

BRIEFING

IN SAFE HANDS?

RETHINKING EMPLOYMENT PATHWAYS FOR
ESA CLAIMANTS WITH MENTAL HEALTH PROBLEMS

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IDEAS to
CHANGE LIVES

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Introduction

In 2013, Mind and IPPR North supported Tyneside Mind to commission a film about the experiences of some of their service users who had been through the work capability assessment (WCA). The powerful film that emerged from this project, *But I'm Here for Mental Health*, highlighted some of the key issues faced by people with mental health problems going through the work capability assessment.¹ Nearly 15,000 people have viewed the film online, it has been shared with MPs by Mind, and it won the award for Best Factual Non Broadcast at the 2013 Royal Television Society North East Awards.

This joint paper looks to set out some of the key issues that arise in the employment and support allowance (ESA) journey for people with mental health problems, and outlines a number of key principles for policymakers at the Department for Work and Pensions (DWP) to consider in order to avoid the sort of negative experiences highlighted both in the film and in the wider policy setting.

Background

ESA was introduced to replace the older incapacity benefits (IB), as social security support for people who are out of work on account of their health.

The government states that ESA will provide:

- financial support if you're unable to work
- personalised help so that you can work if you're able to.²

In order to be entitled to ESA, claims are processed through the WCA, a test designed to judge whether individuals are totally or partially capable of carrying out some form of employment. The outcome of the test will decide what level of benefits claimants are entitled to, and what system of employment support that they will end up on.

It is estimated that 1.9 million people are receiving ESA, to rise to 2.4 million in 2015 (HMT 2014). However, as this paper explains, people with mental health problems, who make up 40 percent of those going through the WCA (DWP 2014), are being let down by a system that appears to be neither effective nor accurate in determining the appropriate level of financial or employment support for claimants with mental health problems. Equally, the system fails to provide the kind of support for claimants that is adequate or appropriate for people with mental health problems.

The paper looks at two essential pieces of the ESA puzzle: the WCA and the Work Programme, which is the destination for over 250,000 ESA claimants.

Work capability assessments: a poor start

When people try to claim ESA, they first undergo a WCA. This was introduced in autumn 2008 to test eligibility for ESA, and is defined by the DWP as being 'the process of gathering information and evidence, which may include face to face assessment, in order to determine whether a claimant has limited capability for work, and if so, whether they have limited capability for work related activity' (DWP 2013a).

The purposes of the WCA are twofold: first, to identify whether an individual is able to enter the labour market, or move closer to it; and second, to determine, based on what is decided at the assessment, what social security an assessed individual is entitled to and the corresponding levels of employment support attached to that benefit.

1 Watch at: <http://tiny.cc/WCAfilm>

2 For more background information, see: <https://www.gov.uk/employment-support-allowance/overview>

However, the WCA process has been criticised for not accurately assessing applicants (a claim that is supported by the high rate of successful appeals, at 8 per cent of all decisions and 15 per cent of all ‘fit for work’ decisions (HM Government 2014)), for treating people insensitively, and for not leading to effective and appropriate support to help people back into work (as discussed in the subsequent section on the Work Programme). Moreover, despite the ESA regime having been designed to curb the number of claims and suppress costs, it appears to be struggling to maintain the downward momentum seen during early reforms, with reports suggesting that spending levels are soon to breach the welfare cap (BBC News 2014).

In short, the WCA has been criticised for failing across the piste (Work and Pensions Committee 2014). However, despite the fact that 40 per cent of people going through the WCA are recorded as having mental and behavioural problems (MHPs) (DWP 2014), the assessment process has proved particularly problematic for this group. Generally, it seems to be more difficult to assess the work capability of people with MHPs (Work and Pensions Committee 2014), they are more likely to experience distress if the process is not accurate or appropriate, and they require specialist support to return to work.

Two recent, high-profile reports have looked at a number of concerns specific to mental health within their broader remits. The fourth Independent Review of the Work Capability Assessment³ highlighted a number of areas for improvement:

- improving the way in which the process is communicated to applicants
- improving the quality of decision-making on eligibility by DWP staff
- simplifying and speeding up the application and assessment process
- improving training for assessors and decision-makers around mental health, and ensuring assessors have experience and understanding of people with mental health problems (Litchfield 2013).

Another review, led by DWP researchers, attempted to compare the validity and effectiveness of an alternative set of assessment criteria (or ‘descriptors’) designed by a number of charities, including Mind, against the current WCA descriptors (DWP 2013b). Both of these versions of the assessment were compared to the views of ‘expert panels’, who assessed cases based on a variety of sources of evidence. The outcomes of this review are complex, but a number of key points emerged:

- On the terms of the review, the current WCA was more consistent and aligned more closely with the views of the expert panels.
- A significant number of people who the expert panels did not believe were ready to work were declared ‘fit for work’ by the current WCA.
- The expert panels flagged up that the vast majority of applicants who they declared ‘fit for work’ would need significant adjustments in the workplace.
- The alternative descriptors were more sensitive to less severe conditions and conditions that fluctuated over time.
- Both applicants and assessors preferred the style of assessment employed by the alternative set of descriptors.

Both reviews have made important contributions to the challenges facing people with MHPs going through the ESA journey. An increasing number of people with MHPs are being granted ESA after their first assessment rather than having to take their claim to appeal. Despite these improvements, however, the process is still flawed, with too many wrong decisions being made that too often have an excessively severe impact on applicants’ lives. At the end of this paper we highlight potential reforms to assist in both respects.

3 Led by Dr Paul Litchfield; the previous three reviews were led by Professor Malcolm Harrington.

The Work Programme: a poor place to end up

Despite the intentions of the DWP, only a small proportion of ESA participants will end up receiving meaningful employment support. Of the 2 million people having passed through the WCA (HMT 2014), only 284,000 who are or have been recently on ESA or incapacity benefit have moved onto the government's core employment support system, the Work Programme, and here this support does not appear to have a substantial impact on their employment chances.

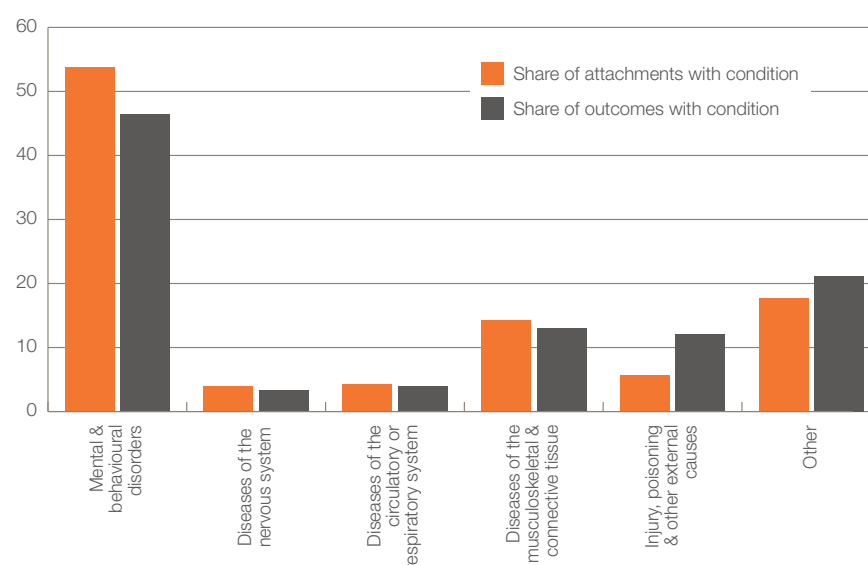
The Work Programme is the government's flagship active labour market policy. Introduced by the DWP in June 2011 to replace a number of existing welfare-to-work schemes, the Work Programme is designed to reduce long-term unemployment by paying providers to identify and match the long-term unemployed to existing job opportunities. It is a key part of the ESA process in that it attempts to provide personalised employment support to help those with health problems, mental and physical, back into work.

The performance of the Work Programme has been mixed for some, and very poor for others. For claimants of jobseekers' allowance (JSA), it is achieving steady job outcomes, roughly according to expectations.⁴ However, for people with a history of inactive benefit receipt, the programme is performing very poorly. Since June 2011, there have been 284,000 participants who have joined the Work Programme from payment groups 4–8 (ESA/IB groups) – of these, just 7 per cent (18,800) have secured a sustained job (DWP 2014).

It appears that for those with mental health problems the Work Programme is performing even less effectively. Different health conditions that are recorded under ESA have different employment prospects on the programme. As figure 1 shows, more than half of those joining the Work Programme ('attachments') with a recorded disability have a mental and behavioural disorder, yet their likelihood of finding a job ('outcome') is less than for those with some other health conditions.

Figure 1

Proportion of attachments and outcomes by primary health condition



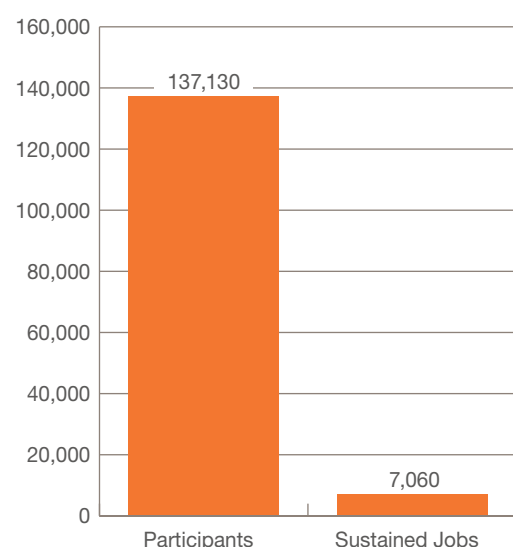
Source: DWP 2014

⁴ For original targets see NAO 2012.

The finer detail of conditions is limited by the data, but survey work conducted for the DWP shows that often more than one health condition was identified by claimants, and that depression was the most common among mental health conditions (Meager et al 2013).

As mental and behavioural disorders are the most common primary health condition identified on the Work Programme, this group has the largest share of job outcomes. But people with mental health problems are not leaving the programme for sustained employment (job outcomes) at a rate equivalent to other groups.

Figure 2
Attachments and outcomes for Work Programme participants with mental and behavioural disorders



Source: DWP 2014

Figure 2 shows that of the 137,000 claimants who had an identified mental or behavioural problem, only 5.1 per cent sustained employment (a job outcome) through the programme.

These poor results for ESA claimants generally, and mental health specifically, were not expected to be a feature of the Work Programme. Instead, flexible support inside the ‘black box’ was meant to provide distinct health-related support to participants to support them into work. However, the Work Programme appears to be poor not only at supporting people into work but also at providing health-related support.

Survey work conducted for the DWP found that, among Work Programme participants who identified a health condition as a barrier to finding work, a clear majority (70.6 per cent) received little by way of mental or physical health services (Meager et al 2013). It is difficult to see how this shortfall is not contributing to the relatively poor employment chances of ESA claimants with MHPs.

This evidence presents two sizable problems. The first is the clear injustice of claimants being parked on the basis of their health condition. The Work Programme, designed to give different but equal levels of support to all jobseekers, is clearly failing to do so. The second problem is that this may be self-perpetuating – it may be that harder-to-help groups are doing badly through the programme not

only because they face higher barriers to the labour market than other mainstream groups but also because they are not getting the right employment support from the programme.

Both points make clear that the design of the Work Programme has failed to resolve the issue of different groups getting appropriate personalised back-to-work support.

Conclusion

The current regime is far from satisfactory for people with MHPs, and reform to improve participant experience, test accuracy and employment support are urgently needed.

Dr Litchfield's review left open the possibility of wider reform. For instance, he noted different approaches to tackling incapacity in European systems. In the Netherlands, for example, specialist medical practitioners and vocational rehabilitation experts assess the ability to perform a range of (hypothetical) jobs to determine a person's 'earning capacity' and the level of support individuals need. Rather than being found 'fit for work' or not, the aim is to identify levels and types of employment capacity, as well as the conditions under which work would be possible (see OECD 2007).

Clearly, these approaches are themselves embedded in different social security systems with different labour market programmes to support them. WCA is not the only mode of assessment available, and so international models should be investigated further to assess whether more systemic reform could better meet the laudable objectives of the ESA. In the short term, however, smaller-scale changes are required.

Specific reforms to the WCA are necessary to ensure more decisions are correct first time around. Crucially, the WCA process largely relies on people to self-report the impact of their conditions on their ability to work. However, people with mental health problems face particular problems engaging with this, as they may struggle to accurately and comprehensively self-report. To counteract this, we recommend that:

- Additional evidence about people with MHPs should be collected by the assessor or the decision-maker if it seems likely that the application form and/or face-to-face assessment have not been able to provide a full and accurate picture of how the person's condition impacts on them.
- Before being able to evaluate work capability, assessors and decision-makers should be trained to develop the sufficient expertise and experience in dealing with people with MHPs to make a valid judgment on their ability to work.
- There should be continuous monitoring of how the work capability assessment is conducted and communicated throughout, specifically focused on its impact on the wellbeing and confidence of participants with MHPs.

However, any review of the WCA should not occur in isolation from either the social security framework that grounds it or the support services where claimants are destined to end up. This is particularly important because the process of assigning claimants different levels of cash benefits and different types of support will inevitably have an impact on people's mental health conditions, and therefore on their chances of finding work and keeping it. As the Work and Pensions committee (2014) recently argued, 'a fundamental redesign of the ESA end-to-end process is required, including its outcomes, and the descriptors used in the WCA'. The problems we've highlighted at each step of the process support this conclusion.

A better system of social security and support demands a WCA that is capable of targeting support for claimants with MHPs more appropriately, by building in more awareness and understanding of MHPs and making changes to how evidence is gathered and communicated. Fundamentally, the WCA needs to avoid the current

situation in which the threat of a significant fall in financial support and the prospect of being pressured into working mean that most people find the experience very negative rather than empowering and supportive.

It must also direct people towards better employment support services. The evidence about the current back-to-work support available for people on inactive benefits with mental (and physical) health conditions reveals a system that is handing them on from one failing programme to another. At no point are they receiving the useful, personalised employment support that it was originally envisaged this system would provide.

A reformed system of inactivity-related support is needed. In setting out a reform programme for the ESA regime, the DWP should be:

- **Assessing support needed to work, not policing a gateway to benefits:** in the Netherlands and Denmark, for example, assessment is used to determine entitlement to support, not just to benefits (including wage subsidy). In the UK, despite the rhetoric, the WCA is still a test of what people can't do, focused on benefits rather than employment.
- **Pursuing 'supported employment' strategies, not just supported job search:** the current regime is too focused on labour market attachment, but other approaches are available, like programmes in Norway and Sweden modelled on the 'place, train and retain' approach.

References

- BBC News (2014) 'Government "could break its own welfare spending cap"', 20 June 2014. <http://www.bbc.co.uk/news/uk-27927843>
- Department for Work and Pensions [DWP] (2013a) A guide to Employment and Support Allowance – The Work Capability Assessment, London. <https://www.gov.uk/government/publications/esa214-a-guide-to-employment-and-support-allowance-the-work-capability-assessment>
- Department for Work and Pensions [DWP] (2013b) Evidence based review of Work Capability Assessment, London. <https://www.gov.uk/government/publications/work-capability-assessment-evidence-based-review>
- Department for Work and Pensions [DWP] (2014) 'Work Programme statistics', DWP Tabulation Tool, accessed 3 July 2014. <http://tabulation-tool.dwp.gov.uk/WorkProg/tabtool.html>
- HM Government (2014) ESA: outcomes of Work Capability Assessments, June 2014, London. <https://www.gov.uk/government/statistics/esa-outcomes-of-work-capability-assessments-june-2014>
- HM Treasury [HMT] (2014) 'Benefit expenditure and caseload tables 2014', London. <https://www.gov.uk/government/publications/benefit-expenditure-and-caseload-tables-2014>
- Litchfield P (2013) Independent Review of the Work Capability Assessment – year four, London: Department for Work and Pensions. <https://www.gov.uk/government/publications/work-capability-assessment-independent-review-year-4>
- Meager N, Newton B, Foley B, Sainsbury R, Corden A, Irving A, Lane P and Weston K (2013) 'Work Programme Evaluation: Interim Meta Report', unpublished report, London: Department for Work and Pensions
- OECD (2007) 'Sickness and Disability Schemes in the Netherlands', background paper for the OECD Disability Review, Paris. <http://www.oecd.org/social/soc/41429917.pdf>
- National Audit Office [NAO] (2012) The introduction of the Work Programme, London. <http://www.nao.org.uk/report/the-introduction-of-the-work-programme/>
- Work and Pensions Committee (2014) Employment and Support Allowance and Work Capability Assessments, HC 302, London: The Stationery Office. <http://www.publications.parliament.uk/pa/cm201415/cmselect/cmworpen/302/30202.htm>