

MENTAL HEALTH AND SOLE PARENT EMPLOYMENT SERVICES - MSD WITHHOLDS O.I.A. INFORMATION, THAT MAY PROVE THEIR TRIALS A FAILURE

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A) Introduction

In an earlier post we presented some comprehensive information about the Ministry of Social Development's (MSD's) newly introduced, contracted 'Mental Health Employment Services' (MHES) and also 'Work Ability Assessments' (WAA). That post contained a large volume of revealing information that had been obtained through a number of requests under the Official Information Act 1982 (O.I.A.). Other valuable information was found from various reliable sources via extensive online and other research. A thorough analysis was provided to make sense of the information.

Part “E).” of that post, titled “*OFFICIAL INFORMATION ACT REQUESTS AND ANSWERS RECEIVED FROM MSD*”, contained some new and some older information that had been provided by MSD. Under Part “E.1.:

” O.I.A. requests from 16 January 2014 were presented alongside MSD's answers from 24 April 2014. Part “E.3.:” “*Earlier O.I.A. request and replies from MSD*” provided further information from MSD, that also revealed details about MSD's 'Designated Doctors', Regional Health Advisors (RHAs), Regional Disability Advisors (RDAs), Health and Disability Coordinators (HDCs), the Principal Health Advisor (PHA) Dr David Bratt and Principal Disability Advisor (PDA) Anne Hawker. That particular information was in response to specified requests from late December 2010 - with answers from March 2011, and yet further requests and information provided up to 12 July 2013. The information also included details about “designated doctor training”, which offered a glance at how MSD actually works with their selected pool of doctors, used for conducting medical examinations and assessments in the form of “second opinions”. More revealing information on that particular topic had already been obtained elsewhere, showing that 'Designated Doctors' can hardly be as “independent”, as is usually claimed by MSD and Work and Income NZ (WINZ).

Here are a few links that take you to that very insightful, informative post:

<http://nzsocijusticeblog2013.wordpress.com/2014/06/21/work-ability-assessments-done-for-work-and-income-a-revealing-fact-study-part-a/>

<http://nzsocijusticeblog2013.wordpress.com/2014/06/22/work-ability-assessments-done-for-work-and-income-a-revealing-fact-study-part-b/>

<http://nzsocijusticeblog2013.wordpress.com/2014/06/22/work-ability-assessments-done-for-work-and-income-a-revealing-fact-study-part-c/>

<http://nzsocijusticeblog2013.wordpress.com/2014/06/22/work-ability-assessments-done-for-work-and-income-a-revealing-fact-study-part-d/>

<http://nzsocijusticeblog2013.wordpress.com/2014/06/22/work-ability-assessments-done-for-work-and-income-a-revealing-fact-study-part-e/>

(see more parts of that major “post” on ‘nzsocijusticeblog2013’)

In order to keep track on what is happening with the “trials” that MSD has started running for the above mentioned services, and to also seek further important information, **a further O.I.A. request was made by a trusted person on 01 October 2014 (sent by email 02 October)**. New up to date information was requested regarding the Mental Health Employment Service (MHES), for the separately run Sole Parent Employment Service (SPES) and re a range of other matters of major concern. **It took MSD nearly 5 months to finally respond to that request in writing on 26 February 2015**. Some asked for information was once again either being withheld under section 18 of the O.I.A., or simply not provided at all, without any explanations. Besides of some additional, new information relating to the MHES, MSD did present some information on the ‘Sole Parent Employment Service’ and re a few other important matters. This information has now been made available to us, by the requester who wishes to remain anonymous.

In the following we present the newly obtained information, primarily relating to the MHES and SPES. Some of the other information is also very revealing and interesting, showing how MSD does not seem to be too concerned about the wellbeing of clients referred by WINZ to outside providers. There is furthermore solid information showing how sanctions for obligation failures have basically “exploded” since the new welfare reform became effective in mid July 2013. Other information shines light on the increase of inappropriate abuse, threats and even assaults that WINZ staff suffer, which can only be explained through the draconian measures that have over recent years been enforced. WINZ staff are working at the coal-face and therefore face the brunt of client frustration and anger.

B) O.I.A. response from MSD dated 26 February 2015

The new information seems to show, that **the so-called MHES providers do not appear to be delivering the outcomes that were anticipated and that were so often promised as the expected outcomes by the Minister or MSD spokespersons. Some earlier up-beat comments to media and the public have not been backed up with any reliable figures**. For instance did MSD’s Director for Welfare Reform, Sandra Kirikiri, announce on ‘Nine to Noon’ on Radio NZ National on 15 April 2014, that the trial for the MHES had up until then been so successful, that MSD and WINZ were planning to expand the service to reach more clients with “common” mental health problems. <http://www.radionz.co.nz/national/programmes/ninetonoon/audio/2592666/winz-expands-scheme-to-support-unemployed-with-illness-issues>

The newly obtained figures, which are admittedly a bit unclear and can only explain so much, do though appear to show us another picture. That is unless the figures supplied with the new O.I.A. response are not just for the month October 2014, but for the whole time period since the introduction of that "service" in September 2013. In that latter case the outcomes would not look all that negative. But as the response by MSD raises more questions than answers, a clarification on the figures has been sought from MSD, by way of a complaint to the Ombudsman. That complaint also raises issues with the withholding of other information, some without any explanations. As an earlier **OIA response from MSD dated 24 April 2014** (see attached PDF with a copy, re question/answer number 5, page 3) mentioned that **328 participants had** (as at 27 Jan. 2014) **ended their participation** with a provider, and **only 65 had been placed into jobs**, the newly provided figures from 26 February this year seem to indicate that they do NOT cover the whole period since the MHES started in late 2013.

MSD did actually not fully answer question 4 from the request dated 01 October 2014, and has given **NO figures on how many participants had actually been placed into jobs**. Anyway, **at the end of October 2014, out of 534 fully enrolled participants, it was 365 of them who "exited" the service due to "end of 6 months service" and 40 who did so due to "medical reasons"**. A number of participants left the service for a various other reasons. Again, **without any figures for successful employment placements it is impossible to properly establish the "success" of the service**. But it seems that MSD is intentionally withholding information, or is presenting it in a way to confuse the situation. **It is certainly very hard to believe that out of the total of 2,577 persons with "mental health conditions" referred to the service only 534 could not be placed into lasting jobs. Similar questions may also arise re the Sole Parent Employment Service, for which similarly poor data has been provided**. Historic data on certain previous trial projects where attempts were made to place

persons with mental health issues into jobs showed that 60 percent was considered “successful”. In view of that, it is not credible to believe that only 534 persons of 2,577 could not be employed.

Other information that has been provided shows **a doubling of “obligation failure sanctions” within just one year** since the new, major, draconian welfare changes were introduced and implemented from mid July 2013 onwards. **Also has there been a marked increase in reported incidents of abuse, threats and assaults by clients towards WINZ workers at the front-line, since about 2010**, when the National Party led government and Minister Paula Bennett introduced the so-called **“Future Focus” policies**. Then the drive was started to put extra expectations and pressures on sole parents to resume at least part time work, and also did WINZ start to increasingly re-assess sickness beneficiaries for their ability to work. **The worrying incidents of client misconduct increased significantly in some regions until 2013**. The new, radically changed welfare regime with new benefit types, with new social obligations, with drug testing and new criteria and expectations for work capability of sick, injured and disabled took effect in July 2013. While there appears to have been **a moderate overall decrease in incidents of abuse, threats and assaults during 2014**, this may only have been due to **stringent new security measures** that were put into force for the last quarter of that year, after the tragic Ashburton WINZ Office shootings. The increase in inappropriate abusive, threatening behaviour and assaults or wilful damage of some clients towards WINZ staff will not surprise informed insiders, and it has already been taken note of in various media reports. Once the trial of murder accused Russell John Tully commences in May this year, we may perhaps find out more about how MSD and WINZ work with some “difficult” clients who may also have serious mental health and other sickness issues. That sad incident shook up the nation, but as we know, very few people, certainly not the government or media, bothered asking any questions about what may have led to this killing of two WINZ workers. We would dare to argue, the present harsh and punitive social security system and its creators bear some responsibility.

The specified information that was sought, and the information provided by MSD

The specified information that had been asked for in the O.I.A. request from 01 October 2014 included the following – shown in normal type, and the Ministry of Social Development responded in their letter dated 26 February 2015 with the corresponding answers and information shown in italics:

O.I.A. request 1:

Detailed information about the names, the head-office and on site service provider addresses, and the particular services offered, for all the providers the Ministry of Social Development (MSD) has since mid to late 2013 entered contracts with, to:

- provide so-called “Mental Health Employment Services” (MHES),
- provide OTHER supported employment services for persons on health related benefits with other health conditions and/or disabilities,
- provide supported employment services for sole parents with children on the ‘Sole Parent Support’ benefit category.

Response by MSD to request 1:

The Contracted Case Management service is designed to return beneficiaries to employment by providing wraparound services that include employment-related case management, employment placement, and in-work support through an external provider.

There are two services:

1. *Mental Health Employment Service for people:*
 - *with a common mental health condition*
 - *receiving Jobseeker Support*
 - *with part-time or deferred work obligations.*

2. *Sole Parent Employment Service for people:*

- *who are sole parents*
- *receiving Jobseeker Support*
- *with full-time work obligations.*

The following table shows the names and addresses of the Sole Parent Employment Service providers. The Mental Health Employment Service providers was previously provided to you on 24 April 2014.

<i>Auckland</i>	<i>In-Work NZ 10 Pioneer Street, Henderson, Auckland Quality Education Services 10D Norman Spencer Drive, Auckland Skills Update 59 Tidal Road Mangere, Auckland</i>
<i>Bay of Plenty</i>	<i>APM Workcare 331 Rosedale Road, Albany Alpha Consultants 78 Edgecumbe Road, Tauranga Choice Consultancy 5 Rauhea Street, Brookfield, Tauranga Kaja Enterprises (The Job Centre) 65 Onslow Street, Kawerau</i>
<i>Canterbury</i>	<i>APM Workcare 331 Rosedale Road, Albany Catapult Employment Services Trust 478 Barrington Street, Addington, Christchurch Maximus Solutions Unit 16, 35 Riccarton Road, Riccarton, Christchurch Steph Mainprize Consulting 72 Oxford Street, Lyttelton</i>
<i>East Coast</i>	<i>Career Change 54A Tom Parker Avenue, Marewa, Napier First Choice Employment Services 257 Awapuni Street, Gisborne</i>
<i>Nelson</i>	<i>APM Workcare 331 Rosedale Road, Albany Business Management School 10 Church Street, Nelson Community Colleges NZ 140 East Belt, Rangiora Golden Bay Work Centre Trust 84 Commercial Street, Takaka</i>
<i>Taranaki</i>	<i>FEATS Limited 64 Centennial Drive, New Plymouth Training for You 144 Ingestre Street, Whanganui</i>
<i>Wellington</i>	<i>In-Work NZ 10 Pioneer Street, Henderson, Auckland Acts Institute 65 Dudley Street, Lower Hutt APM Workcare 331 Rosedale Road, Albany</i>

O.I.A. request 2:

Details about the fees payable by MSD, the agreed fee structure, the terms for payment of fees, the outcome expectations in the various providers, that were agreed to between MSD and the types of individual providers as listed under question 1. above. This is also in consideration of established “particular service intensity categorisation”, with consideration about other similar categorisations, and details about any such used categorisations would be appreciated.

Response by MSD to request 2:

The fee structure for the Mental Health Employment Service provider’s contract was provided to you on 24 April 2014. Below are the fees structure details for the Sole Parent Employment Service.

The Ministry pays the provider a one-off Enrolment and Activity Fee at the rate specified in table A for beneficiaries by Service Intensity rating enrolled in the Service. Note that “SI” is Service Intensity; “Very High SI – subsidy accessed” is when the provider will receive the above at six and twelve month milestones if still in continuous employment.

<i>Medium SI Rating</i>	<i>High SI Rating</i>	<i>Very High SI Rating</i>
<i>\$ 500</i>	<i>\$1,000</i>	<i>\$1,000</i>

The Ministry pays providers an Employment Placement Fee where a person is commencing employment the rate specified in table B for people by Service Intensity and hours of employment.

<i>Hours of Employment</i>	<i>Medium SI Rating</i>	<i>High Rating</i>	<i>Very High Rating</i>	<i>Very High SI – subsidy accessed</i>
<i>20-29 hours per week</i>	<i>\$1,125</i>	<i>\$1,875</i>	<i>\$3,375</i>	<i>\$1,500</i>
<i>30+ hours per week</i>	<i>\$1,500</i>	<i>\$2,500</i>	<i>\$4,500</i>	<i>\$2,000</i>

The Ministry pays providers at the rate specified in table C for people by Service Intensity rating that have achieved 6 or 12 months continuous employment (defined as original or subsequent employer, no more than 10 working days out of employment and no interim return to benefit).

<i>Hours of Employment</i>	<i>Medium SI Rating</i>	<i>High SI Rating</i>	<i>Very High SI Rating</i>	<i>Very High SI – subsidy accessed</i>
<i>20-29 hours per week</i>	<i>\$563</i>	<i>\$750</i>	<i>\$1,500</i>	<i>\$1,500</i>
<i>30+ hours per week</i>	<i>\$750</i>	<i>\$1,000</i>	<i>\$2,000</i>	<i>\$2,000</i>

O.I.A. request 3:

Relevant details about the provided “wrap-around services” that were already mentioned in media reports, such as an article in the “Herald on Sunday” on 30 June 2013 - titled “*Govt will pay to shift mentally ill into work*”, which are intended to support the clients that Work and Income (WINZ) refers to the various service providers as listed under question 1. above. I am in this question asking about “wrap-around services” that are provided by health-, disability- and/or addiction treatment and support service providers contracted by WINZ, or at least cooperated with through WINZ. What kinds of such extra clinical support services have been agreed on, who will pay for them, and what are the roles and expected qualifications of staff at those presumably external “wrap around service” providers that may offer health-, disability and/or addiction treatment and support services - in whatever types and forms? Detailed information in relation to the various types of providers and their services will be much appreciated, provided of course, such services are used.

Response by MSD to request 3:

The Mental Health Employment Service provides employment-related case management, placement and post placement support to assist participants to gain and maintain employment. Providers deliver these services using existing health and clinical support and where appropriate, support participants to access any additional support services that they may require.

The Ministry does not centrally hold information on the clinical support services being accessed through the service providers as these are particular to each beneficiary. The Official Information Act does not require me to generate new information on matters of interest to requesters in order to meet their request. Therefore I must refuse your request under section 18(g) of the Act.

The Ministry also does not hold the details of external providers staff, such as their roles and qualifications. As such, I am also refusing this part of your request under section 18(g) of the Act.

O.I.A. request 4:

Information in broken down detail, on how many beneficiaries suffering “moderate” mental health conditions, musculo-skeletal or other disabling health conditions, and also on how many sole parents on benefit receipt, have to this date been referred to such services as mentioned under question 1. above? Also how many were approached to consider being referred, how many agreed to be referred, how many refused to be referred, how many have been successfully placed into employment? How many have had to terminate their efforts working with providers of “Mental Health Employment Services”, or with any other type of supported employment services, and of them, for what reason did they do so? Records on this, preferably per month since commencement of the mentioned services, are requested, up to the most current month, otherwise per year. As some information on MHES was received some time ago, an update on the previous information is sought.

Response by MSD to request 4:***Mental Health Employment Service***

Between September 2013 and October 2014, there have been:

- *2,577 people referred to a Mental Health Employment Service provider*
- *7,293 people approached to participate*
- *3,714 people agreed to participate*
- *3,264 people who declined to participate.*

As at the end of October 2014, 534 fully enrolled Mental Health Employment Service participants had exited due to the following reasons:

<i>Reason ceased participation</i>	<i>Number</i>
<i>Client has left New Zealand</i>	2
<i>Client moved elsewhere in New Zealand</i>	20
<i>Client passed away</i>	1
<i>End of 6 month service</i>	365
<i>Unsafe to continue or client trespassed</i>	1
<i>Change in circumstances, client no longer suitable for the service</i>	26
<i>Circumstances making employment unlikely in the next six months</i>	24
<i>Client is not contactable</i>	16
<i>Client is not participating</i>	27
<i>Client unable to achieve continuous or subsequent employment post placement</i>	13
<i>Medical reasons</i>	40

Sole Parent Employment Service

Between September 2013 and October 2014, there have been:

- *2,542 people referred to a Sole Parent Employment Service provider*
- *4,422 people approached to participate*
- *4,327 people agreed to participate*
- *95 people declined to participate*

At the end of October 2014, 511 fully enrolled Sole Parent Employment Service participants had exited due to the following reasons:

<i>Reason ceased participation</i>	<i>Number</i>
<i>12 months in-work support has ended</i>	1
<i>Client has left New Zealand</i>	8
<i>Client has moved elsewhere in New Zealand</i>	13
<i>Conflict of interest</i>	1
<i>End of six month service</i>	271
<i>Change in circumstances making client no longer suitable for the service</i>	72
<i>Circumstances making employment unlikely in the next six months</i>	39
<i>Client is not contactable</i>	19
<i>Client is not participating</i>	43
<i>Client unable to achieve continuous or subsequent employment post placement</i>	1
<i>Medical reasons</i>	43

O.I.A. request 5:

Information on whether any referred Work and Income clients with mental health conditions, with musculo-skeletal or other disabling health conditions, suffered any significant medical problems (psychological, psychiatric or physical) upon having been referred to such service providers as mentioned above, and what types of problems were there, since such services started? Also in relation to this, if such cases occurred, what measures were taken by the provider and by WINZ, to offer support for the clients affected, and what records have been kept on this? Please provide relevant details for each month since these services were started, up to the most recent monthly update, provided such cases exist.

Response by MSD to request 5:

The Ministry does not record information pertaining to the wellbeing of a person following a referral to a service provider. As such this information is refused under section 18(e) of the Act as the information does not exist.

Please note that the Ministry only refers a person to a Mental Health Employment Service provider where the beneficiary has agreed to engage with a Mental Health Employment Service provider.

O.I.A. request 6:

Details about the names, head office- and service delivery site addresses, and the particular services being offered, by/of contracted providers to perform outsourced work ability and/or medical assessments on beneficiaries (or applicants for benefits) that commenced providing such new services from early 2014 until now. I refer to media reports in the 'Otago Daily Times' from 25 Oct. 2013, titled "Tests for disabled 'flawed model'", and 'Stuff.Co', from 03 Nov. 2013, titled "Contractors to assess sick and disabled for work", that mentioned some details on MSD entering contracts with such providers. As some information has already been provided on this by way of a letter dated 24 April 2014, I request and update on these services by Work Ability Assessment (WAA) providers, and the relevant information sought.

Response by MSD to request 6:

There have not been any changes to the Work Ability Assessment, and as such no further information to that supplied to you on 24 April 2014 is available.

O.I.A. request 7:

Information on what expectations Work and Income currently places on sick and disabled on health related benefits like 'Jobseeker Support – deferred', 'Supported Living', or applicants for such, in regards to meeting obligations to attend external examinations/assessments for medical conditions and work capability (done by Designated Doctors or WAA health professionals). Also what particular sanctions will be applied if a client objects to, or refuses to be examined or assessed by, a medical or health professional, which she/he will have been expected to see for this? Furthermore, in relation to this, what plans do presently exist to change or increase particular expectations and/or criteria for sick, injured and disabled persons on the mentioned health related benefits, to be referred to such work ability assessments? I appreciate your detailed response.

Response by MSD to request 7:

Information about work ability assessments was provided to you on 24 April 2014.

Work and Income does not refer Supported Living Payment beneficiaries for Work Ability Assessments. However, those in receipt of Supported Living Payment can have work preparation obligations if they have been assessed as having capacity to prepare for work.

Before Work and Income requires a person receiving Supported Living Payment to meet their work preparation obligations, they consider a person's capacity to undertake the work preparation obligations.

Further information is available at:

www.workandincome.govt.nz/individuals/obligations/obligations-for-getting-supported-living-payment.html#Workabilityassessment7

O.I.A. request 8:

Information on what specific performance targets (e.g. in measured output criteria and numbers, like in successful referral numbers for clients, in cost savings achieved for MSD and/or WINZ, or in any other tangible, countable measure) do Work and Income case managers, branch office managers, Regional Health Advisors, Regional Disability Advisors, or for that sake staff collectively operating as individual WINZ branch office teams, have to meet, or are they encouraged to achieve? This question is in regards to clients being referred to, or placed into employment or training, like –

- ordinary unemployed beneficiaries on the ‘Job Seeker Support’ category,
- beneficiaries on ‘Job Seeker Support’ with a health issue and/or disability (i.e. on ‘Jobseeker Support – deferred’),
- beneficiaries in receipt of the ‘Supported Living Payment’ benefit,
- beneficiaries on Sole Parent Support.

Also in relation to this, are there any performance bonuses or other forms of financial or similar “rewards” or “benefits” paid to the mentioned staff of MSD at WINZ, even if these are not directly related to specific targets achieved, but in consideration of general achievements by the various staff or branch offices? Details about types of any annual or other bonuses, special awards, benefits and similar will be appreciated.

Response by MSD to request 8:

The Ministry does not pay bonuses to staff. The Ministry does not provide staff with additional leave in recognition of performance. Leave entitlements are determined by a staff member’s agreement and their length of service.

In 2011, some service delivery staff received a productivity dividend for meeting agreed group measures which included increasing efficiency and reducing work duplication. This payment was a contractual commitment which was agreed as part of the 2010-13 Terms of Settlement with the Public Servant Association. The payment focused on staff at Work and Income and Students, Seniors and Integrity Services. The last payment was made in December 2012.

The table below provides a breakdown of the number of people in receipt of a performance payment or a productivity dividend and the total paid between 2009/2010 and 2012/2013. In 2013/2014 one ‘at risk’ performance payment was made to a Ministry senior manager. The individual payment is withheld under 9(2)(a) of the Act to protect the privacy of the person.

Year	Bonuses	Performance Payments	Productivity Dividend
2012/2013	0	\$15,056 to 2 staff	\$3,237,270 to 4,004 staff
2011/2012	0	\$13,400 to 2 staff	\$3,066,137 to 4,077 staff
2010/2011	0	\$31,416 to 4 staff	0
2009/2010	0	\$72,999 to 9 staff	0

There are no performance measures for staff to refer beneficiaries to contracted services. I am therefore unable to provide any information under section 18(e) of the Official Information Act 1982, as it does not exist.

Work and Income monitors its business indicators and the number of people on a benefit at a national, regional and service centre level. The measures and official statistics can be found in the Ministry’s accountability documents, which are publicly available on the Ministry’s and the Parliament website at www.msd.govt.nz and www.parliament.nz.

O.I.A. request 9:

Information on how many persons on health related benefits, such as ‘Jobseeker Support deferred’ or ‘Supported Living Payment’, have had their benefits reduced or stopped altogether, as a result of refusing to meet obligations, such as mentioned in question 7 above. Please provide figures per month, or otherwise per year, and per category, since those new benefit categories were introduced in mid July 2013.

Response by MSD to request 9:

Please find enclosed below a table that shows the number of obligation failure sanctions applied to working-age (18 to 64 years) Jobseeker Support – Health Condition and Disability and Supported Living Payment recipients from September 2013 to the end of December 2014. Note that this information is a count of sanctions, not beneficiaries as a person may have had more than one sanction imposed during the period.

<i>Quarter</i>	<i>Benefit Type</i>	
	<i>Supported Living Payment</i>	<i>Jobseeker Support – Health Condition and Disability</i>
<i>September 2013</i>	<i>4</i>	<i>509</i>
<i>December 2013</i>	<i>5</i>	<i>715</i>
<i>March 2014</i>	<i>9</i>	<i>681</i>
<i>June 2014</i>	<i>13</i>	<i>1,036</i>
<i>September 2014</i>	<i>8</i>	<i>1,031</i>
<i>December 2014</i>	<i>10</i>	<i>965</i>

O.I.A. request 10:

Details on how many persons on a health and disability related benefit, like formerly the ‘Sickness Benefit’, the ‘Invalid’s Benefit’, now the ‘Supported Living – deferred’ and ‘Supported Living Payment’ benefits, have to the knowledge of the Ministry of Social Development and/or Work and Income had their benefit receipt stopped or terminated, as a result of fatal self harm, of suicide or unexpected early death? A break-down of data on this in relation to each benefit category and causes of death will be appreciated, for each month and year (if available) since 01 January 2005 until now. That is of course, provided this information has been recorded.

Response by MSD to request 10:

While the Ministry is able to identify the number of benefits that have been stopped following the death of the beneficiary, the reason for death (where provided to Work and Income) is manually recorded on the beneficiary’s record.

Therefore I am unable to provide you with this information under section 18(f) of the Official Information Act. This section allows me to refuse a request where substantial collation and research is required to find the information that is requested. In this instance, to determine the cause of death, the Ministry would need to manually access and collate thousands of individual files. I do not consider this to be in the public interest as this would remove staff from their core duties and impact on the effective functioning of the Ministry.

O.I.A. request 11:

Information on what advice or expectations MSD has communicated to medical practitioners - like general practitioners (GPs) and also medical specialists (orthopaedic surgeons, psychiatrists, psychologists, and so forth), for them to consider when asking questions to, and when assessing health conditions and work ability of their patients who require a 'Work Capacity Medical Certificate' for benefit purposes? Have particular sets of questions been sent or presented to GPs, as a format to work with, have particular criteria been communicated, beyond of what is contained in the medical certificate forms, or the 'Guide for Designated Doctors'. In regards to the latter, where can a current copy of that "guide" be found, as nothing could be found online on the Work and Income website.

Response by MSD to request 11:

Medical practitioners provide an assessment of the impact of the individual's disability or health condition on their ability to undertake suitable employment. The assessment also provides information that may enable an individual to work towards returning to paid employment.

All guidance for medical practitioners on about the Medical Certificate is now provided online at: www.workandincome.govt.nz.

O.I.A. request 12:

Details about how many incidents where recorded by staff of Work and Income, where case managers or other staff felt threatened, intimidated, and also were they were even assaulted by distressed or angry clients, during the execution of their duties? If possible a break-down of incidents and types of issues per month, otherwise per year, would be appreciated, for the time from 01 January 2005 until now. If available, also please provide information on what types of benefits the clients were, when such incidents occurred and were recorded.

Response by MSD to request 12:

The State Sector Act 1988 and the Health and Safety in Employment Act 1992 outline the Ministry's obligation to be a 'good employer', including the Ministry's obligation to provide a safe working environment for its employees.

The Ministry places a high priority on the safety of its staff and the New Zealanders it serves. Our security policy is an essential component of the Ministry's strategy to reduce risks, not only to staff, but also to our beneficiaries. Abusive or threatening behaviour towards Ministry staff is treated very seriously. Staff report all incidents to the security guard in their office and enter the incident in the Ministry's incident reporting database. When appropriate, the incident is referred to the Police for investigation. The Ministry also provides follow-up advice and support for any staff involved in such incidents, including support through the Employee Assistance Program.

People who intimidate staff or other people on site by demonstrating aggressive and threatening behaviour will either be warned verbally or in writing. However, where warnings have been previously issued or in serious cases, such as assault or wilful damage to property, they will be served a trespass notice.

The following table provides the number of incidents across all Ministry of Social Development sites (excluding Child, Youth and Family residences) over the last four calendar years. The Ministry does not hold this information in such a way that can be recorded on between 2005 and 2010, per your request. Therefore, this part of your request is refused under section 18(f) of the Act as to provide you with this information would require a substantial amount of manual collation.

I have considered whether the Ministry would be able to respond to your request given extra time, or the ability to charge for the information requested. I have concluded that, in either case, the Ministry's ability to undertake its work would still be prejudiced.

The data is based on incidents that cover the categories of abusive behaviour, arson, assault, breach of trespass order, criminal damage and unauthorised access. It does not include instances of burglary, theft, loss, graffiti, or loss of Ministry information. The incident categories are as per the Ministry's ratings of incident severity.

Calendar Year	Region	Critical	Serious	Moderate	Minor	Total
2011	<i>Auckland</i>	-	22	503	91	616
	<i>Auckland Regional Operations</i>	-	-	1	-	1
	<i>Bay of Plenty</i>	-	5	140	38	183
	<i>Canterbury</i>	-	6	107	23	136
	<i>Central</i>	3	9	126	18	156
	<i>East Coast</i>	-	7	117	32	156
	<i>Midlands</i>	-	-	1	-	1
	<i>Nelson</i>	-	2	57	23	82
	<i>Northern</i>	2	3	5	-	10
	<i>Northland</i>	1	5	60	14	80
	<i>Southern</i>	2	15	70	46	133
	<i>Taranaki</i>	-	7	91	23	121
	<i>Waikato</i>	-	1	153	30	194
	<i>Wellington</i>	1	9	84	15	109
	Total	9	101	1,515	353	1,978
2012	<i>Auckland</i>	3	28	449	83	563
	<i>Bay of Plenty</i>	1	4	120	45	170
	<i>Canterbury</i>	1	11	183	28	223
	<i>Central</i>	1	16	145	41	203
	<i>East Coast</i>	-	1	122	29	152
	<i>Midlands</i>	-	3	5	-	8
	<i>National Office</i>	-	5	7	-	12
	<i>Nelson</i>	1	5	84	13	103
	<i>Northern</i>	-	3	9	2	14
	<i>Northland</i>	-	3	122	23	148
	<i>Southern</i>	1	17	97	23	138
	<i>Taranaki</i>	-	5	73	24	102
	<i>Waikato</i>	-	8	137	27	172
	<i>Wellington</i>	1	9	151	27	188
	Total	9	118	1,704	365	2,196
2013	<i>Auckland</i>	1	36	493	97	627
	<i>Auckland/Tamaki-makaur- rau</i>	-	1	2	-	3
	<i>Bay of Plenty</i>	-	2	155	32	189
	<i>Canterbury</i>	-	22	264	48	334
	<i>Central</i>	-	12	183	32	227
	<i>East Coast</i>	-	6	95	24	125
	<i>Midlands</i>	-	2	6	-	8
	<i>National Office</i>	-	2	5	2	9
	<i>Nelson</i>	1	-	75	11	87
<i>Northern/Te Tai Tokerau</i>	-	-	8	1	9	

	<i>Northland</i>	-	3	86	25	114
	<i>Southern</i>	-	10	111	18	139
	<i>Taranaki</i>	-	9	115	29	153
	<i>Waikato</i>	-	15	144	28	187
	<i>Wellington</i>	1	11	176	24	212
	Total	3	136	1,930	371	2,440
2014	<i>Auckland</i>	-	23	459	1	483
	<i>Auckland Regional Operations</i>	-	-	1	-	1
	<i>Auckland/Tamaki Makau Rau</i>	-	6	27	-	33
	<i>Bay of Plenty</i>	-	7	114	1	122
	<i>Canterbury</i>	-	19	152	1	172
	<i>Central</i>	1	16	144	2	163
	<i>East Coast</i>	-	4	101	2	107
	<i>Midlands</i>	1	3	10	-	14
	<i>National Office</i>	-	-	7	-	7
	<i>Nelson</i>	-	6	100	1	107
	<i>Northern/Te Tai Tokerau</i>	-	3	13	-	16
	<i>Northland</i>	-	1	107	-	108
	<i>Southern</i>	-	21	120	-	141
	<i>Taranaki</i>	-	-	83	1	84
	<i>Waikato</i>	-	19	170	2	191
	<i>Wellington</i>	-	12	98	1	111
	Total	2	140	1,707	12	1,861
Total		23	495	6,856	1,101	8,475

Note:

- *Critical incidents are those most severe and include death, serious injury requiring hospitalisation, and bomb threats or arson.*
- *Serious incidents include physical harm that requires medical treatments, threats made with an intention to harm, stalking or intimidation of staff.*
- *Moderate incidents includes assaults where there is no injury, aggression and abuse.*
- *Minor are security incidents that do not fit within the other criteria.*

O.I.A. request 13:

Information on how many clients of Work and Income were trespassed from WINZ office(s) for inappropriate conduct of the types like mentioned under question 12 above. Also please provide information on how many clients were referred to the New Zealand Police and charged for relevant offences in relation to this. This information is also requested for the time from 01 January 2005 until today.

Response by MSD to request 13:

Before issuing a trespass notice Work and Income Service Centre Managers will first consider:

- *the seriousness of the incident or offence committed*
- *whether it is the first incident or offence*
- *whether it is likely to happen again*
- *the person's attitude after the incident and whether they are likely to heed a warning letter and change their behaviour.*

If a manager believes the behaviour is likely to be repeated in the future, and that it will not be prevented by issuing a verbal or written warning, that person will be issued with a trespass notice. Please note that in cases of assault or wilful damage, a trespass notice is always served.

The physical addresses of all Ministry sites and service centres that are to be covered by the trespass notice will be specified on the notice. Trespass notices are issued by region, to prevent people from displaying similar behaviour in neighbouring sites. Trespass notices are valid for two years from the date they are issued.

Work and Income is committed to ensuring people subject to trespass notices continue to receive their correct entitlement to assistance. Once a trespass notice has been served, beneficiaries will be notified in writing and informed that they are no longer able to deal face to face with Work and Income. These people are advised that in order to prevent a breach of the trespass notice, they should appoint an agent to act on their behalf when dealing with the Ministry.

Where no agent is willing to act on the person's behalf, or the person is not willing to have an agent, contact may be by telephone or email. Work and Income will work with them to put in place alternative arrangements.

People who have been trespassed and pose a high risk to the safety of Ministry staff may be referred to the Remote Client Unit. This unit provides specialist case management via phone, fax, email or mail. Where the person has no access to a telephone, contact may be made by letter instead.

The table below shows the total number of trespass orders in place for Work and Income sites, broken down by region, as at 30 June 2008, 2009, 2010, 2011, 2012, 2013 and 2014.

The Ministry does not hold this information in such a way that can be reported on between the years 2005 and 2008, per your request. Therefore, this part of your request is refused under section 18(f) of the Act as to provide you with this information would require a substantial amount of manual collation.

I have considered whether the Ministry would be able to respond to your request, given extra time, or the ability to charge for the information requested. I have concluded that, in either case, the Ministry's ability to undertake its work would still be prejudiced.

Region	2008	2009	2010	2011	2012	2013	2014
<i>Auckland</i>	99	107	115	109	116	135	104
<i>Bay of Plenty</i>	73	61	37	34	37	32	39
<i>Canterbury</i>	30	19	15	16	12	26	29
<i>Central</i>	28	30	31	35	17	26	23
<i>East Coast</i>	37	34	23	64	47	16	20
<i>Nelson</i>	28	33	17	15	24	23	20
<i>Northland</i>	20	27	29	19	11	21	29
<i>Southern</i>	25	18	22	46	48	43	32
<i>Taranaki</i>	21	23	26	34	29	30	30
<i>Waikato</i>	20	10	20	24	16	13	11
<i>Wellington</i>	37	20	12	15	16	19	22
Total	418	382	347	411	373	384	359

The table below shows the total number of trespass orders issued for Work and Income sites, broken down by region, as at 30 June 2013 and 30 June 2014.

Region	2013	3014
<i>Auckland</i>	32	22
<i>Bay of Plenty</i>	15	24
<i>Canterbury</i>	18	10
<i>Central</i>	12	11
<i>East Coast</i>	19	20
<i>Nelson</i>	11	7
<i>Northland</i>	16	13
<i>Southern</i>	12	13
<i>Taranaki</i>	16	15
<i>Waikato</i>	9	12
<i>Wellington</i>	16	16
Total	176	163

O.I.A. request 14:

Please also provide a current copy of the so-called resource manual 'Medical Appeals Board – a resource for Board Members'. If that manual is no longer in use, a copy of the official replacement document in use will be appreciated.

Response by MSD to request 14:

Please find enclosed a copy of the document titled: Medical Appeals Board, Board Members Information Pack, dated July 2013.

I hope you find this information on a range of information about beneficiaries with health and/or disability issues helpful. You have the right to seek an investigation and review of my response by the Ombudsman, whose address for contact purposes is:

*The Ombudsman
Office of the Ombudsman
PO Box 10-152
WELLINGTON 6143*

Yours sincerely

.....(Signature)

*Debbie Power
Deputy Chief Executive Work and Income*

'END'

Please see the attached PDF files with authentic scan copies of the above O.I.A. response from 26 February 2015, and the earlier one from 24 April 2014:

1. MSD, OIA rqst, MHES, WAA, other support services, reply, anon, hilit, 26.02.15.pdf;
2. MSD, OIA rqst, MHES, WAA, other support services, issues, reply, anon, 26.02.2015.pdf (unmarked copy);

3. MSD, OIA reply, CE, Ment. Health Emplmt Serv., Work Ability Assmts, compl. hilit, 24.04.14.pdf;
4. MSD, O.I.A. reply, D. Power, MHES, WAA, information, complete, 24.04.2014.pdf (unmarked copy).

C) Information that has not been provided by MSD

From the above it becomes clear that MSD have only provided some of the asked for information and failed to provide other information that had clearly also been asked for. While there has been some information withheld under sections 18(e), 18(f) and 18(g), other information has simply not been made available, while NO explanation has been given for this. Some information may have been withheld for justified reasons, but other data should have been made available. I dare to claim that this selective answering to an O.I.A. request is not an oversight or a co-incidence!

The following issues have arisen regarding the information, that could and should have been reasonably expected, but that has not been provided, or has not been provided in a satisfactory manner:

Re request 1:

While detailed information about the providers of the 'Sole Parent Employment Service' (SPES) was given re their contract relevant head office addresses, **NO information was presented about the on site (physical) service delivery addresses of both the 'Mental Health Employment Service' (MHES) and 'Sole Parent Employment Service' (SPES) providers.** For instance APM Workcare will not be delivering all their services from their Albany head offices, and instead have various service locations for regions they cover. The same applies to some other providers. This may actually be an oversight due to the request not having been read properly, but one would have expected that MSD's O.I.A. response staff members are capable of properly reading and understanding requests.

Re request 2:

MSD have delivered the much appreciated information on the fee structure for the 'Sole Parent Employment Service' (26 Feb. 2015), as was previously also done for the 'Mental Health Employment Services' (24 April 2014). But **NO information was presented on "outcome expectations"**, like for instance in the form of expected or anticipated percentages (or in other measurable forms that had been agreed on) for referred clients to such services, **that would show how many of them are actually successfully placed into employment.** We would expect that MSD would have expressed certain clear expectations to the providers, as part of agreements they made. Such expected "**outcome**" or "target" information should be made available, and if it does not exist, a short answer would have solved this. But that part of the request has simply not been addressed at all.

Re request 3:

MSD does as the Ministry (responsible for Work and Income) at least now clarify, that it does not itself offer access to - or provide - "**wrap around services**" by professional health-, disability- and/or addiction treatment and support service providers within the framework for the '**Mental Health Employment Services**'. It seems that MSD leaves it up to contracted providers to support participants to access any "**additional services that they may require**".

But as Work and Income does generally have expectations that sick and disabled seek available treatment for treatable health conditions that may otherwise hinder them from finding and accessing employment, **we are astonished that there seems to be no arrangement between the contracted MHES providers and MSD to gather information on who needs extra support.**

The concept of ‘**Mental Health Employment Services**’ would appear to mean that this is employment focused support involving also the provision of “*wrap around*” mental health services. Hence we would expect that contracts between MSD or Work and Income and the providers would include the payment for services that the provider needs to supply to clients referred to them. This would appear to include certain additional “mental health support” services. As we had expected that agreements between MSD and the mentioned providers would cover this aspect as part of their “*wrap around services*”, we must ask why this information is also being withheld, or whether it does not exist at all, or whether it is also not “centrally held”.

One would have reason to believe that contractual agreements between MSD and the MHES and SPES do stipulate what minimum qualifications staff members employed by such service providers must have to deliver the “wrap around services” to participants. Hence we would at least have expected a mention of these particular qualifications and types of positions, not in relation to named individuals, just as information relating to the particular providers.

If these supposed “*wrap around services*” in a more clinical form of health support are indeed simply provided as part of the ordinary, accessible public health care services presently available through District Health Boards, MSD should provide a clear statement to that effect. This would then clarify that no extra spending is put into additional health services for WINZ clients. The health sector has been struggling in many areas for years, and one area that has not received sufficient funding is mental health treatment services for ordinary adults who are not prison inmates. We must bear in mind that many services only come with payable high fees, so the question will also be, would WINZ help covering these additional costs under the Disability Allowance? The reply leaves too many questions.

Re request 4:

MSD have provided numbers in a table on 534 “*fully enrolled Mental Health Employment Service participants*” that had “**exited**” the service as **at the end of October 2014** for a number of reasons. But the information appears unclear and confusing. In **the request point 4** it asks for **broken down details on how many participants had to terminate their efforts working with providers of MHES**, or with any other type of supported employment service, for whatever reasons - for specified periods. With that one would have expected **information preferably per month since commencement of the services, and up to the most current month - or otherwise per year.**

The numbers for people referred, approached, for those who agreed to participate, and those who declined are clear, but the request appears to not have been answered satisfactorily and appropriately when it comes to what the remaining figures in the provided table actually mean. There is a need for clarification whether the table on page 4 of the letter from 26 February lists ALL the “exits” of participants for the stated reasons that occurred for the whole period from the start of service delivery, up to the end of October 2014, or whether the figures are just for that one month of October 2014.

And **NO information has been provided on those participants of either service, who have been successfully referred into employment.** The table provided gives NO information on job placements, and whether they lasted for any significant, longer period.

In a response to an earlier O.I.A. request MSD stated on 24 April 2014 that at 27 January 2014 already 328 participants of the MHES had ended their participation with a provider, with no reason given as to why and how, and that only 65 clients had until then achieved an employment outcome. Given those earlier figures, the newly provided figures (from 26 February 2015) appear to not represent those for the whole period since the MHES started in September 2013, until October 2014, who exited the service for the stated reasons.

The same applies to the figures listed in the table on page 5, being for SPES participants. Are those figures perhaps also only for the month of October 2014, or are they for the whole period for which the services were being delivered? **And how many of all the referred participants were actually successfully placed into employment for any significant, lasting period?** We would also have expected an explanation as to what “*end of six month service*” means.

Again, only some of the O.I.A. request was answered, and the rest was not met, without giving any reason or explanation. This can hardly be seen as an “oversight” of the request made.

Re request 5:

In their response dated 26 February 2015 MSD stated: *“The Ministry does not record information pertaining to the wellbeing of a person following a referral to a service provider. As such this information is refused under section 18(e).”*

In MSD’s response from 24 April 2014 (to a request point 6 from 16 Jan. 2014) MSD stated: *“To date there have been no recorded incidents where a client has suffered significant medical or psychological problems having been referred to MHES. If this situation arises, the service provider will inform Work and Income, who will take the appropriate steps to support the client.”*

We cannot help but notice a “slight” contradiction between the two answers about virtually the same problem(s). In light of that we must ask, why could a clear enough answer be provided to the very similar request for information (request 6 from 16 Jan. 2014) in MSD’s letter dated 24 April 2014, and why is such information now suddenly no longer available?

Given such a contradiction in responses, a proper explanation and clarifications re this seems overdue. If a proper, clear response could be given on 24 April 2014, one would have expected a clear one also in the new response dated 26 February 2015.

Re request 6:

Again MSD refer to a former response they gave on 24 April 2014, where they provided contract related head office addresses for the MHES and the so-called ‘Work Ability Assessment’ (WAA) providers, but not the on-site service delivery addresses for these. Hence that part of the request has not been met. **It should be expected that not only the main office addresses of the contracted providers, but also the addresses for the locations where they deliver their services are provided.** The mere mention that the information was provided on 24 April 2014 is only partly correct.

Re request 7:

The request clearly asked for clear **expectations** WINZ currently places on sick and disabled on health related benefits, or applicants for such, **in regards to meeting obligations to attend external examinations/assessments for medical conditions and work capability**. The information and explanations given by MSD in a response from 24 April 2014 (page 5), in reply to an earlier request point 10 from 16 Jan. 2014, does not clearly enough state any forms of **sanctions** that may be imposed. When does a benefit rate get cut in half, or stopped altogether, if a person refuses or fails to cooperate, without *“good and sufficient reason”*, thus resulting in an *“obligations failure”*? A response with information clarifying that for instance would have been expected. But none was given.

Also has the request for **information on any plans that may presently exist to change or increase particular expectations and/or criteria for sick, injured and disabled persons** on mentioned health related benefits, to be referred to such work ability assessments, not been answered. **If no such plans and no information about such plans exist, a brief comment in that regard would have sufficed.** We are again left in the dark about what future plans in that area may already exist.

Re request 8:

The request for the specified official information has in this case also not been fully met. Not only was MSD asked for information on *“bonuses”* to staff, *“additional leave in recognition of service”*, or similar *“performance measures”*, but firstly for **specific performance targets** (e.g. successful referrals of clients into work, training and so forth), which may not be linked to any such “rewards”. Performance targets may be set for branches without bonuses and the likes being paid, simply as part of ordinary operational performance expectations, for all staff working with clients. **There must be certain goals and targets that MSD sets itself and their staff, to achieve annually.**

In a 22 minute long interview on Radio New Zealand National's 'Nine to Noon' program on 15 April 2014 **Director for Welfare Reform Sandra Kirikiri** clearly stated to Kathryn Ryan, **that MSD and WINZ case managers definitely have "targets" to meet**, when working with clients, **including such as those referred to MHES**. See the following information re this:

Topic: "WINZ expands scheme to support unemployed with illness issues"

<http://www.radionz.co.nz/national/programmes/ninetoonon/audio/2592666/winz-expands-scheme-to-support-unemployed-with-illness-issues>

(Listen from 11 minutes and 45 seconds on, particularly between 12 minutes and the 10 to 15 following seconds! Miss Kirikiri most clearly answers, **"they definitely have targets"**!)

Given the comments by Sandra Kirikiri, we are led to believe that some "targets" exist, for achieving outcomes for clients, in some forms and numbers. That is the information that was asked for, and which has not been provided with the written O.I.A. response.

On page 7 in the response dated 26 February we read: **"There are no performance measures for staff to refer beneficiaries to contracted services. I am therefore unable to provide any information under section 18 (e) of the Official Information Act 1982, as it does not exist."** But then it also states: **"Work and Income monitors its business indicators and the number of people on a benefit at a national, regional and service centre level."**

In light of that information just mentioned, either Miss Kirikiri must be wrong, or the response in the letter from 26 Feb. 2015 must be wrong. What is the purpose of "monitoring" data, when this is also not used to work out achievable **"targets"**? This contradicting information does not give us much reason to trust what comes from MSD.

Re request 11:

The extremely limited information that has been provided and what is available on the Work and Income website does not sufficiently answer the request. The information on the website does only cover rather general and mostly widely available information that MSD communicates to medical practitioners, specialists and other health professionals, who conduct assessments on health conditions and on work ability of clients.

Through earlier Official Information Act requests to MSD we have already been informed that Regional Health Advisors, Regional Disability Advisors, also the Health and Disability Coordinators, and the Principal Health Advisor, do all regularly communicate and correspond with various medical practitioners and other health professionals working with MSD and Work and Income. This happens particularly with designated doctors. We are informed and aware that there are other forms of **direct Advisor to practitioner "advice" and "expectations" being communicated to such health professionals**. These forms of communicated advice, guidelines and expectations are NOT covered by the mostly more general information on the website.

Also did the requester ask: **"Have particular sets of questions been sent or presented to GPs, as a format to work with, have particular criteria been communicated, beyond of what is contained in the medical certificate forms, or the 'Guide for Designated Doctors'."**

Hence the request has in that regard not been met and answered. We would expect that more information should be provided, which would not be case specific, but which is applied more widely. This kind of information is definitely not available on the website, and it would go beyond the information on the **'Work Capacity Medical Certificate'**, and in some cases also beyond of what was once available through a **"Guide for Designated Doctors"**. If there are reasons to withhold such further information, we should expect that MSD would state and explain this. But the information and answers given seem to ignore the actual request.

Also did the requester ask for a source to find the once used **'Guide for Designated Doctors'**, which has also not been provided, certainly not on the Work and Income website. All that is offered are links

to download an **application form** (in PDF) for “**designated doctors**” and to access “**READ Codes**” to use by doctors. See the following links (updated 19.09.16):

<http://www.workandincome.govt.nz/providers/health-and-disability-practitioners/guides/>
<http://www.workandincome.govt.nz/providers/health-and-disability-practitioners/guides/work-capacity-med-cert-health-practitioners.html>

Hence that part of the request appears to also not have been answered. If there is no longer such a Guide, or if it is withheld for particular reasons, it must be expected that this is clarified. The same should be expected if that former “Guide” has been replaced by another document.

Besides of the limited information that has been provided and the above that has not been provided, we can note that sufficient data was provided to requests 9, 10, 12, 13 and also 14.

D) Interpretation of – and conclusions from - the obtained information

When looking at the greater picture, and assessing the O.I.A. responses from 26 February 2015 and the one from 24 April 2014, **we have reason to presume, that MSD is reluctant to present the whole information that was requested**, as this may reveal that the trials for MHES and SPES are not delivering the outcomes that MSD and WINZ had anticipated or hoped for.

The newly provided information appears to show, that **the MHES is not delivering the results that were expected when this "service" was introduced around September 2013**. The earlier **OIA response from 24 April 2014** (question/answer 5, page 3) mentioned that **328 participants had by 27 Jan. 2014 ended their participation with a provider**, while **only 65 had been placed into jobs**. The newly provided figures (from 26 February 2015) for those “exiting” the MHES seem to apply only for October 2014. **It is hard to believe that since 27 January 2014 up to the end of October 2014 only 206 further participants in the MHES could not be referred into jobs for the stated reasons**. If the MHES had been such a success, we would have heard the Minister and MSD boast with this!!!

At the end of October 2014 out of 534 fully enrolled participants 365 "exited" the service due to "end of 6 months service", 40 did so due to "medical reasons" and yet more did so for a number of other reasons. NO figures are provided for successful employment placements. It is hard to believe that out of the total of 2,577 persons with "mental health conditions" referred to the service only 534 could not be placed into lasting jobs. Also has MSD failed to provide figures for how many participants in the Sole Parent Employment Service were actually placed into jobs, and whether they remained in employment for any significant periods of time.

We are informed that the requester is trying to chase up the above mentioned and other missing information from the latest OIA response from MSD, particularly –

- a) re physical on site addresses for the various providers** asked for in request 1,
- b) re actual, particular "outcome expectations" (ratios) MSD have in providers** (not just fees paid), asked for under request 2,
- c) re the roles and qualifications MSD expects staff of external providers to provide and have**, asked with request 3,
- d) re the actual numbers of participants** referred to the MHES and the SPES **that were placed in lasting jobs**, see request 4,
- e) re the correct "exit" figures** for participants (per month or the year) asked with request 4,
- f) re the specific performance TARGETS** (in numbers and criteria), not represented by "performance bonuses" or the likes, asked with request 8,
- g) re the OTHER advice and expectations that WINZ place on GPs now**, and which come from the Regional Health Advisors, Regional Disability Advisors, and also Principal Health Advisor Dr Bratt, who often communicate directly with medical practitioners, and **which is NOT published on the MSD and WINZ websites**, see request 11,
- h) re a few other bits of so far not disclosed or withheld information.**

As for the rest of the replies in the OIA response dated 26 Feb. 2015 the following stands out, and is of great concern:

1). MSD state on **page 3**, in reply to **request 3**, that **they do NOT provide additional "health and clinical support" services** and instead rely on clients using such health services **they already access elsewhere**; hence the service can hardly be called a *"supported" "mental health employment service"*;

2). MSD state also on **page 3**, in reply to **request 3** that **the MHES service providers "support" participants to "access any additional support services that they may require"**, where appropriate; this though raises the question how well qualified, experienced, equipped and connected the providers are to do so, and how they may be able to do this, as they need full consent of the "client" they work with;

3). MSD state on **page 5** to **request 5** that *"the Ministry does not record information pertaining to the wellbeing of a person following a referral to a service provider."* This should be of great concern, as that means MSD simply leaves clients' well-being and fate fully in the hands of the outsourced service providers, who are not accountable under the OIA; **one should expect that MSD would bother to "care" and expect to be informed** and keep some relevant records on persons with health conditions referred to other services;

4). The figures provided in response to question or **request point 9** show **a massive increase in "obligation failure sanctions", particularly since late 2013**, which was when the first newly introduced rules, additional expectations and obligations brought in under the 'Social Security (Benefit Categories and Work Focus) Amendment Act' started to kick in! While sanctions of Supported Living Payment recipients have remained few, **they have almost "exploded" for the new Jobseeker Support benefit category recipients with health conditions and disability. From September 2013 to September 2014 these sanctions have doubled!** This is further evidence that **the new regime being enforced is draconian**;

5). MSD state on **page 8** to **question/request 10** that *"while the Ministry is able to identify the number of benefits that have been stopped following the death of the beneficiary, the reason for death is manually recorded on the beneficiary's record"*. Therefore the Ministry is *"unable"* to provide the information under the OIA under section 18 (f), they claim. **This does indeed sound very irresponsible, and can be perceived as a neglect of the duty of care and accountability, as cases of self harm and suicide leading to death should be a huge concern to MSD and WINZ and SHOULD be reported and recorded centrally**;

6). MSD simply refer to **information on their website for medical practitioner information for completing Work Capacity Medical Certificates** in reply to **question 11**, but the answer put to them, about clear sets of questions that MSD may provide them to ask clients and patients is not being responded to (see: <http://www.workandincome.govt.nz/community/health-and-disability-practitioners/work-capacity-med-cert-health-practitioners.html>) ; other information obtained earlier has revealed the **close cooperation between MSD's Dr David Bratt and his "Advisors" and general practitioners**, and it must be presumed that proper sets of questions and other advice have been made available to GPs to use when interviewing patients(!); also is the reference to a controversial statement by the AFOEM on the *"health benefits of work"* not appropriate, as these do not necessarily apply generally and can be disputed;

7). **The clear increase of reported and recorded abusive behaviour, like threats, intimidation, assaults and the likes that MSD and WINZ staff suffered over recent years deserve attention, as there appears to have been significant increases of such until 2013.** Likely due to the shooting incident at Ashburton, and threats and abuse at some other branches, having been followed by a resolute security crackdown, do the figures for 2014 appear to have reduced a little. **It is evident that the increasingly draconian "reforms" that were introduced since 2010 have pushed more people towards showing inappropriate, but perhaps understandable reactions** (see table in response to question 12, page 9 to 11);

8). Trespass orders appear to have been more fluctuating and showing less of a clear trend, but in some regions there seem to have been increases (tables on pages 12 to 13, in reply to question 13).

E) Final conclusions

It appears that MSD and WINZ are somewhat more prepared to and comfortable with the release of information that shows how WINZ staff members suffer from inappropriate, abusive, threatening behaviour and even physical assault, rather than with releasing information that shows how their “trials” for the MHES and SPES are going.

There is much talk about the ambitious goals and efforts being made to “support” also sick, injured and disabled into work, but data we get on clients participating in the mentioned services, and leaving them again, is sketchy and ambiguous. It seems extremely “bizarre” for MSD to provide some poorly specified sets of figures for some participants “exiting” these newly contracted services offered by outside providers, yet offer NO figures at all on actual job referrals and placements, and whether they last longer or not.

In view of that, it seems that the MHES and SPES trials are not delivering, because if they would, we would certainly hear about it. We did some online research for “Mental Health Employment Services” offered by WINZ, and very little information can be found. Hence the ball is in the court of MSD now, to present us the true figures on this, same as the other information that has NOT been provided.

Work and Income and MSD have for a few years now shown less transparency and only made limited amounts of official information available, and this makes it near impossible to properly evaluate the success or failure of new policies that were brought in since 2008, especially since 2010. As was already mentioned in another post, MSD also stopped publishing data on Medical Appeals Board hearings and expenditure with their Annual Reports in 2011 or 2012. The requester has confided to us, that a range of complaints re MSD and their O.I.A. responses has been filed with the Ombudsman.

Quest for Justice

Auckland, 14 April 2015

Link to post online:

<https://nzsocialjusticeblog2013.wordpress.com/2015/04/10/mental-health-and-sole-parent-employment-services-msd-withholds-o-i-a-information-that-may-prove-their-trials-a-failure/>