

# Withdrawn

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# Access to Work live running memo 11

To: Access to Work Mental Health Support Service Providers

From: Work Programme and Disability Employment Provision Policy Team

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## Memo Serial No: AtW LR 11

Date: 2 January 2019

Subject: Changes to Access to Work provider guidance: Mental Health Support Service provider guidance

Action: For information and action

Timing: Immediate

## Summary

This Provider Memo advises of amendments to the Access to Work Mental Health Support Service provider guidance.

The latest updates to the [Access to Work Mental Health Support Service guidance](#) have been published on the GOV.UK website.

## Table of provider guidance changes

Page/ Paragraph Number	Title/ Contents	Amendments
Page 15 Paragraph 4.01	How to refer a customer to Access to Work	Paragraph amended to read- by telephoning the Access to Work Service Centre between 8am to 7.30pm Monday to Friday on 0800 121 7479 (Textphone 0800 121 7579) or
Annex A	Eligibility	Eligibility questions amended to read- Does the customer have a mental impairment that has a substantial and long - term negative effect on their ability to do normal daily activities? Yes / No *  If not, does the customer have a mental health condition that impacts on their ability to work? Yes / No / Not applicable *  Is the customer over 16 years old? Yes / No *

Page/ Paragraph Number	Title/ Contents	Amendments
		<p>Does the customer live in Great Britain? Yes / No *</p> <p>If employed, is the customer paid according to National Minimum Wage requirements? Yes / No*</p> <p>Is the customer receiving Incapacity Benefit, Employment and Support Allowance or Income Support? Yes / No *</p>
Annex A	Customer Details	<p>Customer details amended to gather the Gender and Ethnicity information- Amendments read as-</p> <p>Gender: (please record '<i>prefer not to say</i>' if customer does not wish to disclose)</p> <p>Ethnicity: (please record '<i>prefer not to say</i>' if customer does not wish to disclose)</p>
Annex A	Mental Health Condition	<p>Mental Health condition amended to read as- Customer's condition:</p> <p>Effect that the customer's condition has on their ability to do their job:</p> <p>Any specific tasks or responsibilities the customer cannot meet:</p> <p>Any relevant information regarding employer support around mental health and the customer's relationship with their employer:</p> <p>Any other useful background information regarding work situation:</p> <p>Any other support being provided elsewhere around mental health:</p>
Annex B	Customer consent form	Subheading amended to read- Access to Work Mental Health Support Service (AtW MHSS) - consent to share information
Annex B	Consent for (name of provider) to contact your employer (Stage 1)	<p>Amended to read- <u>Consent for [Name of Provider] to Contact your Employer (Stage 1)</u> If you consent, [Name of Provider] will engage with your employer where appropriate and offer employer education.</p>

Page/ Paragraph Number	Title/ Contents	Amendments
Annex B	Consent for DWP to Contact your Employer (Stage 2)	<p>Amended to read-  <u>Consent for DWP to Contact your Employer (Stage 2)</u>  [Name of Provider] may claim a payment from DWP for every Access to Work customer who remains in work whilst being supported by [Name of Provider].  To validate these claims, DWP may need to confirm details of your employment. Where appropriate, this may involve confirming details with your employer(s).  Name of DWP may contact your employer(s) using your name and national insurance number to confirm details of your employment. To achieve this, DWP requests your consent to share information about you with your employer(s) as follows;</p>
Annex B	Customer Declaration	<p>Amended to read-  <u>Customer Declaration</u>  Participant name.....  (Please print name in full)</p> <p>Please note: you will still receive full support under the AtW MHSS if you choose to withhold your consent for your employer to be contacted.</p> <p>I give/do not give (delete as appropriate) consent for [Name of Provider] to engage with my employer as described in stage 1 above.  I give/do not give (delete as appropriate) consent for DWP to contact my employer and share information as described in stage 2 above.  I confirm that:  I have read the information above and understand why this information sharing is requested and how this information will be used.  I understand that:  I can change my declaration at any time by writing to [Name of Provider]</p> <p>Signature .....</p> <p>Date.....</p>

### Further information and contact details

All enquiries on the subject of this memo should be raised with your Performance Manager in the first instance; they will endeavour to provide you with an answer as soon as possible.