live on what’s left once they lose PIP. And also, I suppose for them it’s like, they’ve… I’ve got clients that don’t recognise that they’ve got a mental health issue. They’ll can’t, they say, well I can’t live. I lose my ESA money and I’ve also lost my PIP money and that’s £500, £600 lost and suddenly. And that would be… I’m trying to think of what the standard rate is. Most of them would be on standard rate, so say they’re on a standard rate of £130 a week, if they’ve lost, they’ve lost about 40% to 50% of their actual income, has gone. It might be even worse than that if there’s freedom passes tied to things, and they’ve not got care coordinators. In London the freedom pass is worth… well, it’s not really worth… but for a client I think it’s worth about two grand. Where of course, transport is classified as £8,500, I think, because it covers all the extra zones. It’s basically if you get a travel card for the month, and it covers all the zones for seven days a week. For most clients it’s about £2,000 or £3,000 that they have to pay extra in travel, in um, costs for transport. Then of course, sometimes, the local housing allowance gets changed as well. There’s a whole host of things. They have to sort of go and adjust everything around that. I think poverty is one bit.

Um… I suppose some things is they think… If clients think they’ve actually got an illness, and they know how ill they’ve been, they just think they’re entitled to it. I’ll say, well you’re entitled to this, I don’t understand this. Sometimes they’ll get really wound up when they get no points. So they’ll go, ‘well, how do I have no points for everything? That just doesn’t make any sense. I know I’m struggling and I’ve read the forms. I understand the forms. There’s no way I can get zero points’, and you know, so some of them will challenge on that. It’s just conversations. I’ll have a chat with them about it, and what they can actually do. But part of me actually just… they’ve got the pressure of debt and living, and I think that’s the main reason why they’ll challenge it, because they can’t afford not to. I think so, most cases are down to that. But then also sometimes they’ll settle for low rates, because they’re exhausted, and they can’t afford to continue as well so...

I Because, I guess, like you say, with the example you gave earlier with the ESA that went on for five years. If the DWP is giving you a decision sooner, you’re going to want to take that aren’t you?

P Yeah, because there’s back payments. They often get the ESA, and they get that backdated. So, there’s a lot of money. So, they can get, you know, on a conservative one, eight or nine grand quite quickly into their accounts. Some of those clients could then clear off, stop their evictions from happening, or just clear off it. There’s quite a few clients I’ve had where, I know one client she had £8,500 worth of rent arrears. By the time you’ve got the PIP and ESA put on, that’ll clear it up straight away. She just paid off her rent arrears, and she did it in big payments. I always encourage that, because it stops them, if there’s another illness ill, it stops them… there’s a 52-week rule for housing benefits, so, you want to make sure that they’ve got everything sorted out. And of course, with universal credit, it’s even worse, it’s 28 weeks, but they’re a bit faffy about it, they don’t say that they won’t continue funding it, they just don’t say very much, which is a new tactic, which the DWP are doing. Which as you know, with discretionary housing payments, there’s a lot of things that are just, yes, no. They’re fudging lots of things. And the other thing with universal credit, as well, that’s another one where they’re fudging things as well, where they’re not making things very clear. While that might have some advantages around flexibility, which you can’t say that’s not a good thing, but when you look at the interpretation and the stuff that’s come from York University around this, especially the work around discretionary housing payments. It’s basically, the councils aren’t spending it, and the forms they’re doing is just another hurdle and another way of people not getting it, or people sort of doing judgemental, I think. One in Lincoln did a statement around people’s cigarettes, because they could spend so much money on cigarettes, they basically said they’re not going to give them discretionary housing payments. While, you know, I mean people are addicted, and they haven’t got many pleasures, and most of that cigarette money goes straight to the government anyway so you know…

I I’ve never thought of it that way before, but yes.

P Well, that and alcohol, quite a lot of it goes back to the government coffers. You can’t really… What percentage is not going to the government?

I I want to just quickly go back to; you were talking about giving your clients dos and don’ts before going to tribunal. Could you just tell me some of those?

P Ah, it was just around politeness, appropriate dress, just be mindful of when you’re in court, just listen to what the court says, you know, you don’t do a rant, you ask permission all the time. You know, I said the judges… I’ve never had a really bad judge, which I’m not saying there isn’t, my experience has been quite lucky I suppose. I know, In one of the forums from NAWRA, they basically were having lots of nightmares with some of the judges. I’m not saying that’s perfect, but I find the judges very good. It’s been the medical experts I’ve had issues with, as I said. So, it’s also about what we can bring in, only bring one friend, don’t bring lots of people there. I do say that I will do most of the talking, as I’m going to be the rep, so I’ll do most of the talking. Just listen to what the judge says. You know, just really basic stuff, nothing too complex. I think we can’t bring water in, yeah, we’re not allowed to have any liquids when you’re in the courts. So, it’s just making sure you’re doing what they ask you to do, and just be very polite. Just make sure we’re as prompt as we can be. If there’s any problems, tell us as soon as possible so we can let the court know. We can’t help if there’s been a serious accident on the bridge, but as soon as we know there’s been a serious accident on the bridge, we can let the courts know about it, and then we can…you know so we can tell the courts as soon as possible about everything. You know, say there’s been a disaster on the tube, not saying that happens very often but you know, as soon as we’re aware we tell people. We’ve got to tell them as early as possible. As I say, if I’m in the London courts I’ll generally travel with the client in a taxi or we’ll get a bus, because the tube you can’t ring out.

I Yes, you’re stuck, aren’t you?

P Yeah, and if anything goes wrong, you’re just stuck in a tunnel. And also, you know, also where we are at [London], the courts we use, they’re not that far away. If something’s a bit further out, they’re all doable. As I say, we always get a taxi generally there. That’s mainly the dos and don’ts really. Just politeness. Also, I suppose the other thing, I always say, I don’t know what will happen with the tribunal. It goes for us or against us. The other thing I will always say is if the judge asks you, I’ve never said anything to you about it. It’s got to come from you all the time. It’s not like [Ivan] says this, or [Ivan] says that. Never say that to the judge. It’s always, this is what I feel, or this is how I struggle, and always stay to the truth. So that’s the main point around it. Just keep to the truth, always speak from what you think, not from what I think. I don’t want there to be any coercion around it.

I’ll also say to them when they get asked, just to say what the difficult days are, or if there’s incidents. Normally on my notes I’ll have where there’s been incidents that I’ve been aware of. So, one case I had recently, where the police rang us that one of my clients had been found on [London location] in a dishevelled state. So, I was able to give the police reference number, the time and place where that actually happened, and then they took her home, they basically picked her up and she was caught in a daze and her sister and mother were there waiting for her. It’s just things like that you can sort of put in there. It’s just making sure they don’t quote myself. They don’t say [Ivan] said I can’t walk more than 50 yards. [Ivan] says this. Well, basically what can you do? My diary says, I’ve recorded, and my diary shows that, or what I wrote in my PIP form, I couldn’t do this, I can’t do that. Just those sorts of things.

I How do they generally get on with the process?

P Well, um…I… apart from when the doctor lose… Most of the time we win. [laughs] I haven’t had too many upsetting experiences where people have been in tears, and we haven’t gone up to upper tribunal. The judges have been really… and again I’m not saying I’m getting the full picture, because I know of experiences where people haven’t had this, but I’ve found the judges are absolutely lovely um… you know, and I haven’t… I think I’ve only seen the DWP person once in about four years. Um, so I haven’t had too many… I can’t really say. My understanding is, according to my other colleagues, is that the DWP person representation doesn’t come very often. I’ve dealt with some of their submissions, or their statements, where they’re still arguing a case that’s bankrupt, I’ve had a few of them. But they don’t turn up, if you just continue going forward, they don’t seem to turn up. I’ve only had one person in four years for that case. That was a £25,000 one, that one we just adjourned it. That was the last time I had a DWP person, she didn’t have to do anything because she just agreed with the judge that they needed to adjourn the case for more evidence. Um… so generally, they’re generally okay. It’s more that, the clients have said before, the ones that opt out, and they want to do a paper one, because they can’t face doing it. The ones that, as long as they’ve been nervous beforehand, anxious beforehand, most of them are very nervous beforehand. In the court, I’ve found the court has made things as easy as possible, as stress-free as possible. They’ve always been very short appearances. Because they’ve always read all the information I’ve provided, and then you know, as I said we do good bundles, so we’ve got a lot of evidence to support everything, everything’s referenced. I do try and make it as easy as possible for the judges and the courts to come to a decision that’s based on the client’s needs and points. As I say, we’ve already had a discussion most of the time regarding the mobility part.

But again, I’m dealing with pretty high needs clients that have had section threes and have got to enduring mental health cases, and they really should never ever be going through this time and time and time again. And there’s a real question mark over why anybody with schizophrenia is constantly, every two or three years having to justify why they’re ill. That makes me very angry, and also clients that are hard to engage at the best of times, they go off for two or three years and it’s just absolute carnage. They can’t be interested. If you take the government for its word, that it’s interested in supporting people that are ill, then why make it a system that doesn’t do that. Why make a system that’s like the workhouse? Because that’s what it is, it’s a new type of workhouse. If you look at… I did history at A Level; we did the workhouse. You just look at all of the conditionality in the workhouse, and you look at the modern welfare state and you look at the conditionality and the rules and the requirements that they’ve got to do. It’s not about people that are fit and well. These are people that are ill and often very ill. They maybe have a couple of good years, but they have an enduring mental health problem that’s not going to go away. It’s a question of when it flares up or not, and when they are out, and they do go out the system, their houses come at risk, because they can’t manage because they earn no money. They have to pay more money out for heating. The discount goes off if we haven’t got clients with us on that. They lose another 140-odd quid.

Everything’s a complete… that’s the other thing, that’s the criteria for… I don’t know if you know, you have to be on PIP to get the winter discount which is done by the private electric company. Also, WaterSure as well, that’s another where PIP is a criteria for that as well. So, I think WaterSure Plus sorry, that’s the one that our clients have without meters. So, there’s all those excuses, more money gets taken away from them, and then they’re not very well. They’ve got a hostility version of what people are doing. If they get… you know, in our mental health services, the care coordinators are staying there for six months. There’s been a massive loss of knowledge from support workers. For housing, there’s no career support workers anymore. They took away all the money so, the support worker jobs are down at ridiculous levels. So, you’ve got…and you have to learn the system, it’s gotten more and more complex. You’ve got no recourse to public funds issues, you’ve got, basically changes in universal credit, that was an absolute nightmare. You’ve got housing benefit transfer over. You’ve got people moving from the old benefits, from DLA to PIP. You’ve got a whole host of issues that are extremely complex, for me, and I spend a lot of time reading about it, never mind by someone that has to actually live the system. It does make it easier for us to argue that the system is very difficult for anyone to follow. So, I can always put that in the court submission. It’s very difficult to navigate, so that does help us a little bit, but you’d rather want a simple system. There’s no reason why we have such a complex system for this, and there’s no reason why we’re having to assess people every two or three years, when you’re really looking at maybe ten years, at least, for a quite a few people. Why are the assessing people at all? I know there was a scandal where the government was so proud about their changes in ESA, when they say they’re not going to keep on assessing people who are very ill. Why didn’t they do that for PIP? Why do they actually even think that that was a good idea in the first place? They were just wasting taxpayers’ money.

I, um… my route is I believe in defending the public purse. I’m not someone who wants to see money get wasted, but I am quite angry at what’s happened to our sector. I’m quite angry with LASPO, I’m quite angry about peoples’ right to representation, or implementational rights. There’s no point having actual rights unless you’ve got people who can implement those rights. And that, you know…it doesn’t matter if… if you can’t… I’m trying to think of something I can’t do very well….so you know PIP, I hadn’t got a clue what the hell it was. So, I spoke to someone, and they got me three and a half grand. That was a private company that took so much up, but I wouldn’t have got anything, because I didn’t know what I was doing. I’m trying to think. If it came to family courts, something I had access to previously with my children. I don’t know how to do that system. I know certain systems, but I need to have access to advice so I can actually be able to exercise my right. I never had a problem with anything like that, but there could have been a point where I could have had a problem with that. But I wouldn’t, you know… I’m not an expert. I have, quite unfortunately, become an expert in quite a few acts of parliament. Not because I wanted to, I was quite happy just knowing a little bit about them, um…you know, just basically welfare benefits. Obviously, I was also aware of housing law, but outside of those two, I’ve gotten to know the Mental Capacity Act, by quite a vast amount. I’ve unfortunately gotten to know a lot of immigration law, which I didn’t really want to learn, but I’ve had to learn a lot about that. Then the Mental Health Act, I’ve always had a reasonable understanding of that, but some areas I’ve had to learn a bit more about certain aspects of that. Then welfare reform you have to double check everything, which you didn’t used to have to. You have to look up things, and there’s rules, and there’s options, and the cap, you know, you’re looking at so much more regulation in everything, and the government always says to us… I’m sorry, I’m going on a bit of a rant.

But the other thing that annoys me is that they keep saying, we want to get rid of red tape, but yet they’re scrambling the pool with red tape. The other thing is data protection act. Who is it protecting? Because it’s not protecting our clients, because the DWP is not actually the worst offenders, it’s local authorities that won’t talk and they won’t deal with things, when clearly, they can do a lot more with it. Then also the council tax, well that’s poll tax three. We’ve had Richard the second, then we had basic Thatcher, now we’ve got poll tax three. Nobody’s talking about it in those terms, nobody’s talking about in those terms… which is strange. Because its… people are paying more than…. It was 20% under the last poll tax. But some of the local authority schemes, it’s 30% of people who’ve got no money and have to pay into it. So that’s 10% more than the poll tax that everybody had riots over. You know what I mean? Also, it’s not compatible, they couldn’t include that in the universal credit, because of the localism act, and it wasn’t…uh, the schemes weren’t compatible with the universal credit, so they couldn’t actually put it in the software. That’s why it was excluded. So, you know…anyway, here’s the endeth my… sorry, I was going to be so good. It’s all gone wrong [laughs].

I [laughs] It’s fine. It’s hard not to, isn’t it? I think, especially when, someone like yourself, when you’re steeped in it, aren’t you? It’s made deliberately complicated, and hard.

P But it doesn’t have to be. I mean, I think there’s a good example, it would be worth, if you can get the original Child Poverty Action welfare handbook, I think it was done in the early 70s. I think it’s about 78 pages long.

I [laughs] I was going to say, I’ve got several copies of the newer ones and they are very thick.

P Exactly, and I was talking to one of the editors of it and they have massive rows about what they’re leaving out [laughs]. Now they’re about 1,500 or 1,600 pages. They’ve obviously gone online for it as well, with more endless stuff. That’s where we’re at. And you think, that’s happened in, what in my lifetime, just over 50 years. They’ve gone from a relatively something to something really complex. You’ve got prisoners’ rules, everything rules, and everything like that. So that, that you know… that’s why red tape always winds me up. The other thing which I suppose came across a lot, is Windrush. I felt really awful, because I was picking this up two or three years ago, before it came up as a scandal. I just thought it was just literally…I thought it was just anomalies, and I still feel guilty about not trying to… not raising it, and talking to other people about it, because I didn’t realise how symptomatic it was. We had two clients that had 30 years of national insurance contributions, and they couldn’t get access to their pensions or any other funds to be honest. And they went through absolute hell, and for no reason whatsoever because the home office, didn’t know the recent history, that people could travel on their parents’ passports. I’m a bit older than you, but my first trip abroad, I travelled on my mum and dad’s passport.

I Hey, I travelled on my nan’s passport, but I think I was about five, so...

P Yes, I think I was about eight or nine, me and my brother both travelled as well. So, it’s not that far in memory, you know what I mean, that it was possible to do that. I don’t even know when it was that children’s passports actually came in. There was something about under-fives, wasn’t there, that they didn’t have to have a passport.

I Yes, it seems really strange. I’ve got some brothers and sisters who have got little ones themselves and having a baby passport where within about two months they don’t look like the picture, because they’re obviously growing really quickly. It seems a bit bizarre to have to ID a baby with a photograph.

P Especially when it’s not going to stop anything because it could be anyone [laughs]. They’re not going to look like it at all, are they?

I Like what you were saying about the complexity of it. For this, I’ve been reading a lot about the welfare state, and I think I’d always grown up being told how good it was and how life changing it was, certainly for my family and for people from before. It’s when you start to try and target it to more discrete groups that it brings this complexity in. So, universal benefits, it’s actually a lot cheaper, because you don’t have the admin fees. You don’t have to have thousands of people assessing people, and then other people making decisions based on those documents. It doesn’t save money; I don’t know either the way they hoped or thought it would.

P Well, yes, they have. If, unfortunately, you see the stats, they’re awful. There’s been a big drop in applications for PIP. There’s been a big drop in people going to tribunal. And also, the stats around MR, and then also the stats around MR, where they’ve turned down MR. I just think with the DWP, how many are there willing to fight it, and how many people… the clients without any decent support go, right, well, we’ve tried our best, and that’s it, sorry, we’re not going anywhere. Even within our sector you’ve also got people who are judgemental, which I find very strange why they’re in this sector at all. I can’t figure out why they’re in this sector… I’d prefer them not to be. Because you know, I’m from the left, I grew up in the North East, I’ve always believed in a lot of things. But all I can say is that most of my policies and opinions have not really changed, but as time has gone on, I’ve become more classified as a, not a person from the left, but from the far, the looney left at the rate I’m going [laughs]. But I’ve actually, I haven’t changed any of my opinions, they’ve been generally the same, I’m a Social Democrat, which I believe, in looking at the stats that I’ve looked at, believe that’s the best way of going forward. You know, economically wise, countries that are more close together, are better, more communicative, and you know, generally society benefits from everybody. And also, at the end of the day, the poor will spend more money in the economy, they don’t go into the offshore accounts, and they don’t spend all their time tax dodging. And I you know, and that’s a good question. The clients that I’ve had, I haven’t even mentioned, because it’s not what you’re talking about, but by god, we’ve had people offline, who’ve lived on nothing for like two years. I’ve come across people living out of bins, you know what I mean. The stories we’re getting are horrendous. It’s not two or three cases like that every single year, since I’ve been working. I don’t get all the cases like that, and there’s… and I do believe that for that case only we should have universal income because I think people should never go off the rails, there should be a basic limit where everyone’s guaranteed to have that all the time. And also, I just think the benefit rates are so low that… I just don’t know, you know… and they’ve also broken away from… when I, I’ve only been unemployed once, when I left university, sorry when I left after my A Levels. I was on it for about six or seven weeks. Even then it wasn’t a big difference, but there was a difference between contribution-based unemployment, and that. But there wasn’t any major conditionality, I just had to turn up once a fortnight to sign on and that’s it. The money was crap, it wasn’t great, so you would desperately looking for a job but...

I Yes, it’s very different now, isn’t it?

P But the conditionality is like… And it’s what is he doing? You’ve got people, there was quite a few different people… Anyway, let’s get back to PIP. Come on, I’m digressing. Sorry, Alex.

I No, honestly, it’s fine. It’s all connected, isn’t it? So, I think one of the last things on my mind is the stigma of applying for benefits. Is that something that your clients are mindful of or is it not really part of what they’re concerned about?

P I don’t know if that’s… When I’ve had conversations with them, it’s always been about… It could be stigma related, but it’s that they haven’t got a disability. I don’t know how much of that percentage is actually stigma of not being sort of, of having it, or also just part of them just wanting to get rid of these mental health workers, and hospitals, and doctors that keep telling them how to live their lives, asking them to pop lots of pills. So, I find it very difficult to know that, but I’m sure that stigma has got to be a part of it, around it and there will be… I’m trying to think of when I was not working not so much with my clientele at the moment. There has been a few of them where it would be that aspect, but not that much. Most of the clients I work with, I’m trying to think of when I was in CAB, most people need something to live off because they need a roof over their head. They’ve all accepted that they need to have something to keep on, keep them going on. I’ve had a few who don’t believe in taking benefits, because they’ve come from another country. I had a Brazilian lady who was, um who came via…sorry had Austrian citizenship, but she was from Brazil. I don’t know how she got that Austrian citizenship, but she got Austrian citizenship. She applied for PIP, and we got that, but she was very reluctant to take any benefits. She didn’t want to take tax credits, she wanted to pay tax in this country. She didn’t want to take anything from it. I don’t know if that’s pride more than stigma, I haven’t had too many clients around that.

It’s been more, discussions I’ve had with them… I’ll tell you there’s a couple clients that wouldn’t take on ESA, and they applied for JSA instead, even though they were very ill, and we were really worried about that, but they felt that they could look for a job. Again, I’m thinking that most of my clients would be challenging more around being… It could be being stigmatised as being disabled or being bracketed or dealing with that, so maybe there is stigma there. I don’t know. It’s quite complex. They hate taking medication, and they hate the general care coordinators, and they hate being sectioned, and they hate being in hospital. So [laughs] there’s a lot of unhappiness there around it and they do want to live. They do want to have enough money so they can keep a roof over their head, and I think most of them are quite realistic around it. I don’t think I’ve answered that that well. I’m not quite sure I can answer that one, Alex. I’ve never really asked them, too.

I No. No, that’s fine.

P Part of me is trying not to dig too much. My job is to keep them focused on it, some of them will say a bit more about it. Some clients have got on really well. There’s a lot of clients have been really frightened. There was one client that wouldn’t go to… she felt she’d be in too much trouble, she said, I’m going to get told off by the government. She was a lovely lady from the West Indies, and we got PIP, and we got a settlement. She was one of the clients that I had to show everything to. It was line by line, and there were lots of deletes and highlights to make sure we got everything sorted out, so it was up to what she wanted. We had to do a lot of deleting, in terms of what I put in, submission-wise. But we got to where we agreed on everything and she got a letter from a GP, and everything like that. Then we got to a stage where they offered her, basically enhanced care, but they didn’t offer anything else. This was after the upper tribunal decision came in and she accepted it, because she said that she didn’t want to cause any more trouble. She thought the government would come down and sort of evict her from her house. We got that sorted out for her. We got it all backdated, it was another one that was nearly two years in the battlefield of that one. Then she used the money to clear of all of her arrears. So, she cleared off all of her housing arrears, and then she was able to get ESA, single person’s disability premium, and then we were able to get some more, then she had a little bit of savings. The other thing we always get annoyed about is they’re only allowed to keep just under £6,000 worth of savings, which again is a bit stupid because most of them, it doesn’t take that long to get through £6,000. It can get wiped out quite quickly, otherwise it ends up affecting all of your benefits. We can always make the case that when they do get the one-off payments, that they’re allowed to have a little bit more, because that money should have been spent already. So, you can make arguments around that. And then also most of the clients go away for a three-week holiday to wherever they want to go to. But I generally tell them to go away to the West Indies for a nice two or three weeks. It’ll do your mental health a world of good. Um…and you know, all of them do that, or they go to the Mediterranean. And I say, just have a nice three weeks, to get yourself recovered, to get yourself feeling better, and just treat yourself to a nice holiday, because you deserve it, you’ve had to deal with a lot.

I I know you said with some people before, when they get a negative decision, they think, oh, that’s great, I’m not disabled. How do you think people feel maybe after they’ve won, and they’ve got a positive decision?

P Oh well, most of them are really happy, but I’ve had one client recently who’s looked at all the points and basically, I had to write another letter to the DWP saying that she disagrees with the points they were giving at the tribunal, because she felt they were too generous.

I I’ve never heard that before.

P Yeah, and then I had to write a letter with the care coordinator, where we’ve said that the client is really worried about this, um… we totally 100% agree with the tribunal’s decision. And she’s let us do that, so she’s let us actually do the letter. Again, it’s another one of those clients letting us put our point of view as well. As I say, I’m not quite sure why it happens, but it’s been occurring right from the beginning. I’ve been using this tactic for about 20 years, and it does seem to ring true... and I uh… as I said I’m not quite sure what the reason is for that. Uh but anyway, she’s let us do that letter and post it off to the PIP, and hope that they’ll lose it, that it’ll get lost in the system. Cos uh… you know, where we out our thing in there. We’ve made it quite clear about the change of circumstances. That lady’s currently living in supported accommodation, so we’ve said to her that… to get in touch with PIP, you know, if you move out of your accommodation into independent, that’ll be a big change. Your needs will have changed, and you’ve got better. That your medication has…if your medication gets stopped by the actual community consultant, or that you no longer work with the community mental health. Because all them would show that you’ve got an improvement in your health that could affect your PIP. Um… and also, if she started getting a job or anything like that, so um… that was what we’d done to placate her, so she would calm down, so she doesn’t feel guilty. And I also said to her that, when we went through the points that was awarded, because it was a paper one. There were some points that I agreed with her, that were slightly higher. But then I said there were these three areas that you didn’t get any points whatsoever, and you should have had twice as many, because we know about your health issues. So, I said it’s swings and roundabouts on that.

But yeah you can have some clients that are so focused… And this client doesn’t believe that she’s got Schizophrenia at all. And she also… she’s a classic under-reporter. She under-reports everything. She’s one of the clients you’ll see in hospital, and she’ll say, ‘I don’t know how I’ve been sectioned; I’ve done nothing’. She’ll describe how something that’s just inane, and say, ‘I went out to get some milk, and seconds later the ambulance and what-you-calls came in there’. And obviously, you read the notes, and there’s a lot going on apart from that. But they under-report things quite massively and you’re just thinking… eh, I don’t know how they do it. Again, it just might be something that helps them get through the day, you know. If they think they’ve got a serious mental health issue, maybe that diagnosis is so harmful and so horrendous that they can’t cope with it. Maybe it’s a way of coping. Um, you know…but I don’t know. Maybe… I mean it’s only me just guessing on some of these, but I don’t know. Maybe we need to have more research in that area.

I Yes, it seems it must be quite challenging when someone’s not accepting of a diagnosis or their disability, then trying to, like PIP is quite personal, you’ve got to give a lot of information, don’t you?

P What I do, I just swamp them, um I just… because we’ve got an awful lot of information at our hands, so I can actually swamp them with it. Uh… I suppose the other thing that you were saying there, is that most of our clients that I look at, because I do PIP quite a lot, they’ll have at least five different diagnoses on their records of mental health, and that’s quite common. I was quite shocked at the amount of diagnoses and there’s always one bizarre one, which will be done by a locum doctor, or someone who’s a registrar acting up and they’ll just put something bizarre in the middle. And then, also when you look at their medical notes, you’ll see someone suggest that they might have a mental illness, say bipolar, in a meeting. and then suddenly, every time after that is just bipolar, bipolar, bipolar. Then before you know where it’s at, that’s their diagnosis. So, you know, there’s a lot of that around it and there’s also things like personality disorder, which is an awful thing… to put in. And you know, what they’re really saying is that they can’t treat it with medication, because that’s what they’re really saying, and it’s not necessarily a personality disorder. They just put that as a way in, because it’s not very treatable, it’s very hard to treat it with medication if any. It’s talking therapies really around that and I think they could certainly change that to be a bit more friendly. They’ve managed to change manic depressive to sort of bipolar, which I think is a little bit more palatable.

Umm… they don’t really say schizophrenia anymore and well, the other thing about schizophrenia which is quite interesting. I was talking to quite a few doctors previously when there were submissions for the DLA, and they used to say to me that the reason why they did some of the popular illnesses with people is that the DWP understood them as a serious mental health issue, and that was the reason they put it on their case notes, because it was more likely for them to get benefits. I had a chat with the doctors when… that would be when I was working in Camden. I used to do a lot of things, working for St Pancras Mental Health, and I had quite a few conversations with the consultants, and they were explaining why they put certain diagnoses on. Because the DWP would actually understand them, and at the time they would get DLA. This is going back a few years now, before PIP came in. So, there is awareness from the Medical Profession, certainly at one point, where they put diagnoses on to help people get benefits rather than being a bit more nuanced around it, just purely to sort of, so people could actually understand that this is a serious mental health issue. Myself, I don’t know if there needs to be a complete change in how we describe mental health. I think I would like to see maybe more enduring mental health and maybe short-term mental health as a diagnosis, rather than these other ones. I know there’s certain treatment paths they go down when they have certain illnesses, um…but you know, I think that needs to be investigated a lot more.

I Yes, because it’s a very broad category. It can encompass, as you said, short term things and lifelong things, that can be completely different for how someone is going to be day to day.

P Yes. Totally, totally different.

I It’s interesting because it’s similar, so what I’m looking at is invisible disabilities and that, again, is a lot bigger than I had initially thought. So, I think mental health is maybe a more obvious one for it being invisible. But it also covers things like learning disabilities, other fluctuating conditions that can also be quite physical, but are not as visible. I guess, we don’t necessarily have enough understanding of how different and unique it can be for different people.

P I suppose even heart conditions could be classified really as well as invisible. Unless people actually see the illness, you know like, as opposed to the classic, if people can’t walk you can see that straight away. And if people need a walking stick. I mean, otherwise, you would see a lot of other… well I suppose if it was physical, like if its arms missing, legs missing, things like that that are obvious. There’s a lot of things that you just can’t see. Even I suppose, even breathing problems, up to a point. Even possibly brain injuries, or neurological… They can be very obvious but sometimes they can’t.

I I’ve spoken to quite a few people from sight loss charities as well, that are another one that initially you’d think, oh, it’s obvious. Someone’s got a guide dog. Someone’s got a stick. Where actually the vast majority of people might not have that and yes.

P No partially sighted. Yes.

I Yes. And just looking at, it’s the family resources survey that I’ve looked at that goes into disability and the breakdown in the UK. When you look at it, they don’t actually ask if its visible or not, but the majority of them are. Very few people use adaptive aids, that they call it, so like a wheelchair or crutches. So, the majority of people who are disabled would come under that category, but it’s definitely not what our general understanding of disability is.

P No… I can’t remember who the author is, but I read um, disability is another... language is funny in how we use it. The DWP has basically taken 1984 as a guide for how to write language. Because you’ve got the support group where nobody was getting support in the ESA. You were left alone. You’ve got basically universal credit, but it’s not universal, it only includes a few benefits. You’ve got all this language getting used, that just damages… and then also there’s disabled as well. It’s like with disabled car parking spaces, which one of my colleagues pointed out, well that would be a bomb site. [laughs] It would be a parking space that would no longer be able to be used for a car.

I Yes, I often feel that with the disabled toilet. It’s not disabled because you can still use it. It’s functioning. [laughs]

P [Laughs] I think there’s a really good short article, or is it a book I had, I can’t remember, it was in a book I got ages ago. It was something like Enabling Society, but I can’t remember who wrote it. It was quite a famous social policy bloke, but he basically said, it’s environments that disable people.

I Maybe that’s Mike Oliver?

P No, it’s not Mike Oliver. I think it’s beginning with F. It’s Franken-something. Frankenstein. Not Frankenstein. That’s the wrong one, that’s awful isn’t it. I can’t remember, but it’s Franken-something. Basically, he was saying, he’s in a wheelchair, he designed a house that someone like me… uh… he doesn’t need a six-foot tall ceiling. He needs a ceiling that’s four-foot. So, that four-foot ceiling would make me uncomfortable. He said you can design a building that disables people really. He did an example of him just operating everything based on his height. That includes everything from worktops to everything that would make, which if I tried to do the same thing, I couldn’t actually work in that environment. And he was like, was twisting around that we’ve actually got a society that created disabilities, you know, and then occasionally we come up with some good ideas to reduce that, don’t we? While there’s lots of things, we could do on the streets to make it a lot more safe for everybody to have a lot more open access to things. Because they were saying a lot of new technology could help out. So, even on the busses, actually I’d find it pretty helpful as well, but a lot of people say like before actually the busses in London actually saying what the stop it is, and saying it out loud, which would help me a lot. You’d always panic when you’re on the bus, before technology took over, because the bus driver would say oh it’s three stops, or the tenth stop that he needs to tell you. You’re always panicking, is the driver going to remember?

I Or you’ve lost count!

P And now all that stress and strain has gone away. Because A, you’ve got your Google Maps that would get you there, and also apart from that the bus will tell you what the stops will be, and you know which stop you need to get off.

I Yeah, and the stuff I’m looking at, it’s chronic illness as well. What we need to make things accessible to that is completely counter-intuitive to capitalism basically. So, long working hours, travel, all of that is a bit of a no-no and we’re more on board with understanding, okay, you can add in a ramp, and it’ll make it accessible for disabled people. But different kinds of things that people need are a bit harder to understand. And yeah, I think it’s where the weird situation we’re in now has actually made it more accessible for a lot of people, because you can go to social events from your living room and everyone’s doing it, instead of having to stay at home and miss out. The weird side-effect of the pandemic.

P Yes, yeah that’s interesting. The only thing I’ve found from the pandemic with the DWP is with looking after people’s welfare, it’s proven to be a very good service. And I suppose, just the report that’s come out today about universal credit and vulnerable people, and how it’s not very good for vulnerable people. It’s a very good report. I think it’s from the Office of National Statistics.

I Yes, they often have very good ones.

P Yes, it’s definitely a recent one that came out today. I haven’t really looked at it yet. Normally I mark something in, but I’m sure you could pick it up in the guardian. It’s a pretty obvious reference point for it. They were basically saying the obvious, but the only thing I was going to say, looking at what’s been happening in the states, if we hadn’t digitalised, there’s no way we would have been able to have as many people processed through to get universal credit as fast as they have done. What’s it [unemployment] gone up by, it’s gone up by about, what is it? Nearly 2 million? It’s gone up an awful lot in a short period of time. I can’t remember the figures now, I only looked at it yesterday, it’s awful, isn’t it? Its old age striking [laughs]. It’s gone up by at least one and a half million, and they said that in the states because they hadn’t digitalised, they couldn’t process payments at all. I think even in America, I think they said they spent over £1.4 billion to dead people, so... You know, when Donald Trump said he was going to give every American $1,400, wasn’t he? That was is solution to do it, but they weren’t going to do any furlough system with that. So, but yeah, $1.4 billion that’s gone to people that are no longer alive. They’ll have to get that money back somehow.

Digitalisation itself is not a bad thing. I’ve always said it’s with everything. The problem with digitalisation is they just think of saving money all the time or saving things. But what they’re not doing, in digitalisation is, there needs to be an alternative to digitalisation. Um around it, and that’s the thing that they’re not willing to talk about or do anything about. The courts are all going digitalisation. All the trends that we’ve had, obviously C-19 has accelerated it. So, home working is going to be accelerated for the white, middle classes. So, they don’t have to go out on the streets in areas. There’s going to be whole areas, what’s going to happen to the high street? Everybody’s moved online a lot more, so there’s a whole lot of trends that have been accelerated. That’s what all crises do, what all wars do, they just give massive pushes don’t they? And I think this is one of the cases where I think everything is pushed, the DWP actually processing everybody onto the universal credit is probably the first [accessible?] thing they’ve had from universal credit. You know? I just don’t think universal credit should have been given to clients… without my clientele, because they’re not with it, they haven’t worked out the digitalisation. And the only thing about universal credit that I’ve been very impressed with so far, has been the work coaches. Because, I was really worried about the work coaches, because they’ve got a lot of discretionary power but with the clients I’ve been dealing with, and the work coaches I’ve been dealing with so far, I’ve not got one, single, bad example in three years.

I That’s really good.

P All the work coaches have been excellent with our clients. Now, whether that’s because I’ve… you know, where there’s staff around, I’ve had a support worker that’s gone with them, or that our clients have been so ill that even the work coach would spot that they’re not going to be able to work. I’ve also had quite a few chats with… a couple of friends that are working at the DWP, they’ve said that their jobs have totally changed. They’re no longer about, they feel that they’ve gone more social welfare, and they’ve said there’s quite a lot of people that are not going to ever be able to work. They’re not quite sure what they’re meant to be doing with them.

I Yes. That’s really interesting.

P Even if they’re having a phone call here and there, they said there’s nothing they can really do. They can’t do anything. They’re never going to work, and now after C-19, anybody who’s not fully fit, or anybody practically marginalised, they’re not going to work.

I Back of the queue, aren’t you?

P Yes. You know, because the competition… there’s no jobs for people to go to. How can you create conditionality for people if there’s no jobs for them to go to, you know what I mean? Or if people are applying for God knows how many jobs, and they just end up like… I remember the 90s, where me and my friends we just piled up whole A4s of paper applications, where we weren’t getting jobs. Doesn’t matter how many times we were trying, they weren’t recruiting, or the competition was so tough out there, you had to be Oxford or Cambridge, or one of the top universities to get the posts we were after. Because obviously, at the time, I didn’t have the experience to go any further on that front. You just have the university degree. Um… but uh, you know, what do we do about it? I can’t say how they’re going to do that. It’s going to be even worse, there’s going to be whole sectors that are just gone. I don’t know how the hospitality industry is going to get back up on its feet again. Uh, and it’s certainly not going to be anything like it used to be. It’s going to take years for it to recover.

I Yes. I think there was a study out, either a day or two ago, saying it’s going to take 18 months or 15 months for businesses to recover. I feel like, how can you even know that when we’re still in the middle of it?

P Well, it’s going to happen again, yeah. I don’t know if you’ve seen, I know you’re probably very busy, but the Royal College of Medicine’s done a really good C-19 series, it’s available on YouTube. If you’re interested in it, they’re pretty good. It’s quite entertaining. Poor Simon, Simon bless him, he’s had a bicycle accident, he’s had a fridge alarm, he was in when the lights went out. It’s become my mini soap opera during the whole of C-19, it’s like during the whole of C-19 I’ve had the Royal College of Medicine, and Simon’s misadventures. When he’s doing interviews, or things that could possibly go wrong. I think his laptop melted on one occasion as well [laughs]. It’s got a whole lot of stuff going on there. It’s quite uh… its quite robust, and entertaining. But it’s also quite a lot of good stuff. They’ve got people at the top of their field on it, and they do a panel one at the end of the month that goes through questions. There’s really good stuff, there’s one on mental health that’s really good. I’m trying to think if it could be relevant to your research. There was one on women in pregnancy, that was quite an interesting one. They also did one about older people, in older people sectors. Then there was one about how well did the NHS cope, and they’ve got one on Europe which is good. But it’s just that… I’m in the middle of the NHS and we’ve just ceased to be a national health service, and we’ve become a C-19 health service. And the thing that was stopped, the only thing that was really stopped was that we didn’t have the horrors of tents as temporary morgues that people would be able to see, that’s what we avoided. Um… but that was only a thing we avoided because the wards went down, they changed the mental health act, people were a lot more ill. People can’t get in, that’s going to affect clients. There’s a whole host of stuff that’s actually happened to people, that’s going to have long term affects around it. There’s a question of staffing effects, we can see that. Also, you can see that… I don’t know... I think it’s a really good thing, we can see that the illusions of what’s been a non-racist society has been smashed out the water. And I…uh… I think that’s, I think, to me, that’s been quite good. I’ve always said for a long time that the UK has been uh… heavily, a lot of polite racists, where people have often had a reasonable sort of conversation with people, and have been quite polite, but when it comes to important things like promotion, like integration, or understanding, or actually giving people job opportunities, or actually getting on with people at work. That’s been heavily missing.

Now, I’ve worked in our sector, and I think we’re a bit more enlightened than other sectors. I don’t know what the university sector is like, you’ll have a lot better understanding than I have. Uh, but I think in other sectors it’s been even more pronounced. I think especially in big corporations, I think they’ve even got imbalances of women in the city, looking at the headlines today on some of this stuff, just thinking, my god. And you do worry about that, and you’ve got all that extra discrimination. So, you’ve got clients that have gotten discriminated against for their mental health, and you think they’ve got race on top of that, because they’re more likely to be in the mental health system. Then you’ve also got women as well that’s added onto that, where they get less opportunities. And then of course, you’ve got the big thing, which I think costs a fortune, is no recourse to public funds which doesn’t actually save any money, because people can’t move on, or people end up in the system just makes their mental health ill. All that happens there is that it costs a fortune in the mental health sector, where they could have, if they’d have been mainstreamed, they wouldn’t have that problem anyway. You know what I mean? So, I do realise… Thank you for letting me digress a bit.

I No, it’s been really interesting to talk to you.

P You’ve been very nice to allow me to digress. This is the problem with me, I do know quite a lot, and also I get quite angry when I end up having to talk about … you know, and reflect on it. The only thing that seems to have been quite good is that I’m actually being able to have good conversations with my colleagues about race, which I don’t think I’ve been able to do that previously. I think that’s quite good, and I think that now, it’s on the agenda where it should be on the agenda. Where I think before there was a lot of racism that was hidden, and I think… that’s the only thing I think is quite good is also, people are starting to tell stories as they… Quite a lot of my colleagues that I’ve known for a long time, and the stuff that’s happened to them, they’ve never said to me about it before. It’s from basically when… one person went for a job interview, at the end of the job interview someone felt … it was quite natural for them to say this, but asked ‘why do black people play loud music?’

I Jesus.

P And then they… had a rant about black people, and playing loud music, and then the poor person at the end of it was saying, ‘*I don’t know’* [laughs].

I Yeah. ‘Why are you asking me?’

P I’ve never associated that with anyone, then it was going on about, ‘do they think we should like their music?’ I was thinking, I only know when I was as a young kid that I used to, as a youth I used to play a lot of music, and I’ve always felt music had generally been loud music. The other day, I was actually going past a car, and they were blasting out bloody the Ride of the Valkyries [laughs]. It was a woman in her 70s. So, do I then go in the next conversation or interview with somebody, why do all women think like Wagner is a… is it a good idea that I would be associating old women with Wagner to every single person that’s in a car? I mean that, you know, it could be an invisible… she could be half deaf, she probably doesn’t even realise she’s playing it that loud. She might be thinking she’s.... I don’t know. But I would never dream in my entire life of ever asking that question to anyone. I’ve had other people tell me about stories where they were monitoring a situation, for a high-level interview. And there was, they had three tough interviews with three people that came in. Then the fourth interview they just had an informal chat, they talked about what was on television and what was on TV, and that was it, and that person got the job. Again, they never said anything about that before, even when there’s procedures in place to stop people from being abusive, some people have got such arrogance about their power, in their position that they feel it’s quite all right to just take no notice of it, and still give people a job. That was a story I was shocked with.

Obviously, they didn’t say anything before… I don’t know if they felt comfortable saying that. Obviously, they didn’t say that for me to repeat that in here, but that was all within the NHS. So, you know, you can’t say that the institutions… Institutions will only reflect society won’t it, at the end of the day. I’ve got another client who’s been arrested four times for noise pollution. And I uh…again, he’s saying, ‘I think I’m getting arrested all these times because I’m black’. And I’ve got to sort of agree with him. I mean he has got a high-risk history, so loud music is one of his triggers when he’s not feeling very well. But I still think he’s being targeted, um… too much over this, because he’s done nothing that I can see, and his health is pretty good. And there’s other ways that you could have handled the situation. The police could have basically got in touch with us, with his brother, and they could have arranged for him to come down to the police station to answer questions on all these subjects. But every single time they’ve done an aggressive arrest. So, that client I actually did get PIP for, that’s why I mention that one. It was a PIP client. I got him £10,000 and then another… so much for ESA, I can’t remember how much. It wasn’t as much, maybe six or seven. He got quite a lot. And I’ve just said to him, time to go on holiday to Barbados mate, for three weeks away. Urgently. Just get away from the police, you know. As I’ve said there’s a lot of problems going on in our society that’s, it’s something that are getting exposed now which is good. I think only openness and education can actually happen if people recognise there’s a problem and if people don’t recognise there’s a problem… The other thing was the government doing the, what were they saying they were going to do another report into race. And then the MP for uh… Tottenham.

I Yes, it’s David Lammy isn’t it?

P Yes. Lammy. He said, well look at all these reports, why don’t you just implement the reports that have already been done with recommendations? Because I think he did one with about 28 recommendations in the criminal justice system.

I Yeah, and that was David Cameron, so it wasn’t that long ago. It really wasn’t that long ago.

P No, they were all within, the ones he was mentioning, they were all within a couple of years and there was about 150 recommendations, and he said, well, why don’t you just implement them? Then we can look at other stuff. Then the other person who they decided to head that commission, doesn’t recognise anything as institutional racism, they don’t think it exists. So…how can anyone go into an inquiry about that, when they don’t recognise it? I don’t know how you cannot see institutional racism. You know, I observe it. But if you don’t look for something, you’ll never find it.

I Well, and if you’re an upper-class white man, maybe you’ve never experienced it. So, in Boris Johnson’s experience, it doesn’t exist, because he’s never been, it’s affected his life. A lot of things don’t seem to exist to him if he’s not directly experienced them.

P I’ve only noticed the difference in my privilege really since I’ve worked in the mental health wards, because I just don’t get… especially when I go on the female wards, because I’m quite tall, I’m white, I’m male. I’ve also got the advantage that I’m not a nurse, so I’m not clinical, so, that helps a bit. But I don’t face anywhere near as much abuse as black nurses, or my colleagues that are women. I just don’t get anywhere near as much abuse. And that’s what I’ve noticed in the five years. I get a lot of respect, people don’t shout at me, or they shout at me for a few seconds, then they calm down quite quickly. You know, and I don’t get harassed anywhere near as much as lots of other people do. And I have noticed that, and I’ve got to say it wasn’t until, it sounds a bit bizarre, but it wasn’t until I was actually working on the wards every day that I was seeing things every day that there was a massive difference between my experience and then other people’s. And it was consistently, or it’s been consistent since day one really, that I don’t get anywhere near as much problems. On the male wards, sometimes I’ve been targeted on the male wards, but that’s a different thing. Because sometimes a white female on a male ward would… has very similar to me because a lot of men will not hit women. And a lot of black men will not hit women at all, they’ll bash the living daylights out of a mental health nurse, male, but they’ll not touch a female. So, you know, not everyone is like that, but there is a high percentage of people who said they will never hit a female no matter how ill they are…

 Anyway, I think we’re done our two hours.

I We are over time, yeah, but thank you so much. It’s been really, really good to talk to you. I hope you’ve found it enjoyable as well, in a way [laughs].

P Well, I think you should bill me for a therapeutic session there... I think… I know your research…I uh… I feel as though you’ve managed to get a bit of PIP out of it. I’ve had a bit of a therapeutic session here with you [laughs].

I Well, that’s good. Reciprocity, we’ll call it even [laughs].

P It is, yes. You’ve let me have a few stories about PIP, and you’ve let me do a few rants. Done my mental health good. Thanks a lot, Alex. I hope everything goes well with this research and I hope everybody else has been equally open, and you’ve been getting plenty of people in.

I It’s been really good. It’s always good, I always enjoy talking to people, because it’s just different experiences, isn’t it? I get to be nosy and see what other people’s lives are like.

P Well, you’re very good. You just do a little prompting, don’t you? My technique you’ve done there, it’s much as I do when I’m doing a PIP. Just little questions and let people do a free talk. I suppose I’ve given an example of you can see how I work, and how much information you can get by doing it the way that you work. That’s exactly what I do when I’m doing PIP. This conversation is you’ve been me, and I’ve been the client.

I How does that feel? [laughs]

P [laughs] Well, quite good actually. But as I say, it’s been very helpful. Anyway, I’ll let you go, Alex. I know you’ve got an awful lot to do. I’ll let you fly. If you need any more information, or if there’s any clarification points, or anything you want to go over with, or you want anything made more clear, or you actually want a bit more information just don’t hesitate, just drop me a line, I’d happily help you out.

I Thank you, have a good weekend too.

[End of recording]