

# Up To The Job?

**SAMH research report on experiences  
of the Work Capability Assessment**



# Up To The Job?

## Introduction

Between August and October 2011, as part of our “Dismissed?” campaign for fairness in mental health and employability, SAMH conducted a survey to gather people’s experiences of the Work Capability Assessment (WCA). At the time SAMH conducted the research, the UK Government was implementing changes to improve the fairness and effectiveness of the WCA. This survey is not intended to provide a definitive analysis of the impact of these changes, although we have structured the study and this report to focus on those areas which were identified as requiring improvement. However, we hope that this report will serve to highlight some of the experiences of people in relation to the WCA.

We wish to thank everyone who took the time to participate in our survey.

## Executive summary

SAMH surveyed 48 people on their experiences of the Work Capability Assessment (WCA). The research found that 63% of respondents felt their most recent experience of the WCA had been worse than before. The majority (71%) of people who responded to our survey did not feel that attention was paid to all the information they provided, with the main emphasis being placed on the face-to-face assessment. Furthermore, all respondents who had later seen the report which was created during their face-to face assessment believed it was inaccurate. The research also found that while 72% of respondents reported understanding what their face-to-face assessment was for, 73% did not feel that the person conducting the assessment understood their condition.

## Background

Employment and Support Allowance (ESA) was introduced in October 2008. It replaced three other incapacity benefits: Incapacity Benefit, Income Support paid because of an illness or disability and Severe Disablement Allowance. ESA is intended for people who have limited capability for work and those who are unable to work.

The Work Capability Assessment (WCA) helps decide whether people fall into one of these groups and are entitled to receive ESA. However, many people have raised concerns that the WCA is not sensitive to mental health needs, and can inaccurately reflect the impact that mental health problems can have on the ability to work.

In November 2010, Professor Malcolm Harrington published an Independent Review of the Work Capability Assessment.<sup>1</sup> This found that mental health conditions are more difficult to assess than others and made a number of recommendations for improvements. The Government welcomed these findings and fully endorsed Professor Harrington's suggestions.

Professor Harrington was reappointed to lead a second independent review in 2011. As part of the second review, a call for evidence ran from 14 July 2011 until 16 September 2011, seeking views on the implementation of the Year 1 recommendations and the impact they are having. To inform SAMH's response to this, we conducted an online survey to gather the experiences of people who had undergone a WCA. This report sets out our findings.

Since our survey, Professor Harrington has completed his second independent review<sup>2</sup>, and the UK Government has published its response<sup>3</sup>. Although the Government accepted most of Harrington's recommendations, his suggestions to improve the descriptors that underpin ESA decisions were not immediately accepted. It is important to note that, while we support Professor Harrington's recommendations, we believe that they will take a substantial amount of time to be fully implemented, and without a pressing deadline on the improved descriptors, further change is unlikely to be swift. Some of the recommendations require a cultural shift in working practices, meaning there could be a significant lag between taking action to implement the changes and actually seeing the impact in the assessment process.

### **Overall experience of the WCA**

Of the people who responded to our survey, 47% had previously undergone a WCA and could give a comparative account of their experiences. Whilst 11% of these respondents felt that there had been an overall improvement in their experience, 63% felt that their most recent experience had in fact been worse than previously. A further 26% felt that there had been no marked difference between their most recent and previous WCAs.

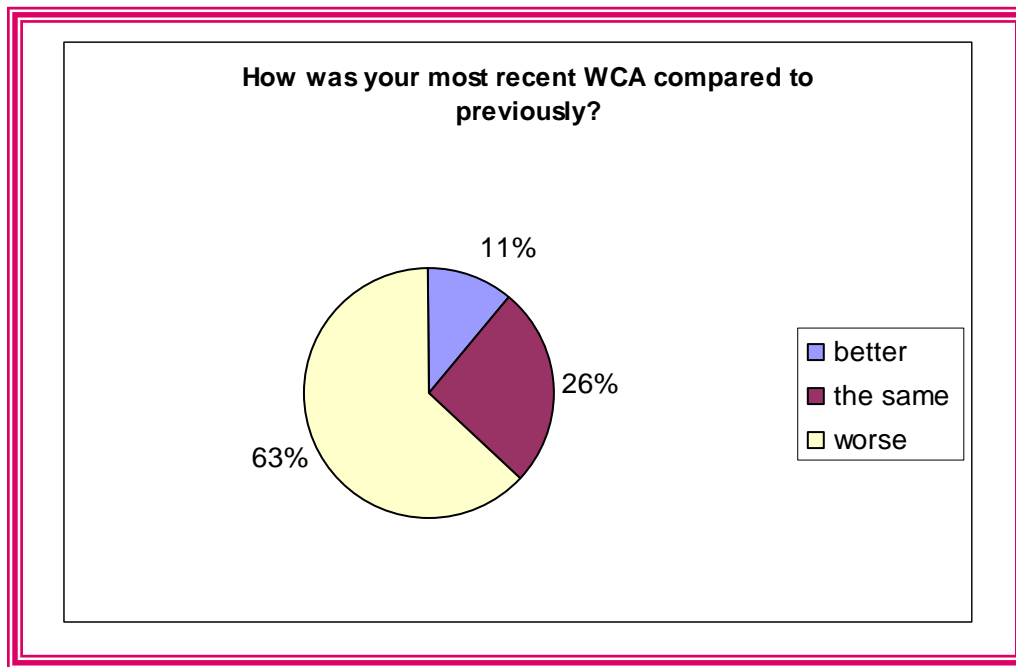
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<sup>1</sup> Professor Malcolm Harrington : An Independent Review of the Work Capability Assessment, November 2010

<sup>2</sup> Professor Malcolm Harrington: An Independent Review of the Work Capability Assessment – year 2, November 2011

<sup>3</sup> Government's Response to Professor Malcolm Harrington's Second Independent Review of the Work Capability Assessment, November 2011

This suggests that, at least from the claimant's perspective, the year 1 Harrington recommendations have not yet had a significant impact on the overall quality of the assessment process.



### Face-to-face assessment

Much of the criticism about the WCA relates to the face-to-face assessment carried out by Atos Healthcare on behalf of DWP. Critics of the face-to-face assessment argue that it is impersonal and mechanistic and that the reports generated at the assessments are often inaccurate.<sup>4</sup> Professor Harrington's Year 1 review also highlighted how the face-to-face assessment can drive the process and influence the Decision Maker's thinking, rather than it being seen as a composite part of the evidence supplied by the claimant.

The Year 1 review therefore recommended placing Jobcentre Plus decision makers back at the heart of the process and ensuring that they have a range of information with which to make independent and considered decisions.

- **Balance of evidence**

The majority (71%) of people who responded to our survey said that they did not feel attention was paid to all the information they provided, and that the main emphasis was placed on the face-to-face assessment. Some respondents also commented that little regard was paid to the information they provided at any stage during their application:

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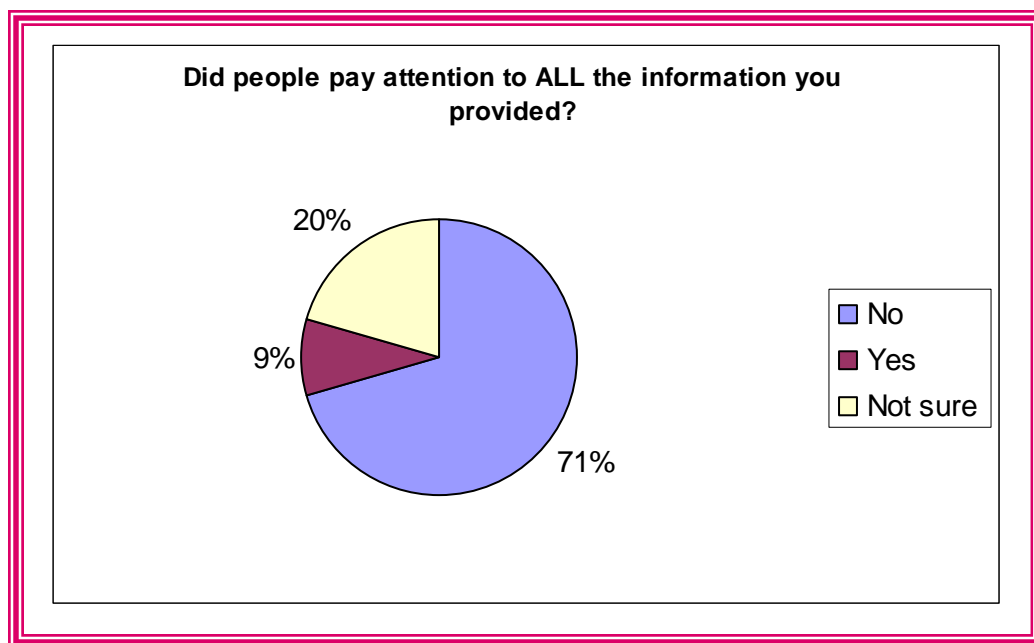
<sup>4</sup> Professor Malcolm Harrington : An Independent Review of the Work Capability Assessment, November 2010

*“Little attention was paid to either the form or face-to-face. Most of the questions were irrelevant to me, and there needed to be questions geared towards depressive illnesses.”*

*“The face to face assessment was a joke. The doctor didn’t listen and put words in my mouth that did not do justice to my problem.”*

*“It was more observation than an interview.”*

*“I had to repeat everything that I had already put in the information I had provided. It was a waste of my time and waste of the doctor who did the assessments time too.”*



- **Accuracy of report**

There were 21 respondents who had later seen the report which was created during their face-to face assessment. *All* of these respondents said that the report was inaccurate:

*“Much of what I said to explain my problems was missing. I only got to see report when it was decided to go tribunal”*

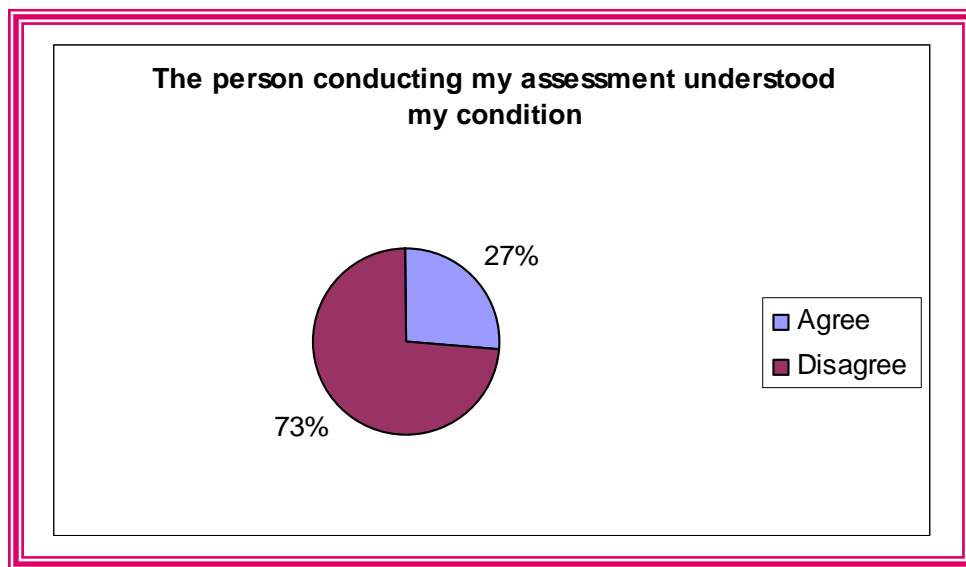
*“My medical report misrepresented important aspects of my condition, whether inadvertently or willfully, denoting a lack of understanding of depression.”*

*“Was extremely incorrect and said lots of things I hadn’t said. I thought it was written for someone else.”*

- **Understanding of mental health**

There has been criticism that the assessments are not relevant to or suitable for people with mental health problems, and that they are carried out by staff with insufficient mental health expertise. As such, The Year 1 review recommended that Atos put in place “champions” with additional expertise in mental health conditions to improve the service to individuals.

We therefore asked whether people agreed or disagreed with the statement: *“The person conducting my assessment understood my condition”*. In response, 27% indicated that they agreed, while a further 73% indicated that they disagreed.



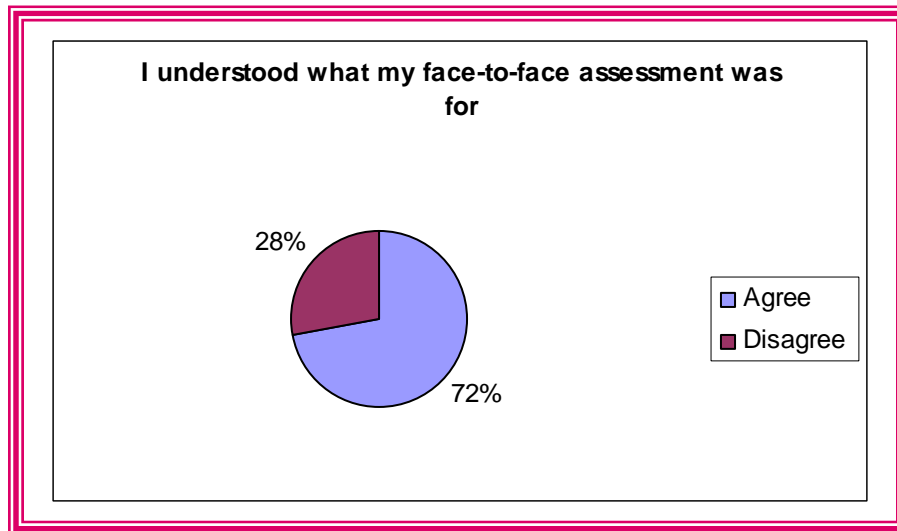
- **Understanding of assessment**

The Harrington review found that many claimants expect their Atos assessment to be a medical examination that looks at their illness or impairment rather than an assessment of their functional capability. This reflects the lack of information and guidance given to claimants about the Atos assessment and the WCA process. The review commented that communications sent to claimants can lack clarity - they are at best bland and technical and at worst confusing and threatening.<sup>5</sup>

We therefore asked whether people agreed or disagreed with the statement: *“I understood what my face-to-face assessment was for”*. In response, 72% indicated that they agreed and 28% indicated that they disagreed.

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<sup>5</sup> Professor Malcolm Harrington : An Independent Review of the Work Capability Assessment, November 2010



It is important to note that we have no way of substantiating whether respondents were correct in their understanding of the reasons for the face-to-face assessment.

### Future improvements

In concluding the survey, we asked people what changes they would make to improve the WCA. This question generated a considerable response and some of the individual responses we received are highlighted below, grouped into the most commonly occurring themes.

- **Attitudes**

*“More sympathetic people who have worked with and understand all kinds of Depression and how badly it can affect a person at times.”*

*“I'd change the person conducting the interview. In my opinion she was downright rude and not caring or understanding about my condition!”*

*“They could help make you feel more relaxed instead of being so abrupt.”*

*“The people who do the assessments are not interested in what is wrong with you it feels as though they have already made there minds up before you go in... I have had severe depression for a couple of years now but I felt as though I was telling lies.”*

*“I do not see the point of the WCA, and believe it is seriously damaging to the wellbeing of those living with depression. I found the whole claim process incredibly stressful, judgmental, inaccurate and unnecessary... I can firmly say*

*the WCA exacerbated my condition and as a result made the process of moving towards returning to work much more difficult.”*

- **Understanding of mental health**

*“The person had no knowledge of the problems I faced, she stopped the assessment half way through as she said she had enough to go on, I was refused ESA and had to go to appeal tribunal which was stressful and confusing, I found the pressure of this almost made me commit suicide.”*

*“To look beyond the person: I look ok but in reality I am far from well. At my first assessment the first question I was asked was " did I wash and how often". That was demeaning. Surely the focus should be what we can do to help you to get back to work.”*

*“Use people that understand that mental health means you have good days and bad days.”*

*“People with mental health problems should be assessed by a mental health specialist. Some of the questions in the questionnaire are hard to interpret as mental health is often not a straight forward yes, no, answer.”*

*“If a doctor has found you unfit for work, and your doctor has taken the time to write a letter stating that he finds you unfit for work, the last thing you should have to go through is a "face to face" assessment with a complete stranger who knows nothing about you, your history, your character, or your condition. Getting my ESA was the most painful, deeply unpleasant experience of my life.”*

*“If really needed assessment should be carried out by your own GP or CPN not strangers who don't have the full facts or the time to understand the complex issues that often go hand in hand.”*

- **A tick box exercise?**

*“It was assumed that if I was able to travel to the assessment, then I was able to travel to and from a job, its a tick in the box, and if that tick is put in the wrong box then a huge amount of money is spent on a tribunal.”*

*“I seemed not to tick any of their boxes. There were not questions relating remotely to depressive illnesses, and no contact was made with my GP, even although I provided her contact details.”*

*“I was not allowed to ask questions or speak about how my condition affects me... I was told what I said was not relevant as she only had to answer the*

*questions on the computer. She had no knowledge of my condition which I think need changing... I tried to give Dr and consultant letters and she refused to look at them."*

- **Descriptors**

*"Look at how the points system fails to capture mental health problems."*

*"Better descriptors to reflect my mental health, more understanding of mental ill health."*

*"That the person carrying out the WCA realised... that not everyone's symptoms fit the descriptors."*

*"It should be able to accurately assess a person's ability to realistically be able to work and/or have a quality of life."*

*"Have questions modified to take more diverse and complicated conditions (both mental and physical) into account."*

*"Questions asked did not take into account my mental health problems"*

- **Other**

*"Less complicated would be better."*

*"I would have liked to have received a decision sooner."*

*"Clearer information"*

*"They don't listen to my workers views."*

*"It should take into account conditions which symptoms are liable to change every day or may not be glaringly obvious".*

*"No consideration was given to how difficult day to day tasks are including inconsistency in my condition/s."*

As can be seen there is no shortage of ideas on how the WCA can be improved.

## **Recommendations**

Given the results of this survey, SAMH believes that work to improve people's experience of the WCA needs to continue urgently. We are therefore making the following recommendations to the UK Government, DWP and Atos:

- **Further consideration should be given as to how the descriptors can be improved to fairly assess applicants with mental health problems.**
- **There must be a concerted effort to ensure that, as recommended in the Year 1 review, the face-to-face assessment is placed in context as a composite part of a much wider assessment process.**
- **The collection of medical evidence should become standard procedure, particularly for applicants with mental health problems.**
- **Any changes to the WCA should be accompanied by a clear framework for evaluating whether they had achieved their desired impact.**

## About SAMH

SAMH is the Scottish Association for Mental Health, a charity working across Scotland. Every year, we provide over a million hours of support to people who need our help. Every week, we work with around 3,000 individuals in over 80 services. Every day, we campaign for better mental health for the people of Scotland.

## Dismissed?

"Dismissed?" is SAMH's campaign for fairness in mental health and employability. From claiming benefits to which people are entitled when they are sick or disabled, to applying for, getting and keeping a job, people with mental health problems are currently disadvantaged in employability.

The "Dismissed?" campaign:

- Works with employers to help them learn about mental health, and about equality law
- Helps employers to recruit and retain staff who experience mental health problems
- Aims to influence the benefits system to make it fairer and easier to navigate

- Empowers individuals to campaign for themselves.

There are many ways to get involved in our campaign. Visit [www.samh.org.uk](http://www.samh.org.uk) to get involved on our action page, find out how your employer can support the campaign, watch our videos or read our easy-to-use factsheets all about rights and responsibilities in employment and benefits.

**Contact SAMH [policy@samh.org.uk](mailto:policy@samh.org.uk), call 0141 530 1000, follow @SAMHTweets on Twitter or visit us at 51 Wilson Street, Glasgow G1 1UZ.**