

Psychologists and the Benefits System



Time to get off the fence

**7th October 2016
09:30 to 16:30**

**St Thomas Centre, Ardwick Green North
Manchester, M12 6FZ**

**£65 for waged attendees
30 free places available for
unwaged attendees**

To book visit

<http://tinyurl.com/zwaxz1q>

All food vegetarian and dairy free

For other specific dietary requirements contact s.weatherhead@lancaster.ac.uk

Find us on Twitter @SteWeatherhead @maddoggie2 @RobJParker

Event programme

- 9:30 **Registration**
- 9:45 **Welcome address**
Peter Kinderman, BPS President
- 10:00 **The rise of an 'anti-welfare commonsense' – stigma, neoliberalism and welfare reform**
Brigit McWade, Research Associate, Lancaster University
- 10:40 **An Introduction to Democide**
Rick Burgess, Disabled Human Rights Activist & Artist
- 11:20 *Break*
- 11:45 **Personal independence Payments (PIP) and Medical Assessments**
Workshop A - Camilla Hogg
- DWP Mental Health Safeguarding Procedures**
Workshop B - Dan Norris, CPAG
- As I write this letter: DWP reports and letter writing**
Workshop C - Aayesha Mulla, Liam Gilligan, and Sarah Davidson
- 12:45 **A public health perspective on money, debt, and welfare**
Gregor Henderson, Wellbeing & Mental Health National Lead, Public He
- 13:15 *Lunch*
- 14:00 **Welfare, Conditional Citizenship and the Neoliberal State**
Sue Jones
- 14:45 **Loss of Benefits and Suicide Risk**
Joy Hibbins, Founder & Director of Suicide Crisis
- 15:30 *Break*
- 15:45 **Yes actually, we are all in the DWP's chain gang together. And we need to break out together.**
Paul Atkinson
- 16:15 **"There but for the grace of God..."**
Plenary with Nicky Hayward, Stephanie Taylor King, & Paul Wilson

The rise of an 'anti-welfare commonsense' – stigma, neoliberalism and welfare reform

Brigit McWade

Research Associate, Lancaster University

This presentation will explore what social, economic and cultural conditions have made it possible for successive governments to reform and ultimately dismantle Britain's welfare system.

There exists significant scholarship that link neoliberal ideologies with such changes, underscoring free-market economic policies, a shrinking state and deepening social inequalities. But how has consensus for these changes been secured?

Drawing on research conducted with Professor Imogen Tyler (Rethinking the Sociology of stigma: <https://thestigmadoctrine.wordpress.com>) I will explore the relationship between welfare reform and 'heightened stigmatization in daily life and public discourse' (Wacquant, 2010) to reveal stigmatization as a central dimension of creating an 'anti-welfare commonsense' (Jensen & Tyler, 2015).

Loss of Benefits and Suicide Risk

Joy Hibbins

Founder & Director of Suicide Crisis

Suicide Crisis is a charity which runs a Suicide Crisis Centre in Gloucestershire, providing individual support to people who are at risk of suicide.

The presentation describes the work of the charity and explains how the loss of benefits can impact upon a person's suicide risk. The presentation includes anonymised information about specific cases of clients of Suicide Crisis.

In addition, a Suicide Crisis ambassador will speak about the impact of loss of benefits upon him.

Personal independence Payments (PIP) and Medical Assessments

Camilla Hogg

Camilla has personal experience of claiming several health related benefits including ESA and PIP. She now facilitates a range of full day benefit courses for her trusts Recovery College.

This workshop will think about Personal Independence Payments and look at how to fill in the form and to think about the medical assessment and how to support clients through the process.

DWP Mental Health Safeguarding Procedures

Dan Norris

CPAG

DWP mental health safeguarding procedures. These are a little known set of rules which encapsulate the DWP's responsibility to claimants with mental health problems and their duty to be cautious before ceasing or sanctioning a client who has mental health. Crucially, when the procedures aren't followed, decisions to stop or sanction benefits of claimants with MHPs can be overturned.

For example, before a sanction is imposed on a claimant with MHP, a home visit should be attempted and a decision to cease benefits of a claimant with MHP who fails to attend a medical must be referred to a senior manager.

These safeguarding procedures are internal DWP guidance rather than social security statute, but very useful nonetheless. The safeguarding procedures are often ignored by DWP staff and have been successfully used in parallel with formal challenges to DWP decisions (i.e. mandatory reconsiderations and appeals).

The DWP often fail to abide by their procedures and advisers have used these failures/omissions to get disallowance or sanction decisions rapidly reversed.

The workshop will concentrate on the practical application of safeguarding procedures to support clients with mental health problems and include background information, supporting documents and draft letters.

As I write this letter: DWP reports and letter writing

Aayesha Mulla, Liam Gilligan, and Sarah Davidson

As mental health clinicians, we often witness the impact of people's social circumstances have on their emotional and physical wellbeing. Increasingly, we are being invited to use our power as qualified professionals to write letters of support to help people access resources they need, often desperately.

In this workshop, we will share our experiences of writing letters to external agencies to help people access or maintain a current level of financial or practical support. We would like to hear your stories and experiences of when you've been asked to write such letters and what approach you have found successful.

An Introduction to Democide

Rick Burgess

Disabled Human Rights Activist & Artist

Democide is a term coined by North American political scientist Rudolph Rummel to describe the killing of citizens by their government where not done by an explicitly violent, military, police or militia action. Democide begins to describe the structural & cultural violence that are not included under categorisations of genocide. I want to develop the term in the context of current neoliberal market economies where the necessities for human survival can be taken away from people via bureaucratic means, leading to death. Combined with attitudes to disability, mental health, illness and poverty this creates a toxic atmosphere where a population accept their fellow citizens being wiped out.

Perpetrators use a dizzying confusion of policy changes, legislative 'reforms', media vilification and covert targets, often contracting private for-profit corporations to do much of the dirty work. As a consequence each individual person and institution has plausible deniability as to the causing of fatal harm, but cumulatively, it operates as a State/Corporate systemised removal of the right to life for targeted groups.

This workshop will introduce this relatively new political science concept and how it applies to the UK today in respect of welfare 'reform' so, I will define it, give brief background, compare it to historical genocide research and how it differs but also has commonalities, and how it is currently being implemented in the UK under neoliberalism and hopefully end on action points to resist it.

Welfare, Conditional Citizenship and the Neoliberal State

Sue Jones

The consolidation of neoliberalism with Conservative moral authoritarianism has resulted in welfare policy design with a reductive and punitive behaviour change agenda. This decontextualises citizens and personalises responsibility for circumstances of socioeconomic hardship.

The emergent psychopolitical form of governance, founded on expressions of an established hierarchy of power and influence, has some profound implications for traditional notions of welfare, democracy, cognitive autonomy, citizen agency, equality and human rights. Not only does this behaviourist mode of administration fundamentally change the relationship between state and citizen, it extends inequality, prejudice, stigma and outgrouping, with damaging consequences for sociopolitical inclusion, self-perception and selfhood.

A public health perspective on money, debt, and welfare

Gregor Henderson

Wellbeing & Mental Health National Lead

Public Health England

How a public health approach rooted in social determinants and community centred approaches may help in responding to significant structural, economic and social challenges faced by people on benefits, their families and wider communities.

**Yes actually, we are all
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together. And we need to
break out together.**

Paul Atkinson

Since June 2015, an alliance of mental health activists, campaigners opposed to workfare and psy practitioners have been campaigning side by side to protest against the psycho-compulsion of the DWP's work cure policies. Of course, it's benefit claimants who are suffering the brunt of it. But we psychs are not only implicated in our profession's collusion with work cure, state therapy and neoliberal trajectories more generally, our own working environments are corralling us into unethical and alienating regimes of therapeutic practice which erode psychological meaning in favour of utilitarian ideological agendas.

From the perspective of an independent psychotherapist, and against the background of successful recuperation of psychology and psychotherapy for post-welfare-state politics, I want to talk about my experience of being involved in 'work cure' campaigning and offer the conference some suggestions on how psychs could be working with mental health activists and campaigners to create radical and radicalising networks of alternative mutual support - as well as protesting against the inhumanity and violence of a fatally-wounded neoliberal consensus.

Plenary - "There but for the grace of God ..."

Nicky Hayward, Stephanie Taylor King, and Paul Wilson

Few people with any imagination who are called upon within their line of work to implement current benefits, workfare and psychological assessment policies can help thinking to themselves: "Thank God this is not happening to me, should my life have turned out differently!"

Many of those who do work in such roles console themselves by doing their best to help alleviate the situation and minimize the impact on the vulnerable who are often feeling patronised, hounded and utterly disempowered.

We invite both those who are, or have been, at the receiving end of the experience of government welfare policy and those working either directly with its implementation, in mental health services or with any other interest in the subject, to share perspectives on today.

About WalkTheTalk

In August 2015 a group of people with shared values and concern at the psychological distress being caused by the social inequality which is growing in the UK walked the 100 miles from Leicester to London. Along the way they met up with individuals with lived experience of our welfare system, homelessness and food poverty to collect their stories and share them with policy makers and the general public. Dr Ste Weatherhead first proposed the walk.

“Walkthetalk was an idea that had been brewing for some time; I was starting to become more and more aware of people saying that psychologists needed to stand up and speak out more, particularly at a political level. Many psychologists do speak out, but I think we often tread a fine line when trying to be clear about whom we are representing when we speak out. For example, I am employed by the NHS, I work at Lancaster University, I am editor of Clinical Psychology Forum and Director of the Division of Clinical Psychology’s Professional Standards Unit. This means when I personally speak out on a topic, I have to be clear whether I am speaking on behalf of these groups or as an individual. In this case, I am speaking as a clinical psychologist, aware of the importance of social issues and keen to affect change at a social level. I want to be able to use the skills I learned through training (and life) to help develop a more psychologically sound social system. If we work harder at a policy level, we can make a better environment for all of us.”

“We are all aware that social and financial struggles can have a huge impact on a person’s psychological wellbeing. If we are to make a difference in individual wellbeing, we must also make a difference at a societal level. We have a responsibility to do so. We say these things easily, but stepping from words to actions is a whole other challenge! This is where walkthetalk comes in; it is an opportunity to step outside, unite and walk together in the name of social justice.”

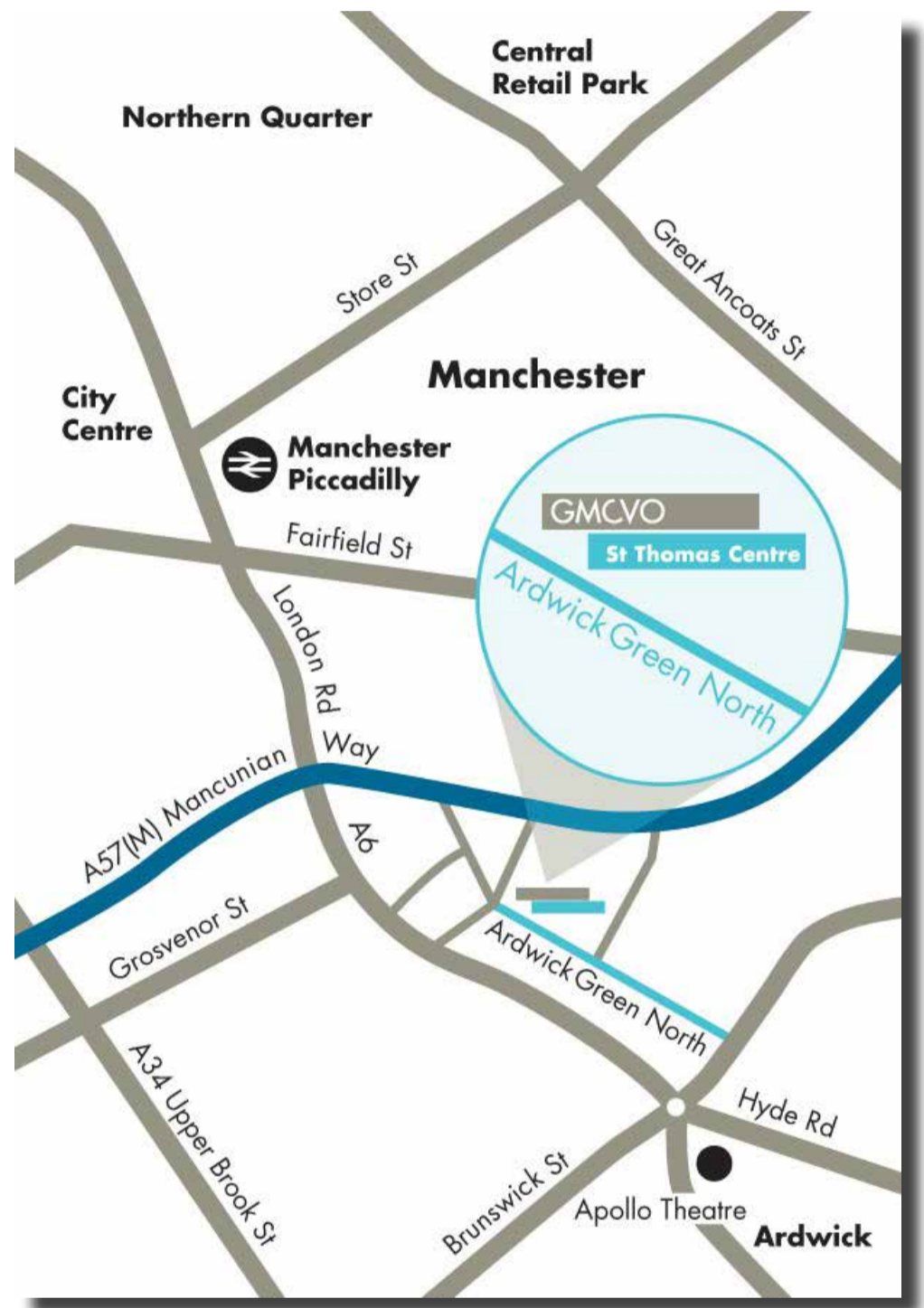
Visit www.walkthetalk2015.org to see videos of the stories that were collected and find out more.

Our venue

St Thomas Centre is a renovated Grade 2 listed Georgian church - the second oldest church in Manchester. It is located on what is affectionately dubbed 'voluntary sector row' in the Ardwick area of Manchester, due to the number of voluntary sector organisations based on the same street.

The church has been fully refurbished and has all the facilities you would expect from a high quality conference and meeting venue without losing the charm and beauty of its heritage.

The building is home to Greater Manchester Centre for Voluntary Organisation (GMCVO) who manage the ground floor conference centre as a subsidiary enterprise of the parent charity. GMCVO has over 40 years' experience of working with the voluntary sector in the local area, and has established the Centre as a hub for voluntary, community, faith and social enterprise organisations.



St Thomas Centre is set within an attractive and peaceful area facing Ardwick Green Park, at the same time being within easy reach of Manchester city centre and Piccadilly station and major road networks. For visitors opting to come by car, we have access to a nearby car park offering competitively priced all-day parking.

St Thomas Centre, Ardwick Green North,
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