



DEBATE PACK

Number CDP-2019-0092, 18 April 2019

Ten years of the Work Capability Assessment

Summary

This House of Commons Library debate pack briefing has been prepared in advance of a debate entitled “Ten years of the Work Capability Assessment in relation to Employment Support Allowance and Universal Credit.” This will be led by Laura Pidcock MP and will take place on Wednesday 24 April 2019 in Westminster Hall, starting at 2.30 pm.

The Work Capability Assessment (WCA) has been applied since Employment and Support Allowance (ESA) was introduced in October 2008. From late 2010 the Department for Work and Pensions also began reassessing the remaining incapacity benefit claimants for ESA. The WCA also now determines whether Universal Credit claimants are eligible for an additional amount for ill health or disability, and what if any work-related requirements apply to them.

The WCA has been controversial from the outset. Despite changes made following reviews, welfare rights and disability organisations continue to voice concerns about the assessment and about the way it has been applied. In February 2018 the Work and Pensions Committee warned that failings in the assessment and decision making processes for ESA (and for PIP) had resulted in a “pervasive lack of trust” that could undermine both benefits. On 5 March 2019 the DWP announced plans for “transforming the delivery of assessment services” by bringing together the separate WCA and PIP assessment into one unified, integrated service from 2021.

This debate pack provides background information as well as parliamentary material, press articles, and further suggested reading which Members may find useful when preparing for this debate.

The House of Commons Library prepares a briefing in hard copy and/or online for most non-legislative debates in the Chamber and Westminster Hall other than half-hour debates. Debate Packs are produced quickly after the announcement of parliamentary business. They are intended to provide a summary or overview of the issue being debated and identify relevant briefings and useful documents, including press and parliamentary material. More detailed briefing can be prepared for Members on request to the Library.

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1. Background

1.1 Introduction of ESA and the WCA

The Department for Work and Pensions' Five Year Strategy, published in February 2005¹, set out the then Labour Government's plans for a "radically reformed incapacity benefit" which would focus on "what people can do rather than on what they cannot."² The January 2006 Green Paper [A new deal for welfare: Empowering people to work](#)³ announced proposals for an **Employment and Support Allowance** to replace incapacity benefits. The [Welfare Reform Act 2007](#)⁴ laid the framework for the new benefit, and the detailed rules are set out in the [Employment and Support Allowance Regulations 2008](#).⁵

There were to be two forms of Employment and Support Allowance:

- **contributory ESA**, for those with a sufficient National Insurance contribution record; and
- **income-related ESA**, which would be means-tested.

To be eligible for ESA, a person would have to undergo a **Work Capability Assessment (WCA)**. Claimants would be assessed during the first 13 weeks of their claim (or longer if necessary) to determine whether they had a "limited capability for work", and also whether they are capable of engaging in "work-related activity". This second part of the assessment determined whether the person was placed in the "**support group**" or the "**work-related activity group**"; for those in the latter group, access to the full rate of benefit would be conditional on participation in Work-Focused Interviews (WFIs) and agreeing an action plan.

A DWP memorandum for the Work and Pensions Committee in April 2014 stated that the aim of the new benefit was "to move away from a system which made assumptions about individual ability by reference to diagnosis and to instead focus on the individual themselves and what they could actually do."⁶ It continues:

20. It is our firm belief that enabling individuals and offering them the support they need to return to the labour market will, in most cases, improve not only the individual's health but will help to reduce the hardship and deprivation they may experience as a result of their health condition or disability. This principle is in keeping with the body of evidence that people are better off in work; not only financially, but in terms of their health and well-being, their self-esteem and the future prospects of both themselves and their family. Work is an integral part of life, in

¹ Cm 6447

² HC Deb 2 February 2005 c842

³ Cm 6730

⁴ For further background see Library Research Paper 06/39, [The Welfare Reform Bill 2005-06](#)

⁵ SI 2008/794. Separate regulations now cover contributory ESA claimed following the introduction of Universal Credit Full Service ("New Style ESA"): [SI 2013/379](#)

⁶ [Written submission by the DWP to the Work and Pensions Committee inquiry on ESA and the Work Capability Assessment](#), 2 April 2014

terms of meeting the financial demands and psychosocial needs placed on individuals, and is central to individual identity as well as social status.

21. In this vein, ESA places greater emphasis on a claimant's functional capabilities and the importance of moving towards employment where reasonable. For this reason ESA was designed with two claimant groupings which distinguished the type and level of support and conditionality placed on a claimant. As well as identifying if a claimant is eligible for ESA, the WCA process also separates those who do meet the eligibility criteria into two groups:

- **Support Group:** those with the most severe impairments whose conditions mean that they have limited capability for both work and work-related activity (LCWRA) as measured against descriptors set out in Schedule 3 of the ESA Regulations 2008.
- **Work Related Activity Group (WRAG):** those capable of taking steps to prepare themselves for employment with the appropriate support. The Work Related Activity Group comprises those claimants whose conditions mean that they have limited capability for work (LCW) as measured against descriptors contained in Schedule 2 of the ESA Regulations, and it is considered that they should be able to return to the workplace in due course.

22. Claimants in the Support Group who are identified as having the most severe functional impairment, receive a higher rate of benefit and are not subject to any conditionality. However, in keeping with the Government's belief that work is beneficial, these claimants are entitled to take part voluntarily in the employment support available if they choose.

Current guidance for Healthcare Professionals (HCPs) undertaking assessments on behalf of the DWP states that the main aims of the WCA are to:

- Ensure that those who currently have limited capability for work or work-related activity are identified.
- Accurately identify those who, despite their condition, are fit to continue to work.
- Provide a fairer, more accurate and more robust assessment of the level of a person's functional ability in relation to capability for work in the modern workplace.⁷

Yet despite changes made following [internal reviews](#), [five annual independent reviews](#) (three by Professor Malcolm Harrington, and two by his successor Dr Paul Litchfield), Work and Pensions Committee reports, and the appointment of a new assessment provider under a new contract in 2015, some argue that the Work Capability Assessment is not achieving these aims and is not, at least in its current form, "fit for purpose."

⁷ Centre for Health and Disability Assessments, [Revised WCA Handbook](#), last updated 4 February 2019, para 1.3

1.2 Overview of the WCA

When a person first claims Employment and Support Allowance, they can receive ESA provided they submit "[fit notes](#)" from their GP indicating that they are unfit to work. To continue to receive ESA, the claimant must however undergo a Work Capability Assessment (WCA). This determines whether the claimant satisfies the conditions for ESA and, if so, which ESA group they are placed in. This should take place in the first 13 weeks of the claim, but can take longer.

An outline of the WCA process is given below. More detailed information can be found in Commons Library briefing CBP-7182, [The Work Capability Assessment for Employment and Support Allowance](#); and Disability Rights UK's Factsheet F71, [The Work Capability Assessment](#).

Making a claim

Unless they are terminally-ill – in which case their claim may be fast-tracked – claimants are sent a [capability for work questionnaire \(ESA50\)](#) by the [Health Assessment Advisory Service](#). This is operated by MAXIMUS, which has since March 2015 held the contract to undertake assessments for the Department for Work and Pensions (following the "early exit" of Atos from the contract).⁸

The ESA50 asks about the claimant's disabilities and health conditions, and how they affect what they can do. The completed form must be returned within a specified time.

The returned questionnaire is considered by a Healthcare Professional (HCP) employed by Maximus. The HCP can decide at this stage that they have enough information to recommend an award benefit, but most claimants will be asked to attend a face to face meeting. Failure to attend may result in the person being deemed "Fit for Work." Maximus may agree to an assessment in the claimant's home, if they cannot travel to an assessment centre because of their medical condition.

The Maximus HCP produces a report for the DWP recommending whether the claimant meets the conditions for limited capability for work/work related activity. The decision on whether to award benefit and/or which group the claimant should be placed in is however made by a DWP Decision Maker. The Decision Maker should consider all the available evidence, including the questionnaire, any accompanying evidence provided by the claimant, and any additional evidence provided by a third party such as a doctor, consultant, specialist nurse, social worker, support worker, carer, relative or anyone else familiar with the person's condition, in addition to the HCP's report. The Decision Maker does not have to follow the HCP's recommendation.

⁸ See Commons Library briefing SN06855, [Incapacity benefit reassessments](#), 1 April 2014; [MAXIMUS appointed to carry out health assessments for the Department for Work and Pensions](#), DWP press release, 30 October 2014

[The assessment process](#) is explained in more detail at the Health Assessment Advisory Service website.

Assessment criteria

The Work Capability Assessment does not focus on the individual's health condition, but instead on how it affects their ability to undertake a range of activities related to physical, mental, cognitive and intellectual functions. The WCA determines whether a claimant has "limited capability for work" and, if so, whether they also have "limited capability for work related-activity." The specific tests are set out in [regulations](#). DWP also produces a [WCA Handbook for Healthcare Professionals](#), and a shorter [Guide to the WCA](#) for claimants.

The WCA aims to determine the extent to which the individual can undertake various **activities**. The activities for the physical assessment cover things such as getting around unaided, standing and sitting, reaching, manual dexterity, making yourself understood, understanding communication, continence, and consciousness. The activities relevant to the mental, cognitive and intellectual function assessment include things such as learning tasks, awareness of everyday hazards, coping with change, coping with social engagement, and appropriateness of behaviour with other people.

For each activity (there are 17 in total) there is a list of "**descriptors**" which describe the extent to which the person can undertake the activity, each with an associated points score (ranging from 0 to 15, where 15 reflects the greatest difficulty). The highest scoring descriptor which applies to the individual determines how many points they score for that activity.

A person with a top score of 15 in any one activity automatically meets the threshold for "limited capability for work." People scoring less than 15 in any activity can add up the score they have for other activities (physical, or mental, cognitive and intellectual) to reach the threshold of 15 points needed to pass the test. If claimants cannot carry out the activity reliably, repeated and safely, they are awarded the appropriate points.

Where a person meets the threshold for "limited capability for work", the assessment looks at whether the person's functional capabilities are so limited that they should not be expected to undertake "work-related activity." Again, this is done by looking at the individual's ability to undertake different activities (16 in total). A person scoring under **any** of the activities automatically meets the criteria for "limited capability for work-related activity."

Information on the WCA activities and descriptors, on the key concepts underpinning the assessment, and on the case law on how the effects of different medical conditions should be considered, is available at the website wcainfo.net.

A person can in certain circumstances be **treated** as satisfying the criteria for ESA without having to undergo an assessment, e.g. if they are terminally ill, or undergoing certain cancer treatments.

There are also provisions under which people not scoring sufficient points can nevertheless be treated as having a limited capability for work, or for work-related activity, as appropriate, if “**exceptional circumstances**” apply. This includes where the person has a severe uncontrolled or uncontrollable life-threatening disease which cannot be controlled by a therapeutic procedure, or where there would be a “substantial risk” to the mental or physical health of any person were they found not to have limited capability for work or limited capability for work-related activity.

The rules on “substantial risk” in relation to mental health are set out in Appendix 6 of the CHDA’s [Revised WCA Handbook](#).⁹ Revised guidance on substantial risk was issued by DWP in 2015 and implemented in early 2016. The Revised WCA Handbook states:

The main change is that the focus on suicide has been reduced and the question of substantial risk placed in the context of work-related activity (WRA). The Department’s approach is that tailored WRA may be appropriate for most people with mental health conditions, including for people with suicidal thoughts.¹⁰

A Rethinking Incapacity blog of 21 September 2016 by Ben Baumberg Geiger, [The return of the stricter WCA?](#) considers the implications of the changes.

WCA outcomes

There are three possible outcomes for an Employment and Support Allowance claimant following a WCA:

- **Fit For Work** – the claimant doesn't meet the threshold for ESA
- **Work-Related Activity Group (WRAG)** - the claimant is found to have a "limited capability for work"
- **Support Group (SG)** - the claimant is found to have **both** a "limited capability for work" **and** a "limited capability for work-related activity."

The MAXIMUS HCP produces a report for the DWP recommending whether the claimant meets the conditions for ESA and, if so, whether they should be assigned to the WRAG or to the SG.

The decision on whether to award ESA, and in which group, is however made by a [DWP Decision Maker](#), and they do not have to follow the HCP’s recommendation.

ESA claimants in the Support Group are not required to undertake any activities as a condition of receiving their benefit. For claimants placed in the WRAG, access to the full rate of benefit may be conditional on participation in Work-Focused Interviews and undertaking work-related

⁹ Last updated 4 February 2019

¹⁰ *Ibid.*, para. 3.8.2.1

activity. "Work-related activity" is activity that makes it more likely that the person will get a job or remain in work. The exact activity is at the discretion of the work coach, and could include a wide range of activities such as skills training, drawing up a CV, work placements, or work experience (although the latter is voluntary). Any requirement must be "reasonable," taking into account the person's circumstances. A person cannot be required to apply for a job, undertake work or undergo medical treatment. All work-related activity must be recorded in an "action plan," which must be in writing and specify the activity the claimant is required to undertake.

Future assessments

If the HCP recommends an award of ESA, their report will also state when it might be appropriate to reassess the claimant. In October 2016 the Government announced that it intended to exempt some ESA claimants with the most severe health conditions and disabilities from future reassessments. On 29 September 2017, the Department for Work and Pensions announced the criteria for "switching off" ESA reassessments. Further information can be found in Commons Library briefing CBP-7820, [ESA and PIP reassessments](#).

A parliamentary written answer on 12 March 2019 stated that, as of May 2018, 23,900 ESA claimants had been assessed as meeting the "severe conditions" criteria for switching off assessments, of whom 9,500 had a mental or behavioural disorder as their primary medical condition, and 4,700 had diseases of the nervous system.¹¹

Challenging ESA decisions

People unhappy with an ESA decision claim can challenge the decision in the usual way – by Mandatory Reconsideration (MR) and appeal. An appeal to an independent First-Tier Tribunal cannot be made unless the person has first requested that DWP undertake a Mandatory Reconsideration.

Strict time limits apply to both MRs and appeals. There is no time limit for DWP to undertake ESA Mandatory Reconsiderations, but "straightforward" cases should take around 14 days.

For ESA appeals cleared at a Tribunal between October and December 2018, the average (mean) waiting time was 30 weeks, although for one quarter of the appeals cleared the age of the case at clearance was more than 43 weeks.¹²

¹¹ [PO 216179](#)

¹² HM Courts and Tribunals Service, [Tribunals and gender recognition certificate statistics quarterly: October to December 2018](#), Table T.3. The 43 week figure covers both ESA and Incapacity Benefit appeals, but almost all will have been ESA appeals as no new claims for IB have been possible since 2008.

Employment and Support Allowance may be payable (at the “assessment rate”) pending an appeal against a “fit for work” determination,¹³ but not pending the Mandatory Reconsideration. Previously, claimants challenging a fit for work decision could claim Jobseeker’s Allowance pending the MR (provided they were prepared to accept any reasonable work within their limitations), and get their ESA reinstated pending any subsequent appeal, if the MR outcome was negative. Following the full roll-out of the Universal Credit Full Service however, with certain exceptions¹⁴ new claims for income-based JSA are no longer possible. The claimant must instead make a claim for UC or, alternatively, wait until they lodge an appeal and then ask for their ESA to be reinstated.¹⁵ If a claim for UC is made, any other legacy benefits they receive (such as Housing Benefit) will stop, and they will not be able to return to legacy benefits – including income-related ESA – even if their appeal is successful. Welfare rights organisations have cited cases where people challenging ESA decisions have been told by DWP staff that they have no option but to claim UC, and have as a result found themselves worse off.¹⁶

In order to claim ESA pending an appeal of a “fit for work” decision, the claimant must continue to submit “fit notes” from their GP. Following a WCA which results in the claimant being found fit for work, the DWP sends their GP a standard letter (ESA65B) informing them that they are no longer required to submit fit notes for their patient. During 2018 it emerged that the wording of the standard letter had been revised so that it no longer mentioned that the GP may have to issue new fit notes in certain circumstances including where their patient is appealing the fit for work decision.¹⁷ Ministers have stated the reason for the change in the wording was “to emphasise the benefits of work and to ask GPs to encourage their patients in their efforts to return to some form of work”¹⁸ and that considering how the wording of the letter might be improved, officials had “engaged with the British Medical Association and the Royal College of General Practitioners to ensure that the revised wording was fit for purpose.”¹⁹ The Zacchaeus 2000 Trust however described the decision to omit mention of ESA pending appeal as “irresponsible to the point of

¹³ See Child Poverty Action Group, [Ask CPAG Online - Can you get ESA while you are challenging a decision?](#)

¹⁴ From 16 January 2019 claimants in receipt of a Severe Disability Premium are prevented from claiming UC and may make new claims for legacy benefits including income-based JSA; see CBP-8494, [Universal Credit and the Severe Disability Premium](#), 8 March 2019

¹⁵ If they can provide fit notes covering the period when their MR was being considered, they should also receive backdated payments of ESA for this period; see HC Deb 16 December 2013 c486w

¹⁶ See the written memorandums submitted by [CPAG](#) (pp7-8) and [NAWRA](#) (p8) to the Work and Pensions Committee inquiry on UC natural migration.

¹⁷ The previous version of the ESA65B can be found [here](#) and the revised version – deposited in the House of Commons Library on 21 March 2018 – is [here](#)

¹⁸ PQ 142518, 16 May 2018

¹⁹ PQ 132729, 21 March 2018

spreading misinformation to GPs.”²⁰ Others have also voiced concerns.²¹

A recent written answer states that “The Department is updating the current ESA65B letter, with input from medical organisations, to clarify when a fit note should be provided for Employment and Support Allowance purposes.”²²

Universal Credit

With the introduction of Universal Credit, the Coalition Government said that it intended to rationalise means-tested support for disabled people and would abolish the existing disability premiums and additions. It proposed replacing the current system of multiple, overlapping disability additions for benefit and tax credit claimants with a simpler system, where means-tested additions for disabled people would be payable at two rates only. For adults, eligibility would be determined by the Work Capability Assessment.

However, abolition of the UC limited capability for work element for new claims from April 2017 (and the equivalent Work-Related Activity Component in ESA) means that only those found to have a “limited capability for work-related activity” – i.e. those who would previously been placed in the ESA Support Group – will receive an additional amount in their Universal Credit. For further information see Commons Library briefing CBP-7649, [Abolition of the ESA Work-Related Activity Component](#).

As is the case with ESA, the WCA also determines the level of “conditionality” the claimant is subject to. UC claimants found to have both a limited capability for work **and** a limited capability for work-related activity are expected to do anything in return for their benefit. UC claimants found to have a “limited capability for work” only are not expected to look for work, but may be required to attend Work Focused Interviews and undertake activities to help them prepare for work in the future – such as having a skills assessment, or doing training.

Further information on how Universal Credit affects people can be found in the Work and Pensions Committee’s December 2018 report [Universal Credit: support for disabled people](#)²³ (see also the [Government’s response](#) published on 5 March 2019²⁴).

²⁰ Z2K, [DWP systematically spreads misinformation to doctors about their patients’ disability benefits](#), 1 May 2018

²¹ See “[‘Misleading’ DWP letter causing ill and disabled people to lose benefits](#),” Guardian, 18 March 2019; “[Scrap ‘misleading’ fit-for-work letter to GPs, says Labour](#),” Guardian, 22 March 2019

²² [PQ 239928](#), 8 April 2019

²³ HC 1770 2017-19

²⁴ HC 1998 2017-19

1.3 Statistics

Number of ESA work capability assessments

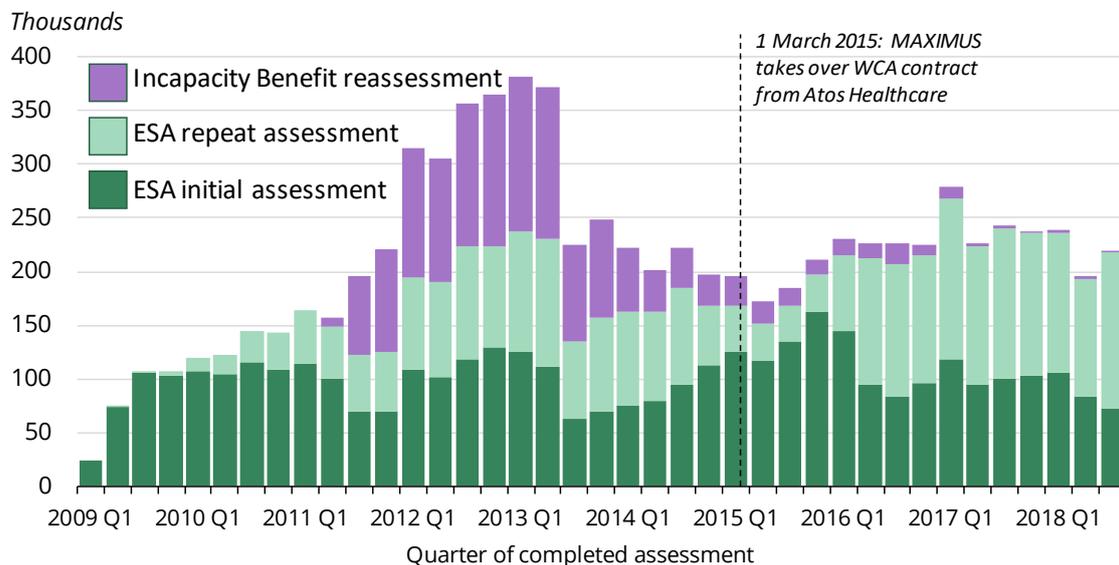
Between the inception of ESA in October 2008 and September 2018, there were **6,822,500** initial or repeat work capability assessments of ESA claimants/applicants in Great Britain, of which:

- **3,921,100** were **initial assessments** of new applicants for ESA, and
- **2,901,400** were **repeat assessments** of existing ESA claimants whose prognosis period for their previous assessment had expired.

In addition, there have been **1,479,600** reassessments of former claimants of legacy incapacity-related benefits, principally Incapacity Benefit (IB). This programme of managed migration of legacy benefit claimants onto ESA began in spring 2011 and reached its peak in 2012 and 2013, when the quarterly volume of IB reassessments reached over 140,000.

The chart below shows the volumes of work capability assessments (ESA initial/repeat, or IB reassessment) completed each quarter. Since 2016 the number of WCAs completed each quarterly has generally ranged between 200,000 and 250,000.

ESA Work Capability Assessments: volumes of completed assessments by type and quarter of completion, 2009 to 2018



Source DWP, ESA: outcomes of Work Capability Assessments including mandatory reconsiderations and appeals: March 2019, tables 2a, 2b, 10b

Outcomes of work capability assessments

45.5% of initial ESA assessments resulted in a decision that the applicant was 'fit for work' (and therefore not entitled to ESA). This figure falls to 40.3% once the outcomes of appeals are factored in.

Fit for work decisions were lower for repeat ESA assessments (17.6% after appeals) and for IB reassessments (18.1%).

Outcomes of ESA Work Capability Assessments completed between October 2008 and September 2018 inclusive							
	Total	of which: outcome:					
		Support Group		Work Related Activity Group		Fit for Work	
		number	% of total	number	% of total	number	% of total
Original outcomes (before any appeals)							
ESA initial assessments	3,921,090	1,338,375	34.1%	798,251	20.4%	1,784,457	45.5%
ESA repeat assessments	2,901,433	1,575,661	54.3%	734,953	25.3%	590,820	20.4%
Revised outcomes (after any appeals)							
ESA initial assessments	3,921,090	1,357,939	34.6%	982,505	25.1%	1,580,643	40.3%
ESA repeat assessments	2,677,126	1,589,034	59.4%	617,892	23.1%	470,192	17.6%
IB reassessments	1,479,600	718,400	48.6%	493,200	33.3%	267,900	18.1%

Sources

[DWP Stat-xplore](#)

[DWP, ESA: outcomes of Work Capability Assessments including mandatory reconsiderations and appeals: March 2019, tables 2a, 2b, 10b](#)

The chart below shows the trend in fit-for-work decisions made after initial work capability assessments.

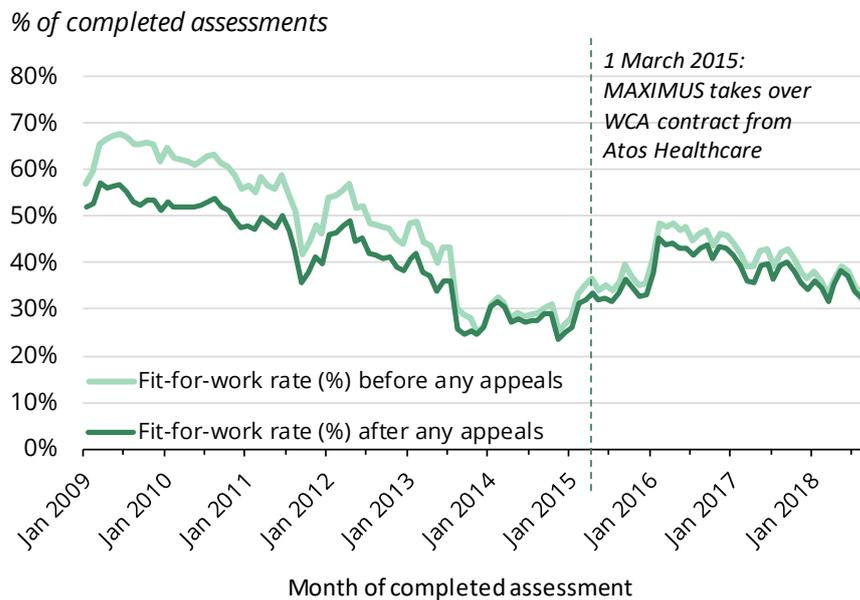
Throughout 2009 and 2010, the percentage of initial work capability assessments resulting in a fit-for-work decision exceeded 50%. It has fallen since then and is currently below 30% (29% in respect of initial ESA WCAs completed in September 2018).

The fit-for-work rate for initial assessments varies greatly depending on the main disabling/medical condition that the claimant presents with, for example:

- Injury or poisoning: found fit-for-work in **68%** of cases;
- Musculoskeletal and connective tissue diseases (the second-largest category of claimants): **59%**
- Mental and behavioural disorders (the largest category of claimants): **40%**
- Cancers (neoplasms): **7%**.

[source: [DWP, ESA: outcomes of Work Capability Assessments including mandatory reconsiderations and appeals: March 2019, table 7](#)].

Initial ESA work capability assessments with 'fit for work' outcome, Great Britain, January 2009 to September 2018



Source: DWP Stat-xplore

Mandatory reconsiderations and appeals

To date, there have been **712,108 appeals** completed against ESA work capability assessments at the Social Security and Child Support (SSCS) tribunal, in respect of ESA claims begun between October 2008 and December 2017. Of these, 702,478 were in respect of claimants who had been found fit-for-work in the wake of their work capability assessment.

45.9% of appeals against work capability assessments were in favour of the claimant (meaning that the DWP decision was overturned by the tribunal).

Outcomes of appeals against ECA Work Capability Assessments, in respect of claims started between October 2008 and December 2017 inclusive					
	Total number	of which: appeal outcome			
		Overturned (in favour of claimant)		DWP decision upheld	
		number	% of total	number	% of total
All WCA appeals (initial or repeat)	712,108	327,023	45.9%	385,082	54.1%
<i>of which: outcome of WCA</i>					
Fit for work	702,478	320,631	45.6%	381,847	54.4%
Other (a)	9,630	6,390	66.4%	3,234	33.6%
Appeals against initial assement	500,690	204,681	40.9%	296,006	59.1%
<i>of which: outcome of WCA</i>					
Fit for work	495,391	201,059	40.6%	294,334	59.4%
Other (a)	5,299	3,626	68.4%	1,672	31.6%
Appeals against repeat assement	211,415	122,338	57.9%	89,074	42.1%
<i>of which: outcome of WCA</i>					
Fit for work	207,086	2,769	63.9%	1,563	36.1%
Other (a)	4,332	119,569	57.7%	87,515	42.3%

Notes

Statistical disclosure control was applied to these figures at source to avoid the release of confidential data. Components may not sum to totals due to the disclosure control applied.

Appeal figures for claim starts up to Dec 2017 were published by DWP on 10 April 2019. DWP notify users of a reporting lag of approximately 9 months at the issuing date of this statistical output, owing to the time needed to process data and allow to enable each month's assessment phase to elapse.

Appeals figures are subject to revision in later releases, particularly in relation to the most recent claim-start cohorts.

(a) Other: a small number of appeals were lodged by claimants placed in the Work-related activity or support groups after assessment, or whose assessments had not been completed.

Source

[DWP Stat-xplore](#)

The volume of tribunal appeals lodged against the outcomes of work capability assessments fell dramatically after October 2013, when **mandatory reconsideration (MR)** was introduced for ESA decision challenges.

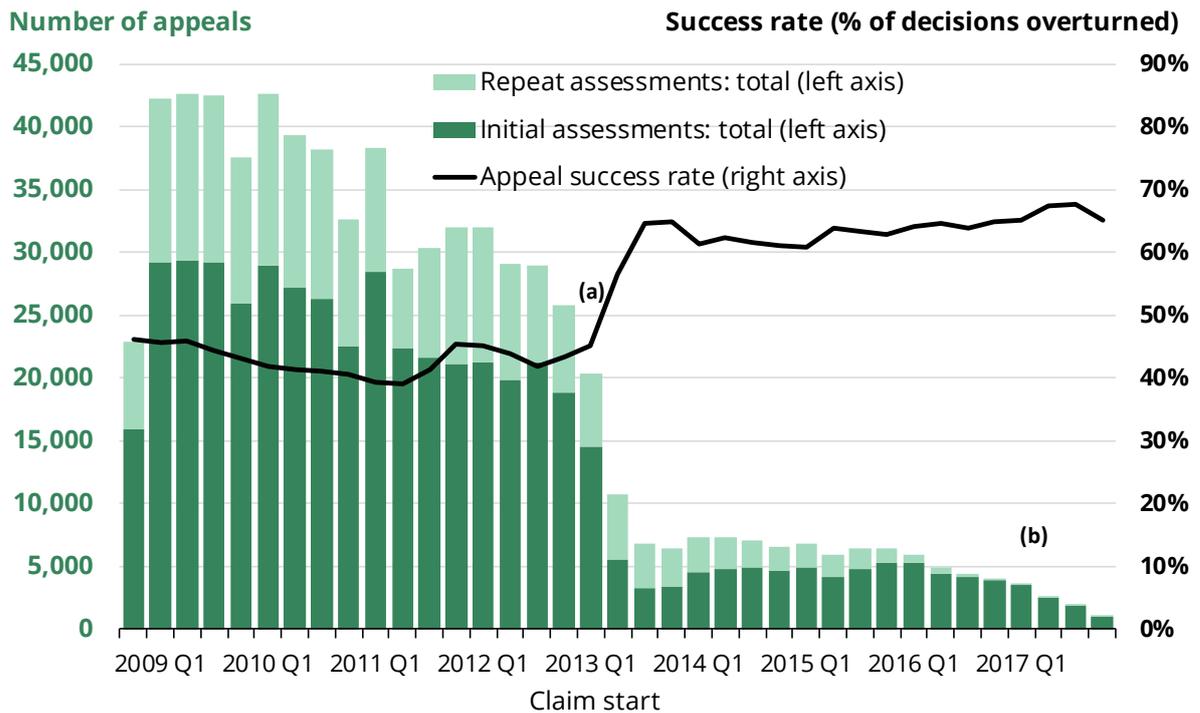
Prior to its introduction, those wishing to challenge a DWP decision could immediately lodge an appeal with the SSCS tribunal. The introduction of MR means that those wishing to challenge a decision must ask DWP to reconsider it first, and only when DWP has done so may the person then proceed to appeal if they remain dissatisfied.

The effect of the introduction of MRs on appeal volumes and success rates can be seen in the table below. Prior to 2013, the volume of completed WCA appeals was over 25,000 per quarter, and the percentage of these which were successful ranged between 40% and

46%. Since 2013, the quarterly volume of WCA appeals has slumped to below 8,000 – and the success rate has ranged between 60% and 70%.

ESA Work Capability Assessment: volumes of appeals against assessments and overall appeal success rate, Great Britain

in respect of claims started between October 2008 and December 2017 inclusive



Notes (a) Mandatory reconsideration (MR) was introduced in October 2013 for all ESA claimants wishing to challenge a DWP decision. This meant that a tribunal appeal could not be lodged until an MR (internal review of the decision by the DWP) had been completed. This is reflected in the appeal volumes and appeal success rates relating to claims starting in 2013 onwards.

(b) More recent claim-start cohorts have fewer appeals recorded against them to date - these are subject to later revision as more appeal data becomes available.

Source DWP Stat-xplore

Most but not all tribunal appeals about ESA relate to the outcomes of work capability assessments. The total number of ESA appeals heard by tribunals **up to and including December 2018** (whether appealing against WCA outcomes or for other reasons) was **1.17 million**, of which:

- 47% (547,500) found in favour of the claimant, resulting in the original DWP decision being overturned, and
- 53% (614,000) upheld the DWP decision.

The overall appeal success rate (in favour of the claimant) in the most recent quarter (Oct-Dec 2018) was **74%**.

The average **clearance time** for ESA appeals (end-to-end process from filing the appeal to disposal) currently stands at **30 weeks**.

[source: [HM Courts and Tribunals Service Tribunals and gender recognition certificate statistics quarterly](#) Oct to Dec 2018]

As regards **mandatory reconsiderations**, there have been 782,400 started in respect of ESA work capability assessments since their introduction in October 2013 (and up to January 2019). Of the 776,200 MR decisions reached during that timeframe, 132,600 (17%) resulted in a revision in the claimant's favour. The percentage of MR decisions in favour of the claimant has been slightly above 20% since March 2018 (and was 23% in the latest month, January 2019).

The median **clearance time** for an MR (from registration to decision) is currently **12 calendar days** (as of January 2019).

[source: [DWP, ESA: outcomes of Work Capability Assessments including mandatory reconsiderations and appeals: March 2019, tables 12-16](#)]

Constituency statistics for Great Britain

The Excel file published alongside this debate pack contains the following tables of constituency-level data for **Great Britain**:

Table 1a) ESA Work Capability Assessments (WCA): ORIGINAL outcomes of completed initial and repeat assessments, NOT ADJUSTED for appeals, October 2008 to September 2018

Table 1b) ESA Work Capability Assessments (WCA): outcomes of completed initial and repeat assessments, ADJUSTED for appeals, October 2008 to September 2018

Table 2) ESA Work Capability Assessments (WCA): appeal outcomes for claims started between October 2008 and December 2017 inclusive

Further statistics for constituencies can be downloaded from the DWP's [Stat-xplore statistics portal](#), at <https://stat-xplore.dwp.gov.uk/>.

1.4 Controversies

The WCA is based on the principle that a health condition or disability should not automatically be regarded as a barrier to work and work itself can have benefits. It has been controversial from the outset.

Welfare rights and disability organisations have voiced concerns about aspects of the test and about the way it has been applied. There has been particular concern about how the test takes account of mental health problems and fluctuating conditions, and about the conduct of face to face assessments.

Changes have been made to the WCA following internal reviews, and the Government has also accepted most of the recommendations made by the five annual independent reviews (the first three by Professor Malcolm Harrington, and the last two by Dr Paul Litchfield). However, despite changes made to the WCA since its introduction, it still attracts

strong criticism. Problems highlighted by disability and welfare rights organisations include, amongst other things:

- The number of claimants with serious health conditions or disabilities who are found 'fit for work' or placed in the wrong ESA group, due to deficiencies with the WCA descriptors or in the assessment process.
- The difficulties faced by certain groups, and in particular people with mental health conditions or learning disabilities, in navigating the WCA process.
- The lack of information about outcomes for individuals following fit for work determinations, and concerns about the risk of poverty and destitution as a result of incorrect decisions.
- The relatively high success rate for appeals against WCA decisions (the success rate for appeals against WCA is currently between 60% and 70% - see section 1.3 below)
- Difficulties experienced by claimants seeking to challenge fit for work decisions, including the fact that ESA is not payable pending a 'Mandatory Reconsideration' of the decision by the DWP, meaning that the only option in the meantime is to claim Jobseeker's Allowance (or Universal Credit), potentially exposing the individual to inappropriate conditionality.
- The impact of assessments, frequent reassessments, and poor decision making on the physical and mental health of claimants.

Work and Pensions Committee 2014 inquiry

In its July 2014 report on [Employment and Support Allowance and Work Capability Assessments](#), the Work and Pensions Committee concluded:

- ESA was not working as well as it should, particularly in terms of achieving the intended employment objectives for claimants.
- Outcome groups were too simplistic, with the WRAG becoming a catch-all group for those who failed to meet the conditions for the Support Group, but were not seen as fit for work.
- The focus on returning to work within a relatively short period of time was not appropriate for many of these claimants.
- The WCA failed to provide an accurate assessment of a claimant's individual health-related employment barriers, or their distance from the labour market.

The Committee recommended a fundamental redesign of the ESA process, including a reassessment of the application and effectiveness of the WCA descriptors to make them more responsive, particularly for claimants with progressive and fluctuating conditions, and those with mental, cognitive and behavioural difficulties. It also recommended that DWP should reintroduce an assessment of health-related employment barriers into the redesigned ESA process.

In its [response to the Committee](#) in November 2014, the Coalition Government said that while it recognised that there was scope for improvements to the WCA and accompanying processes, in light of the reviews already taken and changes already agreed, it did not agree that

the WCA was a, “flawed mechanism” for assessing a person’s functional capacity.

Work and Pensions Committee 2017 inquiry

In September 2017 the Work and Pensions Committee launched an inquiry examining the effectiveness of assessment processes used to determine eligibility for both PIP and ESA.²⁵ On 27 November 2017 *The Guardian* reported that the Committee had been “deluged by people sharing stories about being denied disability benefits or battles to keep their entitlements.”²⁶ It quoted the Committee’s Chair, Frank Field MP, as saying that while about 100 letters had been expected, the Committee had received over 3,000 to date, with more than 100 people reporting that they or someone they cared for had felt that their suicidal feelings had worsened or been triggered by the assessment process. Common themes emerging from the complaints from claimants included:

- People being asked “medically inappropriate questions”;
- A mismatch between what the claimants had told assessors about their conditions and what the written reports said about them; and
- Assessors overlooking disabilities or illnesses that are not immediately visible.

Other observations, comments and criticisms made in evidence received from organisations submitting evidence included:

- The current activities and descriptors used in the assessments for ESA, and particularly for PIP, are not fit for purposes, being weighted towards physical health conditions and disabilities and discrimination against those with mental health conditions;
- The structure and content of ESA and PIP assessments (both written and face to face) are not designed in a way that allows claimants affected by mental health problems to accurately express the impact their condition has on them;
- Neither assessment appropriately captures fluctuations in conditions;
- Claimants regularly report that their concerns are not taken seriously by assessors and that their statements are routinely ignored;
- Assessors often do not have the necessary knowledge or expertise to assess the impact of mental health problems;
- The nature of face to face assessments leading claimants to break down due to the distress it causes them, only for the written report to state that the claimant coped well;
- People finding the whole claims, assessment and appeals process confusing and threatening, with detrimental effects in their mental health;

²⁵ See: [‘PIP and ESA Assessments inquiry’](#), Work and Pensions Committee website (accessed 3 January 2018)

²⁶ [‘Inquiry into disability benefits ‘deluged’ by tales of despair’](#), *The Guardian*, 27 November 2017

- Instances where the assessment process has led to people being hospitalised, have their medication increased, or attempt to take their own lives;
- Dissatisfaction with the “Mandatory Reconsideration” process for challenging decisions, which many claimants viewed as a tool to dissuade people going to appeal;
- Claimants or those supporting them are not taking their claim to appeal because of the distress the process had caused them up to that point, and/or being overwhelmed at the thought of going through the appeals process;
- Although some people expressed dissatisfaction with the appeals process, the most common view was that the appeals stage was the first time when the full range of information presented as part of the assessment process had been properly considered.

The [Work and Pensions Committee’s report – together with a separate report detailing claimant experiences of PIP and ESA assessments](#) – was published in February 2018.²⁷ The Committee said that failings in the assessment and decision making processes for PIP and for ESA had resulted in the “pervasive lack of trust” that risked undermining the entire operation of both benefits. It set out a series of recommendations including:

- recording face to face assessments and providing a record and a copy of the assessor's report to claimants;
- measures to improve understanding about what constitutes good evidence to support PIP and ESA claim, and ensuring assessors use evidence effectively;
- improving the accessibility of the process at every stage, from the application form, to information about home visits and about accessing reconsiderations and appeals; and
- improving contractor performance through more effective use of contractual “levers” and ensuring assessors are given feedback, including from the appeals process.

In its [response published on 18 April 2018](#), the Government said that it would, among other things:

- Work with stakeholders to understand claimant need in making information regarding ESA descriptors more readily available in either East Read or video format.
- Provide clearer information for those underdoing ESA reassessments on the need for the claimant to supply up-to-date evidence.
- Commission research from external contractors to cover whether any aspects of claim forms have the potential to cause distress, to identify what changes should be made, and to test the revised forms with applicants. This work would commence in summer 2018 and a report would be published in 2019.
- Work with the WCA provider to review the process for dealing with requests for home assessments.

²⁷ Work and Pensions Committee, [PIP and ESA assessments](#), HC 829 2017-19, 14 February 2018; [Work and Pensions Committee, PIP and ESA assessments: claimant experiences](#), HC 355 2017-19, 9 February 2018

- Consider enhancements to the “claimant journey” for ESA and UC by improving the evidence gathering process.
- Consider initiatives to inform the claimant of what constitutes good evidence to improve the quality of evidence gathered.
- Continue work focusing on why decisions are overturned at appeal to continually improve the quality of initial decisions.

The WCA and mental health conditions

At May 2018, of the 2.25 million claimants of ESA, 1.15 million (51%) were recorded as having a mental or behavioural disorder as their main disabling condition.

The Department for Work and Pensions does not publish statistics on how many claimants have a mental or behavioural disorder in addition to another condition which is their main disabling condition. Therefore, the total numbers of ESA claimants with a mental or behavioural disorder will be greater than this.

In December 2017 Rethink Mental Illness published a report, [‘It’s broken her’: Assessments for disability benefits and mental health](#). Drawing on findings from a series of interviews and a focus group-style discussion with people with personal experience of the Work Capability Assessment and of mental illness which took place in January 2017, and an online survey conducted in April 2017 which had over 650 respondents, the report found that assessments can be “traumatising and anxiety-inducing” for the following reasons:²⁸

- “Numerous issues” with the paper forms that claimants must submit, including their complexity, length and the inflexible nature of the questions they ask;
- The requirement for claimants to collect their own medical evidence is “extremely burdensome, often expensive, and time-consuming”;
- Staff who perform face-to-face assessments frequently have a poor understanding of mental illnesses; and
- Delays in Mandatory Reconsideration and appeals mean that claimants may have to wait many months for the correct result.

The Rethink report concluded that the current PIP and ESA assessment procedures “inherently discriminate against people with mental illnesses.” It set out a number of policy recommendations to “dramatically improve the benefits system for people with mental illnesses” including:

- Major reform of the PIP and ESA assessments to reduce the distress caused to people affected by mental illness and better reflect the realities of living with mental health conditions’
- Exempt claimants from face-to-face assessments where clear medical evidence exists that they have severe forms of mental illness, and where assessments are necessary claimants should be

²⁸ Rethink Mental Illness, [‘It’s broken her’: Assessments for disability benefits and mental health](#), December 2017, p7

claimants should be encouraged to seek support from carers, friends or family members; and

- All assessors and DWP decision makers should be appropriately trained in mental health.

Further information on the Work Capability Assessment and how it affects people with mental health conditions can be found in Commons Library Debate Pack CDP-2019-0005, [Mental health and the benefits assessment process](#), 21 January 2019.

Perspectives on the WCA

The Work and Pensions Committee's inquiry into PIP and ESA assessments launched in 2017 (see above) received a large number of submissions. Of those from leading disability and welfare rights bodies, the following made more detailed comment on the WCA specifically:

- [Citizens Advice - written evidence](#) | [PDF version \(538 KB\)](#)
- [Disability Benefits Consortium - written evidence](#) | [PDF version \(194 KB\)](#)
- [Disability Rights UK - written evidence](#) | [PDF version \(161 KB\)](#)
- [Scope - written evidence](#) | [PDF version \(138 KB\)](#)

In its submission, **Citizens Advice** stated that while evidence from their clients suggested timeliness and some administrative aspects had improved, high appeal success rates supported claims made by advisers that reports and decisions were regularly inaccurate. In addition, it stated that the design and administration of the assessments, evidence collection and decision making process were "not consistently effective." As a result, the system was costly to the taxpayer and stressful, time consuming and drawn out for claimants, leaving them without security of income and unable to focus on work where that is relevant. It added:

Assessments - Assessment reports are often contentious. 92% and 81% of advisors report seeing inaccuracies in PIP assessments and Work Capability Assessments (WCAs) respectively. [Citizens Advice Network Panel Survey, November 2017] Many advisors cite inaccurate assessment report conclusions ranging from unjustified extrapolations from assessors' observations to wholly contested versions of events. Clients often tell our advisors that these inaccuracies tend to overstate their capabilities.

Many find the process of evidence collection poor. While applicants broadly understand the purpose of assessments, they are not always sufficiently assisted to navigate the process or understand what evidence they need to provide. Supporting evidence from GPs can be inconsistent; occasionally refused, often expensive and rarely tailored to the assessment descriptors. *'The continuing widespread misperception that PIP [and WCA] is a medical test rather than an assessment of functional impact* identified in the Second Independent Review [of the PIP Assessment] is consistently reported by our clients and advisors.

Advisors tell us that assessments are consistently failing on mental health, as well as less visible and fluctuating conditions. Assessments can be too formulaic to capture the full extent to

which a claimant's condition affects their day-to-day living or capacity for work. They tell us that applicants and even GPs tend to believe that the primary challenge is proving their diagnosis and exploring the consequences that has for their lives and capabilities. Advisors tell us that assessors tend to approach things differently, applying the same questions and exercises for each of 12 or 17 descriptors to every applicant regardless of condition, often without explanation or asking people to describe their conditions and capabilities.

Citizens Advice believed that both PIP assessments and the Work Capability Assessment for ESA were "in need of significant reform." It set out a series of short term and longer term recommendations (**original emphasis**):

Short term recommendations

- **Clear up-front guidance on what evidence is most appropriate** at each stage of the application, including real-world examples showing clearly how assessments test functional impact rather than diagnose conditions.
- **Improving communication channels** not limited to post: email, text, post across both assessment processes.
- Assessments and Decision Makers should place greater weight on **applicants' descriptions of their conditions and medical evidence**.
- **The creation of a discretionary fund for GPs** to cover costs of producing evidence for assessments and therefore prevent cost to claimants, together with improved guidance and examples of how GPs should present evidence.
- **Video records of assessments** should be available to both parties upon request.
- **More tailored assessments for conditions** by matching assessor expertise to the dominant condition outlined in assessment forms.
- **Some level of ESA payment should be made during MR** without claimants having to claim Jobseekers Allowance (JSA), or Universal Credit (UC) in a full service area, both of which can be subject to similar work requirements.
- Clear rules for **claw back and fines for proven inaccuracies** should be built into future contracts.

Long term recommendations

- Review the evidence collection process with a view to the **government directly collecting or commissioning the collection of appropriate medical evidence**. We disagree with the Second Independent Review on this as claimants often do not have the resources and relationships to ensure the right evidence, including on functional impact, is collected.
- **Review how the process is working for mental health conditions** and consider different assessment processes for applicants with mental health conditions.
- **Review the Mandatory Reconsideration process for ESA and PIP** to bring them closer in line with the practice and acceptance of additional evidence seen at tribunals.

- Consider **bringing assessments in-house** utilising expertise and skills Government already hold in the health service or occupational health and occupational therapy provision.
- Over the longer term, the government should consider integrating assessments for these disability and sickness benefits into a larger system of occupational health and **occupational therapy services accessible to all**. Progress towards this could begin with the upcoming response to the Work, health and disability green paper consultation.

The **Disability Benefits Consortium (DBC)** submission included findings from its annual “Big Benefits Survey”, which had 3,841 responses as of 23 October 2017. DBC did not agree that contracted assessors had sufficient expertise to conduct assessments for disabled people or those with long-term conditions:

6. When asked about their experience of undergoing the Work Capability Assessment (WCA) for Employment and Support Allowance, 62% of respondents to the DBC’s Big Benefits Survey either disagreed or strongly disagreed when asked whether assessors *‘understood my disability or health condition’*. A further 62% of respondents disagreed or strongly disagreed that assessors *‘took into account how my symptoms/aspects of my disability or health condition change/fluctuate’*.

Nor did DBC believe that DWP’s quality control of assessment providers was sufficient and effective. It commented:

DBC members regularly receive examples of assessors that inaccurately report claimants’ responses in their assessments. Of those respondents that had seen a copy of their ESA85 or PIP form, 43% felt it ‘badly’ or ‘very badly’ reflected the answers they gave.

DBC argued that DWP “must establish direct responsibility for assessment quality and publish an urgent quality improvement plan to ensure assessment companies are conducting assessments consistently and to a high standard.”²⁹

However, DBC believed that what was needed was a “root and branch reform of the WCA”:³⁰

The WCA is continuing to fail to adequately capture the barriers many disabled people face to employment and is too often leaving them without support. The continuing high rate of successful appeals highlights that the assessment is struggling to make the right decision first time around. According to the latest tribunal statistics, 68% of appeals are successful [Ministry of Justice, Quarterly Tribunals Statistics, September 2017]. The findings from our survey also indicate significant on-going problems with the assessment’s accuracy and its ability to judge work capability.

We were disappointed that the Green Paper [Improving Lives] offered no suggestions for the reform of the assessment itself but instead focused on structural changes to the benefit – specifically separating eligibility for financial and employment support. The impact of this proposal may be felt differently across the disabled people represented by our members. For some, this could help to

²⁹ para 21

³⁰ paras 23-30

improve employment support for those with more complex needs whilst ensuring they still receive required financial support. However, a number of other organisations are concerned that this could further complicate and prolong the process of receiving support and open up disabled people to inappropriate conditionality.

To address the ongoing issues with the WCA, we feel the priority must be fundamental reform of the content of the assessment. Any assessment for support must be able to capture an accurate picture of the barriers disabled people face. This should include understanding not just the physical or mental conditions that make it difficult for someone to work, but also other barriers to work such as housing issues, debt, relationship breakdown, lack of access to treatment and employer stigma. The current content and descriptors of the WCA focus on assessing functional restriction through a narrow focus on specific activities, such as 'picking up a £1 coin or equivalent' or 'picking up and moving a 0.5 litre carton of liquid' [DWP, Evidence Based Review of the WCA, p54] which may not accurately reflect evidence in relation to barriers for people with certain types of common disabling conditions [Centres for Disease Control and Prevention (2013). Prevalence of doctor-diagnosed arthritis and arthritis-attributable activity limitation-United States, 2010-2012. *MMWR Morb Mortal Wkly Rep* 62(44): 869-873]. Currently, factors such as whether or not someone can get themselves to work are not considered.

Another issue that was consistently highlighted by respondents to our survey was that supporting evidence from healthcare professionals or specialists, was not taken into consideration. If assessors and DWP decision-makers took into account the evidence provided alongside the assessment, it is likely that more accurate decisions would be made about individuals' needs and readiness for work.

'Supporting evidence that stated my daughter's ASD diagnosis, GAD diagnosis and her complex communications issues were repeatedly ignored. Basically they had to lie to say that they had read it to deny that she has significant communication issues. My daughter scored zero out of twelve. The CAMHS (Healthy Young Minds) doctor could not believe the result. I cannot believe the result.' – Respondent who is the parent of an autistic daughter

We hope a review would help to ensure that the content and underpinning principles of any assessment accurately capture the barriers disabled people face and are based on a robust evidence base and understanding of their experiences. The DBC has never seen any of the evidence underpinning the current WCA and weaknesses in its design have been highlighted, including by the Year 4 Independent Review. [Dr Litchfield, Independent Review of the WCA – year 4, December 2013, p. 37]

Recommendation: The Government should undertake fundamental root and branch reform of the WCA, including the content of descriptors and underlying principles. Design of a new assessment should be carried out with the involvement of disabled people's organisations and disability charities.

Recommendation: The criteria and descriptors of any new assessment must be based on robust evidence and data and supporting evidence from healthcare professionals/specialists must be taken into consideration by DWP decision-makers.

Disability Rights UK supported the Disability Benefits Consortium's recommendation that a reformed assessment must be able to capture an accurate picture of the barriers faced by disabled people. Its submission also included some specific recommendations submitted previously to the final Independent Review of the WCA:

In our evidence to the [Fifth Independent Review of the Work Capability Assessment](#), we set out 10 recommendations for the development of an alternative WCA -

- the descriptors should be 'recast' to fairly reflect the true barriers disabled people face in obtaining work;
- the recast assessment should be capable of identifying the support that would equip people where appropriate with the means and the skills to overcome these barriers;
- external and social factors should be built into an algorithm and used as a multiplier for the points accumulated against the descriptors;
- the assessment of activities of daily living and observed behaviour should be abandoned, as they are far too subjective and not evidence based;
- the assessment should cease to be carried out by inappropriate medical staff and claimants should have access to either specialist staff who understand their condition or occupational therapists or vocational rehabilitation specialist who are more familiar with the inter relationship of impairment and work;
- the support element of the recast assessment should be automatically shared with providers of welfare to work so that the latter do not have to relearn the disabled person's support needs or history leaving the person feeling over-assessed and under-supported, or the provider ignorant of the characteristics of the person newly attached to their caseload;
- there should be an end to reassessments for people whose health condition is static or degenerative unless the person volunteers for such an assessment;
- employment support should be improved in both design and delivery so that the recast assessment provides a real opportunity for people where appropriate to come off benefits and into work;
- decisions about eligibility should be made in a timely fashion; and
- assessments should be routinely recorded where requested by the claimant and copies of the recordings provided to them.

Scope also believed that the Work Capability Assessment needed thoroughgoing reform. Its submission stated (**original emphasis**):³¹

...Scope firmly believes the WCA is not fit for purpose as a gateway to this essential financial support. It takes a binary approach which doesn't capture the nuances and fluctuations of many disabled people's lived experiences. Its focus on function

³¹ paras 22-26

fails to consider the full range of barriers that disabled people are confronted with in the real world.

Recent Scope research has found that on average, disabled applicants apply for 60 per cent more jobs than non-disabled people in their job search [Scope and Virgin Media poll of 2,000 disabled adults and 2,002 non-disabled adults, September 2017]. However, by limiting focus to functional capacity, the WCA does not take account of the range of structural factors which could contribute towards this. For example, labour market conditions, such as prevalence of part time or flexible work, or societal barriers, such as local availability of reliable and accessible public transport could have a significant impact on the length of time someone spends looking for work.

With the introduction of Universal Credit, the role of the Work Capability Assessment is changing. As UC plays a dual role of both replacing and topping up income, working disabled people will need to go through a WCA to secure a higher rate of UC. It is essential that any new assessment for financial support better captures the barriers disabled people face both in and out of work to reflect the dual role of UC.

The Department for Work and Pensions should develop new gateways to financial support and employment support which are truly reflective of the barriers that disabled people face in the world of work.

It should be replaced with a new assessment for financial support and a conversation about employment support needs. These should be separate, recognising that an assessment to determine immediate need for financial support should take place at a different stage and in a different context to a discussion around person-centred support in to work.

Recommendations:

- **The DWP should reform the WCA to ensure it is truly reflective of the real-world barriers that disabled people face in entering and staying in employment.**
- **The DWP should introduce a new assessment for financial support based on a real-world approach. This should take place within four weeks of a claim.**
- **The DWP should develop a new user-led voluntary conversation about employment support. This should explore the challenges, goals and needs personal to individuals.**

A [submission](#)³² to the Work and Pensions Committee inquiry by **Dr Ben Baumberg Geiger**, a Senior Lecturer at the University of Kent who has undertaken extensive research on the assessment of incapacity, set out proposals for a reformed Work Capability Assessment based on work undertaken for the think tank Demos and published in their report [A Better Work Capability Assessment is Possible](#) (20 February 2018):

In my project, I considered the way the WCA tries to assess the 'genuineness' of claimants – an unusual way of framing the issue, but one that I find useful as a contrast to the challenge of assessing the work capability of someone with a given set of impairments. I have found there are substantial concerns about

³² [Written evidence from Dr Ben Baumberg Geiger](#), PEA0372, January 2018

each of the strategies WCA assessors use to assess 'genuineness'. Not only was medical evidence often unavailable, but claimants' treatment history only provides indirect evidence about their impairments. Assessors therefore combined this evidence with their wider medical knowledge to decide if the reported impairments were 'likely', potentially leading to unfair decisions where people's impairments were unusual, or where there were other reasons for a lack of treatment. Similarly, informal observations at the assessment (such as how people walked) provide highly unreliable clues on fluctuating conditions. Many key actors felt that appeal tribunals made better decisions about 'genuineness', not because they had more written medical evidence, but because they asked better questions to the claimant and weighed the evidence they had more fairly.

In the aforementioned Demos report, I therefore argue that the Government should:

1. *Ensure that assessors' reports of what claimants said can unquestionably be trusted.* A number of claimants have reported that PIP assessors have fabricated some or all of their reports, sometimes supported by strong evidence such as secret recordings. While this remains anecdotal, and may or may not apply equally to the WCA, it is clearly very damaging to the legitimacy of DWP disability assessments in general. The Government should therefore audio record all assessments, and annually review a sample of these to ensure that recording is accurate. The claimant should also be able to see – and comment on – the first part of the assessment report during the assessment.

2. *Improve the supply of useful medical evidence into the WCA.* Almost every report on the WCA since it was introduced has argued that the supply of medical evidence must be improved, but achieving this in practice has been slow and difficult. To further improve this, the Government should reverse the current burden on assessors to justify only where they do request further medical evidence, instead requiring them to justify where they do not. These requests for information should be light-touch, using a secure electronic system.

3. *Improve the accuracy and transparency of any decisions that contradict claimants' own description of their lives.* A legitimate system cannot be based simply on whatever claimants claim, yet nor can a legitimate system simply ignore claimants' own description on the basis of unreliable evidence. The public are broadly sympathetic to claimants here: legitimacy is a balancing act, but we can get a much better balance than the current WCA. The Government should inter alia:

- Require assessors to ask claimants if they have an explanation for any evidence that seemingly contradicts their description of their impairments, rather than jumping to a decision that the claimant is wrong;
- Set a high evidence threshold for over-ruling claimants' own description of their lives, and ensure that assessors consistently apply it;
- Allow claimants to go through a process of treatment to obtain medical evidence on their condition, and then go through another WCA without delay.

1.5 DWP culture

The ability of the DWP to provide effective support for claimants who are ill and disabled has been called into question. In a discussion paper published by Demos in January 2019, Tom Pollard, a specialist mental worker from Mind who was seconded to the Department for Work and Pensions for 18 months, argues that the Department is “institutionally and culturally incapable of making the reform” needed to “help bring about a step-change in outcomes for ill and disabled people (particularly those with mental health problems) on out of work benefits”.³³ The paper identifies three key reasons for this:

1. The fact that DWP’s interactions with claimants are viewed through a “benefits lens” owing to its primary function of benefits administration:

For all the political rhetoric and stakeholder engagement around the topic of employment support, the DWP’s work is primarily about benefits administration. This may seem obvious given the scale and complexity of the benefits system, but what was most concerning for me from my time in the department was that employment support seemed to be view inextricably through the ‘lens’ of benefits. Conditional benefits are seen as the main lever to change ‘claimant’ behaviour; and the type of benefit someone receives (or their categorisation within that benefit) largely determines the employment support they are provided and, critically, the degree of conditionality to which they are subject.³⁴

2. The DWP’s resistance to reform and innovation based on a template for how it deals with its “core constituency” of those experiencing “frictional employment” – i.e. through conditional benefits:

The restrictive DWP template for how support should be delivered means that more radical redesigning, of the sort I believe is required for ‘harder-to-help’ groups, simply doesn’t get on the table. Even when bold ideas do emerge from early policy thinking, my experience was that they tend to be ‘stubbed out’ by often tenuous objections about how they would translate into operational delivery. For example, the case is made that the proposal wouldn’t be ‘compatible’ with current practice, or would contravene current processes and protocols (which are heavily driven by risk aversion); or that it is something that Jobcentres already do (although these claims don’t tend to hold up when examined). As a result of the obstructiveness of the officials who are tasked with translating policy into delivery, those working on policy development often preemptively ‘clip the wings’ of proposals in anticipation of such objections.³⁵

3. The reputational problem the DWP has with claimants who are ill and disabled, partly owing to previous difficult experiences such claimants have had in the past with benefits assessments:

It is not just the fear of losing benefits and the unequal power dynamics... that drive this distrust. Many people have had difficult and distressing interactions with the DWP – in Jobcentres or benefits assessments – and many more have heard or read about such interactions. Public communications from the DWP over

³³ Demos, [Pathways from Poverty: A case for institutional reform](#), 19 January 2019, p7

³⁴ Ibid., p9

³⁵ Ibid., pp11-12

recent years have often not helped the situation – focusing more on tackling fraud and cutting costs than on providing positive and empowering support. Certain 'harder-to-help' groups, such as ill and disabled people, have felt particularly targeted by this rhetoric.³⁶

The report's recommendations included decoupling benefit conditionality and employment support, and taking responsibility for helping ill and disabled people into work away from the DWP.³⁷

In response to this report's findings and recommendations, a DWP spokesperson said:

This report is completely misguided and we have no plans to reduce functionality at a time when unemployment is at its lowest, welfare reforms are rolling out across the country and millions are saving for a private pension for the first time. Jobcentres are a local presence yet benefit from a national framework. DWP supports around 20 million people to get into work and save for their retirement, as well as giving stability to those who cannot work, and will continue to do so as one responsible organisation.³⁸

A subsequent report by Demos – [Pathways from Poverty: The Future of the DWP](#) – published in March 2019, confirmed and developed the findings of this earlier report:

We find the DWP's 'benefits lens' reduces the scope for meaningful relationship building with claimants, particularly 'harder-to-help' groups. We also find the DWP's risk-averse culture may act as a barrier to delivering the radical changes required.³⁹

It argued that, as a consequence, other institutions should provide employment support to ill and disabled people, such as devolved institutions or local authorities, the Department of Health & Social Care, and other third sector organisations.

1.6 'Transforming assessments'

In its response to the Work and Pensions Committee's July 2014 report on ESA and the Work Capability Assessment (see above), the then Government rejected claims that WCA was a "flawed mechanism" for assessing a person's functional capacity.

However, in a [speech given on 24 August 2015, the then Secretary of State for Work and Pensions, Iain Duncan Smith](#) signalled possible future reforms to both ESA and the Work Capability Assessment, suggesting that the WCA should be reformed to focus "on what a claimant can do and the support they'll need - and not just on what they can't do." No specific proposals were put forward.

In October 2016 the DWP and the Department of Health [Improving Lives: The Work, Health and Disability Green Paper](#).⁴⁰ Chapter 3

³⁶ Ibid., p13

³⁷ Ibid., pp14-15

³⁸ "Unfit DWP should be axed, says thinktank", *The Guardian*, 19 January 2019

³⁹ Demos, [Pathways from Poverty: The Future of the DWP](#), March 2019, p6

⁴⁰ Cm 9342

covered assessments for benefits for people with health conditions. No proposals were put forward to reform the basic structure of the Work Capability Assessment itself, but the Green Paper sought views on proposals for separating the assessment for the financial support an individual receives from the discussion a claimant has about employment and health support. It also sought views on how DWP might “share information more effectively across health and welfare systems” in order to streamline the assessment process, on stopping reassessments for people with severe and lifelong conditions, and on sharing information between ESA and PIP assessments.

The Government’s response in light of the subsequent public consultation ([Cm 9526](#)) was published on 30 November 2017. It noted that responses to the consultation “gave multiple and differing views on what the WCA should look like in the future”.⁴¹ No commitment was given to fundamental reform of the WCA; the Government would instead “focus on building our evidence base so that we get it right”.⁴² The following extract from Annex B summarises how the Department proposed to take this forward:

Although many consultation responses welcomed our overall aim to personalise our employment support offer for individuals, some concerns were raised. We recognise the importance of getting any further reform in this area right, and therefore intend to focus on testing new approaches to build our evidence base for future reform. This includes the activity set out to:

- Improve information sharing;
- Continuously improve the assessment process; and
- Improve our personalised employment support offer.

To support this activity, working with our WCA provider, we plan to test different approaches as to how we deliver assessments over the next two years. We will work with external stakeholders to help inform future changes.

In a [written statement on 5 March 2019](#)⁴³, the Secretary of State for Work and Pensions, Amber Rudd, also announced that DWP would be “transforming the delivery of assessment services.” She announced:

I have established the Health Transformation Programme to undertake the significant task of transitioning the currently separate Work Capability Assessment (WCA) for Employment and Support Allowance and Universal Credit (UC), and the PIP assessment services into one unified, integrated service from 2021. To support this, we are developing a single digital platform. An integrated approach will allow for a more joined-up claimant experience across these benefits, which takes account of the multiple interactions an individual may have with DWP. We hope that developing our own digital platform will also enable a greater range of assessment providers to compete to help us deliver this important service in the future.

To enable an integrated service, we are extending the contract for the Health and Disability Assessment Service (HDAS), which

⁴¹ para 68

⁴² *Ibid.*

⁴³ [Health and Disability Announcement: Written statement HCWS1376](#)

includes the delivery of the WCA, and aligning it to the duration of the extended PIP contracts. This will allow for a safe and stable service now, and as we transition to the new integrated service.

This strategic transformation will also open up new opportunities to improve our functional assessments in the future. For example, we will test whether it is beneficial to claimants requiring face-to-face assessments to offer a single assessment for UC and PIP to capture all the information required for both claims in one appointment, reducing the need for claimants of both benefits to attend multiple appointments.

The Secretary of State also announced that the DWP would be “exploring whether we can enhance the mandatory reconsideration process to gather further evidence from claimants and make more accurate decisions sooner.” She continued:

These improvements will make significant progress in better supporting those with health conditions and disabilities, but this is only the start, we can, and should, go further.

My ambition is to continue this important conversation around the future of support and I will, alongside the Minister for Disabled People, be regularly engaging with stakeholders to enable on-going conversations on the future of the health and disability agenda. This includes exploring how the welfare system can better meet the needs of claimants with disabilities and health conditions.

Some further information was given by the Secretary of State on the DWP’s plans to “smooth the application and assessment process” in a speech to the disability equality charity Scope later that day:

First, we are creating an integrated service for PIP and Work Capability Assessments from 2021.

To enable this we are developing a single digital system, built to reflect the needs of our customers.

We are joining-up our processes in order to work with customers as individuals, document the numerous interactions they may have with the department, and simplify their journey to getting the support that they are entitled to. This is not just about those customers who apply for more than one benefit; it is about improving the service for everyone who requires a health assessment to receive benefits.

This will reduce the need for people to give us information multiple times, and reduce the number of face-to-face assessments that they attend.

We hope that by developing our own digital platform, a greater range of assessment providers will compete to help us deliver this important service in the future.

Secondly, we will test the feasibility of using a single assessment to determine eligibility for PIP, and ESA-Universal Credit.

Building on the integrated service, we want to simplify claimants’ participation in these processes even further. We have listened to the concerns of those who feel they are being asked for the same information at face-to-face assessments for different benefits. We will therefore explore how a single assessment could improve the

experience of those who apply for PIP and ESA-Universal Credit at the same time.⁴⁴

A press release issued the same day stated:

Other improvements include combining the separate assessment processes for PIP, Employment and Support Allowance (ESA) and Universal Credit into one integrated service from 2021.

The integrated service will simplify the assessment process for millions of people claiming health related benefits, reducing the need to submit information multiple times and for some people reducing the number of face-to-face assessments.

A small-scale test to explore the viability of a single assessment for Work Capability Assessments (WCA) and PIP assessments will also be undertaken.

The government will also work with stakeholders to understand how to help people submit the right evidence with their claim at the outset so that fewer people have to take their case to tribunal.⁴⁵

In response to a parliamentary question on the proposed merged assessment service and who would provide it, the DWP Minister Justin Tomlinson said in a written answer on 15 March:

The Health Transformation Programme within DWP has been established to transform the currently separate Work Capability Assessment service for Employment Support Allowance and Universal Credit, and the Personal Independence Payment assessment service, into a single integrated service from 2021.

As with any major change, this will take time to design, and it will be rolled out carefully – learning as we go. We need to take time to get this right and we will be seeking input from a wide range of stakeholders to ensure that the new service is one that works for our customers and that we safely transition to the new arrangements. We will continue to keep the most appropriate method of delivery under review and we believe assessment providers will continue to play an important role. For any elements that are outsourced, we will run a procurement process compliant with the Public Contracts Regulations.⁴⁶

In response to a further question on whether there will be a pilot of the integration of assessment services, Justin Tomlinson said in a written answer on 18 March:

We will be considering how we test elements of the new service and the end to end customer journey to understand what works in order to ensure the quality of the new service.⁴⁷

Reactions to the announcement

Commenting on the announcement, the [Work and Pensions Committee Chair Frank Field](#) said:

⁴⁴ [Speech on “Closing the gap between intention and experience”](#), DWP, 5 March 2019

⁴⁵ [End to unnecessary benefit reassessments for disabled pensioners](#), DWP press release, 5 March 2019

⁴⁶ PQ 231473

⁴⁷ PQ 232106

“People claiming PIP and ESA should be able to trust that the assessments they must undergo will be fair, consistent and high quality. Time and time again we have heard they are none of these. Instead, claimants are let down by the repeated failings of an evidently shoddy, error-ridden process.

These measures being announced today must be implemented with the key objective of making the whole process more manageable for disabled claimants, but changing the process alone will not fix the core problem. DWP must focus on bringing the quality of assessments up to scratch. And the lessons of Universal Credit should warn the Department against placing all its eggs in the “digital by default” basket, especially when - as the Committee heard from Scope last week - one in five disabled people does not or cannot access online forms.

Trust in PIP and ESA assessments is in desperately short supply. We wait to see if these announcements translate into the change that can begin to restore it.”

Disability Rights UK issued a [press release](#):

You can't merge two badly constructed assessment processes

05 March 2019

DR UK comments on Amber Rudd's proposals for disability benefits assessments.

Commenting on the [statement from Amber Rudd](#) about the changes to disability benefits assessments, Ken Butler, benefits policy advisor at Disability Rights UK said:

'We welcome a more common-sense approach to assessments, including a commitment to not reassessing people who are over pension age.

'But there are some fundamental problems which still need to be addressed. Assessments for both Employment Support Allowance and Personal Independence Payment are flawed and poorly administered. The current figures for successful appeals on both benefits make that quite clear.

'You can't merge two badly constructed processes and expect to come up with one fit-for-purpose approach.'

'Without a wholesale change of design to the assessment process, huge numbers of disabled people will continue to be denied benefits they are entitled to – that's the change we need.

'In the meantime, our advice to claimants remains the same. If you are turned down for a benefit claim, seek support from benefits experts and use the independent appeals process.'

Philip Connolly, Disability Rights UK policy manager said:

'Amber Rudd acknowledged how many disabled people experience her department when she said that for some it was akin to being on trial but her announcements fell short of the legitimate expectations of disabled people for the wholesale suspension of sanctions or the need for evidence based descriptors in the Work Capability Assessment.

'The speech was a welcome shift of tone but not yet the step change we want and hope for from DWP.'

In a blog on 5 March, James Taylor of **Scope** commented:

Streamlining assessments

The Secretary of State also announced trials to look at how to combine the assessments for PIP and ESA into one integrated service from 2021. This has the potential to be positive news for disabled people who go through both the PIP assessment and the Work Capability Assessment and are asked for the same information at different and face multiple face-to-face assessments. We know that the current process is stress-inducing, and needs to be made simpler.

However, it's vital that Government recognise that assessments can and do go wrong and if a single assessment for two benefits goes wrong, the impact on the living standards of an individual could be much more severe.

At Scope we think it's important the DWP listen to disabled people and those who are going through assessments when implementing any changes to improve the process.⁴⁸

[\[Amber Rudd's speech on welfare benefit reforms, what does it mean?\]](#)

In a statement issued on 6 March, the **Disability Benefits Consortium** said:

The DBC welcomes the change of tone and approach that these announcements present, in particular exempting those over pension age from reassessment for PIP. However, the devil is as always in the detail and while combining the WCA and PIP assessments has some advantages, it must be combined with radical improvements in the standard of assessments and decision-making as well as willingness to look at how the assessment criteria can be changed to ensure that it will improve the situation for claimants.

We now call on the Government to work with the disability sector to ensure that any changes made address the issues raised by the sector for many years."⁴⁹

[\[DBC statement on changes to benefit system\]](#), 6 March 2019]

In a blog issued on 5 March, **Ben Baumberg Geiger**, an academic who has written extensively on the subject of assessing incapacity, commented:

Change #3: Trying to bring together the WCA and PIP assessments

This announcement seemed to be misinterpreted by quite a few people. My understanding is that Rudd was not saying that the WCA and PIP are going to be merged into a single set of criteria for getting both benefits – as [Neil Crowther](#) among others quite rightly said, the WCA tries to look at your disadvantages in the labour market, and the PIP assessment tries to look at the extra costs you face in daily life, and these are simply different things. (This criticism isn't blunted by the fact that both assessments are pretty terrible in meeting these aims...).

Instead, Rudd talked about two changes:

- *An integrated service for PIP and WCA assessments*: this seems to mean that a single company will do both assessments, using a 'single digital platform', and this will

⁴⁸ [Amber Rudd's speech on welfare benefit reforms, what does it mean?](#)

⁴⁹ [DBC statement on changes to benefit system](#), 6 March 2019

try not to ask you for the same information twice. A side-effect of this is that the Maximus contract for the WCA is being extended until 2021 so that it's on the same timetable as the PIP assessment contract. Some people weren't happy about this as they don't like Maximus, but to my mind, this is a side issue whatever you think of Maximus – it's a really good idea to allow these two systems to speak to each other, and this is the only sensible way of doing it.

- *Testing the feasibility of doing a single assessment for PIP and the WCA:* this seems to be about doing a single, longer assessment that covers everything you need to decide BOTH if you are fit for work AND if you have extra costs for daily living. It's unclear whether this is a good idea or not – it might be less draining to only be assessed once. On the other hand, it might be more draining to have a single, really long assessment process; and if the assessment is bad – as too many of them currently are – then the consequences will be more catastrophic as they affect both benefits rather than just one (as [Scope](#) and [Frances Ryan](#) both pointed out). It also won't work for people that apply for the benefits at different times, so even if this is rolled out, it probably won't be applied to that many people.

There is a further issue here though, about whether this is a first step towards fully integrating the extra costs payments (in PIP) and the out-of-work disability payments (in ESA/UC, via the WCA), at extremes by scrapping the latter. As [Claudia Wood](#) and Kaliyah Franklin (tweeting at [BendyGirl](#)) both pointed out, this is a potentially dangerous path that could lead to benefits being cut for a huge swathe of disabled people – so this is a danger that everyone must keep an eye out for. But this isn't what Rudd wasn't proposing today, thankfully.⁵⁰

⁵⁰ [Has Amber Rudd fixed the DWP's disability assessments?](#), 5 March 2019

2. News Articles

2.1 General commentary

[Rise in disabled employees as nearly 1 million find work in five years](#), Telegraph, 15 April 2019

[Benefit claimant with broken back killed himself after being found 'fit for work' by DWP](#), Welfare Weekly, 15 April 2019

[The new disability minister should listen to us. Don't merge benefit tests](#), Guardian, 10 April 2019

[Labour backs all Jodey Whiting petition demands](#), Disability News Service, 4 April 2019

[Twin backs call for inquiry into DWP failings, four years after brother's suicide](#), Disability News Service, 4 April 2019

[Labour reveals plan to ban privatisation in prisons, health and benefits services](#), Politics Home, 24 March 2019

[Scrap 'misleading' fit-for-work letter to GPs, says Labour](#), Guardian, 22 March 2019

[Jodey Whiting petition: Seventh family demands justice over DWP benefit deaths](#), Disability News Service, 21 March 2019

[DWP handed petition of 200,000 names on benefit assessment travel](#), Disability News Service, 14 March 2019

[DWP silent on figures suggesting 'fit for work' deaths may have fallen](#), Disability News Service, 14 March 2019

[PM admits 'failings' as DWP assessments mistakes led to suicide of mum of nine](#), Homecare, 13 March 2019

[Reaction to Rudd's reforms: Tinkering, crumbs and fears of a Trojan horse for cuts](#), Disability News Service, 7 March 2019

[Amber Rudd: disabled people should not feel they are 'on trial' when asking for benefits](#), Telegraph, 5 March 2019

[Disabled mum who killed herself failed by benefits agency](#), BBC News, 23 February 2019

[Yes, there's Brexit. But the inaction on the fit-for-work scandal is shameful](#), Guardian, 21 February 2019

[Jodey Whiting: DWP ignored five 'safeguarding' chances before WCA suicide](#), Disability News Service, 21 February 2019

[Sex assault victim 'let down' by PIP assessment](#), BBC News, 21 February 2019

[MPs hear of ways to save benefit claimants from harm... or even death](#), Disability News Service, 14 February 2019

[Inquiry call after 'fitness for work' firm 'admits it has no safeguarding policy'](#), Disability News Service, 7 February 2019

[Six-stone man was denied benefits and told to find job](#), Times, 5 February 2019

[Cross-government suicide prevention plan ignores DWP](#), Disability News Service, 31 January 2019

[Grandfather finally has his benefits reinstated – seven months after his death](#), Welfare Weekly, 23 January 2019

[Angela Crawley MP: Our benefits system is failing those with mental health needs](#), Politics Home, 21 January 2019

[Sick father, 48, deteriorated after being declared 'fit for work' – and killed himself days before Christmas](#), iNews, 7 January 2019

[Ideas to replace WCA with new assessment framework win some support](#), Disability News Service, 13 December 2018

['Jaw-dropping' profit from disability tests for Maximus](#), Times, 30 September 2018

['Fit for work' assessor suspended for describing examination that did not take place](#), Disability News Service, 21 June 2018

[Updated handbook for fit-for-work assessors is cause for concern](#), Politics Home, 11 June 2018

[I have patients with incurable brain tumours, psychosis and Parkinson's – and all of them were declared fit for work by the DWP](#), Independent, 3 May 2018

3. Parliamentary Material

3.1 Hansard

[Disability Assessment Services](#), HC Deb, 13 March 2019, (work capability assessments mentioned at [cc181WH](#), [cc182WH](#))

[Social Security and Employment Support for Disabled People](#), HC Deb, 06 March 2019 (work capability assessments mentioned at [cc968](#), [cc971](#), [cc977](#), [cc979](#))

[Employment and Support Allowance: Underpayments](#), HC Deb, 25 February 2019 (work capability assessments mentioned at [cc29](#), [cc32](#), [cc35](#))

[Social Security and Employment Support for Disabled People](#), HC Deb 06 March 2019 (work capability assessments mentioned at [cc968](#), [cc971](#), [cc976](#), [cc979](#))

[Social Security Benefits: Disabled People](#), HC Deb, 11 February 2019 (work capability assessments mentioned at [cc607](#), [cc608](#))

3.2 Written Parliamentary Questions (PQs)

[Social Security Benefits: Medical Examinations](#), PQ 240107, 08 Apr 2019

Asked by: Amesbury, Mike | **Party:** Labour Party

To ask the Secretary of State for Work and Pensions, what assessment she has made of the effectiveness of her Department ensuring that (a) work capability and (b) personal independence payment assessments are undertaken by suitably qualified staff.

Answering member: Justin Tomlinson | **Party:** Conservative Party | **Department:** Department for Work and Pensions

Health Professionals that carry out Work Capability and Personal Independence Payment assessments on behalf of the department must have the following qualifications and experience:

are an occupational therapist, nurse (level 1), physiotherapist, doctor or (paramedic - PIP only)

fully registered with the relevant licensing body (doctors must have a licence to practise)

the licensing body has not placed restrictions on the health professional's registration

at least 2 years post full registration experience.

Health Professionals are subject to a rigorous recruitment process followed by a comprehensive training programme in disability assessment for both physical and mental health conditions and have to be approved by the department. Health Professionals are

then required to complete a programme of continuing professional development.

[Work Capability Assessment](#), PQ 240012, 08 Apr 2019

Asked by: Blackford, Ian | **Party:** Scottish National Party

To ask the Secretary of State for Work and Pensions, for what reasons her Department does not undertake a single capability for work assessment for benefit claimants instead of multiple assessments when claimants are applying for more than one benefit.

Answering member: Justin Tomlinson | **Party:** Conservative Party | **Department:** Department for Work and Pensions

We are committed to assessing people with health conditions and disabilities fairly and accurately, helping people to access the right support.

Personal Independence Payment (PIP) and Employment and Support Allowance (ESA)/Universal Credit (UC) are paid for different purposes with different assessment criteria. PIP is designed to help people with long-term health conditions or disabilities to live independently, whereas ESA/UC is to support people with health conditions or disabilities who are not able to work, and support them towards work where possible. Therefore, we have separate assessments in place, but only the Work Capability Assessment (WCA) in ESA/UC is used to assess capability for work.

The Secretary of State recently announced our intention to test the feasibility of using a single assessment to determine eligibility for ESA/UC and PIP where claims have been made for both benefits. We want to establish if its introduction would improve the customer experience and to ensure it delivers high quality, accurate outcomes.

[Employment and Support Allowance](#), PQ 239928, 08 Apr 2019

Asked by: Lucas, Caroline | **Party:** Green Party

To ask the Secretary of State for Work and Pensions, if she will make it her policy to revise the ESA65B letter to GPs to make it clear that a patient may appeal a fit for work decision made through a work capability assessment and a fit note is needed for the patient to obtain employment and support allowance payments until the appeal is heard.

Answering member: Justin Tomlinson | **Party:** Conservative Party | **Department:** Department for Work and Pensions

The Department is updating the current ESA65B letter, with input from medical organisations, to clarify when a fit note should be provided for Employment and Support Allowance purposes.

[Work Capability Assessment](#), PQ239292, 04 Apr 2019

Asked by: George, Ruth | **Party:** Labour Party

To ask the Secretary of State for Work and Pensions, with reference to her speech entitled Closing the gap between intention and experience on 5 March 2019, when her Department

plans to publish the findings of the small test of a no conditionality approach for claimants awaiting a work capability assessment.

Answering member: Alok Sharma | **Party:** Conservative Party |
Department: Department for Work and Pensions

The Department is still finalising the design of the Proof of Concept and seeking input from key representatives from the sector. It is a small scale test which will be run in 2-4 jobcentres during summer 2019. We will use the Proof of Concept to test whether we can increase engagement with claimants with disabilities or health conditions. Work Coaches will start with no mandatory requirements and then tailor conditionality up, based on an individual's circumstances.

We intend to apply it to those claimants pre-Work Capability Assessment; and, that, for those post work capability assessment found to have a Limited Capability for Work. We will apply it to all claimants presenting with medical evidence of a health condition, or disability, excluding only those who are Terminally Ill or who have conditions defined in schedule 8 or schedule 9 of the Universal Credit Regulations. Universal Credit does not use the ICD10 classification system for claimants recognising that each claimant is unique. Further detailed design on inclusion/exclusion criteria have yet to be defined.

The evaluation of the Proof of Concept will take place in Autumn 2019 after which we will determine next steps.

[Work Capability Assessment](#), PQ 239290, 04 Apr 2019

Asked by: George, Ruth | **Party:** Labour Party

To ask the Secretary of State for Work and Pensions, with reference to her speech entitled, Closing the gap between intention and experience, made on 5 March 2019, what (a) locations and (b) groups of claimants by protected characteristics, and (c) groups of claimants with medical conditions by ICD10 classification her Department plans to include in the proposed small test of a no-conditionality approach for claimants awaiting work capability assessment.

Answering member: Alok Sharma | **Party:** Conservative Party |
Department: Department for Work and Pensions

The Department is still finalising the design of the Proof of Concept and seeking input from key representatives from the sector. It is a small scale test which will be run in 2-4 jobcentres during summer 2019. We will use the Proof of Concept to test whether we can increase engagement with claimants with disabilities or health conditions. Work Coaches will start with no mandatory requirements and then tailor conditionality up, based on an individual's circumstances.

We intend to apply it to those claimants pre-Work Capability Assessment; and, that, for those post work capability assessment found to have a Limited Capability for Work. We will apply it to all claimants presenting with medical evidence of a health condition, or disability, excluding only those who are Terminally Ill or who have conditions defined in schedule 8 or schedule 9 of the Universal Credit Regulations. Universal Credit does not use the ICD10 classification system for claimants recognising that each

claimant is unique. Further detailed design on inclusion/exclusion criteria have yet to be defined.

The evaluation of the Proof of Concept will take place in Autumn 2019 after which we will determine next steps.

[Work Capability Assessment](#), PQ, 237797, 04 Apr 2019

Asked by: McNally, John | **Party:** Scottish National Party

To ask the Secretary of State for Work and Pensions, what assessment she has made of whether Maximus is meeting the SC12 and SC13 targets in schedule 2.2 of the Health and Disability Assessment Services contract; and whether the Government collates data from individual assessment centres on those targets.

Answering member: Justin Tomlinson | **Party:** Conservative Party | **Department:** Department for Work and Pensions

The supplier aims to deliver quality assessments as efficiently as possible. Our priority is to ensure that claimants who attend an assessment centre are seen and the supplier is achieving the SC12 target which measures the percentage of claimants sent home unseen. Currently, more people are waiting longer in assessment centres than we would like; the supplier is currently just below the SC13 target level which measures waiting times in assessment centres. SC12 and SC13 are national contractual service levels, but the Department does monitor performance at assessment centre-level. We are working closely with the supplier to improve waiting times for more claimants while ensuring the length of the assessment meets the individual claimant's needs and claimants who attend for an assessment are seen.

[Employment and Support Allowance](#), PQ, 238682, 03 Apr 2019

Asked by: De Cordova, Marsha | **Party:** Labour Party

To ask the Secretary of State for Work and Pensions, how many ESA65B letters have been sent to GPs since the wording of that letter was revised, in each month in (a) 2018 and (b) 2019.

Answering member: Justin Tomlinson | **Party:** Conservative Party | **Department:** Department for Work and Pensions

The Department does not hold information on the number of ESA65B letters sent to GPs.

The ESA65B letter is automatically issued by the IT system to GPs in every case where an Employment and Support Allowance (ESA) claimant has been found 'fit for work'.

Link to the latest ESA statistics:

<https://www.gov.uk/government/statistics/esa-outcomes-of-work-capability-assessments-including-mandatory-reconsiderations-and-appeals-march-2019>

[Social Security Benefits: Medical Examinations](#), PQ 237187, 03 Apr 2019

Asked by: Day, Martyn | **Party:** Scottish National Party

To ask the Secretary of State for Work and Pensions, pursuant to the Answer of 18 March 2019 to Question 232052 on Social

Security Benefits: Medical Examinations, if she will make an assessment of the average waiting time at assessment centres; and if she will make a statement.

Answering member: Justin Tomlinson | **Party:** Conservative Party | **Department:** Department for Work and Pensions

In February 2019, the average waiting time at assessment centres for Work Capability Assessments, was 17.1 minutes. Although the Department does not monitor average waiting times at assessment centres for Personal Independence Payment, there are contractual targets in place for individuals to be seen within 30 minutes of their appointment time.

We set our Assessment Providers challenging targets and monitor performance closely. The requirements set out in the contract are demanding and the Department robustly performance manages the providers against those requirements. The Department has a full set of service level agreements setting out expectations for service delivery.

[Universal Credit: Cancer](#), PQ 233583, 25 Mar 2019

Asked by: Gaffney, Hugh | **Party:** Labour Party

To ask the Secretary of State for Work and Pensions, what assessment she has made of the effect of the roll-out of universal credit on claimants of benefits with cancer.

Answering member: Justin Tomlinson | **Party:** Conservative Party | **Department:** Department for Work and Pensions

The Department takes seriously the need to support vulnerable claimants. We are committed to ensuring that people who have cancer are treated with the upmost sensitivity and care, when making a claim to Universal Credit. For instance, when a claimant is asked to attend a Work Capability Assessment to determine entitlement to the additional component of Universal Credit specifically for disabled claimants, they must complete a UC50 questionnaire which incorporates a 'light touch' evidence gathering process for cancer patients; and makes clear that Clinical Nurse Specialists and consultants can provide information on the form, therefore making the claim and assessment process simpler for people with cancer.

We are continuously reviewing and improving the service for vulnerable people who claim Universal Credit to ensure that it is accessible and responsive to their needs. This includes how they are identified and supported, either from our own staff or via referrals from local services.

[Employment and Support Allowance](#), PQ 234146, 22 Mar 2019

Asked by: Abrahams, Debbie | **Party:** Labour Party

To ask the Secretary of State for Work and Pensions, how many sick and disabled people have lost social security support payments whilst they appealed their work capability assessment as a result of GPs receiving the amended ESA65B letter; and what savings to the public purse have accrued as a result of stopped social security support arising from that change.

Answering member: Justin Tomlinson | **Party:** Conservative Party | **Department:** Department for Work and Pensions

Claimants should not experience a loss of benefit in this situation.

Claimants can be paid Employment and Support Allowance (ESA) whilst appealing a decision, the rate of which is equivalent to that of Jobseeker's Allowance (JSA). In order for someone to be paid ESA pending an appeal they need to provide the Department with fit notes in order to be treated as having Limited Capability for Work until the appeal is determined. However, this doesn't apply where the claimant fails a second Work Capability Assessment. Where this is the case then ESA will not be paid pending the appeal and the claimant would need to claim new style Jobseeker's Allowance (NSJSA) or Universal Credit (UC).

If a claimant's GP does not provide them with a fit note during the appeal period they cannot be paid ESA but are able to claim UC or NSJSA where eligible.

[Employment and Support Allowance](#), PQ 234145, 22 Mar 2019

Asked by: Abrahams, Debbie | **Party:** Labour Party

To ask the Secretary of State for Work and Pensions, when Ministers authorised a change to the ESA65B letter to GPs telling them there is no longer a need for them to supply fit notes to their patients who had been found fit for work through a Work Capability Assessment.

Answering member: Justin Tomlinson | **Party:** Conservative Party | **Department:** Department for Work and Pensions

I refer the Honourable Member to the response given on 6 June 2018 to Parliamentary Question 146986.

The original internal recommendation to change the ESA65B letter was in summer 2016.

[Work Capability Assessment: Appeals](#), PQ 232058, 20 Mar 2019

Asked by: Foxcroft, Vicky | **Party:** Labour Party

To ask the Secretary of State for Work and Pensions, what assessment her Department has made of the average waiting time for people for a mandatory reconsideration of their award after a work capability assessment in each of the last five months.

Answering member: Justin Tomlinson | **Party:** Conservative Party | **Department:** Department for Work and Pensions

The Department publishes quarterly statistics on "ESA: outcomes of Work Capability Assessments including mandatory reconsiderations and appeals" which include figures on MR clearance times, available at Table 16 here:

<https://www.gov.uk/government/statistics/esa-outcomes-of-work-capability-assessments-including-mandatory-reconsiderations-and-appeals-march-2019>

MR is a key element of the decision making process for both the Department and claimants, and whilst ensuring they make quality decisions, decision makers work hard to clear applications without delay. Gathering the right evidence is critical at the MR stage if decisions are not to go to appeal; and we are reviewing our processes to not only obtain this, but to do so whilst continuing to make decisions timeously.

[Employment and Support Allowance: Appeals](#), PQ 232646, 19 Mar 2019

Asked by: George, Ruth | **Party:** Labour Party

To ask the Secretary of State for Work and Pensions, how many reconsiderations of employment and support allowance decisions occurred after her Department had been notified that an appeal had been lodged in each of the last three years.

Answering member: Justin Tomlinson | **Party:** Conservative Party | **Department:** Department for Work and Pensions

An appeal can only be made against a decision which has gone through the Mandatory Reconsideration (MR) process. In law it is not possible to revise a tribunal decision.

Statistics on the number of MRs for Employment and Support Allowance (ESA) where the initial decision was revised are published in Table 14 of the quarterly statistical publication "ESA: outcomes of Work Capability Assessments including mandatory reconsiderations and appeals: March 2019", available here:

<https://www.gov.uk/government/statistics/esa-outcomes-of-work-capability-assessments-including-mandatory-reconsiderations-and-appeals-march-2019>

Information on the number of ESA appeals that have been lapsed (which is where DWP changed the decision after an appeal was lodged but before it was heard at Tribunal) is not readily available and to provide it would incur disproportionate cost.

[Social Security Benefits: Medical Examinations](#), PQ 232106, 18 Mar 2019

Asked by: De Cordova, Marsha | **Party:** Labour Party

To ask the Secretary of State for Work and Pensions, reference to the Written Statement of 5 March 2019, Health and Disability Announcement, HCWS1376, whether there will be a pilot of the integration of assessment services due to be implemented from 2021.

Answering member: Justin Tomlinson | **Party:** Conservative Party | **Department:** Department for Work and Pensions

The Health Transformation Programme within DWP has been established to transform the currently separate Work Capability Assessment service for ESA and UC, and the PIP assessment service, into an integrated service from 2021. As with any major change, this will take time to design, and it will be rolled out carefully – learning as we go. We will be considering how we test elements of the new service and the end to end customer journey to understand what works in order to ensure the quality of the new service.

[Social Security Benefits: Medical Examinations](#), PQ 232052, 18 Mar 2019

Asked by: Day, Martyn | **Party:** Scottish National Party

To ask the Secretary of State for Work and Pensions, what assessment her Department has made of the average waiting time at assessment centres in the most recent period for which figures are available; and if she will make a statement.

Answering member: Justin Tomlinson | **Party:** Conservative Party | **Department:** Department for Work and Pensions

All claimants of Personal Independence Payment and Employment and Support Allowance should expect to be seen within 30 minutes of their scheduled assessment appointment time.

The Department does not monitor the average waiting time at the assessment centres for claims to Personal Independence Payment.

The average waiting time at assessment centres for Work Capability Assessments in February 2019, was 17.1 minutes. We continue to work closely with the supplier to improve the waiting times whilst maintaining the high level of customer satisfaction assessment.

[Social Security Benefits: Medical Examinations](#), PQ 219485 , 18 Mar 2019

Asked by: Grady, Patrick | **Party:** Scottish National Party

To ask the Secretary of State for Work and Pensions, what assessment she has made of the potential merits of co-ordinating re-assessments for disabled claimants in receipt of employment support allowance and personal independence payments to avoid people having to undergoing multiple re-assessments.

Answering member: Justin Tomlinson | **Party:** Conservative Party | **Department:** Department for Work and Pensions

We are committed to assessing people with health conditions and disabilities fairly and accurately, helping people to access the right support. We have already introduced the Severe Conditions Criteria for Employment and Support Allowance (ESA)/Universal Credit (UC) claimants who have the most severe and lifelong health conditions. As well as providing ongoing awards with light touch review at ten years for Personal Independence Payment (PIP) claimants with the highest needs, where those needs will not improve.

I do consider there are potential merits, and the Department recently announced our intention to create an integrated service for PIP and Work Capability Assessments to join up processes around the assessments. This will streamline the customer journey, enabling more user-friendly and joined-up benefit systems. Going further we will also test the feasibility of using a single assessment to determine eligibility for PIP or capability for work within UC/ESA where claims are initially made for both benefits. This should inform our approach to reassessments.

[Social Security Benefits: Medical Examinations](#), PQ 231475, 15 Mar 2019

Asked by: Abrahams, Debbie | **Party:** Labour Party

To ask the Secretary of State for Work and Pensions, what steps she is taking to improve the (a) quality, (b) validity and (c)

reliability of the (i) work capability and (ii) personal independence payment assessments.

Answering member: Justin Tomlinson | **Party:** Conservative Party | **Department:** Department for Work and Pensions

The Department is committed to ensuring individuals receive high quality, objective and accurate assessments. We continue to work extensively with providers to make improvements to guidance; training and supplier audit procedures in order to ensure the quality of the services is continuously improved.

All elements of the providers performance are monitored including the requirements for the quality of assessments, which are assessed through independent audit, with feedback provided to the provider.

[Universal Credit: Terminal Illnesses](#), PQ 229762, 15 Mar 2019

Asked by: Gaffney, Hugh | **Party:** Labour Party

To ask the Secretary of State for Work and Pensions, what recent assessment she has made of the potential merits of using existing data to pre-populate Universal Credit applications for people who are (a) terminally ill and (b) in the support group; and if she will make a statement.

Answering member: Justin Tomlinson | **Party:** Conservative Party | **Department:** Department for Work and Pensions

The Department has no plans to pre-populate Universal Credit applications for a number of reasons.

We want to ensure data is accurate and up-to-date to avoid transferring errors from legacy benefits to the Universal Credit system. Furthermore, the legacy system does not have all of the information needed for a Universal Credit claim. Implementing a claim on inaccurate data will lead to inaccurate awards and claimants not receiving the money they are entitled to.

It is also important to note that not everyone will want to move on to Universal Credit and the Department cannot simply assume that all existing claimants want to claim Universal Credit.

We have however said that we will use existing decisions or verification to make aspects of the process easier. For example, if a claimant has an existing Work Capability Assessment decision, there will be no requirement to have another assessment in order to receive the disability elements of Universal Credit. Also, for claimants who do not have any work-related requirements, we already operate a digital claimant commitment acceptance process and we will carry that forward when moving claimants over to Universal Credit without a change in circumstances.

[Employment and Support Allowance](#), PQ 228790, 13 Mar 2019

Asked by: Dent Coad, Emma | **Party:** Labour Party

To ask the Secretary of State for Work and Pensions, if her Department will consult the welfare benefits advice sector and disability charities on the wording of the ESA65B letter to claimants' GPs after a Work Capability Assessment that finds them fit for work.

Answering member: Sarah Newton | **Party:** Conservative Party | **Department:** Department for Work and Pensions

The British Medical Association and the Royal College of General Practitioners agreed to the revised wording of the ESA65B on 4 August 2016.

The Department is committed to ensuring all of its communications are clear, accurate and understandable and we continuously improve our letters. We engage regularly with the welfare benefits advice sector and disability charities and take into account all of the feedback we receive.

We have received comments from a number of sources including MPs, stakeholder organisations and GPs on the current version of the ESA65B letter and will take all of their feedback into account when revising it.

[Universal Credit](#), PQ 229234, 12 Mar 2019

Asked by: Pidcock, Laura | **Party:** Labour Party

To ask the Secretary of State for Work and Pensions, how many home consultations were (a) requested, (b) granted and (c) refused for work capability assessments for universal credit claimants in the last 12 months.

Answering member: Sarah Newton | **Party:** Conservative Party |
Department: Department for Work and Pensions

Information is not held on the number of home Work Capability Assessments (a) requested or (c) refused for Universal Credit claimants in the last 12 months.

However, I can confirm that over 1,000 home Work Capability Assessments for Universal Credit claimants were (b) granted in the last 12 months.

[Social Security Benefits: Medical Examinations](#), PQ 225574, 28 Feb 2019

Asked by: Osamor, Kate | **Party:** Labour Party · Cooperative Party

To ask the Secretary of State for Work and Pensions, what steps she has taken to assess the efficacy of the health assessment process for (a) employment and support allowance and (b) personal independence payment claims; and whether she plans to introduce lifetime awards for claimants of those benefits with long-term health conditions which are unlikely to improve.

Answering member: Sarah Newton | **Party:** Conservative Party |
Department: Department for Work and Pensions

Between 2010 and 2014 there were five independent reviews of the Work Capability Assessment. The Department accepted and implemented the vast majority of the recommendations. There have also been two independent reviews of the Personal Independence Payment (PIP) assessment, and the Department has accepted or partially accepted all of the recommendations made.

Since September 2017 those placed in the Employment and Support Allowance Support Group, and the Universal Credit equivalent, who have the most severe and lifelong health conditions or disabilities, whose level of function would always mean that they would have Limited Capability for Work and Work-Related Activity, and be unlikely ever to be able to move into work, are no longer routinely reassessed. And in PIP, award durations have always been based on an individual's

circumstances and can vary from nine months to an on-going award, with a light touch review at the ten-year point. An update to the guidance for Case Managers, introduced in August 2018, now ensures that those claimants on the highest level of support, whose needs will not improve, receive an ongoing award, with a light touch review at the 10-year point.

[Work Capability Assessment](#), PQ 222062, 25 Feb 2019

Asked by: Crawley, Angela | **Party:** Scottish National Party

To ask the Secretary of State for Work and Pensions, if she will make an assessment of the potential merits of amending her Department's Statement of Fitness for Work Med 3 form so that a GP of a sick or disabled benefit claimant could be asked directly if there would be a substantial risk of harm if that claimant was found fit for work following a work capability assessment.

Answering member: Sarah Newton | **Party:** Conservative Party | **Department:** Department for Work and Pensions

The Statement of Fitness for Work form (Med 3) or 'fit note' is issued for Statutory Sick Pay or Social Security purposes. Registered Medical Practitioners record their assessment of whether their patient is 'not fit' or 'may be fit' for work if their medical condition or illness impacts on their ability to work. There is no difference in the way the form is completed for Statutory Sick Pay or to support a claim to health related benefits.

Part of the role of the Work Capability Assessment (WCA) decision maker is to decide whether finding the claimant fit for work or Work Related Activity would trigger substantial risk of harm. In making their decision, they consider the advice from the healthcare professional (HCP) who carried out the assessment, as well as any evidence provided by the claimant's GP or any other supporting professional. It is important to note that while the GPs' primary role is to diagnose and treat their patients, the role of the HCP is to assess the effects of a claimant's illness on their ability to perform everyday work-related activities.

[Work Capability Assessment](#), PQ 221857, 21 Feb 2019

Asked by: Crawley, Angela | **Party:** Scottish National Party

To ask the Secretary of State for Work and Pensions, whether her Department monitors the number of employment support allowance mandatory reconsideration requests that contain a complaint about the quality or accuracy of the work capability assessment.

Answering member: Sarah Newton | **Party:** Conservative Party | **Department:** Department for Work and Pensions

Data on the reasons for Mandatory Reconsideration (MR) requests, including those which contain complaints, is not collated centrally and could only be provided at disproportionate cost.

We always aim to make the right decision as early as we can. The MR process was introduced as an opportunity to review the original decision and consider any additional evidence provided by the claimant since the original decision was made.

We want every claimant to have a quality assessment. The Department works with providers to look at the end to end assessment process, not just the assessment report.

[Social Security Benefits: Medical Examinations](#), PQ 221855, 21 Feb 2019

Asked by: Crawley, Angela | **Party:** Scottish National Party

To ask the Secretary of State for Work and Pensions, what measures are in place to monitor how accurately health professionals capture information that explains the functional effect of the claimant's reported conditions during personal independence payments and employment and support allowance assessments.

Answering member: Sarah Newton | **Party:** Conservative Party | **Department:** Department for Work and Pensions

The Department has a relentless focus on quality and consistency. The Health Care Assessment Providers have on-going assessment quality improvement plans in place, which include clinical observations, internal audit of assessment reports and tailored training and development tools. These plans are closely monitored by the Department through rigorous performance management arrangements and the requirement for quality assessment reports is assessed through an independent audit, with feedback provided to the provider. These measures monitor how accurately Healthcare Professionals capture information on the functional impact of the claimant's reported conditions at both Personal Independence Payment and Work Capability Assessments.

[Work Capability Assessment](#), PQ 221680, 19 Feb 2019

Asked by: Greenwood, Margaret | **Party:** Labour Party

To ask the Secretary of State for Work and Pensions, what assessment she has made of the extent to which the descriptors used for Work Capability Assessments take proper account of the way that people can be affected by impairment of stamina, breathing or fatigue.

Answering member: Sarah Newton | **Party:** Conservative Party | **Department:** Department for Work and Pensions

All healthcare professionals who carry out Work Capability Assessments (WCAs) receive training on the assessment of claimants with fluctuating conditions associated with fatigue and breathlessness. Furthermore the WCA Handbook for healthcare professionals has a section dedicated to the assessment of variable / fluctuating conditions.

[Work Capability Assessment](#), PQ 221648, 19 Feb 2019

Asked by: Ruane, Chris | **Party:** Labour Party

To ask the Secretary of State for Work and Pensions, pursuant to the Answer of 14 February 2019 to Question 219317 on Work Capability Assessment, when the safeguarding policy used by her Department's contractors was (a) initially agreed and (b) revised.

Answering member: Sarah Newton | **Party:** Conservative Party | **Department:** Department for Work and Pensions

The safety and well-being of claimants is paramount. From the outset of the contract, we have required the Centre for Health and Disability Assessments (CHDA), who conduct Work Capability Assessments, to have processes in place to protect claimants requiring functional assessments. All Healthcare Professionals must meet standards set by their regulatory bodies

While the supplier is not required to have a general Safeguarding Policy, one has been developed to complement existing processes. As stated in the response to question 219317, a copy of the CHDA safeguarding policy will be placed in the Library.

[Universal Credit](#), PQ 220055, 18 Feb 2019

Asked by: Timms, Stephen | **Party:** Labour Party

To ask the Secretary of State for Work and Pensions, what proportion of universal credit claimants in the last 12 months had to complete a Work Capability Assessment as part of their application.

Answering member: Sarah Newton | **Party:** Conservative Party | **Department:** Department for Work and Pensions

Statistics on Work Capability Assessments for Universal Credit are intended for publication in the near future as Official Statistics.

[Work Capability Assessment](#), PQ 219317, 14 Feb 2019

Asked by: Ruane, Chris | **Party:** Labour Party

To ask the Secretary of State for Work and Pensions, if she will place in the Library a copy of the safeguarding policy used by her Department's contractors in relation to work capability assessments.

Answering member: Sarah Newton | **Party:** Conservative Party | **Department:** Department for Work and Pensions

A copy of the Centre for Health and Disability Assessment Service (CHDA) safeguarding policy will be placed in the Library in due course.

[Work Capability Assessment: Slavery](#), PQ 217480, 13 Feb 2019

Asked by: Field, Frank | **Party:** Independent (affiliation)

To ask the Secretary of State for Work and Pensions, how many survivors of modern slavery making a claim for employment and support allowance have undergone a Work Capability Assessment; and of those claimants, how many were (a) placed in the Support Group, (b) placed in the Work Related Activity Group and (c) found Fit For Work.

Answering member: Sarah Newton | **Party:** Conservative Party | **Department:** Department for Work and Pensions

The information requested is not available, however we have agreed to explore options for improving the process of data collection in collaboration with the SSAC to consider how current practices could be enhanced, and to publish a report on our joint conclusions.

For survivors of modern slavery, the Department for Work and Pensions' main role is to ensure those who are entitled to support receive it. Where a claimant indicates that they are a victim of crime (including trafficking or modern slavery) and they feel that this will adversely affect their ability to meet the conditions of entitlement to benefits, they are supported by the same Jobcentre Plus adviser or Work Coach for each appointment. As each victim will be affected in a different way, advisers and Work Coaches use their discretion to tailor support based on individual conversations they have had with the claimant.

DWP are keen to continue to work closely with the Home Office and other organisations to improve the support available to victims and we have put in place training and awareness raising for front-line staff enabling them to direct victims, at the earliest opportunity, to agencies that are able to support them. Work coaches use discretion to tailor support and offer greater flexibility on work requirements. DWP is sensitive to the challenges faced by victims of this terrible crime.

We provide a tailored service that recognises those with complex needs at any point throughout their journey and ensures appropriate support is quickly made available: a fundamental principle in the delivery of Universal Credit (UC). UC continues to support victims of domestic abuse to claim benefits through a range of measures. These include same day advances and signposting to expert third-party support. As it can be difficult for individuals facing domestic abuse to come forward, all work coaches undergo mandatory training in how to support vulnerable claimants including recognising the signs of domestic abuse. By summer 2019, we will have implemented domestic abuse specialists in every Jobcentre to further raise awareness of domestic abuse, and support work coaches.

[Social Security Benefits: Neurology](#), PQ 216965, 12 Feb 2019

Asked by: Marsden, Gordon | **Party:** Labour Party

To ask the Secretary of State for Work and Pensions, what estimate she has made of the number of people who have a neurological condition applying for assessment for (a) personal independence payment and (b) employment and support allowance who are assessed by an appropriate health care professional for that neurological condition in each year for which information is available.

Answering member: Sarah Newton | **Party:** Conservative Party | **Department:** Department for Work and Pensions

The information requested is not available.

Medical condition data is collected from the point of claim on Employment and Support Allowance (ESA) from claimants' fit notes, and at Work Capability Assessments (WCA). DWP statistics on the number of applications for ESA are grouped into medical conditions based on the International Classification of Diseases 10th Revision (ICD10) published by the World Health Organisation and do not include a specific group of neurological conditions. Information on the number of initial ESA WCA applications by available groups of medical conditions are available at: <https://stat-xplore.dwp.gov.uk>. The Departments' choice of system for recording groups of medical conditions does not affect the

correct administration the benefits individual recipients are entitled to.

In the Personal Independence Payment (PIP) application process, claimants' main disabling condition is only recorded for collation by the Department at assessment. It is not recorded at the point of application. The Department does not therefore hold data on the number of applicants to PIP with particular conditions. Only those who have a disability assessment determination decision will have a main disabling condition recorded for them. Information on the number of initial decisions made by disabling condition for claimants who had an assessment is published in the PIP clearances table and available at: <https://stat-xplore.dwp.gov.uk>. PIP main disabling conditions are recorded using a different system to ESA.

Guidance for users of Stat Xplore is available at:

<https://sw.stat-xplore.dwp.gov.uk/webapi/online-help/Getting-Started.html>

All assessments of claimants to ESA and PIP are carried out by appropriate Health Professionals. They are functional assessments which focus not on a claimant's condition but on the functional effects of that condition. All Health Professionals have passed strict recruitment and experience criteria and are registered with a relevant regulatory body.

Healthcare Professionals carrying out assessments for PIP and WCAs for ESA must have 2 years of clinical experience (or less than 2 years post full registration experience by individual agreement with the Department) and are trained to undertake functional assessments. In addition, they complete training on neurological conditions and have access to a range of relevant resources.

Health Professionals can engage with claimants' specialists where necessary to gather supporting medical evidence.

4. Further Reading

4.1 Library publications

[Universal Credit and the Severe Disability Premium](#), Commons Library briefing, 8 March 2019

[Mental health and the benefits assessment process](#), Commons Library debate pack, 21 January 2019

[Backbench Business Debate: impact of changes to disability support](#), Commons Library debate pack, 18 December 2018

[Suicide Prevention: Policy and Strategy](#), Commons Library briefing, 10 September 2018

[ESA and PIP reassessments](#) Commons Library briefing paper, 13 July 2018

[Work Capability Assessments](#), Commons Library debate pack, 12 December 2017

[Abolition of the ESA Work-Related Activity Component](#), Commons Library briefing paper, 07 March 2017

4.2 Parliamentary publications

[Government heading for “another billion pound scandal” on benefits](#), Work and Pensions Committee, 16 April 2019

- Comment from the Work and Pensions Select Committee about the costs of correcting several years of underpayments to recipients of ESA.

[Universal Credit: support for disabled people](#), Work and Pensions Committee, 19 December 2018

[PIP and ESA Assessments inquiry](#), Work and Pensions Committee

- Reports, evidence and submissions related to this inquiry, including the Government response (published 18 April 2018)

[Contracted out health and disability assessments inquiry](#), Public Accounts Committee, 31 March 2014

- Includes Government response

[Employment and Support Allowance and Work Capability Assessments inquiry](#), Work and Pensions Committee

- Report (published July), evidence and submissions, and the Government’s response (published November 2014)

4.3 Government publications

Department for Work and Pensions, [Work Capability Assessment handbook for healthcare professionals](#), last updated 7 February 2019

Department for Work and Pensions, [Employment and Support Allowance: the Work Capability Assessment: detailed guide](#), ESA214, last updated 7 July 2016

Department for Work and Pensions, [ESA: outcomes of Work Capability Assessments including mandatory reconsiderations and appeals: March 2019](#), 15 March 2019

Paul Litchfield, [The fifth independent review of the Work Capability Assessment](#), March 2014

- Includes links to the Government's response, and to the previous four independent reviews and Government responses

4.4 Other reports

Nikki Bond, Rachel Braverman and Katie Evans, [The benefits assault course: Making the UK benefits system more accessible for people with mental health problem](#), Money and Mental Health Policy Institute, March 2019

Mo Stewart, [Preventable Harm and the Work Capability Assessment](#), The Centre for Welfare Reform, August 2018

Jen Durrant, [Access Denied: Barriers to Justice in the Disability Benefits System](#), Zacchaeus 2000 Trust, July 2018

Nathan Hudson-Sharp, et al., [The impact of welfare reform and welfare-to-work programmes: an evidence review](#), The Equality and Human Rights Commission, March 2018

- Includes consideration of the Work Capability Assessment, particularly in chapter seven.

Ben Baumberg Geiger, [A Better Work Capability Assessment is Possible](#), Demos, February 2018

Rethink Mental Illness, ['It's broken her': Assessments for disability benefits and mental health](#), December 2017

Rhiannon Sims, [Burden of Proof](#), Citizens Advice Scotland, May 2017

- This report explores the role that medical evidence plays in assessing ill health and disability benefits.

National Audit Office, [Contracted-out health and disability assessments](#), January 2016

Spartacus Network, [Work Capability Assessment: deaths and suicides](#). We Are Spartacus, April 2015

Ben Baumberg, Jon Warren, Kayleigh Garthwaite & Clare Bamba, [Rethinking the work capability assessment](#), Demos, April 2015

Rick Burgess, et al., [Assessing the Assessors](#), The Centre for Welfare Reform, July 2014

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