# Ken 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 11 June 2020. Ken was a Welfare Rights Adviser for a small, local charity with independent funding in West London. The transcript and written reflection have been anonymised, with identifying names and places removed, or replaced with pseudonyms.*

## Written Reflection

I give below a summary of the case.

Female 50, suffering from Mobility issues due to arthritis and who is virtually housebound.

She has been receiving PIP – Higher Rate – Care & Mobility.  We helped her to complete the PIP Review Form and an assessment was arranged.  She attended by taxi with her daughter.  It was apparent at the interview with her that in addition to her mobility issues she also presented with a mental health issue.  (I used to work for [a mental health charity])  I discussed this with her and she said that she suffered from severe anxiety and that there were days when she could not leave the house due to her mental state.  This was recorded on the review form and I particularly emphasised the concerns around her Mental Health and the fact that I had signposted her to M H Team.  At the assessment she was not asked about her mental health and was only asked to show her hands.  She told them she could not get on the couch for an examination as she was in too much pain.  The outcome of the assessment was NIL points.   We requested a Mandatory Request but the response was a rubber stamp of the original decision.  We appealed to the Tribunal and PIP was reinstated at the High Rate for Care and Mobility.  It was interesting to note that the medical member of the team was a mental health specialist and she dealt at length with her anxiety issues.  Whilst they recognised that she had serious mobility issues it was felt that the mental health aspect was of equal importance.  If we had not explored her well being issues with her, this disability would not have been picked up.

I adopt a holistic approach with clients and explore their well being issues.  It is often the case that what they present with is often the tip of the iceberg.  Many of our clients are from cultures which regard mental health as a stigma and it remains hidden or masked.  Through empathetic questioning we are able to help the client seek the correct advice and treatment but also ensure that they receive the benefits they are entitled to.

## Interview Transcript

I= Interviewer P= Participant

I So, if you could just quickly confirm for me, you've received the information sheet and the consent form?

P Yeah, I emailed it back.

I You did yes, and you're voluntarily participating in this study?

P Yeah

I Thank you. So… I thought if we could just start off, if you could tell me a bit about the organisation you work for because I had not heard of it before.

P Right. Okay, well it's a local organisation established about 30 years ago. So, it was set up really to look at the…um the plight really of BAME...initially, who were having difficulties with finding housing. So that's how it starts off. And then it's expanded, so that we now offer a range of services, such as preschool facilities, family therapy, one- on-one psychological therapy, food parcels, drop-in, advice and advocacy and everything else besides the kitchen sink. So, I mean we're there to answer people's needs. Our main client base, at the moment, are Somalians, Eritreans, Ethiopians, quite a lot of Syrians. But generally, anybody on a low income with children, or having problems navigating the various systems.

I Is that quite a recent thing that you've branched… or the organisation has branched into advice?

P No we've been doing it for quite some time now. The advice and advocacy was done on an ad hoc basis before and then the trustees decided, a couple of years ago, that they needed somebody to make it into a dedicated role so that’s when I came on the scene because it was found that there were more and more cases. I mean, our psychologist was dealing with it before and she just found that it wasn't really… So that, that's why. But we, we are also very much a campaigning organisation as well. So locally, we've campaigned on work quite closely with other organisations in the area. But as a charity, of course, it's limited.

I So where were you, where were you before you joined this organisation?

P I was with [a mental health charity].

I Was that for quite a long time?

P Yes, it was, I was there for seven years. And so, working for [them], I did lots of courses and before that I was in teaching. I did a lot of educational psychology, so it all helps … my last teacher role was in a prison. So, I came across a lot of social issues there which stood me in good stead.

I So how did you…that seems like quite a circuitous route to, to where you are now, was it sort of, it kind of just ended up that way through your different experiences?

P Well no, what happened is, I'm working for [the mental health charity], I was doing the same kind of thing for [them]. Unfortunately, our funding came from the Clinical Commissioning Group (CCG). And of course, they decided they were not going to renew our contract, because they thought we were too expensive and because, what we were doing really was social prescription. They didn’t want that, they decided that the new contract would not be social prescription, it would be more or less signposting. Yeah. So, we said, Sorry, as [charity], we're not in that. So, we lost the contract. I was made redundant. Two weeks after I was made redundant I had a call from the Law Centre, who we work quite closely with and [a colleague] said ‘look, are you still looking, are you looking for work?’ she said, ‘because there's a vacancy at [current organisation]’, found this project allowed me to have a word with them. So that's how I got there.

I Brilliant- two weeks after redundancy, that's not bad.

P It was more or less, sort of…going to…we were negotiating going and doing some work for them, but it wasn’t going to be in the immediate future it was, it was whether their trustees could afford somebody further on down the line maybe, six months hence. And this came up, so off I went to the interview. It was weird it wasn't done very formally. It was an interview with, with the CEO and the psychologist there, and they just said look, ‘would you like to come in the following week and do a day with us and see how you get on?’ So that's what I did, I went in for the day. They obviously asked the clients how they found me, the end of the day she asked me, ‘how did you find that?’ I said great, she said ‘would you be interested?’ Yes, when would you like me to start? and they said consider yourself started!

I Yesterday

P It was all, it was all very odd, but it worked out very well and I’ve been there two years now.

I So could you, could you take me through sort of what, what you do with your clients is that what you call them?

P We call them clients.

I Clients yeah. So, maybe sort of just broadly from when you first meet someone and sort of take me through the process of what you do.

P Yeah. Well, basically, they… they’re usually known to us because they've registered with our service, they probably have children, either currently attending a preschool group, or an after-school activity. Or it could be that they they've been with us and from time to time they have problems and they still come back to us and we’re the first point of call. So, what then happens is our administrator will then triage what their needs are and depending on what they need from us, will refer to one of us. So, if it's, if it's a housing issue, if it’s a benefit issue, if it's a debt issue, they will then initially refer them to me. So, then we set up a one-to-one and, at that, I take the approach of looking at the client holistically, because I'll often think if they present with one issue, there are probably several underlying issues which need to be teased out. So that's how we… that's how we get there.

I And so, it seems so you do housing benefits and debt as well. That's quite a lot, isn't it?

P It is a lot. But luckily, we have some very good local partnerships, so we work closely with our [local] Law Centre and with an… the local authority here, I have to say, is brilliant.

I Oh good.

P Because what I've managed to do, it could be because I used to be a local Councillor, but what I've managed to do is, by speaking with a couple of the directors of social services and housing, I've managed to get an allocated key officer, as the go to person.

I That's really good.

P Believe me, it helps. Sadly, I don't have the same cooperation from the surrounding boroughs which we’re dealing with. [Local authority], they are very, very good. And they work very closely with all the various organisations locally and what we have in [here], is the law centre has organised it, we have quarterly advice forums, which comprise of Shelter, Glasspool, Migrants Help, Age Concern, you name it, it is there. And it's like a talking shop where we exchange, where we network, but also, they put on some very good workshops on various benefit issues and development. So, we're quite Luckily, we're quite lucky…here with that.

I Yeah, sounds like a really good way of making sure you're, you're sort of covering a lot of areas.

P Exactly. So, we know through that networking, we're all able to sort of signpost with them and discuss. And it just, it certainly eases the burden it's not, we don't have to go searching for it and say well, who could we… who could be help for him, because I know I can ring somebody and say, look, I've got this case, do you know there is no…. it's like no recourse to public funds… so it's, it's…useful having that network and it's hard establishing the links but once you've got them, the trouble is when people leave.

I Yes. Is there also a bit of trouble… it sounds like a lot of these are charities and sort of funding and scope of what you can manage, is a tricky thing to balance?

P And of course, what it does mean is that they are reliant on funding. I mean, luckily for us we're not reliant on government, or local authority funding, which is a big, it's a big help, because that means every so often, you're putting in another tender in, and it goes all over the place. I mean we, we’re lucky in that we're largely funded by an organisation called the [removed]. Do you know them?

I I've not heard of them, no.

P Well, it's interesting. It was started locally, originally by [describes founder]. And he set up this philanthropic trust [name removed], and it's still going […]. I mean, the bit oldy worldy but charming and, you know, you, you go along and do a presentation to them. And it's not… well, ‘is there anything else we can do to help apart from funding you?’, you know so they are… so fingers crossed it won’t dry up.

I Sounds very different to justifying the funding from a local authority and the tendering process, very different.

P I mean, the local authority do from time to time, give grants, but they're not contracts and they're no strings attached. So that's something, we make sure that we've got the local authority on board with us. We did go through a bad patch with the previous administration who are now in opposition, where we had Sure Start and they wanted to close it down and all sorts of things but that's all in the past now. But we do campaign, and we get lots of local support so that's good. We also do Food Bank and clothing, so, it's amazing. You know, what I find is amazing are the companies and the individuals who just donate.

I Yeah, it's a tough one because I think on the one hand, part of me thinks it shouldn't be up to individuals, or philanthropic…I always struggle to say that word.

P Yeah, I agree.

I But then, it's interesting what you're saying. So, the way that your organisation is funded it's probably a bit more… gives you a freer hand to do what you want in the local area?

P Yeah, I mean also, it also gives us the freedom to speak out.

I Yes, exactly. Yeah, very interesting. I want to, if you could just talk to me a bit more you mentioned previously, and in your reflection, about your sort of holistic style of when you get people in for a face-to-face, so just a bit more about that would be really useful.

P Yeah, well, what I do, first of all, I say, okay, so you presented with say a benefit issue. So, this is your priority at the moment, let's explore that. So, we deal with that first. And then, and then after that, I say, now, I'd like to talk about your wellbeing, how is this affecting you? Is there anything else, which you'd like to discuss with me? And as a result of this issue, is it affecting you in any other way? And usually, they say, ‘well yes, it is’, ‘I'm not sleeping at night’ or, ‘I'm not eating’, ‘I'm worried about things’, so then I'll branch out say, well have you sought any help on this? And then we try to… try to tease out what it is and then signpost them, say well look, have you spoken with your GP? If it's a debt issue, I can signpost them to cross light or one of the other agencies, depending on their character we use various debt management companies…charities should I say. There is is a local one [name removed], who are very good, but they're overloaded. I find [name removed] very good, because they will, if they've got capacity, they will actually go and see the client in their home. [Another organisation], I'm a little bit loathed to use, because they they've got a bit over bureaucratic. So that's, basically the ones we use, if it turns out that it's…uh…there could be a legal issue then it will be the law centre, who are very good. Because quite a few of the issues come, stem from immigration problems and as we're not experts in immigration it's best that somebody who knows handles it.

So that's the way we work. And then, after that, I mean obviously I'll do the paperwork. And then, after a month, I always then… if I’ve obviously if the thing can be resolved then, then that's fine. Often in these cases, it's ongoing. If I don't hear anything from them, I don't assume everything must be okay. I'll go back, do a follow up in, in a month and say look, you know, how are things progressing. In 50% of the cases it's been resolved but they just haven't bothered to let me know, in the other 50% well, they just haven't heard anything so this question of then trawling back and... working it through. If it progresses through mandatory reconsideration, then onto SSC1 to tribunal then obviously that, we process that.

I So are you involved, sort of in the form filling at the beginning and then the tribunal as well?

P Yeah. So square one right the way through. Yeah.

I That must give you a really interesting perspective of the whole process?

P Yeah, it is. I can see the development and how… what is interesting how during that course it affects the client.

I Mmm… could you tell me a little bit more about that, please?

P Well, obviously, they get very anxious because maybe a benefit’s been stopped. So initially, whilst we're appealing the benefit will back but at a reduced rate. This then begins to affect them because there could be debt issues arising. It's also very worrying because, in the back of their mind is, what's going to happen, will it go, will it be accepted. Once they get a hearing date, I mean they're on tenterhooks. ‘Oh, I'm going to go to court, I'm going to court, are they going to grill me?’ And so that's a calming down exercise. No, it isn't anything like that. I'll be with you at the tribunal, don't you worry about it. And um…so, it does affect their wellbeing, the whole anxiety surrounding it. And this is, unfortunately, something which the DWP doesn't seem to understand. It's this vast bureaucracy following their regulations, and what they leave out is the human element. Now having said that, to be fair, there are some officers there who are empathetic. They're very, very good, because we also work with the partnership managers. They’re a totally different breed to the assessors and the decision makers. And they're sort of like trouble-shooters, working with the various organisations. Now the two I deal with, I've always found them really helpful, and they've been able to cut through the crap and get some sort of resolution for me.

I So that's good, that's interesting I've not heard of them before.

P They’re called partnership managers. Now, if you're an organ or a local organisation, they, there's a partnership manager who, their role is to act as liaison. They will inform you what the department's doing, they attend the advice forums, any issues which we've got, we can feed through to them, and they are then meant to feed it higher up, but as they say we can feed it up, but whether they'll act on it is another issue, but at least they're a channel, where we channel that discontent. So, they are useful in that respect.

I Hmm, sounds like it's a more effective way of communicating.

P It is, it's not as good as it used to be. I mean, I can remember when I started at [Mental health charity], we used to have, what they called escalation managers. Where I could actually ring a decision maker, usually in Glasgow or Belfast. All that's taken away now, it all goes through the call centres. It's impossible because they then say, ‘Oh, I can't handle this, I'll send an email’. So, we that, that sort of props been taken away, I can't speak to them and that makes that makes a problem. The other issue, our big, big bugbear are Atos, Maximus… because these people are shysters, I mean they really are. They're just oblivious to what people say and they lie. I mean, I tested them out. In the same way the woman who was an MP, and she…I can't remember her name now. But she was talking at one of the select committee meetings, that she actually went with one of her constituents, and how when the report came back it was, it was completely different to her recollection. So, I did that with one of my clients. In fact, I … I um, she was in such a state that I did most of the talking for her. When the decision came back, she was articulate, she was mobile, she had no issues. I could, I honestly couldn't believe it.

I I think there's, there's a lot of issues with that, that side of the process with the assessment and the reports in particular, how have you found that issue when you go to the tribunal say and how that's dealt with there?

P They’re brilliant. So far, the judges I've had, they've been on our side. They've been rreally good, and thorough and it's quite clear to me that they are… peed off with the with the approach of the DWP. I mean, it comes up time and time again. Look, you haven't done your homework, you haven't done this, you haven't reached a decision based on proper recall on the facts. Very rarely do they ever send anybody to the tribunal. In my case, I've only had it once, and that was following an adjournment where the judge said, ‘I can't understand the regulations you're using; I want you here and I want you to explain in person’. The guy did turn up, but he didn't have an answer because whoever made the decision didn't supply the reason and she kicked it out. And I said to him afterwards I said, Oh, I'm sorry but he said ‘oh, don't worry, this happens all the time. I'm there, I'm DWP, I just go in there, they fling the mud at me and that’s it’.

I How does that process sort of affect your clients, because it must be, it must be very strange for them?

P It is strange for them. I mean, they don’t understand why they can't see somebody face-to-face and talk about it initially. Now, ‘why can't I speak to a decision maker? Because if I could speak with them, they'd understand’. ‘How can they decide on just paper? How can somebody 200 miles away, make a decision about me, when they don't understand my circumstances, or even the area I live in?’ And, interestingly, one of the partnership managers, he’s coming up to retirement now, but he used to be a decision maker and he said he would, when he was a decision maker, everything was local. And he knew the area, knew the pockets of deprivation. So, he said, I could see that where that person was living could be impacted. But he said, unfortunately now, my generation of decision makers have all gone. And they've been replaced by people who don't have the same local knowledge, or even the same empathetic approach. He said the whole department has changed, he said ‘what you've got to realise is that we were part of the welfare state, and now it's get people into work, get people into work. So, the officers they now recruit have a totally different outlook than we had.’

I Is this something that the tribunal addresses as well, because that's obviously at your local, either magistrate's court or..?

P Exactly, exactly. And of course, the tribunals, the people, especially the medical members, usually have a pretty good knowledge of mental health and mobility issues, and they can see exactly the situation, and they're the ones who obviously have a big impact in what the, the outcome is.

I Yes, I noticed you said in your reflection with that particular case, the, the medical panel member really helped there. And could you just give me, maybe a bit more detail about that case and sort of how that worked out at the tribunal?

P Yeah, well, funnily enough, she was umm…basically, the tribunal member was a [mental health charity] patron.

I Oh, okay.

P So she, she was obviously clued in very much to the, to the mental health aspect. She, she's done a lot of… I mean, she herself had some mental health issues as well and she's written lots and lots of papers, so she understood the stigma which my client presented with, being a sort of BAME, and the fact that, you know, I can't talk about this in my community. Well, what she was doing was looking at the mobility issues and hiding the mental health issues. Now, because, because of the mobility issues, where she couldn't get out. I mean, obviously, I said when she couldn't get out, she could go to the local shop, but any big shop her daughter had to take her in the car and she said, if I go to a supermarket, it's leaning on a trolley to give me support’. But then she lost all confidence because she thought, well, you know, I can't, it's not this, it's, it's the whole thing, being locked in that is doing my head in basically. Now, this is something she couldn't discuss with the local community. Now, she'd obviously discussed it with [Lola} the psychologist at the centre, but she didn't want it to come out. This woman had been known to us for many, many years. She's got grown up children now so she, she first came to prominence when her daughters were young, and she suffered from domestic violence. So that's how she was on our books. So, [Lola], I mean, it took me a while for her to have confidence in me because she thought everybody was, you know, going to ridicule her. But once she had confident, I said now look, we've got to, we've got to push this, and you've not got to be afraid to say about how it's affecting my mental. ‘Oh, I don't want to go out’. I mean, she got to the stage where I went around to her house and she's drawn the curtains, the curtains are drawn the whole time. ‘I don't want people looking in’ because she's on the ground floor. ‘I don't want them to see me’. So, it's almost as if she's trying to lock herself away. Now, I thought that is a real problem. So, we managed to get her, and this was a real breakthrough, we managed to get her to see her GP. Luckily, we have good links with her GP. She'd only talked about her mobility issues and said, ‘oh, I feel a bit depressed’ and so that hadn't been explored. But she, we managed to get herself to back on track. So, talking therapies, and she's now given her limited mobility, she's more confident. She is more confident, and she's been empowered in a way. She doesn't mind I mean, obviously, it's… within her community, which is Eritrean, I mean it's sort of one of those things which mental health is something you don't talk… you can talk about your mobility issues, that's okay that's understood, anything to do with the mind, and that was what was dragging her down. Now all the assessor saw was the mobility issue, even though she said she was anxious, she had problems sleeping they just put it down to mobility.

I Do you think that's because, that's the easier thing for us to understand rather than Mental Health?

P Easier and it’s also because the people they employ don't have…I think they have eight week's training, how on earth in eight weeks training can somebody who hasn't had mental health experience get a grasp? I mean, the person who assessed her was a physiotherapist. So, you know, I'm sure there are physiotherapists who do have some knowledge of mental health, but in general they won't. So, a physiotherapist does the assessment, it could be a nurse who does the assessment, not necessarily has mental health experience, it’s probably a generalist, even where there is a GP, it’s probably a generalist.

I It seems from the tribunal panel as well, it's a bit of chance as to whether you get people on there that are familiar with these issues as well, so with your case it's sort of luck that you've got a patron of [a mental health charity] who was aware of that.

P It is… it is a bit of luck of the draw. But, I mean, I've… touchwood I've found so far, the panellists have been… have been pretty good, and they have done their homework, I mean they know the paperwork, they've read it thoroughly and they've come up with all the right questions. In fact, in a couple of cases, whilst I would, if I'd been on the panel, recommended the lower rate they've for the higher rate [laughs]

I [laughs] Did you keep quiet then?

P I thought, well, yes, I can see this, but hmm I don’t quite think it's higher, but I'll push for higher for them. And they've gone for higher even though I'd have gone for lower. That’s the way it goes.

I You talked before about your clients, when they get their hearing date and there's that anxiety about going to court. How do you sort of support people through that?

P Well, what, what I do is I tell them exactly look, it's… when you hear the word court, you think of juries, wigs, people standing up in a box. It isn’t like that, it's a room. Sometimes a rather nice, nice room with a long table in. Three people, or maybe only one person who sits behind at one side, we sit behind the other and it's like a conversation. They will open up, say ‘so and so, could you tell me a little bit about why you're here today?’ Or if you feel you can't say that, you can say, ‘I don’t feel I can’ and I'll do it. If you need an interpreter, they'll be an interpreter there. Um, so it's…think of it as a conversation, it's, it's in the room. It's not a court room, there's nobody there who's going to cross examine you and make you feel small. They will ask you questions, but they'll just ask questions because they want to know what your experience was. Now, if the DWP sends somebody, they will also then question them. And then you, or I, have then got the right to ask the questions of them. And then at the end, they'll listen to all this, and usually they will then say, ‘do you have anything else to say?’ That's it. And then what happens then, we’re just usually asked to leave the room, whilst they make a decision. And then about 10-20 minutes later they call us back in and we know what the outcome is. And that is it. But you don't have to worry, I'll be here to hold your hand and that seems to be okay, once they've got the idea that it's not a court room with the public listening in, that it's, it's private, then that, that's okay. I think it's just unfortunate that it's, it comes under the court system and court means something frightening to them.

I Yeah, it's got other connotations hasn't it.

P Yeah. And I have to say, the tribunal we use, [name removed] the staff there are very good. They're very welcoming, they're very empathetic. It's, it's not, it's not a hostile environment, so pleasant waiting room, whether which particular Clerk it is, will come out, introduce themselves, and they also go through and give a little explanation of ‘now when you get into the room this is what happens, and I'll come and collect you when it's your time’. So, all that is, you know, before they go into the room. Okay, they're anxious, but at least it's not a hostile environment it's a, it's quite a pleasant waiting room, in fact, I quite enjoyed going there [laughs].

I [laughs] Do you think it's, so how people feel sort of during, and after because it's quite different to their assessment experience?

P Very different, because usually when, when they get there, they say ‘Oh, it's sort of like, yeah, this is not what I thought’. So, when we go in, it's quite relaxed because they take you, the clerk comes and collects you and is quite chatty usually, most of them are very chatty, and ‘did you have far to come?’, maybe a comment on the weather. So, so it's taking that away before they actually get into the room. When they get in the room, they usually say who's who on the panel and say ‘hello, please take a seat’. And I'm so and so, this is so and so. So, the whole start of the proceedings is fine. Now, that's what I've experienced, I mean, the… I am told by some of my colleagues that there's some shysters there, but I haven’t come across them yet so… And then, usually, I mean, you, you can tell they're very tense during it and often there's a lot of emotion, tears and that sort of thing but…um and then, as big relief at the end. And so, we go out and sit and it’s like ah thank God for that. And then of course when, if the decision’s in their favour – WOW! So, you can see their burden’s being lifted, it’s good for my morale.

I Yeah, sounds like that's a really good part of the job.

P There's only one case I've lost and that was a housing benefit and that was because, I'd said to the client, I said, you don't have a leg to stand on. You know, you were not up front with the council. ‘Oh, but, you know, they've been unfair I wanted to go’. So, I said, okay, we'll go, but I'm telling you now, you're not going to win, I’ll fight for you, but you're not going to win. And this was, this was a case where the woman claimed she'd had to go back to Ethiopia because her mother was very ill, and they didn't think she would survive. So, she went, unfortunately for her she booked a ticket, a return tickets six weeks hence. She said, oh, she wasn't aware she was going to stay so long. She knew about the four-week rule, so, the judge, she said, ‘well, look I'm very sorry about that but I've looked at all the regulations, there's absolutely no way I can look at this’. She said ‘because you had a return ticket and there was a definite…’, ‘Oh well my brother booked it’. ‘Yes, but you must have discussed it with your brother’. ‘Well, I didn't realise it was, it was for six weeks otherwise I’d have said such…’ So, this is the way she was arguing, she knew it.

I Yeah, it's tough when it's, I guess it's the, it's the rules, isn't it, that you're, you've got to go.

P Now, now, you know, the judge called me back afterwards. She said, ‘look I'm terribly sorry about this, but if I'd looked at on compassionate grounds, she said, you could have gone to the upper tribunal’. She said, because the lady did this, she said. ‘Now, if, if you could have, this is something for the future, if there's a case like this in future, if you could find out from the brother, or if it's a relative, if they're aware of the circumstances and try to unravel it from that angle’. But she said, as the facts stood, she said there was nothing I could do on it. At least she, you know she understood. I mean, I think the woman was genuine in that she was worried about the mum, the mum did die, she did stay six weeks, but she did have a return ticket and it was there in black and white. And then she said, ‘I'm very disappointed in you’ afterwards. I said, ‘well, no, I said, I did tell you what, what I told you is exactly what the judge told you’. So, so if there's any, any blame to be laid, you go to your brother and yourself. She hasn’t been back.

I It's interesting that there can be, sometimes be a mismatch between what, maybe clients think the process is and what it actually can offer people.

P Yes. Well, what we always say to clients is now look, the minute they say ‘oh, I'm going home’ I'm going so, so, so. I say are you aware of what can happen? If you're on housing benefit you must inform the local authority that you're going to be away, if you're going to be away more than four weeks you have got to tell them, there's no excuse. ‘Can you tell them?’. No, it is you who must tell them. So, any change in circumstances, it is up to you to let them know. So, we try to empower them to do that, so, they are forewarned.

I The one example that you had given me, I know you'd said that she sort of had quite a lot of difficulty, talking about her mental health issues within her community, was that something that she also found quite difficult at the tribunal to talk about?

P Umm yes. In fact, she was in, she was in tears, now what I did, what I did... I mean her English is, is, is quite adequate. But what I thought the best thing to do would be to get an interpreter. She was in tears, most of the time to be, to be quite honest, I mean when she was asked about how she felt, I mean she found that very, very difficult. Luckily, the, the tribunal medic said, ‘I know my dear’, she said ‘that this is very, very hard for you, but I'm trying to get a picture of what you're going through’. So, she, she framed it in such a way that she felt able to walk us through that. She said, ‘I can't cope with it. I just can't cope’. It did come out that she sometimes said well, things like ‘I sometimes wish I could just go to sleep and that's it’. So, so she did it, I mean she could open up to that woman because I think she felt that the way the tribunal member framed the question, the way she framed the question, she could sense that she, she wasn't hostile. She wasn't, you know, she wasn't trying to make a fool of her.

I And it seems like that, it's that manner could make a huge difference.

P Yeah, I mean we did explore, I mean I've explored with us in some, [Lola’s] explored, well you know different cultures have different things because she said ‘though in my community, ooh its sort of spirits’ and all that sort of thing. I said, well it's not, it's not like that and you know it's not like that now. And gradually, and also going to back on track, she realises that it's largely ignorance on the part of the community that really, she was dragged along with it as well.

I I think that's probably the same in a lot of different communities as well.

P Very much so, yeah it is. I mean, it's what we try to do… well, I mean what, what, what we've got at our project is [lola] she has um…it's like a mother and children, or mother and babies group, where they can come along and talk. Now, what [Lola] does is a bit of re-education, so when they talk about spirits and all that sort of thing, she tries to tell them about, you know, how the mind works and how different traditions look at things because they don't understand. They don't understand something they can’t see, and she relates it in. Some, some of the younger mothers are much better because many of them have been educated here, but the ones who come in, they're still in a state of ignorance when it comes to mental health issues because of what they've been told at home. So, having said that, some of the indigenous population are like that as well, they don't understand.

I Yeah and is that what you were saying about her focusing on mobility, if you can see it, you don't need to explain.

P You can see it, and people can be sympathetic. Although she did say something, she said, you know, ‘back home, if you are like I am, really, it's just tough, get on with it’.

I Yeah, it's really hard. It must be quite hard unpicking that and getting someone. Yeah… that because it's a lot to deal with, for your own sense of selves and then what's going on and then to have to explain that to some a room full of strangers.

P But the, one of the outcomes was that one of her daughters was, well, she’s doing A levels, and then going on to Uni and she's decided she wants to do psychology, which is quite interesting. Her daughters are very, very supportive. That's one good thing is, she's got very supportive daughters.

I That's really important as well. I think that it's the, the sort of the family support and local support, so what your organisation does can make a real difference. So, let me just quickly check my notes.

So, I have just, maybe one last thing to ask is, is there sort of a difference in your approach when you get someone who's maybe got an invisible illness and someone who's got something that is visible? Is there sort of anything different that you do?

P Um, well it's the line of questioning is obviously different, because I want to… I don't want to put them off, but I want to tease out what, what the underlying problem is. So, depending on the individual, it's a question of, of the tactics used. Other questions I’ll ask, I mean, maybe, how does your family think about this? Do you talk about this with the members of your family? Sometimes they don't want to do that, so can we do this, do you have a close friend? It depends very much on the individual on the line I take. Without having, without your witness, it, it is very difficult, depends on the individual. I mean some, some people are quite tearful, because they're hiding something and it's teasing out… Some people are quite aggressive, ‘what you saying?’ and sort of saying, ‘why you… what's it to you?’ So, the aggression is to cover it up, so you know, I'm not…we don't have to go into it, I'm not, I'm not trying to pry, all I'm doing is you came to me, you've asked for some help. Now, if I'm going to give you help, you got to be up front with me. If you're not, there's not much I can do. Now I can help you with this, I can do that. But if there’s something else and then obviously, we'd like to help, if you feel you don't want to discuss it, that is up to you, we don't have to. I don't want to pry; all I want to do at this time is to see what we can do. You've asked for assistance from us, we're trying to give you the best we can. Now, if you don't want to discuss it but if you think… you go away, think about it and you want to come back and talk just give us a buzz. So, it's because the aggression, sometimes the aggression does come around. And then they usually come back and say, ‘oh I'm sorry about that’ or you know, ‘I thought you’d think I was silly’. I say we don't, we don't judge anybody.

I It seems where this would be, the fact that you do so many different things and you've got that link in communities, makes that much easier, so it's not just… you've gone to [another advice organisation] for the first time, and it's all new.

P Exactly, and I also say to them, look, because [Anna] who is the CEO, I mean she's been, she's been there since it started, 30 odd years. I said, but look, I'll tell you what, have you talked about it with [Anna]. So, I know you trust [Anna]. Now [Anna] told me to speak with you. So, I said well, if [Anna] says speak to me, then, you know you can follow [Anna’s] advice. It's all [Anna, Anna, Anna]. I mean, the funny thing about [Anna] is she, she's a CEO but she'll, she'll serve the food at the after-school club, you see her cleaning the tables, the whole lot. And she said, ‘oh this will make you laugh’, she said, ‘I was clearing up after the after-school group’, she said, ‘one of your clients came through and said, ‘oh, I want to see him again, could you tell me when there'll be somebody I can speak to, to make another appointment?’’. And she said, ‘oh well I can’. And she said ‘well, oh, you can make appointments?’ She said ‘yes, I'm the CEO’.

I I think the world would be a much better place if we had more CEO's cleaning tables.

P Well this was what she said, she said ‘you know I've seen them all, I've seen them come’ and she said, and she said ‘you can get to the top and you lose sight. I need to keep in touch with what's going on, on the ground. If I don't, we won't be here, we'll become just another organisation’.

I Yeah, I agree with her. I think she's right. Well thank you so much, it's been really useful. Is there anything else?

P I hope it has been useful.

I Yes, no, it definitely has. And it sounds really, really fantastic what the organisation and what you're doing is so thank you for doing that and for speaking to me about it.

P I look forward to reading your research. Do you know when it will be finished?

[Recording ended; interview moved onto informal and unrelated conversation]