The Work Capability Assessment – A Call for Evidence: Year 4 Independent Review, August 2013

A response from:

Release

Drug Scope

Adfam

This response was co-ordinated by Release and Drugscope drawing on the experience of other organisations and their clients.

The organisations who assisted us in this process included:

Central & NW London NHS Foundation Trust

Turning Point

Addaction

We are grateful to them, Nicola Singleton, and to the many individuals who completed questionnaires online.

For more information or clarification, please contact:

Kirstie Douse

020 7324 2982

kirstie@release.org.uk

Or

Paul Anders
020 7234 9799
paul.anders@drugscope.org.uk

The organisations involved in this submission have been part of an on-going coalition that has fed into the previous reviews undertaken by Professor Harrington, specifically addressing the issues faced by those who use drugs and/or alcohol problematically. There are an estimated 400,000 problem drug users (PDUs) across the UK and about 80% of those entering treatment are unemployed.

Previous reviews have made recommendations that address some of the issues raised in our submissions and we have been very supportive of these. In particular, the need for improved communication between DWP and claimants and the requirement that Atos assessors be provided with greater training in relation to claimants who present with alcohol and/or drug problems and for the sector to have the opportunity to feed into this. Unfortunately, having consulted with clients through this process, and from our own experiences in delivering services, we are disappointed to find that claimants have predominantly found either no change to the system, or that in fact it has become worse. Therefore much of the evidence provided in our two earlier responses remains relevant[1].

We welcome the fact that Dr Litchfield is looking into the impact of past changes in the current review as well as exploring some new areas. In recognition of the need to provide robust evidence to inform this response, we have gathered new evidence on the experiences from the perspectives of staff providing services and support for people with drug problems as well as the individuals themselves and their carers through on-line surveys. Although such a sample is self-selecting we have sought to get input from a range of different organisations and areas to improve representation. In addition we have collated evidence of the outcomes of appeals in which Release has been involved. The consistency within the responses suggests that the experiences identified are widespread.

We have organised our evidence below under the "questions for people responding on behalf of a charity, advocacy group, representative body or other organisation" in the call for evidence. Under each question we first provide a summary of the main findings, followed by more detailed evidence.

[1] These are available at: http://www.ukdpc.org.uk/wp-content/uploads/Evidence%20review%20-%20Work%20Capability%20Assessment_%20issues%20encountered%20by%20people%20with%20drug%20problems.pdf and http://www.release.org.uk/sites/release.org.uk/files/pdf/publications/Release%20submission.pdf

Question 1: The WCA seeks to identify and differentiate between claimants whose condition(s) means they are:
a) unable to undertake any form of work related activity (Support Group);
b) currently unable to work due to illness or disability (Work Related Activity Group); and
c) fit for work. What evidence and examples can you provide as to the effectiveness of the WCA in doing this?
In your opinion, what are the strengths and weaknesses of the WCA identification process?

Key findings: For people with substance misuse problems, the WCA is poor at identifying the group into which claimants should be placed. This view is supported by the growing number of appeals and the high proportion of these that are successful. The assessments made seem inconsistent and difficult to understand: it is often unclear on what basis decisions are made. As mentioned in previous submissions, there is too much emphasis on the single face-to-face assessment which is poor at identifying the problems faced by our client group, and too little attention to supporting evidence.

In our survey of staff working with this group there was particular concern about the fit for work category (overall 75% saying this group were assessed inaccurately, including 36% very inaccurately) and the Work Related Activity Group (63% felt this was assessed inaccurately, including 16% very inaccurately), while just under half (49%) felt the Support Group was assessed inaccurately.

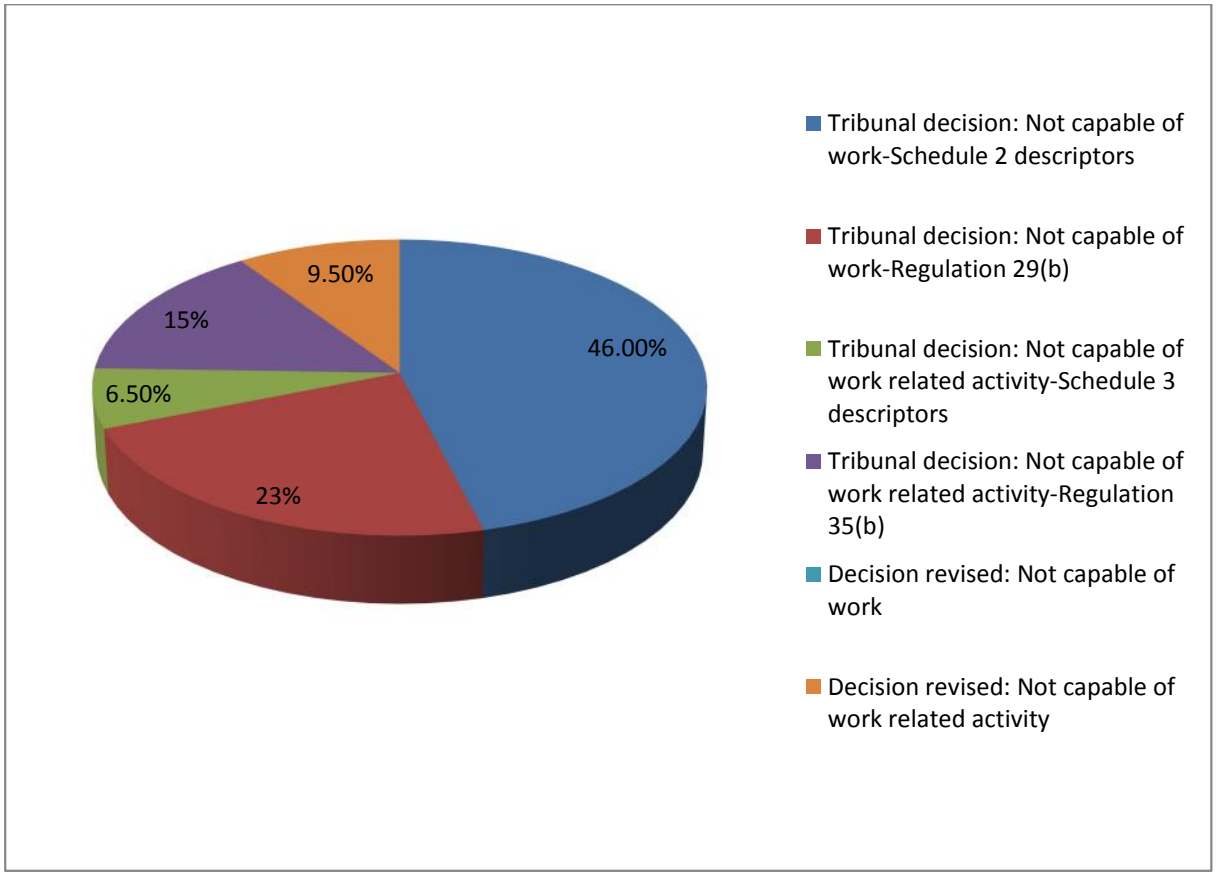
The original rationale for Employment and Support Allowance, including the assessment process, was that individuals should be helped to move nearer to the labour market and to obtain work to the extent to which they are able as soon as possible. This principle is widely supported. Paradoxically, however, because of the stress and effort expended by claimants and support providers on the assessment process and appeals, it hampers efforts to help those with substance misuse problems recover and move into work, with the support element lost.

Examples/evidence:

Release provides advice, assistance and representation in relation to benefit reviews and appeals. It is our experience that the WCA is ineffective at appropriately identifying the capability of claimants accurately and consistently.

Of the 34 reviews and appeals which we have been instructed in since January 2013, and have reached conclusion prior to the submission of this response, all have been decided favourably either by way of revision or by a tribunal panel.

Analysis of the outcomes reveals the following:



Although it is evident that the majority of the tribunal decisions are that appellants are not capable of work, it is worth noting that almost a third of cases result in a revision or decision that declares the claimant to be neither capable of work or work-related activity. Only one of these cases involved a claimant who had been awarded ESA in the WRAG group but was appealing because he believed he was entitled to the support component. All other instances were cases in which ESA had been refused altogether. This is clear evidence that the original decision was far removed from the reality of the situation.

Furthermore, in all but 5 cases the claimant had been awarded 0 points following assessment. It is obvious from this information that insufficient care and attention is paid at the assessment, initial decision and revision stage, when the outcomes are so different at tribunal. Frequently panels stop considering the case once they are of the opinion that an appellant has reached the required 15 points under the schedule 2 descriptors, however Release has represented in many cases where all relevant descriptors and points are considered and so in excess of 15 points has been attributed. In the period analysed there was even once person who attained 27 points (nearly double the necessary number) despite being awarded 0 initially.

In relation to claimants with drug and alcohol issues, it is telling that over a third of all outcomes are decided based on Regulation 29(b) and Regulation 35(b). In Release's experience this is because it can be difficult for our clients' issues to fit neatly into the specified descriptors, but there is overwhelmingly a risk to their health and treatment plans if forced to return to work.

Question 2: A number of changes have been made to the WCA since its introduction in 2008. Do you think these changes have made a difference to the effectiveness of the identification process and, if so, how?

Responses to earlier WCA reviews have addressed this to some extent. However, it is difficult to disentangle the impact of different changes. Therefore some of the recommendations in the following section may relate to changes made or recommended in earlier reviews, and in some cases, prior to the independent review process that started in 2010.

Question 3. There have been three Independent Reviews of the WCA since 2010. Do you have evidence that the WCA as a whole has changed as a result of the reviews? If so, please detail

Key findings:

While some changes to procedures have occurred, these changes have had little or no impact on the experience of people with substance misuse problems undergoing an assessment. There remains confusion over the process and the implications of decisions among both individual claimants and staff in treatment and support services who are working with them. A particular source of frustration is that additional evidence supplied at the point of claim appears to be ignored; additional information that is costly to provide. The time and resources spent on appeals is also burdensome on individuals, support and advice providers and, of course, there is a significant cost incurred by the Exchequer. The system is cumbersome and inefficient.

Examples/evidence:

In our survey of staff providing support services for people with substance misuse problems:

- 62% disagreed (including 20% who strongly disagreed) with the statement that support offered to customers with substance use problems during the course of their ESA application has generally improved; only 17% agreed.
- 65% disagreed (including 19% strongly) that customers with substance use problems feel better informed about what to expect and what their responsibilities are; only 11% agreed.
- 65% disagreed (including 20% strongly) that claimants with substance use problems better understand the impact that an ESA decision will have on their financial and back to work support, while only 20% agreed.
- 63% disagreed (including 20% strongly) that customers who need to go straight into the support group are being directed there more effectively (including under the 'special rules'). Only 2% agreed with this statement, while 23% neither agreed nor disagreed, more than for the other questions.

Question 4. A significant proportion of people applying for ESA have mental health conditions. What evidence do you have that mental health conditions are or are not given appropriate consideration during the WCA process?

A high proportion of people with substance misuse problems will have co-occurring mental health problems and vice versa. It has been estimated that around three quarters of people in drug and alcohol services will have a mental health issue of some kind. We remain concerned about the limitations of some of the WCA descriptors, in relation to, firstly, whether claimants fully understand what these mean and what is being asked, and secondly, how they are applied to claimants with substance misuse problems.

It can be difficult for individuals, including advisers, to understand the implication of some of the descriptors, particularly the mental health descriptors, which regularly results in ESA50 forms being inaccurately or only partially completed. One example is activity 11, which concerns learning simple tasks and only one example is given for what is considered to be a simple task and one for a moderately complex task in the ESA50. In the Medical Assessment Training Handbook for medical assessors, satisfaction of this activity suggests that the claimant should have a moderate to severe level of disability, such as learning difficulty or brain injury. However, ambiguity lies where some claimants without this degree of disability still find it difficult to learn 'moderately complex tasks' due to memory and concentration, typically a symptom of a depressive illness.

Another example is activity 13; it is not easy to understand what are 'at least 2 sequential personal actions'. In particular, it can be very difficult to draw the line between what is really considered to be the 'majority of the time' rather than 'frequently'. Where claimants are given tick boxes essentially asking yes, no and 'it varies', 'it varies' is often the most applicable given the nature of conditions. Claimants are asked to describe how their condition varies but without being able to understand the full implications of the question asked; claimants often do not provide accurate or complete answers, thereby compromising the effectiveness of the WCA assessment from the beginning.

In relation to claimants with substance misuse problems specifically, claimants are not asked about their drug and alcohol problems and dependency in the ESA50; the effects these have on them (e.g. relieving stress) or the pattern (e.g. what causes them to consume) and reason of use (e.g. whether there are any underlying reasons for consumption). They are often not asked about these at the ATOS assessment later either. These factors which would help determine whether a claimant has limited capability for work are often not explored when assessing claimants with substance misuse problems. In our experience, substance misuse problems are regularly associated with underlying mental health problems and frequently poor physical health, but where there is a substance misuse problem that is apparently more dominant, other co-existing problems are often missed or not explored. In the previous Incapacity Benefit assessments, there was a descriptor related to alcohol which was later removed in the WCA. We recommend that a similar descriptor, extended to include drugs, including prescription drugs (where subject to abuse), should be included in the assessment.

The simple fact that there is an imbalance in the number of physical versus mental health descriptors is indicative of mental health conditions and their effects not being appropriately

considered throughout the WCA process. There is therefore less opportunity for someone suffering with solely mental health conditions to acquire the requisite number of points to be deemed eligible for ESA.

Key points: The ESA50 forms and the descriptors are still difficult to meet as they are inadequate for identifying the impact of substance misuse, mental health problems and related conditions and their impact on ability to work or to take part in work related activity.

Question 5. There is a perception that the WCA is too heavily weighted towards a medical model. Do you believe this is the case? Do you think that the WCA takes suitable and sufficient account of the psycho-social factors that influence capability for work (this is not about the likelihood of finding work) - if not how do you think this should change?

Key points:

We believe that there is a clear case for psychosocial factors to be incorporated within the assessment process. This may require an overhaul of the assessment process but could facilitate a stronger and more precise focus on support needs within the process. The approach taken in Australia, although having a different purpose, could provide a model that might be adapted. We do however note that addiction alone can constitute a 'mental condition' for the purposes of Employment and Support Allowance (2011 UKUT 307 AAC[2]).

Evidence/examples:

The bio-psychosocial model of health considers the impact of a particular illness or disability to be a function of its biological effect, shaped by both social factors and psychological issues. People affected by drug and/or alcohol dependence often have complex diagnoses – either dual diagnosis (generally substance use with a co-existing mental health problem) or tri-morbidity, where substance use is compounded by both poor physical and poor mental health. The often fluctuating nature of these conditions makes it difficult for a claimant to accurately describe a typical day, or in some cases to understand and articulate what a typical day may actually be. This complexity means that for the reasons outlined above and elsewhere in this submission, a purely medical or narrowly functional assessment is unlikely to result in an accurate assessment of impact being reached, particularly when the assessment may be carried out by staff with varying degrees of awareness of issues surrounding substance use and complex needs.

Furthermore, the assessment pays little heed to the social and psychological factors that may influence an individual's ability to participate in the job market. For example, for a person with the sort of complex needs outlined above, a supportive environment and social network can enable an individual to make changes that may be less achievable to others without such resources – the 2010 Drug Strategy refers to these assets and characteristics as 'recovery capital', making specific reference to social and cultural capital (including values and beliefs held by the individual). Reflecting these considerations in the Work Capability Assessment would be both welcome and consistent.

[2] http://www.osscsc.gov.uk/Aspx/view.aspx?id=3339

One way of doing this would be to incorporate additional questions into the Work Capability Assessment (and more broadly into the ESA application process). For example, the Australian Disability Maintenance Instrument[3] (which is primarily concerned with allocating funding for employment support) includes questions designed to gain an understanding of a person's ability to maintain friendly and cooperative relationships with colleagues, to interact with people confidently, behave appropriately, control anger and frustration, manage fear and anxiety about work related issues, ability to address attitudinal barriers, cope with change and display appropriate emotions.

Similarly, considering factors more closely aligned with the social element, whether or not a claimant is in treatment for drug and/or alcohol use, should be considered. Whilst one of the secondary aims of treatment is often to move people towards employment, training or education (and in fact many treatment providers offer high-quality ETE support), the timing of interventions can be crucial, as also is ensuring the appropriate level of conditionality and support through Employment and Support Allowance. Being informed that a claimant is in drug and/or alcohol treatment should serve as a prompt for consideration of input from the treatment or support provider. These are crucial factors that influence an individual's ability to work or participate in the job market that may currently go unidentified.

Broadening the scope of the Work Capability Assessment would have a number of advantages. As evidenced elsewhere in this document, there is little confidence that the Assessment successfully allocates claimants into the correct group and that, for this client group, the rate of success on appeal is high. Anecdotally, it appears that one reason for this is that appeal tribunals feel more empowered than assessors and Decision Makers to look at the individual holistically. Adopting questions and descriptors that would tease out additional information at an earlier stage would save the cost (and distress to the claimant), provided that DWP Decision Makers were able to incorporate it into their decisions.

An additional benefit of an amended Work Capability Assessment would be to serve as an initial assessment and diagnostic tool for clients placed into the Work Related Activity Group, or moved to Jobseeker's Allowance. An approach incorporating elements of the Australian Job Seeker Classification Instrument[4] (plus related tools including the DMI referred to above as well as more general jobseeker attitudinal segmentation tools) would serve both as an assessment for Employment and Support Allowance and would enable the transition to work related activity, for those found fit to do so.

[3] http://www.fahcsia.gov.au/sites/default/files/documents/07_2012/dea_appendix_b.pdf
[4] http://deewr.gov.au/job-seeker-classification-instrument

6. Changes have already been made to the WCA face-to-face assessment since its introduction. Do you believe that further changes would improve the face-to-face part of the WCA? If so, please detail what changes you would suggest and provide supporting evidence that they would be effective.

Key findings:
The Atos assessment continues to be problematic and there remains concern that the assessors lack training and have insufficient understanding of substance misuse problems, their treatment and how these affect people's ability to work. This is borne out both by responses to our surveys and the high rate of success at appeals against a 'failed' WCA decision. Claimants continue to report that they find both the setting and the assessors' attitudes uncomfortable and impersonal, which does not encourage people, used to experiencing stigma and negative attitudes, to open up and properly explain their symptoms. As mentioned above, additional evidence provided seems to be ignored so claimants do not feel they are being listened to. The process is very stressful and can exacerbate people's conditions, which can be particularly harmful in the context of treatment for drug and / or alcohol dependency.

Evidence/examples:

In our survey of staff providing support to people with substance use problems we provided a list of statements about the face-to-face assessment process and asked them to say whether they agreed or disagreed with them using a five point Likert scale. In all cases, respondents were more likely to disagree that this area had improved than to agree, although for one item the most common response was 'neither agree not disagree'. The items to which the most negative responses were received were that Atos assessors had:

- Acted more sensitively towards applicants with substance use problems during assessments; 68% of respondents disagreed, including 41% who disagreed strongly.
- Been more likely to collect additional evidence from clients at the start of the assessment process (66% disagreed, including 29% strongly
- Paid more attention to any additional evidence available to them (61% disagreed, including 27% strongly).
- Improved the assessments of applicants with co-occurring physical or mental health problems/learning disabilities; 58% disagreed, with 31% disagreeing strongly.

We also received evidence from a small number of individuals with substance misuse problems who had undergone at least one assessment or their family members/carers. In response to statements about their experience of the assessment process, the individuals disagreed that:

- The assessor asked about all the symptoms or aspects of their impairment or health condition that affect their ability to work – 54% disagreed.
- The assessor understood their impairment or health condition – 46% disagreed and 15% strongly disagreed
- The assessor took into account how their symptoms and health problems can change from day to day – 62% disagreed (including 31% who strongly disagreed).

Additionally, it must be recognised that people who use drugs and/or alcohol will be reluctant to reveal information to an assessor they have just met, indeed they often take a great deal of time to engage effectively with the professionals providing their treatment. This is compounded when they feel they are not treated with sufficient respect by the medical professional conducting their assessment. Of the individuals we surveyed, when asked to respond to the statement 'I did not feel they were judging me' 39% disagreed. 54% of respondents also strongly agreed that the experience was stressful and that it made their health worse because of stress/anxiety.

7. Assessment processes can be criterion-based, points-based or (as in the case of the WCA) a combination of these. What evidence do you have of the effectiveness of these different approaches in identifying the capability of claimants consistently?

We do not have evidence that specifically relates to this question. We have presented evidence above of the considerable disparity that can occur in the points awarded on original assessment and on appeal. This makes it clear that whichever system is used, it is vital that it is applied properly and its application closely monitored.

Furthermore, the evidence submitted in relation to the number of appeals allowed under the Regulation 29 and 35 exemptions demonstrates that these factors are not being adequately considered at application and assessment stage. There is a clear preference given at assessment to the points-based descriptor approach with no specific reference to whether a return to work would create a significant risk to the health of the claimant.

8. Thinking about the overall WCA process, do you think the system needs further improvement, and if so what changes do you think are required? Please provide supporting evidence that the changes would be effective.

The process should be amended to require decision-makers to pay more attention at an earlier stage to information provided about the support individuals are receiving and to evidence from those involved in treating and supporting individuals. If this was collected more systematically, this might remove the need for assessments for some people (e.g. those in treatment and already being provided with employment-related support) thus saving money on both assessments and appeals, as well as reducing the stress and negative impact on individuals. This is similar to the process that allows people in residential rehabilitation to be automatically placed in the support group but reflects the reality that most substance misuse treatment occurs in the community and in fact those treated in the community often have more severe problems since residential rehabilitation is often only available to those who have already stabilised and undergone detoxification. Whilst not covered by the scope of this call for evidence, it should also be noted that DrugScope and Recovery Group UK members have found that in many cases, the automatic placement into the ESA Support Group does not actually take place at first instance.

The official reason for an appeal being allowed by a tribunal is normally recorded as cogent oral evidence having been received. However, in Release's experience the panel regularly also comment (either in writing or orally) about how much reliance they place on supporting evidence that is presented as part of the appellant's submissions. This further highlights the importance of the information that those engaging with the claimant can provide. However, this is becoming increasingly difficult to obtain without any financial implications for the claimant or representative, as support services seek to recover the cost associated with the ancillary activity of providing reports. If the request for this were to come from the DWP, it is our opinion that professionals, especially GPs, would be more willing to provide free reports.

That the gathering of information at an early stage is still not happening is borne out by the results of our survey of claimants:

- 46% disagreed (including 23% who strongly disagreed) that evidence they submitted in advance was taken into account
- 38% disagreed (including 23% who strongly disagreed) that evidence they brought with them to the medical assessment was taken into account

9. Please give us any further information and evidence about the effectiveness of the WCA, particularly thinking about the effect on claimants, that you consider to be helpful.

<u>Stress</u>

The stress involved in participating in the assessment process can have a debilitating effect on people with substance misuse problems and their families, as illustrated by the following examples from our surveys:

> *"The whole process caused a huge amount of stress to me and my family. I became ill with stress at the thought of losing my appeal."*
>
> *"The process was very stressful. The venue for assessment is a considerable distance from where I live and it was very difficult for me to manage to get there due to my levels of anxiety. The sparseness of the interview room and its set up (assessor with a file and computer behind a desk) is very intimidating. I did not feel like the assessor was a caring health professional, rather someone to "get me off the books". I was declared fit to work in spite of the fact that I am in active addiction and have obvious mental health and communication issues."*
>
> *"Increased levels of stress & anxiety regarding benefits, assessment process and application / appeal process leading to relapses amongst service users. More of my time as a worker is taken up by supporting service users through this process rather than concentrating on their recovery."*

<u>Delays</u>

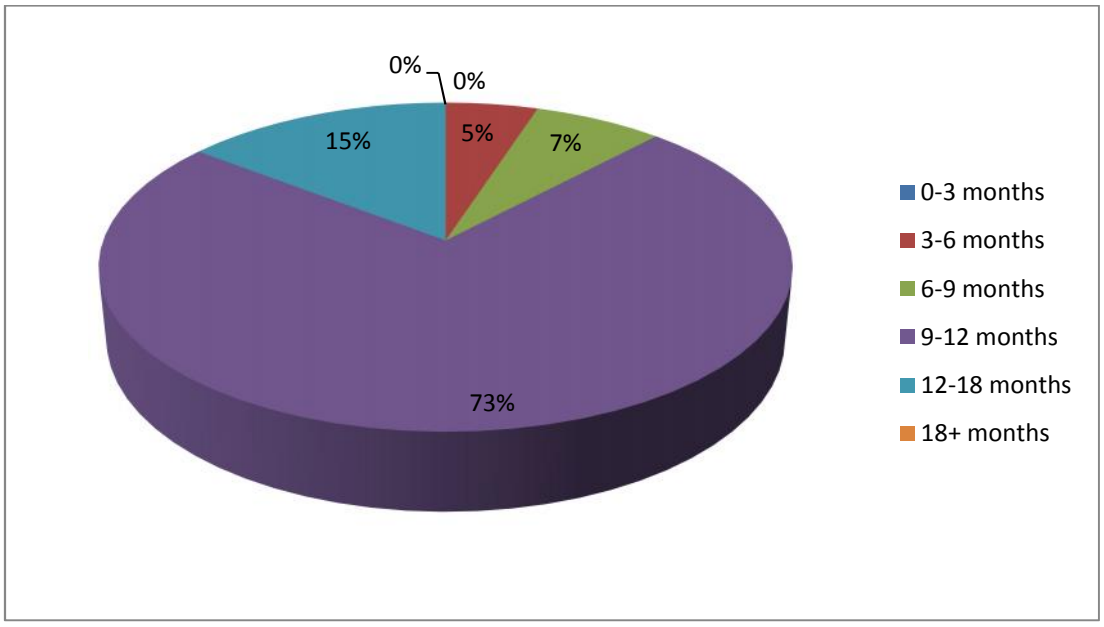
The introduction of mandatory reconsideration has raised some concerns. Whilst it offers a welcome opportunity to provide a quicker reconsideration of a contested decision, anecdotal evidence suggests that the period between the original decision and reconsideration can be of the order of months rather than weeks. Whilst this still represents an improvement over the time taken to reach appeal with the difficulty that often causes, mandatory reconsideration appears to not currently be

meeting the stated policy objective of providing a quick and effective review of decisions. Similarly, the absence of a time limit for reconsideration raises problems of perception, with some claimants expressing the view that this additional stage was introduced as a disincentive against making a formal appeal, rather than a new element designed to improve the decision making process.

The time taken for the process was raised as a problem by a number of people. This is particularly problematic because benefit changes are made while the appeal is in progress which can cause hardship. Hence a significant cause of stress to claimants is the length of time that it takes for a matter to be heard at a tribunal. Analysis of Release's appeals since January 2013 demonstrates that the majority of appellants are waiting between 9 and 12 months between the decision that they are not eligible for ESA and the final determination. This is unacceptable for a number of reasons, but primarily because clients have to manage on reduced benefits for this period. They frequently find themselves getting into more debt, and unfortunately the backdated payment upon successful appeal rarely puts them back into an adequate position. The additional stress that financial pressures place on already vulnerable people is extremely worrying as those with substance misuse issues are especially at risk of relapse in situations such as these.

Additionally, when providing instructions to their representative and answering questions at tribunal appellants are then forced to cast their mind back a year or so in order to answer questions about the effect of their conditions at that time. This can be a confusing exercise, particularly taking into account that mental health issues are often fluctuating by nature.

Time for appeals to be heard by tribunal, Release.



The Tribunal Service are clearly trying to accommodate the number of appeals by using additional tribunal venues (certainly in central London) and holding hearings on Saturdays, but they cannot be wholly responsible for reducing the delays. The process needs to be more accurate from the outset in order to reduce the number of people who need to appeal.

Reassessment

The frequencies of assessments are also problematic. In our survey of support workers:

- 64% agreed that claimants are being reassessed more frequently (23% strongly agreed);
- 53% felt that claimants are reassessed too frequently (19% strongly); and
- 66% agreed (34% strongly) that the frequency of reassessment is having a negative impact on claimant's health.

Release are now regularly getting decisions at Tribunal stage which make recommendations that an appellant should not be reassessed for a specific period following the hearing, and this tends to be 24 months. However, as this is a non-binding recommendation the DWP do not have to adhere to this, and frequently do not.

More often than not an annual assessment is preferred. In itself this may not be too problematic for many claimants, though for those who use drugs and alcohol changes in their condition tend to happen over a longer period of time, so a short time between assessments is ineffective. When a yearly appointment is combined with the delays set out above, clients often find that they are being reassessed only a short time after having had a positive decision at tribunal. This is not an effective use of the process and causes further distress to claimants.

The impact of such frequent reassessments on the individual is illustrated by the example below, but it is also very costly to the welfare system as well as to the support services who have to assist the individual and whose work is being undermined:

> *Personally I feel that systems are not congruent or organised or consistent. For example I worked with one gentleman who won his claim on appeal for ESA, his award notice stated for one year. One month later he was asked to go for an assessment and again 3 months after that. Part of the man's difficulties was anxiety around leaving the house, this did not help him progress towards his recovery. I don't really see any improvements unless the client is very intoxicated at the time of assessment or appeal. I feel that if a person is working with addiction services this could be used to work on a timescale of recovery so that the person can work towards work at their own pace without the stress of dealing with the welfare system*

All these issues interact to produce a system that is expensive and inefficient and causes considerable harm to many vulnerable individuals as is illustrated in the following comment:

> *"People get a sick note from the GP who is the professional who assesses the health of the person applying for ESA many times the person signed sick receives a WCA and is evaluated as fit to work however the GP is saying the opposite. During the WCA the person that is being assessed is questioned and just by one interview the entitlement for ESA is decided no matter the supporting letters that the person has sent to DWP and the information the professionals working with them attached. DWP will take a huge amount of time in reviewing the appeal and will leave the people without benefits for long time triggering them to be homeless or other benefits to get stopped."*

In the survey of people providing support services to people with substance misuse problems, almost two thirds of respondents indicated that they did not feel that their clients were being

effectively supported back into work through the benefits system and 69% of respondents agreed that people with substance misuse problems were being left without adequate support.

Key recommendations

1. **Research carried out by DrugScope, Release and other organisations suggests that there is still a lack of confidence about the degree to which 3rd party, specialist evidence is sought and incorporated into the assessment and decision making process. Guidance for Atos assessors and DWP Decision Makers further clarifying this would be welcome, as would an affirmative process of confirmation that evidence has both been sought and considered. This should include both specialist agencies such as treatment providers, and also the claimant's general practitioner. With regard to the latter, DWP should work with representative organisations such as the British Medical Association to ensure that 3rd party expert medical evidence is available when needed.**

2. **The research also indicates that claimants, treatment providers and welfare rights specialists have a lack of confidence in the knowledge and training of assessors and Decision Makers with regard to substance use and related matters. Further training and a consideration of different ways of working with individual claims (for example, by utilising a specialist or 'champion' system within Atos and DWP) would be welcome.**

3. **The assessment process should follow the bio-psychosocial model more faithfully, and take into consideration social and psychological factors that might impact an individual's ability to work alongside the largely functional current process. The significant difference between initial decisions and appeals may also suggest that there might be value in Decision Makers being more closely involved in the assessment process, up to and including being present in the case of complex claims, for example where the primary need is related to mental health.**

4. **Mandatory reconsideration, whilst in many respects welcome, would benefit from a requirement to be carried out within a specified timeframe. This would bring both practical benefits to claimants by allowing their application to be reconsidered more promptly, and may have the additional benefit of increasing claimant faith in the Employment and Support Allowance claim process.**

Appendix: Detailed findings from the online questionnaires

A. Survey for staff providing support for people with substance misuse problems

1. Can you please confirm that you work with clients with drug or alcohol problems who have had issues with welfare benefits?

		Response Percent	Response Count
Yes		**100.0%**	**69**
No		0.0%	0
answered question	**69**		
		skipped question	**0**

2. To what extent do you agree that, as a result of changes to Jobcentre Plus support since 2010:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know	Rating Count
Support offered to customers with substance use problems during the course of their ESA application has generally improved?	3.1% (2)	13.8% (9)	16.9% (11)	**41.5% (27)**	20.0% (13)	4.6% (3)	65
Customers with substance use problems feel better informed about what to expect and what their responsibilities are?	3.1% (2)	7.7% (5)	20.0% (13)	**46.2% (30)**	18.5% (12)	4.6% (3)	65
Claimants with substance use problems better understand the impact that an ESA decision will have on their financial and back to work support?	4.6% (3)	15.4% (10)	10.8% (7)	**44.6% (29)**	20.0% (13)	4.6% (3)	65
Customers who need to go straight into the support group are being directed there more effectively (including under the 'special rules')?	1.6% (1)	4.7% (3)	23.4% (15)	**42.2% (27)**	20.3% (13)	7.8% (5)	64
						answered question	**65**
						skipped question	**4**

3. To what extent do you agree that, since 2010, Atos assessors have:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know	Rating Count
Been more likely to collect additional evidence from your clients at the start of the assessment process?	0.0% (0)	6.8% (4)	20.3% (12)	**37.3% (22)**	28.8% (17)	6.8% (4)	59
Paid more attention to any additional evidence available to them?	0.0% (0)	5.1% (3)	25.4% (15)	**33.9% (20)**	27.1% (16)	8.5% (5)	59
Given more weight to the free text box on the ESA50 where applicants can describe how their disability affects them?	1.7% (1)	3.4% (2)	**40.7% (24)**	13.6% (8)	18.6% (11)	22.0% (13)	59
Improved the accuracy of their reports on applicants?	1.7% (1)	1.7% (1)	28.8% (17)	**32.2% (19)**	25.4% (15)	10.2% (6)	59
Acted more sensitively towards applicants with substance use problems during assessments?	0.0% (0)	8.5% (5)	18.6% (11)	27.1% (16)	**40.7% (24)**	5.1% (3)	59
Improved the assessments of applicants with co-occurring physical or mental health problems / learning disabilities?	0.0% (0)	6.8% (4)	28.8% (17)	27.1% (16)	**30.5% (18)**	6.8% (4)	59
					answered question		**59**
					skipped question		**10**

4. To what extent do you agree that, since 2010, Jobcentre Plus Decision Makers have:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know	Rating Count
Taken a more central role in the assessment process for your clients?	1.7% (1)	6.8% (4)	13.6% (8)	**52.5% (31)**	15.3% (9)	10.2% (6)	59
Been more likely to seek advice from the customer's chosen healthcare professional?	1.7% (1)	15.3% (9)	15.3% (9)	**39.0% (23)**	25.4% (15)	3.4% (2)	59
Given greater weighting to additional medical evidence?	1.7% (1)	8.5% (5)	22.0% (13)	**30.5% (18)**	28.8% (17)	8.5% (5)	59
Given more weight to the free text box on the ESA50 where applicants can describe how their disability affects them?	0.0% (0)	5.1% (3)	**32.2% (19)**	27.1% (16)	15.3% (9)	20.3% (12)	59
Been more likely to overrule the Atos recommendation?	0.0% (0)	3.4% (2)	**33.9% (20)**	23.7% (14)	22.0% (13)	16.9% (10)	59
					answered question		**59**
					skipped question		**10**

5. Which of these factors do you believe are the most important in influencing whether an applicant with substance use problems gets a fair and accurate outcome from their claim for ESA? (Please rank from 1 to 5 with 1 being the most important - select ranking from the drop down menu and the list will reorder)

	1	2	3	4	5	Rating Average	Rating Count
A well filled in ESA50 form	21.8% (12)	**29.1% (16)**	16.4% (9)	12.7% (7)	20.0% (11)	2.80	55
Supporting evidence from a health/social care professional	**34.5% (19)**	16.4% (9)	16.4% (9)	23.6% (13)	9.1% (5)	2.56	55
Being accompanied to the assessment	12.7% (7)	**29.1% (16)**	23.6% (13)	12.7% (7)	21.8% (12)	3.02	55
The quality of the Atos assessor they are allocated	20.0% (11)	14.5% (8)	23.6% (13)	**32.7% (18)**	9.1% (5)	2.96	55
The quality of the DWP Decision Maker they are allocated	10.9% (6)	10.9% (6)	20.0% (11)	18.2% (10)	**40.0% (22)**	3.65	55
					answered question		**55**
					skipped question		**14**

6. How accurately do you believe the WCA identifies which people with substance use problems should be in the following groups:

	Very accurately	Accurately	Neither accurately nor inaccurately	Inaccurately	Very inaccurately	Not sure
Fit for work	3.6% (2)	1.8% (1)	12.5% (7)	**39.3% (22)**	35.7% (20)	7.1% (4)
Work Related Activity Group	1.8% (1)	5.4% (3)	17.9% (10)	**46.4% (26)**	16.1% (9)	12.5% (7)
Support Group	0.0% (0)	5.5% (3)	**32.7% (18)**	30.9% (17)	18.2% (10)	12.7% (7)
				answered question		**56**
				skipped question		**13**

7. The Government has been trying to increase the use of the 'reconsideration process so that decisions can be reviewed without necessarily going to appeal. In your work with people with drug and/or alcohol problems:

	Yes	No	Don't know	Rating Count
Have you noticed this process being used more over the last 18 months?	21.8% (12)	**52.7% (29)**	25.5% (14)	55
(If you answered 'yes') Do you believe this has had a positive impact on customers receiving a fair outcome?	17.4% (4)	34.8% (8)	**47.8% (11)**	23
Do you think it has improved timeliness and reduced delays?	7.8% (4)	45.1% (23)	**47.1% (24)**	51
			answered question	**55**
			skipped question	**14**

8. Which of these factors do you believe are the most important in influencing whether an applicant with substance use problems gets a fair and accurate outcome from their appeal? (Please rank from 1 to 5 with 1 being the most important - select ranking from the drop down menu and the list will reorder)

	1	2	3	4	5	Rating Average	Rating Count
Supporting evidence from a health/social care professional	**32.7% (17)**	**32.7% (17)**	21.2% (11)	9.6% (5)	3.8% (2)	2.19	52
The quality of their oral evidence at the appeal	15.4% (8)	25.0% (13)	**26.9% (14)**	17.3% (9)	15.4% (8)	2.92	52
Being accompanied to the appeal	13.5% (7)	15.4% (8)	**38.5% (20)**	23.1% (12)	9.6% (5)	3.00	52
Being represented at the appeal by someone else	19.2% (10)	17.3% (9)	7.7% (4)	**38.5% (20)**	17.3% (9)	3.17	52
The quality of the Tribunal judge in charge of the appeal	19.2% (10)	9.6% (5)	5.8% (3)	11.5% (6)	**53.8% (28)**	3.71	52
					answered question		**52**
					skipped question		**17**

9. Thinking about the ESA appeals relating to people with substance use problems that you have been involved in over the last six months, in what percentage would you say that additional evidence has been a key factor?

	Response Percent	Response Count
0-25%	24.5%	12
26-50%	16.3%	8
51-75%	24.5%	12
76-100%	**34.7%**	**17**
	answered question	**49**
	skipped question	**20**

10. With regard to reassessments of ESA claimants with substance use problems since 2010 (Note: NOT those claimants being migrated to ESA from Incapacity Benefits) to what extent do you agree that:

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know	Rating Count
Claimants are being reassessed MORE frequently?	22.6% (12)	**41.5% (22)**	11.3% (6)	13.2% (7)	1.9% (1)	9.4% (5)	53
Claimants are being reassessed TOO frequently?	18.9% (10)	**34.0% (18)**	20.8% (11)	11.3% (6)	5.7% (3)	9.4% (5)	53
The frequency of reassessments is having a negative impact on claimant's health?	**34.0% (18)**	32.1% (17)	15.1% (8)	9.4% (5)	0.0% (0)	9.4% (5)	53
					answered question		**53**
					skipped question		**16**

11. With regard to claimants with substance use problems being migrated to ESA from Incapacity Benefits, to what extent do you agree that:

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know	Rating Count
The reassessment of these cases is being sensitively handled	0.0% (0)	9.4% (5)	13.2% (7)	**52.8% (28)**	17.0% (9)	7.5% (4)	53
Reassessed claimants understand the process and its implications	0.0% (0)	9.4% (5)	9.4% (5)	**45.3% (24)**	24.5% (13)	11.3% (6)	53
The right decisions (in your view) are being made about their eligibility for ESA	1.9% (1)	9.4% (5)	17.0% (9)	**37.7% (20)**	26.4% (14)	7.5% (4)	53
These claimants are more likely to return to work after the reassessment process	0.0% (0)	5.7% (3)	5.7% (3)	**43.4% (23)**	37.7% (20)	7.5% (4)	53
					answered question		**53**
					skipped question		**16**

12. Based on your experience of ESA applicants and claimants with substance use problems generally since 2010, to what extent do you agree that:

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know	Rating Count
More applicants with substance misuse problems are getting the right decision (in your view) about their ESA eligibility?	1.9% (1)	17.3% (9)	11.5% (6)	**50.0% (26)**	15.4% (8)	3.8% (2)	52
People with substance misuse problems are being left without adequate support by the welfare system?	28.8% (15)	**40.4% (21)**	13.5% (7)	11.5% (6)	5.8% (3)	0.0% (0)	52
People with substance misuse problems are being effectively supported back (or into) work?	3.8% (2)	13.5% (7)	17.3% (9)	**38.5% (20)**	26.9% (14)	0.0% (0)	52
People's health is likely to improve as a result of support provided by the welfare system?	11.5% (6)	17.3% (9)	17.3% (9)	**30.8% (16)**	23.1% (12)	0.0% (0)	52
People are increasingly struggling to access support and advice to help them claim benefits?	28.8% (15)	**44.2% (23)**	7.7% (4)	15.4% (8)	3.8% (2)	0.0% (0)	52
The process takes adequate account of psychosocial factors, such as ability to cope with stress, level of social support, self-esteem and self-efficacy?	3.8% (2)	5.8% (3)	21.2% (11)	30.8% (16)	**38.5% (20)**	0.0% (0)	52
					answered question		**52**
					skipped question		**17**

13. What are your general observations about how the ESA application and the WCA process has changed for people with substance use problems since 2010?

1	Someone with drink and drug problems needs inpatient treatment not benefit cuts and forced into something they will struggle with. We need to look at the psychosocial factors first and then education and training.
2	No preparations for medical assessment
3	Clients seem more confused and unable to cope with the process of re-assessment.
4	Clients are stating the benefits people do not understand the real case & problem.
5	It is correct to have an assessment process in place - it needs to be a medical professional.
6	People with substance use problem are not being perceived as unfit for (medically) work.
7	People with genuine substance use problems are having to go through extra hurdles and extra stress to get benefits. Sometimes they are without money for long periods which contributes to their criminal activity / behaviour.
8	My observation is that not very much has changed.
9	Making it more complex to understand who is eligible and who is not
10	Most individuals struggled to deal with this.
11	There is no or little consideration given to the individuals addiction issues, no matter if they are chaotic. In all cases there is more consideration given if there are physical and mental health issues on top of the addiction issue.
12	Personally i feel that systems are not congruent or organised or consistent. For example i worked with one gentleman who won is claim on apeal for ESA, his award notice stated for one year. One month later he was asked to go for an assessment and again 3 months after that. Part of the man's difficulties was anxiety around leaving the house, this did not help him progress towards his recovery. I don't really see any improvements unless the client is very intoxicated at the time of assessment or appeal. I feel that if a person is working with addiction services this could be used to work on a timescale of recovery so that the person can work towards work at their own pace without the stress of dealing with the welfare system
13	it would appear that there are many miracle workers employed by ATOS and the DWP as clients who are very obviously either unfit or not ready for work are being deemed ready!
14	Increased levels of stress & anxiety regarding benefits, assessment process and application / appeal process leading to relapses amongst service users. More of my time as a worker is taken up by supporting service users through this process rather than concentrating on their recovery from alcohol abuse.
15	People gets a sick note from the GP who is the professional who assess the health of the person applying for ESA many times the person signed sick receives a WCA and is evaluated as fit to work however the GP is saying the opposite. During the WCA the person that is being assessed is question and just by one interview the entitlement for ESA is decided no matter the supporting letters that the person has send to DWP ad the information the professionals working with them attached. DWP will take a huge amount of time in reviewing the appeal and will leave the people without benefits for long time triggering them to be homeless or other benefits to get stopped.
16	the welfare system is crashing and people are suffering
17	Most clients have to go to appeal and then win the appeal but leaves them without benefits for a long time
18	WCA focuses too much on functional assessments and does not take into account broader factors in a persons capability for work. Functional assessments do not translate well beyond physical disabilities leaving those with mental health and substance misuse problems struggling to "evidence" why they are not fit for work.
19	I have only been working with my client group since 2011 so feel unable to effectively comment on this question.

20	Everyone appears to be going through having their benefits stopped regardless of how ill they are
21	Do not feel there has been any
22	That the people running the system and are dealing with clients with substance misuse appear to have NO training whatsoever. they display prejudice, inefficiency and intolerance towards this group. It is disgraceful that their understanding of a subject that must effect a huge percentage of their is so beyond their basic comprehension.
23	improvement in efficiency
24	intimidating, unfriendly does not encourage applicants to take responsibility punitive
25	Not fit for purpose. I work with young people. There is a complete lack of understanding about the issues that affect young people with substance misuse issues. The paper is completely impossible to understand is certainly not 'user friendly'. It causes an enormous amount of stress to the claimant, as they do not understand the process and neither do we as workers (lack of training??)
26	A high proportion of clients seem to fail the medical assessment, although subsequently get this overturned at appeal. Higher level of success is obtained by those who also have other complications, ie mental health issues, physical health problems etc.
27	It would appear to have added extra stress at a time when it is crucial that individual in the process of change feels supported
28	Job Clubs are not adequately trained to manage or deal with the issues of people who are long term substance dependant. They are not providing the support required to enable people back to work. People are left parked in the job clubs and not given training i.e. help with basic skills etc. to enable them to be able to access work. Staff in DWP and job clubs do not have a good knowledge of who to sign post people to for substance support. Not enough support for people who are substance dependant in the community. DWP staff have little knowledge of the condition and the effects long term dependency has on people. i.e. long term alcohol dependency affects a person's mental health and physical health which is often irreversable
29	Assessors have limited knowledge of the truth about addiction and recovery, expecting clients to return to work much sooner than they are able. Clients recently sober need time to establish an adequate support network, in order to maintain their recovery and then pursue education, training and employment opportunities. Pushing people to work too soon results in relapse. I have seen this may times during my 8yrs in the field.
30	people do not understand the changes to the system - the process is not being explained clearly for people if at all backlog and timeliness of the assessment leaves people in need
31	they are causing considerable stress with people relapsing as a result. we have people who are well on in their programme relapsing so that they can stay until the end.

	answered question	**31**
	skipped question	**38**

14. If you could change no more than three things about the ESA application and WCA process, what would these be?

1	Atos Employ ex-service users to do the job alongside practitioners. People with experience of working with this client group. ESA as the current system is too expensive and doesn't work.
2	Needs to take more consideration of mental health problems, especially at early stages (eg. ESA50) More helpful DWP helpline staff. Healthcare professionals that are qualified doctors, and taker more than 10 minutes to assess applicants.
3	More support needed for benefit changes.
4	More simple method of contacting DWP. DWP promoting substance misuse clients going to detox or rehab. Perhaps making it a condition of receiving ESA.
5	To treat everyone individually.
6	Medical assessment once every 6 months - 1 year Professional involved with application to be contacted Assessment process should not impact on applicant's payment, applicant should still receive payment whilst assessment takes place.
7	Faster claimant process, better advice, designated workers.
8	Reduce the time to process applications.
9	That they work in a more holistic manner and engage with drug services more before decisions are reached.
10	To offer a dedicated person skilled in substance misuse to complete and assist client group in understanding process of ESA application.
12	1. That people are treated as individuals 2. Atos staff are better trained and have a knowledge of addiction issues and its effects on individuals. 3. Evidence from professionals e.g addiction workers, social workers, nurses, GP's is sought prior to the medical and is taken into consideration at the time of the medical.
13	I would make the decisions more involved with support services so that the progression of benefits can be incorporated in substance misuse recovery. I would carry out assessments in the person's home where anxiety and substance use has an impact on the persons health. I would change the assessments and appeal centres to uphold privacy and dignity.
14	Scrap it and go back to the drawing board Remove ATOS from the process involve some addictions professionals when relevant and listen to them
15	Make decisions more consistent Less stress on individual concerned - make the process less confusing & easier to understand and navigate Making it easier to access support to apply, eg from welfare rights officers
16	More than one interview, request of support plans, quicker review of appeals
17	increase benefits
18	Shorter time scales
19	That people had longer for their medicals and supporting evidence to be looked at in the WCA, so saving time on having to go through re- consideration.
20	Closer collaboration between treatment providers and ESA decision makers/assessors. Working with DWP/ESA can be difficult at best of times.
21	1: That the assessors involved in the WCA process were more enlightened about substance misuse and the recovery process. 2: That the opinion of professionals (Recovery Coordinators, Residential Clinicians, GPs) working with people with substance use problems was taken more seriously into account in the WCA process. 3: That the assessors involved in the WCA process take into account all the issues presented by the client.
22	Stop cutting benefits with little or no reasoning behind it, get rid of ATOS as they are there just to save money regardless of the harm to applicants.

23	1. TRAINING 2. TRAINING 3 PROPER SUBSTANCE MISUSE TRAINING
24	more interaction with service providers. more readily available information re the whole process feedback on results and outcomes of process to service providers
25	Involvement of profressional agencies more inlcuding the voluntary sector
26	everything, everything, everything! Traning for staff do the assesment re drug and alcohol issues (particularly relating to young people) young people user friendly communications Access to support.
27	Those involved in the assessment process and medical assessments need to have a greater understanding about how substance misuse problems can impact on ability to be capable of work, also how the accompanying lifestyle often means people are not ready to move straight into work related activity and need support to address a wide range of issues before they consider this. Also the pressure of dealing with DWP and the problems arising with ESA are making the process of obtaining benefits far more difficult for our client group and adding to their existing social problems.
28	Simplification of process. Process being embedded within the treatment system. Workers/assessors offering clinics within the relevant agencies to understand first hand the issues
29	Trained staff in DWP & Job Clubs who have a clear understanding of the issues and are aware of agencies to signpost to. Reduce waiting times for appeals. Recognise that recovery from substance dependency takes time and should be considered when assessing fit for work.
30	Health-care Professionals invited to assessments, or at least consulted.
31	an understanding that this process is a minefield for people who have literacy and anxiety issues -to understand that people require support to travel through the process timeliness of the process attitudes of staff
32	some common sense would be good. taking meaningful account of independent supporting evidence.
	answered question **32**
	skipped question **37**

B. Survey for people with substance misuse problems or their family members/carers

1. Are you responding as:

	Response Percent	Response Count
An individual with drug or alcohol problems who has experienced a Work Capability Assessment	**64.7%**	**11**
A carer for someone with drug or alcohol problems who has experienced Work Capability Assessment	35.3%	6
answered question		**17**
skipped question		**0**

2. If you have undertaken a WCA yourself or represented somebody who has, how would you rate your/their overall experience of the face-to-face assessment and follow up contact with the DWP?

	Response Percent	Response Count
Excellent	7.1%	1
Good	21.4%	3
Fair	**28.6%**	**4**
Poor	**28.6%**	**4**
Extremely Poor	14.3%	2
answered question		**14**
skipped question		**3**

3. Regarding your/their experience at the assessment centre:

	Yes	No	Don't know / Did not apply	Rating Count
Were you/they made aware of the option to request a home visit?	13.3% (2)	**73.3% (11)**	13.3% (2)	15
Was the assessment centre fully accessible?	**50.0% (7)**	35.7% (5)	14.3% (2)	14
Was your/their appointment on time?	**42.9% (6)**	**42.9% (6)**	14.3% (2)	14
Were you/they given any information needed in your preferred format?	26.7% (4)	**40.0% (6)**	33.3% (5)	15
			answered question	**15**
			skipped question	**2**

4. Thinking about your most recent WCA (or that of the person you care for), to what extent do you agree with the following statements about the person who carried out the assessment?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know	Rating Count
They asked about all the symptoms or aspects of my impairment or health condition that affect my ability to work.	0.0% (0)	38.5% (5)	7.7% (1)	**53.8% (7)**	0.0% (0)	0.0% (0)	13
They understood my impairment or health condition.	0.0% (0)	23.1% (3)	15.4% (2)	**46.2% (6)**	15.4% (2)	0.0% (0)	13
They took into account how my symptoms and health problems can change from day to day (e.g. how my symptoms affect me on a 'bad day' as well as a 'good day').	7.7% (1)	23.1% (3)	7.7% (1)	**30.8% (4)**	**30.8% (4)**	0.0% (0)	13
The assessment took account of how my symptoms are affected by repeated activity (e.g. fatigue, pain or worsening of condition).	0.0% (0)	30.8% (4)	7.7% (1)	**46.2% (6)**	15.4% (2)	0.0% (0)	13
They took the right amount of time to communicate effectively with me.	0.0% (0)	30.8% (4)	23.1% (3)	**38.5% (5)**	0.0% (0)	7.7% (1)	13
They treated me as an individual.	0.0% (0)	**46.2% (6)**	30.8% (4)	15.4% (2)	7.7% (1)	0.0% (0)	13
I did not feel they were judging me.	0.0% (0)	23.1% (3)	30.8% (4)	**38.5% (5)**	0.0% (0)	7.7% (1)	13
It was long enough for them to learn about all the symptoms or health problems that affect my capability to work.	0.0% (0)	23.1% (3)	23.1% (3)	**30.8% (4)**	15.4% (2)	7.7% (1)	13
They took into account additional evidence about my condition that I submitted in advance.	7.7% (1)	**30.8% (4)**	7.7% (1)	23.1% (3)	23.1% (3)	7.7% (1)	13
They took into account additional evidence about my condition that I brought with me.	0.0% (0)	**30.8% (4)**	23.1% (3)	15.4% (2)	23.1% (3)	7.7% (1)	13
It was stressful.	**53.8% (7)**	30.8% (4)	7.7% (1)	7.7% (1)	0.0% (0)	0.0% (0)	13
It made my health worse because of stress/anxiety.	**53.8% (7)**	7.7% (1)	15.4% (2)	15.4% (2)	0.0% (0)	7.7% (1)	13

Q4. Continued: Thinking about your most recent WCA (or that of the person you care for), any additional comments?

1	I was given incorrect info. about how to get to the assessment centre. When I got there they told me they were to busy to see me. I refused to leave.
2	Asked what seemed to me totally irrelevant questions; such as: what television programmes do you watch - commenting after the response, oh at least you don't watch Jeremy Kyle!
3	It would appear that the assessor focused only on a physical condition I experience (Carpal Tunnel) and not my substance misuse, or my other support needs.

5. On the basis of your experiences, can you suggest any changes to improve the face-to-face part of the WCA? Please give details of why you think these changes would help.

1	Change the whole system. Atos needs to be abolished. They have no idea the damage they are causing. The Doctor was polite though.
2	They need to consider supporting letters more carefully. I took several with me and they were just ignored.
3	More understanding about substance misuse and how it can affect everyday life.
4	The assessor is aware of the range of issues impacting on someone experiencing substance use problems. The assessor considers all letters of support submitted either prior to the assessment or presented on the day.

6. Thinking about the overall WCA process from when you make a claim for ESA to when you receive a notification of a decision from the DWP, what changes do you think are needed? Please give details of why you think these changes would help.

1	More compassion and support given. People are scared to even appeal because they are worried about losing HB too.
2	I don't understand how they came to their decision at all.
3	Quicker turnaround time.
4	The time waiting for a decision to be made is too long and sometimes HB gets stopped because of the time that we are waiting to hear from DWP.
5	The changes that are needed is for communication to be clearer so that I can understand exactly what decision has been made, and why.

7. How much do you agree with the following statements:

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know	Rating Count
The changes made to the WCA since 2008 have improved the whole assessment process.	0.0% (0)	14.3% (2)	**28.6% (4)**	21.4% (3)	21.4% (3)	14.3% (2)	14
The WCA process has changed as a result of the independent reviews that have been carried out since 2010.	0.0% (0)	7.1% (1)	35.7% (5)	14.3% (2)	0.0% (0)	**42.9% (6)**	14
Drug and alcohol problems are not given appropriate consideration in the WCA process.	28.6% (4)	**57.1% (8)**	7.1% (1)	0.0% (0)	7.1% (1)	0.0% (0)	14
The WCA takes sufficient account of psycho-social factors that influence capability to work, such as social support, vulnerability to stress, low self-esteem, housing conditions.	7.1% (1)	14.3% (2)	7.1% (1)	**35.7% (5)**	28.6% (4)	7.1% (1)	14
Further changes are needed to improve the face to face assessment of the WCA.	**42.9% (6)**	21.4% (3)	7.1% (1)	7.1% (1)	7.1% (1)	14.3% (2)	14
						answered question	**14**
						skipped question	**3**

8. Please give us any further information and evidence about the effectiveness of the WCA, particularly thinking about the effect on claimants, that you consider to be helpful.

1	The whole process caused a huge amount of stress to me and my family. I became ill with stress at the thought of losing my appeal.
2	Not helpful at all No understanding or empathy about my circumstances at the time
3	take into account the GP sick note taking more into account the supporting letters from key workers waiting times are too long if the benefit stops and we appeal there is a long period where we are left without money and it seems that DWP does not care about it.
4	The process was very stressful. The venues for assessment is a considerable distance from where I live and it was very difficult for me to manage to get there due to my levels of anxiety. The sparseness of the interview room and its set up (assessor with a file and computer behind a desk) is very intimidating. I did not feel like the assessor was a caring health professional, rather someone to "get me off the books". I was declared fit to work in spite of the fact that I am in active addiction and have obvious mental health and communication issues.

9. Which age group are you in:

	Response Percent	Response Count
18 to 24	7.7%	1
25 to 29	7.7%	1
30 to 39	**38.5%**	**5**
40 to 49	30.8%	4
50 to 59	7.7%	1
60 and over	7.7%	1
	answered question	**13**
	skipped question	**4**

10. What is your gender?

	Response Percent	Response Count
Male	38.5%	5
Female	**61.5%**	**8**
	answered question	**13**
	skipped question	**4**

11. How many WCA assessments have you personally (or the relative/friend you care for) undergone?

	Response Percent	Response Count
1	**41.7%**	**5**
2	**41.7%**	**5**
3 or more	16.7%	2
	answered question	**12**
	skipped question	**5**