DWP Department for Work and Pensions

Employment and Support Allowance: customer and staff experiences of the face-to-face Work Capability Assessment and Work-Focused Health-Related Assessment

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The scope of this study

This study was designed to provide a detailed understanding, from a customer and staff perspective, of the Work Capability Assessment (WCA), which is used to assess entitlement to Employment and Support Allowance (ESA), and Work-Focused Health-Related Assessment (WFHRA). ESA was introduced in October 2008 to provide financial help and personalised support for people who may be unable to work because of a health condition or disability. ESA has replaced Incapacity Benefit (IB) and Income Support (IS) paid on the grounds of ill-health for new claims. These two older benefits are being phased out, with people currently claiming them being reassessed for ESA nationally from February 2011.

In broad terms, this study explores customer and staff experiences of the WCA and WFHRA, whether they are being delivered as intended, and possible improvements. It also looks at whether the WCA and WFHRA seem to be influencing customers' views about work and how the WFHRA report was used in WFIs.

A brief description of the WCA and WFHRA is provided below, but for more detail on these, and the ESA claim process, please refer to Chapter 1 of the main report which also contains information on other ESA evaluation research.

Background: The face-to-face WCA and ESA50 form

The WCA is the main assessment for ESA, and is conducted by Atos Healthcare on behalf of Jobcentre Plus. As part of the WCA, most people who apply for ESA are required to attend a face-to-face assessment. This is conducted by a Healthcare Professional (HCP), who may be a doctor, nurse, or physiotherapist. It assesses a person's physical, mental, cognitive, and intellectual functions.

The face-to-face WCA is guided by information the customer provides on an ESA50 form, which they usually complete and return to Atos Healthcare before they are called for a face-to-face assessment. The ESA50 form is a questionnaire asking about a customer's functional capability in a range of areas and how a person's health condition and/or disability affects their ability to conduct activities of daily living. It also asks about any medication or treatment they are receiving, and details of their GP and any other professionals providing care.

Upon receipt of the completed ESA50, which is scrutinised by an HCP at Atos Healthcare, further medical evidence may be requested from a customer's GP, or other treating physician.

A Jobcentre Plus Decision Maker considers all the evidence available, including the WCA report, to help decide whether a person is entitled to ESA, and if so, whether they should be placed in the ESA Work-Related Activity Group (WRAG) or Support Group (SG). Chapter 1 in the main report of this research provides more detail on the WCA, WFHRA, and ESA claim process.

Of all completed initial WCAs (i.e. excluding those still in progress or withdrawn before completing

assessment, and before taking into account any appeals) to the end of July 2010, 65 per cent were found Fit for Work (FFW), 25 per cent were allocated to the WRAG and ten per cent to the SG.

The WFHRA and WFIs

At the time of this research, customers who were assessed as entitled to ESA and placed in the WRAG were also required to attend a WFHRA, and a number of Work-Focused Interviews (WFIs) with a personal adviser at Jobcentre Plus and/or Pathways to Work Provider. At the time of writing, the WFHRA is suspended.

The WFHRA was also conducted by Atos Healthcare on behalf of Jobcentre Plus, by an HCP who could be a doctor, nurse, or physiotherapist. It focused on what the individual was capable of doing and how to manage their condition at work. The WFHRA was intended to explore customers' views about returning to work, what difficulties they faced in doing this, and what they thought they could do to move back into work. The HCP made a recommendation of any health-related or other interventions which could improve a person's functional capacity and support a move back into work. This included the use of appropriate aids and adaptations.

Following the WFHRA, a report of the discussion was sent to both the customer and their Personal Adviser (PA) at Jobcentre Plus and/or a Pathways to Work Provider, for use in WFIs. The intention was for the adviser to use the report to facilitate a discussion with the individual to identify appropriate job goals.

Methodology and sampling strategy

A total of 87 semi-structured interviews were carried out in four Jobcentre Plus districts in Wales, Scotland, London and Northern England. Interviews were carried out with 39 staff, composed of 17 Atos Healthcare HCPs, three Atos Healthcare Service Managers, 19 personal advisers conducting WFIs, and 48 ESA customers. Thirty-four of these were in the WRAG and had attended a WCA and WFHRA. The remainder had had a WCA only, and were from either the FFW or Work-Related Activity Groups.

The weighting of the customer sample towards those in the WRAG, which was deliberate, in order to include views of the WFHRA, should be borne in mind when considering the findings, as claim outcome appears to be a key driver of customer views of the WCA[1]. A sample which included more of those found FFW may have generated additional views and experiences.

Fieldwork took place in March/April 2010 (customers) and June/July 2010 (staff).

Staff and customer views of the WCA

ESA50 completion

Some customers said they found completing the ESA50 straightforward. However, others said that they had found it long and complex to complete, and that they had sometimes been confused as to how to answer, a finding which is consistent with experiences reported in a recent survey of ESA customers[2].

HCPs confirmed that the ESA50 form was often poorly completed, and that this both created additional work for them, and limited the value of the information provided. Mental health was noted as a particular issue in this respect, both in terms of how well the form was completed, and whether or not the customer had completed and returned it, so that it was available to the HCP conducting the face-to-face WCA.

WCA timing and scheduling

According to the customers interviewed, the face-to-face WCA was generally taking place two to three months after they had begun their claim for ESA, although a few had waited longer than this. Most had attended at least one WFI by the time of their WCA, although there were exceptions to this.

Travel, wait times and environment

Travel to the face-to-face WCA was problematic for many of the customers in the study, especially for those with mobility problems or mental health conditions. This was exacerbated where local transport was poor or where customers had attended during the icy weather conditions in early 2010. Customers appeared to have received a rather inconsistent level of service regarding information on

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[1] Barnes H, Sissons P and Stevens H (2010), *Employment and Support Allowance: Findings from a face-to-face survey of customers*. DWP Research Report No. 707.

[2] Ibid.

their possible eligibility for assistance with transport, and some had made difficult journeys unnecessarily as a result.

Customers generally reported being seen promptly on the day of the WCA, and the reported length of the assessment was in line with expectations. Some people were unhappy with the environment at the medical examination centre, finding it rather forbidding, while others saw it as being in line with their general expectations of comparable medical settings, such as a GP or dentist's surgery. Some privacy issues were raised, in relation to both the soundproofing of rooms and the visibility of other customer's records.

The face-to-face WCA

HCPs thought that the training provided had equipped them well for the role, and noted that there was a continuous process of audit and quality control in place. They felt that customers were generally not well-prepared for the face-to-face assessment, being either totally lacking in knowledge about what was involved, or overly influenced by campaigning materials.

Customers' accounts confirmed that they were often expecting some kind of physical examination or diagnostic test. In practice, although some customers received a limited physical examination, the assessment mostly consisted of discussion, so that this did not match their expectations.

Customers also said they tended to view the WCA primarily as a means of weeding out fraudulent claims. They were often unhappy with the way the assessment had been conducted, and had not felt listened to by the HCP. Some had been found FFW, and most of these had appealed.

There were also some positive views from customers about their experience. Some reported that the HCPs were professional in their manner and the way in which they conducted the appointment; that they gave adequate explanations, and were appropriately understanding of the customers' condition and circumstances.

Some HCPs felt that additional medical evidence, where this was not available, would be beneficial in carrying out these assessments, but others argued that this was not necessary. Customers, however, reported that where such evidence was provided it had not generally appeared to be taken into account.

Comparisons with the PCA

Staff felt that, compared to the Personal Capability Assessment (PCA), the WCA was a more objective functional assessment, and noted that the descriptors were improved, eliminating some duplication and dealing better with certain conditions, such as severe mental health conditions. Other conditions were viewed as somewhat more problematic to access using the WCA, as the HCPs felt they had less discretion. Conditions which were specifically mentioned in this respect were fluctuating conditions, some mental health conditions, and multiple sclerosis. HCPs also noted that the move to the WCA represented a considerable shift in the threshold for claiming a sickness benefit. The reassessment of existing incapacity benefits customers for ESA, using the WCA, was noted as representing a considerable challenge.

Appeals

Given the much higher threshold for entitlement to benefit, staff were unsurprised at the high volume of appeals among customers against decisions that they were FFW (i.e. they were not entitled to ESA). However, some HCPs were unhappy at the lack of a rationale for decisions which had been overturned, and some felt that social factors unrelated to functional ability might have been given undue weight in the appeals process, as the results were so dissonant with their original assessment and they received no feedback on how the appeal decision has been reached. Several of the customers in the sample had appealed, and some had been reassigned to the WRAG as a result.

Staff and customer views of the WFHRA

Customers who had attended a WFHRA had not generally understood its purpose, thinking that they were being called for a second 'medical' or face-to-face WCA; some recalled the work focus, and some found this useful, but the general feeling was that this duplicated the WFIs to a large degree.

Staff delivering the WFHRA confirmed the low levels of customer understanding about this part of the assessment. They felt that they were trying to offer a positive and personalised intervention which would help someone move towards work, although

not necessarily in the short term. Some were more focused than others on the potential value of the WFHRA as a tool for advisers. Not all felt that it was necessary for the WFHRA to be carried out by a HCP.

WFIs and the impact of the WFHRA

Customers generally appreciated their WFIs and some spoke warmly about the help and support provided by their advisers, but there was little evidence that the report of the WFHRA provided to customers and personal advisers was playing a role in the WFIs or influencing customer views on work. This was due both to its content, which was perceived to be very general and to duplicate issues already covered in the WFIs, and to its timing, often fairly late in the sequence of WFIs.

Conclusions and policy implications

There appears to be a clear need for more and better customer information at (and about) the different stages of this process, including when an initial claim for ESA is made (this is usually by telephone to Jobcentre Plus), the assessment process, when customers are notified of the WCA outcome, and when customers are engaging in work-related activity including the WFHRA and WFIs. This is likely to improve co-operation as well as improving the customer experience.

There is also a need to improve inconsistent and sometimes poor levels of customer service, for instance, providing clear and consistent advice about the criteria for funding travel arrangements and the availability of home visits, and making it simpler to change appointment times where necessary.

The WCA is currently being reviewed, and it will be important that close attention is paid to the descriptors, particularly in assessing specific conditions which have been identified as problematic and where there are multiple or fluctuating conditions.

If the WFHRA is to be reinstated, it will be important to reconsider its purpose and intended outcomes and how these relate to both its coverage, target population and its timing in the sequence of WFIs.

The reassessment of IB customers and the introduction of the Work Programme are also an important context to any future changes in the delivery of the WCA and WFHRA. The former means that a great many more people with fall within the ambit of the ESA claim process, placing additional demands on staff delivering it. Customers who have claimed under the previous IB regime may also react differently to the WCA to those who are claiming a sickness benefit for the first time. The Work Programme should make it possible to provide additional tailored support for those who are found FFW but need help to manage the impact of a health condition. The WFHRA, amended in the light of this study and the ongoing review, may have a potential role to play in this process.

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