Fifth Independent Review of the Work Capability Assessment Call for Evidence - *Response from Mental Health Foundation, Mind, the Northern Ireland Association for Mental Health, Rethink Mental Illness, the Royal College of Psychiatrists and SAMH (Scottish Association for Mental Health)* (August 2014)

Summary
The WCA continues to fail people with mental health problems in terms of ensuring that they are treated sensitively, assessed accurately, and receive an appropriate outcome. There have been some improvements over the past five years but overall people with mental health problems still find it distressing, inaccurate and unsupportive.

We have responded to the key questions posed by the call for evidence below, as well as raising some wider issues in relation to social care and integrating assessments. However, we also want to raise more fundamental concerns with the WCA and the wider Employment and Support Allowance (ESA) system within which it sits.

Although amendments and tweaks to the current WCA may improve performance and make the process better for people with mental health problems to some extent, the ESA system as a whole is largely failing in its overall goal of supporting people to move towards work. Only very small numbers of people are moving off ESA and into work; we believe this is due to interlinked problems with the assessment process, the system of categorisation used in ESA, and the support that is made available to people (and the expectations made on them) through back-to-work programmes.

As such, we believe that looking at the WCA in isolation does not allow for a meaningful improvement of the ESA system as whole. In fact, the limited scope of the reviews of the WCA has meant that it has not been able to look at what decisions made through the WCA mean for people in practice when they move onto ESA.

Our organisations agree with the DWP's aspiration of helping more people with disabilities and illnesses to move towards work. However, we believe the current approach is not working, that it is based on a number of untested assumptions, and that insufficient efforts have been made to properly understand why the ESA system as whole (with the WCA as part of that process) is largely failing to achieve its overall objective.

For these reasons our key recommendation is that:
The DWP should commission an Independent Review into the Employment and Support Allowance system as a whole, and how it could better achieve its objective of supporting people with disabilities and illnesses to move towards work.

Such a review would need to cover the WCA, the categorisations system used in ESA, the expectations placed on these groups, and the associated back-to-work programmes. Without such a review we do not believe that the changes being made to the WCA will be sufficient to resolve the problems that currently exist with the ESA system.

Key Recommendations

- The DWP should commission an Independent Review into the Employment and Support Allowance system as a whole, and how it could better achieve its objective of supporting people with disabilities and illnesses to move towards work.
- Alongside recommendations, the urgency and importance of each should be stated, and the DWP should outline in its response to the final review, when it can be expected that each recommendation will be addressed.
- The DWP should explore how to improve their own processes so that improvements can be made to the WCA quicker and more efficiently.
- The DWP should put in place procedures to ensure that difficulties with current providers and contract tendering do not delay implementation of recommendations.
- As part of the recruitment of Health Care Professionals (HCPs) assessing people with mental health problems, they should be required to have significant professional or personal experience of contact with people with mental health problems, equipping them with empathy and a greater understanding of mental health.
- The DWP should revise its current communication training packages to ensure HCPs can better communicate with people with mental health problems.
- The role and effectiveness of Mental Function Champions should be reviewed.
- The DWP should define what is meant by further evidence and help applicants to ensure that the evidence they provide is relevant and impactful.
- The DWP should implement a new procedure for securing supporting statements from healthcare professionals on behalf of the ESA applicant. Applicants should be contacted in advance of their assessment and if appropriate, asked to inform Atos of their nominated healthcare professional(s) who can then be contacted to provide supporting information.
- With documents available online to download, efforts should be made by the DWP to work with local services to print off and disseminate information.
- The DWP should work with local services to promote accessible information about the WCA.
- The DWP should provide clear, accessible information to each applicant, via letter, at the beginning of the ESA application process on organisations which can support them through the process, including welfare rights advice; mental health and wellbeing support and financial advice; the process for securing medical statements; and the applicant's rights and entitlements. For each applicant placed in the WRAG, further information must be communicated regarding organisations and sources of accurate information on: the conditions to be fulfilled and consequences of not fulfilling these; and organisations which can support the individual during WRAG activity, including support for their mental health and wellbeing.
- The DWP should explore how to reduce the fear and anxiety felt by people with mental health problems undertaking the WCA, including engagement with people with mental health problems.
- HCPs and the DWP should, where appropriate, signpost individuals to local support, ranging from local charities to IAPT (Improving Access to Psychological Therapies). This support should not be mandatory for claimants.
- The DWP should explore ways of integrating Social Care Assessments and WCAs with the Department of Health as per the recommendations featured in the guidance for The Care and Support (Assessment) Regulations 2014.
- The DWP and providers should work with the Department of Health and the devolved administrations' health departments to assess mental health services available to people who are likely to be applying for ESA and whether they are receiving sufficient support with their health needs.
- The DWP should work closer with the Department for Business, Skills and Innovation and the devolved administrations employability departments to promote support for people within the workplace with mental health problems.
- The DWP should work with Departments for social security, health and employment in each of the devolved jurisdictions in order to ensure that ESA operates in an equivalent manner for people with mental health problems across the UK.

Question 9

Whilst there have been improvements to the WCA following the previous four Independent Reviews, we continue to hear on a regular basis the difficulties and poor experiences of the WCA faced by people with mental health problems. In the mental health sector's response to the fourth Independent Review we stated:

"We do not believe that the previous Independent Review recommendations have had the full impact that they were intended to in number of key areas"

We believe this to still be the case. There are still problems associated with the collection of further evidence, training and expertise of Health Care Professionals (HCPs), categorisation of claimants and the accuracy of the assessment for people with mental health problems. These views are evidenced by the Disability Benefits Consortium's (DBC) Big Benefits and Welfare Rights Adviser surveys, details of which are included in the DBC's response to this Call for Evidence.

Further, the Interim Judgment in the MM and DM vs SSWP Judicial Review states many ways in which people with mental health problems are left at a disadvantage in the WCA process. The fact that many recommendations and comments were made by the previous four Independent Reviews that addressed these issues, but are still a cause for concern (as per the Interim Judgment) shows that improvements have not been made. We believe that the below disadvantages, as outlined by the Interim Judgment are still prevalent:

125. On that generic approach, in our judgment, the Charity Interveners' evidence establishes and we find that, as they and the Applicants assert:

- i) *in terms of filling out a form, seeking additional evidence and answering questions, claimants with MHPs as a class have the following problems and difficulties because of their MHPs, some of which overlap:*
  - a) *insufficient appreciation of their condition to answer questions on the ESA50 correctly without help,*
  - b) *failure to self-report because of lack of insight into their condition,*
  - c) *inability to self-report because of difficulties with social interaction and expression,*
  - d) *inability to self-report because they are confused by their symptoms,*
  - e) *inability because of their condition to describe its effects properly,*
  - f) *difficulty in concentrating and in understanding the questions asked,*
  - g) *unwillingness to self-report because of shame or fear of discrimination,*
  - h) *failure to understand the need for additional evidence because of cognitive difficulties,*
  - i) *problems with self-motivation because of anxiety and depression which may prevent them approaching professionals for help and assistance,*
  - j) *false expectation that conditions will be understood without them needing additional help, and*
  - k) *lack of understanding that professionals named in the form will not automatically be contacted in the assessment process.*

- ii) *in terms of further aspects of the process for the determination of their entitlement to ESA, claimants with MHPs as a class have or have to face the following problems and difficulties because of their MHPs:*
  - a) *particular conditions (e.g. agoraphobia and panic attacks and autism spectrum disorder) make attending and/or travelling to a face-to-face assessment difficult,*

b) *finding the process itself intimidating and stressful, and, in some cases, that having a long-lasting negative effect on their condition,*
c) *a desire to understate conditions,*
d) *the masking of health problems as physical problems,*
e) *dealing with assessors who have little or no experience of mental health problems,*
f) *the difficulties of identifying many symptoms of a condition and its impact on what a person needs without proper training and knowledge,*
g) *the lack of time during a short assessment to identify a person's needs,*
h) *fluctuation in condition, and*
i) *scepticism about the condition*

Delays and Efficiency

Of major concern is the efficiency of the DWP in making changes as per recommendations. For example, Recommendation 31 of the fourth Independent Review called for the redesign of the ESA50. As we understand it, the DWP will not be reviewing the ESA50 form until October 2014. We believe this lack of urgency is leaving many people with mental health problems at a disadvantage that the recommendation is trying to address.

Recommendation

Alongside recommendations, the urgency and importance of each should be stated, and DWP should outline in its response to the final review, when it can be expected that each recommendation to be addressed.

In terms of training and expertise, as this response will later discuss, improvements have been slow. Mental health charities have raised this issue throughout all the Independent Reviews, yet it is only now that detailed changes to training are being addressed. Conversely, Atos have already made drastic changes to all of its PIP assessor training in light of criticisms from the third sector. The major difference here is who owns the training material and who has the ability to amend it.

Recommendation

The DWP should explore how to improve their own processes so that improvements can be made to the WCA more quickly and efficiently.

Contract Renegotiations

The process of addressing the previous Review's recommendations has been stalled due to the ongoing tendering process the DWP has undertaken following the ending of Atos' contract in 2014. It is clear that many recommendations and changes will not be implemented now until after the new provider takes up their contract in February 2015. This has left a 14 month window where urgent recommendations are yet to be addressed.

As already mentioned, one of the difficulties faced is the ownership of the process as to how these recommendations can be changed. There needs to be a clearer distinction between those parts that are owned by the DWP or the provider. This would mean that should a provider need to be changed, a new provider could be found and undertake the contract with the recommendations in place, or at least with guidance from the DWP that these must be addressed (either once the contract has begun or detailed in the procurement process).

The importance of this for mental health is that recommendations and changes will be able to happen quicker, meaning fewer people will undertake inappropriate assessments.

Recommendation

The DWP should put in place procedures to ensure that difficulties with current providers and contract tendering do not delay implementation of recommendations.

Training and Expertise
Of particular concern to the mental health sector is the response by the DWP to recommendations 28 and 29 of the fourth Independent Review. While we understand the DWP is now looking to make alterations and improve training, we are still apprehensive as to the extent of changes that will occur. However, it is encouraging that the DWP has begun to look at the assessment process for HCPs which we agree should be improved.

In terms of “sufficient previous experience” as defined in recommendation 29, we acknowledge the difficulties in the logistics of making this work. However, whilst professional experience may be difficult to enforce (although preferable), if a HCP were to have personal experience, whether it be themselves, friends or family, this would be extremely beneficial to them and their understanding of claimants with mental health problems. This experience would help improve a HCP’s understanding of fluctuating conditions, an issue (that it is poorly addressed or understood) that is still prevalent in the assessment. It would also help them understand the contextual difficulties someone faces, such as external pressures, self-stigma, support available (from services, friends and family etc.) and environment.

Recommendation
As part of the recruitment of HCPs assessing people with mental health problems, they should be required to have significant professional or personal experience of contact with people with mental health problems, equipping them with empathy and a greater understanding of mental health.

We also believe that there is a need to improve current communication training packages. Mind has undertaken an analysis of current communication training materials and would be happy to share this should it be requested. To summarise, there is very little information for HCPs on how best to interact with people with mental health problems, including issues such as no clarification between anxiety as an emotion or mental health problem, no information on more severe mental health problems and no reiteration of the effects mental health problems may have to a person’s understanding of the assessment.

Recommendation
The DWP should revise its current communication training packages to ensure HCPs can better communicate with people with mental health problems.

Mental Function Champions
This initiative was welcomed by the Mental Health Sector, however its effectiveness is unclear. The introduction of these Champions should not be considered a complete answer to the issues regarding mental health and the WCA, and their effectiveness and responsibilities should be reviewed.

Recommendation
The role and effectiveness of Mental Function Champions should be reviewed.

Questions 10 and 17

Further Evidence
Changes to the ESA50 form will be welcomed, but there is also a need to understand fully, and better communicate to claimants, what is defined as further evidence. With the DWP exploring better ways to receive this important evidence, without more clarity as to what exactly the DWP is looking for, improvements to the process will be difficult. There is a need for the DWP to decide upon the wording and messaging e.g. to decide whether the evidence is “additional”, “further” or “further medical”, each of which we believe to have different meanings to claimants.

Further evidence also highlights where changes and previous Review recommendations have been slow to take effect. Again, the Judicial Review Interim Judgment highlights further how the problem is still prevalent:

166. In our judgment, the present practice relating to FME, has the result that in a significant number of claims by claimants with MHPs the existence and impact of the Difficulties result in those claimants, and thus that class of claimants, being placed at a disadvantage that is more than minor or trivial and/or suffering an unreasonably adverse experience:

- i) *by being required to complete an ESA50 when this is not needed,*
- ii) *in the completion of the ESA50,*
- iii) *by being required to attend a face-to-face examination / assessment when this is not needed,*
- iv) *during a face-to-face examination / assessment, and*
- v) *during the final decision-making process and the communication of that decision by the DWP decision-maker.*

Recommendation
The DWP should define what is meant by further evidence and help applicants to ensure that the evidence they provide is relevant and impactful.

Recommendation
The DWP should implement a new procedure for securing supporting statements from healthcare professionals on behalf of the ESA applicant. Applicants should be contacted in advance of their assessment and if appropriate, asked to inform Atos of their nominated healthcare professional(s) who can then be contacted to provide supporting information.

Communicating offline
Technology is important in communicating effectively with claimants, but it must be remembered that;

a) People with mental health problems may have difficulty using the internet, causing anxiety and distress
b) Many people with mental health problems struggle discussing their claim on the telephone[1]
c) Many people in the UK do not have access to the internet

Any changes to communication made by the Department must acknowledge this.

Recommendation
With documents available online to download, efforts should be made by the DWP to work with local services, to print off and disseminate information.

Recommendation
The DWP should work with local services to promote accessible information about the WCA.

An important part of effectively disseminating information regarding the WCA, is that claimants will receive the correct information rather than potentially fear-inducing or incorrect information disseminated by online forums, media outlets and social media. This could potentially help to reduce fear and anxiety associated with the assessment, as discussed below.

[1] As exemplified in *Who Benefits? The benefits assessment and death of Ms DE* (2014), Mental Welfare Commission for Scotland, (http://www.mwcscot.org.uk/media/180939/who_benefits_final.pdf)

Question 12

Undergoing Mandatory Reconsideration in itself can be distressing for a claimant. Losing financial support (for an unknown length of time at present) makes this experience even worse. Having to seek further additional evidence (that we would argue should have been sought in the initial application) only goes to prolong Mandatory Reconsideration and therefore increases the claimant's distress and financial difficulty.

It is clear that mandatory reconsideration in its current form is not working and we would agree with recommendations 19, 20, 21 and 22, of the Work and Pensions Committee report on ESA.[2]

Question 14

Improved Communication
The decision to make phone calls to explain assessment outcomes, and a claimant's options (e.g. applying for JSA) is extremely welcome. This provides signposting for a claimant who might otherwise be left with no understanding of where to go to gain support.

The idea behind this phone call should be introduced at other points of the assessment. For example, when someone is placed in the WRAG or Support Group, to signpost them to local services, both medical and social would have the effect of;

a) Indicating to the claimant that the process is there to support them, therefore increasing their cooperation
b) Provide them with options that may support their recovery, which in turn allows them to be more successful in the WRAG

This signposting and information should also be available from the start of the process. Not only would it increase knowledge of the process for the claimant, as discussed in question 10 and 17, but it would also help the claimant feel supported by the process.

Recommendation
The DWP should provide clear, accessible information to each applicant, via letter, at the beginning of the ESA application process on organisations which can support them through the process, including welfare rights advice; mental health and wellbeing support and financial advice; the process for securing medical statements; and the applicant's rights and entitlements. For each applicant placed in the WRAG, further information must be communicated regarding organisations and sources of accurate information on: the conditions to be fulfilled and consequences of not fulfilling these; and organisations which can support the individual during WRAG activity, including support for their mental health and wellbeing.

Rhetoric, Messaging and Fear
There is a need for the DWP to address the negative connotations that are attached to the WCA. Without a change in this through positive messaging and a promotion of a supportive culture, it is difficult to see how people with mental health problems will feel supported and want to fully engage in the process. This may also only be achieved by changing the fundamental principles of the ESA, as discussed in the introduction to this response.

This is not to say that people with mental health problems are purposely disengaging or refusing to participate, more that an atmosphere exists where anxiety and fear are the norm. As the Manager of the Welfare Benefits Advice Service at Mind in Croydon puts it,

[2] *Employment and Support Allowance and Work Capability Assessments First Report of Session 2014-15* (2014), House of Commons Work and Pensions Committee

“without exception clients are terrified, anxious and panicked by the process of ESA, particularly the WCA”.

Fear surrounding the WCA means that people with mental health problems are less likely to be able to accurately and fully explain the impact their condition has on them if they do not feel safe and confident. If the assessment was seen as a form of support, where a claimant felt they would be signposted to appropriate support, they may be able to be more open about their condition.

Recommendation
The DWP should explore how to reduce the fear and anxiety felt by people with mental health problems undertaking the WCA, including engagement with people with mental health problems.

Recommendation
HCPs and the DWP should, where appropriate, signpost individuals to local support, ranging from local charities to IAPT (Improving Access to Psychological Therapies). This support should not be mandatory for claimants.

Question 15

There has been a welcome shift in the numbers of people with mental health problems being placed in the Support Group or the WRAG, rather than being declared ‘fit for work’, which was happening inappropriately on a very frequent basis. Yet, it is clear there are still inaccuracies in assessment outcomes.

A recent survey of welfare rights advisers[3] found that:

a) More than 8 in 10 believe that the WCA does not accurately identify who should be classed as fit for work, placed in the WRAG or Support Group
b) Nearly half (48%) feel that the accuracy of the assessment at placing claimants into the appropriate group has stayed the same since 2010, with nearly 40% believing it has decreased

While we believe that there will be many cases where applicants are placed in the wrong group because of some of the problems highlighted elsewhere in our submission (training, expertise, additional evidence, communication skills etc), we have more fundamental concerns about the grouping system for ESA.

Applicants are placed in the WRAG or Support Group on the basis of meeting certain point thresholds in the WCA. However, there does not appear to be a clear connection between these thresholds and the support and conditionality that people will receive in the different groups.

This disconnect is demonstrated by the shift in rules around conditionality and sanctions in the Welfare Reform Act 2012. This act increased the range of activities that could be made mandatory for claimants in the WRAG and the sanctions for failing to complete these activities. This significant change in the nature of the WRAG did not entail any review of the WCA thresholds for being placed in this group.

The DWP appears to treat the questions of what groups people should be allocated to and what those groups entail in practice as separate. However, from our perspective, these two

[3] In July and August 2014, the Disability Benefits Consortium (DBC) surveyed welfare rights advisers to establish whether there had been any improvements in their clients’ experiences of the WCA since 2010. More detail of this survey can be found in the DBC submission to this Call for Evidence.

issues are fundamentally interlinked. In practice, the allocation of applicants to different groups should, in our opinion, be based on:

- Whether they will be able to cope with the expectations placed on them
- Whether they will receive appropriate support to help them overcome their barriers
- Whether the support and expectations will be conducive to their health improving (or, at the very least, will not contribute to it deteriorating)

This approach would not only ensure that applicants are not being placed in groups that are not appropriate for them, but would also refocus the allocation process on ensuring that people will get the support that they need to overcome the particular barriers they face. In contrast, we feel the current approach is characterised by the following assumptions:

- That applicants should be declared 'fit for work' (or in the WRAG rather than the Support Group) if this can be justified, rather than if this would be the most appropriate group for the applicant
- That applicants do not want to work and that they will need to be motivated to work through conditionality. As such, placing someone in the Support Group is tantamount to 'writing them off' from any expectation of returning to work (for now)

These assumptions were demonstrated during the Evidence Based Review, when the Expert Panels were told that applicants should be declared 'fit for work' if they may be able to work with the assistance of adjustments such as:

- Flexible/altered hours
- Allowing periods of disability leave
- Specific aids or appliances
- Arrangements for home working or a different place of work
- A support worker

In 83% of cases where the expert panel said someone was fit for work, they suggested they would need, on average, at least two of these adjustments.

Our experience suggests it would often be very difficult for people to get access to these types of adjustments. More fundamentally, if someone needs this level of additional support we feel the WRAG would be a far more appropriate group than 'fit for work'. If such an applicant were placed on Jobseekers Allowance, it is very unlikely that they would receive the additional support necessary for them to overcome these barriers. This demonstrates the difference between an approach which looks at allocating someone to a group on an 'in principle' basis rather than based on a rounded assessment of which group would be most appropriate for that person.

Our organisations supported the original intention behind ESA of distinguishing between people on disability benefits who cannot be expected to move towards work in the short term, and those who could move towards work with the right support. However, because of increasing conditionality and sanctions in the WRAG, applicants who could benefit from appropriate support increasingly want to avoid this group due to fear of being put under unreasonable expectations and risking losing their benefit. The (in our view misplaced) assumption that people require 'activation' if they are to move towards work is undermining the fundamental purpose of the ESA system.

We believe that the WRAG should operate under an ethos of 'we have recognised that you face significant barriers to working and we will support you to overcome them'. However, because of the assumption that people require 'activation' in order to progress towards work, the ethos of the WRAG has increasingly become 'you have been found capable of undertaking some activities therefore you will be required to do them'. This is supported by a recent survey which showed of 550 respondents, over half stated their health, financial

circumstances, confidence about working, sense of purpose, and proximity to personal goals had all deteriorated as a result of being in the WRAG.[4]

Further to this, the Work and Pensions Committee report also states that "the WRAG covers too wide a spectrum of claimants with very different prognoses and employment support needs".[5] The WRAG has failed to fulfil the original intention of the ESA system, which is another reason why we believe a wider review of ESA is so desperately needed. The WCA simply cannot be understood in isolation from the system of support and expectations in which it plays such a fundamental role.

Question 16

The WCA cannot fully differentiate between moderate or severe impairment of a person's capability for work, as it does not fully consider the barriers to work a person faces. Without understanding these barriers, it cannot fully assess the severity of the problem. We continue to argue that the current descriptors are unsuitable to make this distinction.

The WCA does not place a person's condition in the context of their surroundings (services available, skills and abilities, ability to cope with their condition, type of work available in the local area) and does not understand fully how a condition affects someone's ability to work. For example, understanding the levels of stigma faced by an individual should be a factor in assessing the impairment someone faces, both in relation to external stigma as well as self-stigma.[6] At present, this, and other factors such as discrimination, are not covered by the WCA.

This question is also answered in our responses to questions 9, 10, 14 and 15.

Other Areas of Concern

Social Care and Work Capability Assessments
We have been impressed by the proposed regulations and guidelines for Social Care Assessments in England. We feel it will better understand the needs of the claimant and will better engage the claimant. The assessment starts from the assumption that the person's wellbeing is paramount, and that they should be supported to engage meaningfully in the assessment process. The whole tone and basis for the assessment is fundamentally different to that of WCA, increasing the likelihood and depth of engagement with people with mental health problems. If the WCA was based on this premise of support, rather than being seen (correctly or incorrectly we believe it is) as a mechanism for deciding the appropriate level of benefit and conditionality, it would be more conducive to supporting people back into work, or into the right group (WRAG, Support or Fit for Work).

The regulations for Social Care Assessments are very much focussed around the needs of the individual. They indicate that the assessments are there to help the individual gain the support they need, or to have a conversation about the prevention of future needs where they aren't eligible, neither of which exist on the WCA. One criticism of this could be that the assessments are unrelated and therefore this point is moot. However, we would argue that social care support and benefits are both in place for the same purpose, to ensure those

[4] *Fulfilling Potential? ESA and the fate of the Work-Related Activity Group* (2014), Catherine Hale, (http://www.mind.org.uk/media/933438/2014-support-not-sanctions-report.pdf)
[5] *Employment and Support Allowance and Work Capability Assessments* (2014) House of Commons Work and Pensions Committee
[6] More detail can be found in footnotes 9 and 10 and in *Mental Health: Still the last workplace taboo?* (2010) Shaw Trust, (http://tacklementalhealth.org.uk/_assets/documents/mental_health_report_2010.pdf)

who due to certain circumstances cannot fully support themselves, are supported.

Regulations 3.1-5[7] focus on the requirements of the local authorities in ensuring the assessments reflect this idea of support. If we were to substitute “local authority” for “WCA provider”, they would still be suitable (excluding perhaps Regulations 3.3 and 3.4b).

In terms of the assessment and eligibility guidelines, there is also a clear comparison that should be made. Guideline 6.1[8] defines the importance of the assessment, acknowledging the significance of the interaction as “a gateway to care and support”, as well as the significance of the assessment in its own right, helping people “to understand their situation and the needs they have”. We believe the WCA should be defined in this way, as a “gateway” to support. We believe this would alter both the perception and effectiveness of the WCA. Further to this, guidance 6.7 states “an assessment must be person-centred”, again, an approach we would welcome in the WCA and the WRAG and Support Group.

Integrated Assessments
The guidelines also discuss the idea of integrated assessments, and we believe this is something that should be considered by the Department. Guideline 6.66 states “the local authority **may** carry out the care and support assessment jointly with any other assessment that the individual or carer is having with another body”. This would be efficient, cause less distress to the individual having to undertake one assessment, and could potentially be more accurate. Guideline 6.62 again reflects the Regulation’s eagerness to ensure as limited an impact as possible on the claimant’s health and wellbeing as possible, stating “all of the agencies involved should work closely together to prevent that person having to undergo a number of assessments at different times, which can be distressing and confusing”.

Recommendation
The DWP should explore ways of integrating Social Care Assessments and WCAs with the Department of Health as per the recommendations featured in the guidance for The Care and Support (Assessment) Regulations 2014 in England and Wales.

Contextual Support
The idea of integrated assessments also raises the issue of how the health system and the workplace are linked directly to the WCA. It is clear that there is an issue around people not receiving the support they need, both from the health service[9] and the workplace[10]. We would argue that to improve the WCA, it must have a contextual understanding of the support a claimant can gain in the local area in terms of mental health services and within employment. The DWP needs to work more closely with the Department for Health, the devolved administrations’ health and employability departments and the Department for Business, Innovations and Skills to ensure greater support is there for those that undertake the WCA and are placed in any group.

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[7] The Care and Suport (Assessment) Regulations 2014, (https://s3-eu-west-1.amazonaws.com/media.dh.gov.uk/network/497/files/2014/05/01.-Assessment-Regs.pdf)
[8] Assessment and eligibility guidance on Sections 9 to 13 of the Care Act 2014, (https://s3-eu-west-1.amazonaws.com/media.dh.gov.uk/network/497/files/2014/05/06_guidance_Assessment_and_eligibility.pdf)
[9] See:
We still need to talk: A report on access to talking therapies, Mind on behalf of the We need to talk coalition, (http://www.mind.org.uk/media/494424/we-still-need-to-talk_report.pdf), 2014
Cuts to NHS mental health services, Mind press release, (http://www.mind.org.uk/news-campaigns/news/cuts-to-nhs-mental-health-services/), 2013
[10] See:
Mental health and work: United Kingdom (2014), OECD
Mental Health: Still The Last Workplace Taboo (2010)
Attitudes to mental illness (2011), NHS Information Centre
Current attitudes towards disabled people (2014), Aiden H and McCarthy A

There are examples of this currently happening within DWP, such as the new Health and Wellbeing Service and the Disability Confident scheme, but we believe this should still go further and be more closely linked to the WCA and the groups claimants are placed into.

Recommendation
The DWP and providers should work with the Department of Health and the devolved administrations' health departments to assess mental health services available to people who are likely to be applying for ESA and whether they are receiving sufficient support with their health needs.

Recommendation
The DWP should work closer with the Department for Business, Skills and Innovation and the devolved administrations employability departments to promote support for people within the workplace with mental health problems.

The holistic approach in the first of these two recommendations would also allow for better commissioning of services by Clinical Commissioning Groups. This in turn could lead to less people with mental health problems turning to WCA and/or greater support for them whilst in the WRAG or Support Group.

Devolved Jurisdictions

This response has taken into account the varying policy and operational frameworks that exist in the UK, and consider that the comments and recommendations made do reflect the experience of ESA across England, Wales, Scotland and Northern Ireland. In this vein, we would also recommend the following:

Recommendation
The DWP should work with Departments for social security, health and employment in each of the devolved jurisdictions in order to ensure that ESA operates in an equivalent manner for people with mental health problems across the UK.

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