



Central and North West London 
NHS Foundation Trust



Supported by



The Work Capability Assessment – A Call for Evidence: Year 2 Independent Review, September 2012

A response from:

Release

UK Drug Policy Commission

Central & NW London NHS Foundation Trust

Drug Scope

Turning Point

This response was co-ordinated by the Release and the UK Drug Policy Commission drawing on the experience of the other organisations and their clients.

For more information or clarification, please contact:

Christine Tse, Solicitor, Release

Tel: 020 7234 2980; e-mail: christine@release.org.uk

The organisations involved in this submission have been part of an on-going coalition that has fed into the previous reviews undertaken by Professor Harrington, specifically addressing the issues faced by those who use drugs and/or alcohol problematically. There are an estimated 400,000 problem drug users (PDUs) across the UK and about 80% of those entering treatment are unemployed. We welcome the opportunity to provide feedback based on our clients experiences of the work capability assessment and their perception of whether the previous recommendations of Professor Harrington have in fact been implemented. The responses to the consultation questions from clients are summarised in Part 5 of this document. However, before this we highlight a number of issues that relate to this consultation process itself as well as to the continuing problems that exist in relation to the Work Capability Assessment ('WCA').

It is important to note that we have been very supportive of the recommendations that have been made in the previous WCA reviews. In particular, the need for improved communication between DWP and claimants and the requirement that ATOS assessors be provided with greater training in relation to claimants who present with alcohol and/or drug problems. Having consulted with clients through this process, and from our own experiences in delivering services, we are disappointed to find that claimants have predominantly found either no change to the system, or that in fact it has become worse. We therefore suggest that a key focus for the review should be on the extent to which the previous recommendations have been fully and properly implemented.

1. The Consultation Process

We are supportive of the opportunity provided in this consultation for those directly experiencing the assessment process as it relates to the WCA to contribute their experiences. However, we have concerns about the ability of some groups of claimants, including the client group we represent, to adequately engage in this process without external facilitation from organisations such as ours. This is further compounded by the limited time given to the consultation process which restricts the opportunity to organise key population engagement. We would hope that the DWP response to the consultation will include information about the numbers of people with direct experience of the WCA who have responded, and some assessment of their representativeness. It would be a reasonable assumption that those with the most severe capability problems would be least able to participate.

As you are aware, people who use drugs problematically often have chaotic and disorganised lives and additional mental health problems, which impacts on their ability to self-report on their experiences of the WCA and the surrounding processes. The organisations involved in this submission have been able to facilitate a limited number of claimant responses, which provide a real insight into their experiences and are invaluable in terms of improving the process and the assessment. However, due to resource issues and the lack of time to respond to the consultation it has not been possible to elicit the level of client response that would ensure responses are representative of the full range of experiences. Despite the small number of our clients who responded directly, our experience as organisations working extensively with this client group suggests that these responses are representative of the experiences to a significant number of our clients.

We would recommend for future consultations that there is an opportunity for a fuller engagement process. As a group we would welcome the opportunity to assist in this process through the facilitation of stake holder and service user engagement. However, this would require a longer lead in time giving prior notification of the consultation process.

Key points: Many people with substance misuse problems are unlikely to have been able to contribute to the consultation process without external assistance. The timing and duration of the process has made it difficult for our organisations to achieve widespread involvement for this round but we would be happy to do so for the next review if given sufficient notice.

2. The ESA50 Forms (Consultation question 5)

We remain concerned about the limitations of some of the WCA descriptors, in relation to, firstly, whether claimants fully understand what these mean and what is being asked, and secondly, how they are applied to claimants with substance misuse problems.

It can be difficult for individuals, including advisers, to understand the implication of some of the descriptors, particularly the mental health descriptors, which regularly results in ESA50 forms being inaccurately or only partially completed. One example is activity 11, which concerns learning simple tasks and only one example is given for what is considered to be a simple task and one for a moderately complex task in the ESA50. In the Medical Assessment Training Handbook for medical assessors, satisfaction of this activity suggests that the claimant should have a moderate to severe level of disability, such as learning difficulty or brain injury. However, ambiguity lies where some claimants without this degree of disability still find it difficult to learn 'moderately complex tasks' due to memory and concentration, typically a symptom of a depressive illness.

Another example is activity 13; it is not easy to understand what are 'at least 2 sequential personal actions'. In particular, it can be very difficult to draw the line between what is really considered to be the 'majority of the time' rather than 'frequently'. Where claimants are given tick boxes essentially asking yes, no and 'it varies', 'it varies' is often the most applicable given the nature of conditions. Claimants are asked to describe how their condition varies but without being able to understand the full implications of the question asked, claimants often do not provide accurate or complete answers, thereby compromising the effectiveness of the WCA assessment from the beginning.

In relation to claimants with substance misuse problems specifically, claimants are not asked about their drug and alcohol problems and dependency in the ESA50; the effects these have on them (e.g. relieving stress) or the pattern (e.g. what causes them to consume) and reason of use (e.g. whether there are any underlying reasons for consumption). They are often not asked about these at the ATOS assessment later either. These factors which would help determine whether a claimant has limited capability for work are often not explored when assessing claimants with dominant substance misuse problems. In our experience, substance misuse problems are regularly associated with underlying mental health problems, but where there is a substance misuse problem that is apparently more dominant, the underlying problem is often missed or not explored. In the previous IB assessments, there was a descriptor related to alcohol which was later removed in the WCA. We recommend that a similar descriptor would be included in the assessment.

Key points: The ESA50 forms and the descriptors are still difficult to complete as they are inadequate for identifying the impact of substance misuse and mental health problems and their treatment on ability to work.

Communications between DWP and claimants

Unfortunately, the responses that we gathered from individuals using our services show that problems still exist in relation to communications between DWP and claimants. Only one person identified an improvement with respect to written communications. In terms of all other communication questions respondents stated that there was no difference or there was a deterioration. The ESA50 form and the notification letters are still complicated or difficult for claimants to understand. Although there has been some improvement from the past, there is still limited guidance on the form to advise claimants what each question means, with particular reference to a few mental health descriptors, examples of which are given earlier.

Key points: The communication between the DWP and claimants is still unsatisfactory, with letters and forms complicated and difficult to understand, with jargon and acronyms being used. We suggest that the DWP should work with individuals from key claimant groups, perhaps through 3rd sector organisations such as ourselves, in developing forms which claimants can more easily complete.

3. Face to face assessment (Consultation question 6)

The ATOS assessment continues to be problematic. This is borne out both in relation to the claimants' experience and the high rate of success at appeals against a failed WCA decision. The claimant information used in this section all relates to assessments that have occurred in the last 12 months.

Client feedback suggests there has been no improvement and significant problems remain

In terms of the client's experience there is repeatedly criticism of the 'rushed' nature of the assessment, with the majority reporting that it lasts no more than 10 minutes. Many clients describe the assessors as uninterested in the impact of their health conditions on their daily lives, and as having a disproportionate focus on physical health descriptors even though for many, mental health conditions will be the reason for their initial claim. One respondent to the consultation stated that *"I brought my medication for my depression, Cetroline 100mg, but the only thing [the assessor] put down was that I could reach inside my bag to get something out. I couldn't believe that!"* the same respondent also stated that *"the interview took 10 minutes...What frustrated me most is I never even claimed that I was claiming on the basis of physical incapacity to work and yet she was asking me to lift my arm above my head and lying me down on the bed and bending my knees up. It was ridiculous!"*

Although the sample of those who completed the survey was limited (26), all those who responded to the question on whether there had been an improvement in the ATOS assessment either stated that 'there was no change' or 'the first was better'. None reported an improvement in the process. Many pointed to the manner in which they were questioned by the assessor, some described the

questions as 'closed' with no opportunity to give a detailed account about how their conditions impacted on their daily life and crucially on their ability to work. We welcome the previous review's work to improve the assessment of and response to fluctuating conditions, but are concerned that there is still insufficient recognition of this in the assessment process. To take one extreme example, one respondent advised that the first question he was asked was whether he was suicidal 'right now'. He states that there was '*no question of whether I was [suicidal] on the days before*'. This respondent went on to say that he felt the assessment was very '*judgemental*', stating that '*[she] made comments on my tan, and my holiday when actually I had been attending my mother's funeral in Sicily*'. Another respondent stated that he felt as if '*the questions were manipulated to suit the DWP's agenda [to get people off benefits]*'.

Many of those who responded stated that they did not believe that the notes presented by the ATOS assessment were reflective of the actual event, for example, '*the assessor also did not mention in her report that I got upset during the assessment and cried. This was evidence of my mental health problems yet it was not included in the report*'. A number of respondents also advised that the final negative decision they received and the impact this had on other aspects of their benefits, such as housing, left them feeling suicidal. Clearly, the process of identifying who meets the criteria for the WCA is crucial, but no system should ever leave a vulnerable client in a worse or susceptible state and should never result in individuals feeling suicidal. The lack of psychological support and clear practical advice regarding reviews and appeals, is also a relevant issue for consideration. These cases, together with the successful appeal rate against negative WCA decisions (see below), demonstrate the need for an overhaul of the assessment system.

Key points: The assessments still seem to be focused mainly on physical health problems regardless of the nature of an individual's condition. The way in which some assessors handle the assessment process also appears to be inappropriate for people with mental health issues and may actually exacerbate their condition.

4. Reconsiderations and appeals(Consultation questions 9 &10)

Appeals are increasing and the majority of appeals are successful which suggests the assessment process is neither fair nor effective.

Release provides legal representation to people who use, or have used, drugs and/or alcohol and who access our legal surgeries in the London area. Currently, the organisation sees approximately 1500 – 1700 clients per year. All Release legal advisors are reporting an increase in failed WCAs amongst our clients and the appeal casework is continually increasing.

In the last 12 months Release has attended in excess of 25 tribunal hearings for clients who have failed the WCA, with a successful outcome in over 90% of those cases. Some of the claimants were decided by the Tribunal that not only did they have limited capability for work but that they also were not capable of engaging in work-related activities, and thus, were placed into the support group. The above figures do not include clients simply appealing the decision to be placed into the work-related activity group rather than the support group. In the case of clients who were unsuccessful at the first tier tribunal, where necessary written reasons for the decision will be

requested and appeal made to the upper tribunal if grounds exist. This is a lengthy process and no appeals have been made to the upper tribunal during the relevant period, however it is anticipated that the number of successful appeals will be greater than stated.

In addition to the successful outcomes at appeal, a number of WCA decisions are reconsidered by the DWP and revised in favour of the claimant following written representations from Release, without the need for the matter to be passed to the Tribunal Service. These occurrences highlight that many decisions must be glaringly inaccurate as an oral hearing is not even required.

Approximately 15% of the WCA based ESA appeals that are upheld by the Tribunal Service are based on the fact that the claimant satisfies Regulation 29 of the ESA Regulations 2008:

Exceptional circumstances

Regulation 29

(1) A claimant who does not have limited capability for work as determined in accordance with the limited capability for work assessment is to be treated as having limited capability for work if paragraph (2) applies to the claimant.

(2) This paragraph applies if—

(a) the claimant is suffering from a life threatening disease in relation to which—

(i) there is medical evidence that the disease is uncontrollable, or uncontrolled, by a recognised therapeutic procedure; and

(ii) in the case of a disease that is uncontrolled, there is a reasonable cause for it not to be controlled by a recognised therapeutic procedure; or

(b) the claimant suffers from some specific disease or bodily or mental disablement and, by reasons of such disease or disablement, there would be a substantial risk to the mental or physical health of any person if the claimant were found not to have limited capability for work.

The remainder of our clients are successful on the basis that they meet the descriptors and obtained at least 15 points as required for the WCA.

This high rate of success at appeal, and the use of Regulation 29 by the Tribunal panel indicate fundamental failures in the ATOS assessment. Regulation 29 considers directly whether a decision that found a person as not having a limited capability for work would result in a substantial risk to the mental or physical health of the person, that is, returning to work or would have a substantial and negative impact on their or other people's health. It would seem a better aim of the assessment to consider the descriptors in terms of a person's ability to work and, should none of the descriptors appear applicable, then a full and real consideration of whether Regulation 29 applies. This is because at present, it is not evident that Regulation 29 is fully and suitably considered by ATOS medical assessors. In many ways the assessment should be more akin to an occupational health assessment rather than a quasi-medical assessment. Claimants often state that they feel unable to open up during assessments to discuss their mental health problems, due to the short time given at the assessments and the lack of empathy and/or understanding felt by claimants from the medical assessors.

Key points: The on-going high rate of successful appeals indicates that the process remains flawed and incurs a high cost to the taxpayer as well as being a source of significant distress to already vulnerable people. The significant proportion of successful appeals on the grounds of Regulation 29 would suggest that there is a need to ensure this regulation is considered more effectively as part of the assessment process.

5. Looking forward – suggested changes to the WCA process (Consultation question 11)

(a) Scrutiny and possible revision of the WCA descriptors

The Year One recommendation that the WCA descriptors are subject to scrutiny and possible revision resulted in an Independent Scrutiny Group (ISG) being established. The ISG made several recommendations in relation to the descriptors, including a return to the 10 mental health descriptors that existed pre-March 2011. This is a recommendation that we support, with the addition of improved guidance for claimants to assist their understanding of the descriptors, and we hope that further work can be done by the ISG and the DWP to ensure that Professor Harrington's recommendation for Year One is implemented. In addition, in the previous IB assessments, there was a descriptor related to alcohol which was later removed in the WCA. We recommend that a similar descriptor related to substance misuse for the reasons provided in this response is added to the full list of descriptors.

Key points: As there are continuing issues around the effectiveness of the assessments for people with substance misuse and mental health problems we would suggest that the changes to the descriptors proposed in previous reviews need to be implemented as soon as possible.

(b) First Tier Tribunal Decisions are clearly communicated to DWP

Considering the high level of success in first tier appeals against the WCA, it is important that the DWP understand why original WCA decisions are being overturned. We support the call in the previous review for this information to be properly recorded and provided to the DWP so that the assessment process can be improved. There also needs to be systematic analysis of the findings to identify areas where incorrect decisions are being made. Any initial investment in these processes should lead to savings in the long term as fewer cases go to appeal.

Key points: the Ministry of Justice works with the Social Security Tribunal Service and DWP to ensure that decisions and reasons at the first tier are clearly communicated to DWP and analysed to identify areas for improvement.

(c) Continued input from 3rd sector drug & alcohol organisations into the training and guidance for assessors.

We welcome the opportunity that we have been given to contribute to the development of training and guidance for assessors on problematic alcohol and drug use. This involved reviewing the recent 'Training & Development Substance Abuse Manual' (MED- CMEP/SALS~0070, Version: 5e Draft 29th March 2012) (Learning Set) and the issues identified with the materials were similar to the problems

highlighted with the assessment process. The information contained in the learning set focused more on drug awareness type information than a consideration of the risks for the individual or others in returning to work, or the impact of drug problems and drug treatment on an individual's ability to engage in formal employment.

Another element that was lacking from the 'Learning Set' is the issue of dual diagnosis - often clients presenting with substance misuse issues will have either diagnosed or underlying mental health conditions. Substance misuse is often a symptom of some deeper mental health issues, and this seems to be a gap in the training materials as well as the assessment process.

Although the suggestions that we were able to make in the short period of time available were taken on board we remain concerned that the resulting learning sets will be inadequate to address training needs. We feel that it is important that the use and impact of this training is monitored and evaluated.

Given the shortcomings of the materials seen so far, and the continuing problems with the assessments, we feel it remains very important that organisations with specific expertise in the field of substance misuse are asked to review all other relevant training and guidance documents.

Key points: It would appear that the training materials currently in use have important gaps, in particular limited consideration of the impact of substance misuse problems and treatment engagement on a person's ability to work and the common issue of co-occurring mental health and substance misuse problems and the fact that substance misuse will often be a symptom of some deeper psychological problem or trauma. It is also important that the implementation and impact of the training in substance misuse and alcohol be subject to rigorous monitoring and evaluation.

6. Consultation responses from individuals

The Work Capability Assessment – A Call for Evidence: Year 3 Independent Review – Questions

Question 1

a) Have you had more than one WCA?

A YES / B NO

respondent No	1	2	3	4	5	6	7	8	9	10	11
Answer	B	B	A	A	A	A	B	A	B	A	A

respondent No	12	13	14	15	16	17	18	19	20	21
Answer	B	B	A	B	/	A	A	A	A	A

Respondent No	22	23	24	25	26
Answer	A	A	A	B	A

b) Was your most recent WCA:

(Please select only one)

- (A) A reassessment of an existing Incapacity Benefit (IB) award?
- (B) A new claim for Employment and Support Allowance (ESA)?
- (C) A repeat (second or third) WCA having already been awarded Employment and Support Allowance?

respondent No	1	2	3	4	5	6	7	8	9	10	11
Answer	B	B	A	A	A	A	B	C	A	A	A

respondent No	12	13	14	15	16	17	18	19	20	21
Answer	/	/	C	/	/	C	C	C	C	C

Respondent No	22	23	24	25	26
Answer	A	C	C	B	C

If you answered YES to Question 1a), please go to Question 2

If you answered NO to Question 1a), please go to Question 9

Question 2

Please tell us where you live in Great Britain

(Please select only one)

1. South East England
2. South West England
3. North East England
4. North West England
5. Midlands
6. Scotland
7. Wales

Respondent No	1	2	3	4	5	6	7	8	9	10	11
Answer	/	/	1	1	1	1	/	1	1	1	1

Respondent No	12	13	14	15	16	17	18	19	20	21
Answer	/	/	1	/	/	2	1	1	7	5

Respondent No	22	23	24	25	26
Answer	7	5	5	/	5

Question 3

Were you assessed for?

(Please select only one)

1. A mental, intellectual or cognitive condition or disability
2. A physical health condition or disability
3. Both

Respondent No	1	2	3	4	5	6	7	8	9	10	11
Answer	/	/	3	3	1	3	3	2	3	3	3

Respondent No	12	13	14	15	16	17	18	19	20	21
Answer	/	/	1	/	/	1	1	1	1	1

Respondent No	22	23	24	25	26
Answer	3	1	3	/	3

Question 4**What was the outcome of your award?**

1. Found fit for work
2. Work related activity
3. Support group

Respondent No	1	2	3	4	5	6	7	8	9	10	11
Answer	/	/	1	1	1	1	1	2	2	3	2

Respondent No	12	13	14	15	16	17	18	19	20	21
Answer	/	/	1	/	/	1	1	1	1	/

Respondent No	22	23	24	25	26
Answer	1	/	1	/	/

Question 5 (communications)

a) Thinking about the start of your claim, were there any changes in the telephone contact between you and DWP between your first and your most recent WCA?

(Please select only one)

- A There has been an improvement
- B It was not as good
- C There was no change

Respondent No	1	2	3	4	5	6	7	8	9	10	11
Answer	/	/	C	B	C	C	B	B	C	C	C

Respondent No	12	13	14	15	16	17	18	19	20	21
Answer	/	/	B	/	/	C	C	C	C	C

Respondent No	22	23	24	25	26
Answer	B	C	A	/	B

b) Between your first and your last WCA, did you notice any changes to the written communications which DWP sent you?

(Please select only one)

- A There has been an improvement
- B It was not as good
- C There was no change

Respondent No	1	2	3	4	5	6	7	8	9	10	11
Answer	/	/	C	C	C	C	C	C	C	C	C

Respondent No	12	13	14	15	16	17	18	19	20	21
Answer	/	/	C	/	/	A	C	C	C	C

Respondent No	22	2. 23	24	25	26
Answer	C	C	C	/	C

c) The ESA50 form has been amended; please can you tell us if you think:

(Please select only one)

- A There has been an improvement
- B It was not as good
- C There was no change

Respondent No	1	2	3	4	5	6	7	8	9	10	11
Answer	/	/	B	B	C	B	C	C	C	C	C

Respondent No	12	13	14	15	16	17	18	19	20	21
Answer	/	/	C	/	/	C	C	B	C	B

Respondent No	22	3. 23	24	25	26
Answer	C	B	C	/	C

Please use this space to tell us anything that is relevant to communications during the WCA process:

Respondent 3 - Acronyms and Jargon very difficult to understand. Difficult for those for whom English isn't 1st language.

Respondent 7 - The DWP said that they called me and couldn't get through. However I had no missed call on my phone and they did not leave any voice mail. I would prefer all correspondence to be by written communication so there is a proper record of everything.

Respondent 8 - I was not happy with the way that my information was communicated to the DWP. I suffer from mental health conditions, including anxiety and panic attacks, but this did not seem to be taken into account in the WCA. The examiner only asked me questions about my physical condition and about the activities I do during the day.

Respondent 11 - It was a very difficult process having to explain myself. Felt very uncomfortable, especially as my disability is physical and is quite clearly noticeable.

Respondent 14 - Felt the communication was very bad especially during my appointment, I attended my assessment on the day and during my wait for the appointment I was told the doctor was unable to see any more people and therefore cancelled on the day and was told to come back at a later date.

Respondent 18 - I do not understand how you can access someone's mental health status, all the questions on the form are aimed at people with physical disabilities. There is no consideration for mental health disorders i.e. panic attack fatigue. Socially I was afraid to go out alone; it does not consider someone's "Mental Health state day to day."

Respondent 20 - The same! Letters, form seem the same. I can't really remember the old one to compare.

Respondent 21 - I struggled to understand the questions on the forms

Respondent 22 - Basically the same type of form. Don't know what the change is . It was made for civil servants who work in offices not for people who have to fill it in.

Respondent 23 - The form was too long. It caused me a lot of stress and problems and I don't think I did it very well. Would have been better if they got the opinion straight from my doctor who knows my problems.

Respondent 26 - When I telephoned to ask what the criteria was for a home assessment the operator was really rude and unhelpful he told me I needed a letter from my GP and then when I went to all the effort to obtain the letter I was told that I still wasn't eligible for a home assessment.

Question 6 (face to face assessment)

a) Was there a notable difference between your first and your most recent face to face assessment?

- A First was better
- B Last was better
- C There was no difference

Respondent No	1	2	3	4	5	6	7	8	9	10	11
Answer	/	/	A	A	C	A	C	B	C	C	C

Respondent No	12	13	14	15	16	17	18	19	20	21
Answer	/	/	C	/	/	C	C	A	A	A

Respondent No	22	23	24	25	26
Answer	A	A	C	/	A

Please use the space below us to tell us anything else that you think is relevant to the face to face assessment:

Respondent 3: The Medical assessment was far too quick, only ten minutes. Assessor didn't go into detail; all questions were closed making it difficult to get point across. Assessor also asked irrelevant personal questions not about my health. Didn't ask any questions about drugs or drug addiction which was the basis of the application.

Respondent 5- My notes were not present during the meeting and I was forced to explain my medical history verbally. My mental problems are such that I find it hard to express myself. The assessor did not mention that I cried during the assessment. This was evidence of my mental health problems yet it was not included in the report.

Respondent 6- I felt the questions were manipulated to suit DWP's agenda.

Respondent 7 - The examiner did not ask me any questions relevant to my conditions. I suffer from depression and am recovering from heroin addiction. I was not asked any questions at all relating to my mental health. It only took 12 minutes for the examiner to find me fit to work. I was asked only three questions: whether I can cook, clean and watch TV. I answered yes to these questions and the examiner did not seem to take any notice of anything else I had to say regarding my mental health. I even brought my medication with me but the examiner took no notice of this. I felt overall that I was being rushed through the door and the whole assessment was too rigid and impersonal and did not take into account my personal needs.

Respondent 8 - The first assessment I had was better because they asked me relevant questions relating to my mental health, which is why I am claiming ESA. The latest assessment did not take into account at all my mental condition and seemed to focus solely on questions related to my physical condition. The examiner was reasonably friendly but did not seem to understand the reason that I was applying for ESA, i.e. the panic attacks and severe anxiety that I suffer from. I also felt that I was going to fail before I had even attended the WCA because I have heard that everyone fails in the initial examination.

Respondent 9 - I was going through quite serious depression at the time. It was not pleasant to have to talk about the way I was feeling when I was depressed. I felt very embarrassed to answer some of the questions, and overall the whole process was so uncomfortable that I do not really like talking about it now. However, the person carrying out the assessment was quite fair with me.

Respondent 19 - I am capable of reading the form, needing help from my Mother and from my advisor. I am having difficulty in filling out the form, I feel difficulty in communicating due to stress from losing my benefits.

Respondent 20 - It's like they don't listen to you and try to make you say what they want you to say. They make you say things in their words. Not what you want to say.

Respondent 21 - I found the lady who did the assessment to be patronising towards me I find it difficult to express how I'm feeling I feel embarrassed about revealing such personal issues about myself.

Respondent 22 - The lady who assessed me said "I was hard to believe". There were no witnesses so I can't prove it to complain, but she did. I could tell she thought I was scum from the start because of her attitude. She knew about my drug use from the form.

Respondent 23 - Was a really nervous experience. I don't think I did very well. I don't think the lady could understand my difficulties very well. Also, I felt she was ignoring my answers. No respect, no humanity, just a day at the office going through the motions.

Respondent 24 - The assessment was exactly the same as before, same questions, same answers, but this time they didn't give me it.

Respondent 26 - The assessor told me that I was "being difficult" because I wouldn't agree with what she was saying as I felt that she was trying to put words into my mouth. I feel that the questions emphasise what I can do rather than what I can't do. I feel like the questions are designed to "trip me up" When the assessor asked me to climb up 2 steps onto the bed I said that I couldn't and the assessor asked me if I was refusing (which I wasn't I just was physically unable to).

Question 7 (decision making)

a) Since your last WCA, did you notice a difference in the way in which the outcome of your WCA was communicated to you by a decision maker?

(Please select only one)

- A There has been an improvement
- B It was not as good
- C There was no change

Respondent No	1	2	3	4	5	6	7	8	9	10	11
Answer	/	/	C	C	C	B	C	C	C	C	C

Respondent No	12	13	14	15	16	17	18	19	20	21
Answer	/	/	B	/	/	A	C	C	B	C

Respondent No	22	23	24	25	26
Answer	C	C	C	/	B

b) If you provided additional evidence in support of your claim (e.g. from a GP, consultant or support worker), was this evidence taken fully into account by the decision maker?

(Please select only one)

- A Evidence was considered and it changed the original decision
- B Evidence was considered and it did not change the original decision
- C Evidence was supplied but not reconsidered
- D Not applicable

Respondent No	1	2	3	4	5	6	7	8	9	10	11
Answer	/	/	B	C	D	B	C	D	A	D	A

Respondent No	12	13	14	15	16	17	18	19	20	21
Answer	/	/	D	/	/	D	A	A	D	/

Respondent No	22	23	24	25	26
Answer	D	/	B	/	D

Please use the space below us to tell us anything else that you think is relevant to the decision making process:

Respondent No 3 – The worst part of the assessment was the insensitive questions and not enough time to go into detail. The assessors should be less judgemental.

Respondent No 4 –I went to the assessment intoxicated and the lady examiner put on the form that she couldn't detect alcohol. Interview took only 10 minutes. I never claimed on the basis of physical incapacity yet she was making me lift my arm above my head and lying me down on the bed and bending my knees up. 80% of what she put down on the form she never asked me. The stress of the system makes people sicker!

Respondent 7 - The examiner didn't listen to anything I had to say. I think that the DWP has its own agenda and theories of people like me. They only ask questions that they want the answers to and did not take into account my individual medical needs when making a decision.

Respondent 14 - No real explanation as to what would happen next. I had received a letter to say I had failed with the words "You do not have this anymore" in big black letters and a score sheet at the back. I appealed the decision with the help of my Welfare Officer and my doctors note the decision has been turned, but I did go for weeks with minimal amounts of money and no help given from DWP.

Respondent 19 - In the 1st appointment a letter was provided which did change the original decision.

Respondent 20 - I sent in a letter from my GP. I don't think the letter was listened to because they said I was fit. That isn't true and my GP thinks that.

Respondent 21 - I supplied a letter of support from my work programme provider but do not know if it has been considered yet as I have still to hear about my decision.

Respondent 22 - I tried to get a letter from my doctor but they told me that I would have to pay for it. I didn't have the money. I don't know how much it was.

Respondent 23 - I had a letter from my doctor. They haven't told me a decision yet.

Respondent 24 - I gave in letters from the hospital and my doctor but it didn't make a difference.

Question 8 (Organisations)

N/A

FAIRNESS AND EFFECTIVENESS

Question 9

Overall, how *fair* do you feel that the assessment was?

Respondent No 1 – Unfair- I was strongly intoxicated at the time of assessment, I couldn't walk, I couldn't get onto the step to sit on the couch. I asked the assessor for help and she told me to do it myself. I dragged myself on, it took me a long time. I weighed around 5 stone and had such swollen feet that I could not wear shoes. It was clear to everyone else that I was really unwell. I went straight into rehab after the medical.

Respondent No 2 – Initially did not feel assessment was fair, they didn't consider my mental health problems and their records were completely incorrect, noting that I walk around the park with my girlfriend when the last time I had a girlfriend or any type of partner was 6 years ago.

Respondent No 5 – Not fair- I was not given the chance to explain my health problems. Assessor asked me closed questions. I find the decision letters confusing and only managed to understand what was happening with the support of my legal advisor at Release

Respondent 6- I do not think that the assessment was fair as I feel that all the evidence from the treatment centres and my GP was ignored. The questions asked were closed.

Respondent 7 - I do not feel that it was fair at all. I think that the DWP is only concerned with meeting government targets and has no concern in considering the health of individuals attending the WCA.**Respondent 8** - I do not feel that the assessment was fair at all. The examiner did not ask any questions relevant to my mental health which I had made clear on the initial form. For example, I was not asked any questions specific to the panic attacks and severe anxiety that I suffer from. I was only asked various questions related to my physical health and the activities that I do during a typical day, such as going shopping or using public transport. I feel that the examiner did not understand why I was there and had no knowledge about the conditions that I suffer from.

Respondent 13 - thought it was fair and thorough

Respondent 14 - Not fair at all, mental health not taken in to consideration with the questioning.

Respondent 15 - It was done over the phone, done well, easy.

Respondent 18 - Don't think I was well enough at the time to be put on JSA, it will put me under a lot of stress.

Respondent 20 - In my opinion it was not fair. Well, because I was assessed as not fit before. Now they say I'm fit but nothing has changed except their opinion.

Respondent 21 - I don't feel that my assessment went very well. I am unsure what the outcome will be which is making me feel very anxious and stressed.

Respondent 22 - Not fair at all. The lady who did the assessment was prejudice against me, that was obvious. And I didn't have the cash to pay for a doctor's letter. Why can't they pay the cost of that if they need it to make a decision.

Respondent 23 - No, I don't think it was fair. My doctor is far more qualified than them to understand my difficulties. They should not be able to overrule his opinion. Whats the point in having qualified medical opinion if you are just going to ignore it.

Respondent 24 - Unfair because it was exactly the same as before except the result was different. How can that be fair?

Respondent 25 - It was a joke. They knew I wasn't getting it before I walked in. The guy hardly spoke to me and didn't take no notice of what I said.

Respondent 26 - I feel that the overall assessment is not very fair I felt bullied into saying things and was told that I was being difficult for not saying what the assessor wanted me to say.

Question 10

Overall, how effective do you feel that the process was?

Respondent No 1 – Not effective until the intervention of legal advisor.

Respondent No 2 –It was effective but only in regards to his efforts to contest WCA initial decision.

Respondent No 5 – Not effective, as it did not reflect the reality of my condition.

Respondent 6 - Not effective, because the questions have been tailored with the aim of getting as many people off benefits as possible.

Respondent 7 - The process was not effective at all because it did not take into account my individual medical needs

Respondent 8 - I do not feel that the process was effective at all because my mental health conditions did not seem to be taken into account at all.

Respondent 13 - Quite effective but it did discriminate against people who have mental health problems, physically looked well but did not feel they fully understood mental health conditions.

Respondent 14 - Not effective, resulted in a negative outcome which I then had to appeal.

Respondent 15 - Very Effective

Respondent 16 - In regards to its consideration of the issues faced by clients suffering mental illness, I do not think the current assessment is either fair or effective. The questioning seemed more geared towards people who have physical impairments which would have to be severe as the tests were very basic. The Questions such as those for memory seem to target those with extreme difficulties and leave no room for anything else. One gets the sense that the physician/practitioner conducting the assessment has no or very limited knowledge about mental health and this was further evidenced within the discussion. It begs the question then that how the individual can interpret some responses or lack of there – of. The questioning and general structure of the assessment does not cater for mental health problem. There is no consideration for a client for example who may be living in independent accommodation but sustained only by the care of their family and having no physical impairments. While on the surface that person may appear to be functioning one only has to probe deeper into their cognitive/mental functioning to discover the extent of their limitations. Perhaps a more specific assessment for such clients by someone with a background or working knowledge in mental health would make for a fairer and more efficient assessment.

Respondent 18 - I think they were not asking the entire question they should have.

Respondent 19 - I would like them to have more understanding of mental health problems.

Respondent 20 - Not effective because I don't think I am fit to work. Sometimes I am, like today. But, sometimes I am not and that is no good to an employer.

Respondent 21 - I don't feel that the overall process is effective as it depends on the person assessing and how I am feeling on that particular day.

Respondent 22 - I don't know. My benefit has been cut and to be honest well, how can I say, how do you think I've been living. If I go back inside, what choice do I have.

Respondent 23 - It was effective at causing more stress and anxiety for me and it still is. I really worry about this because I know I wouldn't last 5 minutes in work. When I was sacked before, they said it was my fault and I didn't get my benefit. They don't know how this affects people who are ill.

Respondent 24 - Not effective.

Respondent 25 - It was terrible . They don't believe you unless you've letters and stuff from doctors. I didn't have none of that so they didn't believe me.

Respondent 26 - Not very I felt that the process is quite humiliating at times

LOOKING FORWARDS

Question 11

What one thing (if any) would you change about the WCA to make the system better for people claiming ESA?

Please use the space below to give us your comments.

Respondent No 1 –Medical assessor needs to listen more for a proper assessment.

Respondent No 2 – A physical assessment as well as a verbal assessment would create a more holistic approach. No physical assessment was actually carried out despite the fact they were aware of my physical conditions.

Respondent No 6- I would have an independent doctor who is not employed by the DWP.

Respondent 7 - I would like the WCA examiner to listen to what I have to say as the examination is supposed to be about my medical requirements. The examiner did not seem to take into account anything I was saying and only rushed me through a set of standard questions which were irrelevant to my condition.

Respondent 8 - The examiner should have asked more questions about the medication that I take and should be more knowledgeable about such medications. I brought my medication with me to the assessment but I do not feel that the examiner had any knowledge about it

Respondent 9 - I was kept waiting for 40 minutes beyond my scheduled appointment time. I would recommend that the WCA is on time, as it was very uncomfortable to be kept waiting for so long.

Respondent 14 - Additional mental health problems and an understanding of mental health

Respondent 15 - Not really, as it was easy done over the phone

Respondent 18 - From my point of view a lot more consideration should be given to people with mental health conditions, everyone is at a different stage. I feel that instead of forcing people who are not ready to work there should be courses to enhance their skills and experience.

Respondent 20 - They should get some employers to make assessments about whether they would employ people with mental health. If they say people are fit they should be made to employ them and not allowed to sack them because of their mental health . That would make a change. Atos should be made to employ people they say are fit for work.

Respondent 22 - Get qualified people to do the assessment.

Respondent 23 - Simple, abolish it and let doctors, who are better qualified to know about your condition, make the decisions. Do they think that doctors can be trusted to save peoples lives, operations and to prescribe medication but can't be trusted to judge whether you are fit to work. Nonsense, it is because they want to reduce benefit for people who are really not able to work and they can't force doctors to tow the line.

Respondent 24 - Assessments shouldn't be so often because they really stress and they should be fairer by taking more account of information from doctors. The people that assess are not doctors.

Respondent 25 - They should listen to what people say and not automatically disbelieve you. How can they decide if you can work when they don't even understand your medication as they didn't with me.

Respondent 26 - To be able to offer the option of home assessments for people who need them.

Question 12

Is there anything else, relevant to the WCA, that you would like to tell us about?

Please use the space below to give us your comments.

Respondent 5- I could not have challenged the DWP's initial decision and achieved a fair outcome at tribunal stage without the support of my legal advisor.

Respondent 6- I feel that the Government are pressuring the DWP to discriminate against those who have alcohol and drug problems.

Respondent 7 - The main concern is that the WCA was far too quick and did not take into account my own medical conditions. The questions were irrelevant to my mental health and I feel that the examiner was not listening to the information I gave him regarding my health.

Respondent 8 - The entire process was unfair because they did not ask me questions relevant to my mental health. I do not understand why the whole examination would focus on my physical conditions when I had made clear that I suffer from anxiety and panic attacks which affect my ability to carry out daily activities, such as going to the supermarket. I feel that this definitely had an effect on the outcome of the assessment as they failed me.

Respondent 14 - The structure and the categorising of the questioning needs to be changed. Many of the questions seemed quite relative. In the examination I was asked "when you set out to do a task, do you finish the task you have been set out to do?" There was no definition of the task or categorising of difficulty levels of the task. Whilst I may have been able to say yes to a cleaning task I would have said no to a task of full day's work. Also asked questions like how far you can travel? – With no consideration of transferring this to a work setting.

Respondent 23 - Just to add that the assessment people make you feel like you are useless. You feel as if you are on trial but you have to prove you are innocent. They might as well say "tell us why you are so worthless", It really destroys what is left of your self-respect.

Respondent 25 - I was a genuine case and I got 0 points. No, I wouldn't appeal because they would never increase my points to 15 and it's not nice. They treat you like scum and I don't know, I just wouldn't do it. I know I ain't going to get a job anyway. That's why they put me with you. They know it.