

Research report

Trial incapacity benefits reassessment: customer and staff views and experiences

by Lorna Adams, Katie Oldfield, Catherine Riley and Madeline Nightingale

Department for Work and Pensions

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Contents

Acknowledgements.....	v
The Authors.....	vi
Glossary of terms and abbreviations.....	vii
Summary.....	1
1 Introduction.....	5
1.1 Aims and objectives.....	5
1.2 Overview of the reassessment customer journey.....	5
1.3 Methodology.....	6
1.4 Report structure.....	8
2 Notification letter and phone call.....	9
2.1 Prior awareness and attitudes to reassessment.....	9
2.2 Notification letter.....	10
2.3 The initial phone call from Jobcentre Plus.....	12
2.4 Combined impact of the letter and phone call.....	14
2.5 Customer attitudes after the initial letter and phone call.....	15
2.5.1 ‘Anxious and Unsure’.....	15
2.5.2 ‘Stoic and Resolved’.....	16
2.5.3 ‘Cautiously Optimistic’.....	16
3 ESA50 form.....	17
3.1 Receiving the questionnaire.....	17
3.2 Completing the questionnaire.....	17
4 The Work Capability Assessment.....	20
4.1 Background: The Work Capability Assessment.....	20
4.2 Customer views.....	20
4.3 Staff views on the reassessment WCAs.....	24
4.4 Deciding the customer’s outcome.....	24
4.5 Considering the WCA evidence.....	25
4.6 Paper scrutiny cases.....	25

5	Customers allowed ESA	27
5.1	Support Group	27
5.2	Work Related Activity Group customers.....	28
5.3	The Work Focused Interview.....	30
6	Customers disallowed ESA	33
6.1	Customer and staff views on the review call	33
6.2	Customer understanding of outcome and initial reactions.....	34
6.3	Appeals	35
6.4	Next steps	37
7	Late and non-compliant customers	39
7.1	Late return of ESA50	39
7.2	Non-cooperation.....	41
8	Conclusions and recommendations.....	43
Appendix A	Profile of customers that participated in the research.....	46
Appendix B	Customer journey through the stages of reassessment	48

List of tables

Table 1.1	Overview of fieldwork approach.....	7
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List of figures

Figure B.1	Customer journey through the stages of reassessment	48
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Glossary of terms and abbreviations

Atos Healthcare	Atos Healthcare, the contractor responsible for conducting the Work Capability Assessment
BDC	Benefit Delivery Centre
DM	Decision Maker
DWP	Department for Work and Pensions
E113	A form used to request additional medical evidence from a customer's GP
ESA	Employment and Support Allowance
ESA50	A questionnaire customers complete, giving details of how their health condition affects their day-to-day activities
GP	General Practitioner
HCP	Healthcare Professional
IB	Incapacity Benefit
IS	Income Support
JCP	Jobcentre Plus
JSA	Jobseeker's Allowance
NJI	New Jobseeker Interview
Paper scrutiny	Decisions on ESA entitlement which are made without a face-to-face Work Capability Assessment
WCA	Work Capability Assessment
WFI	Work Focused Interview
WRAG	Work Related Activity Group

Summary

About this research

This report presents findings from qualitative research to explore customer and staff experiences of the trial process for reassessing customers in receipt of Incapacity Benefit (IB), Income Support (IS) paid on the grounds of disability and Severe Disablement Allowance, for the Employment and Support Allowance (ESA). This process was trialled in two areas (Aberdeen and Burnley) from October 2010 in advance of national reassessment in 2011.

ESA was introduced in October 2008 to replace the three older incapacity benefits mentioned above. It provides financial support and personalised help for people who are unable to work, because of a health condition or disability.

Reassessment for ESA has three possible outcomes; those judged to be fit for work and not eligible for ESA are usually referred to claim Jobseeker's Allowance (JSA). Others are allowed ESA and placed in the Work Related Activity Group (WRAG), where they receive support and are expected to prepare for a future return to work. Finally, customers with conditions which mean they cannot prepare for a return to work are placed in the ESA Support Group, where they are not obliged to undertake any work-related activity.

Qualitative research was conducted in three phases over the reassessment period, as customers progressed from early notification of reassessment through to final notification, and transition to other benefits. A total of 90 interviews were conducted with customers, alongside interviews with Jobcentre Plus staff working in Contact Centres and Benefit Delivery Centres, and interviews with Healthcare Professionals (HCPs) delivering face-to-face assessments.

Initial notification of reassessment for ESA

Customers were initially notified that reassessment was taking place through a letter. Jobcentre Plus staff then attempted to follow this with a phone call, around a week later. This process worked well for customers who received both a letter and a phone call. The letter was generally read immediately, and customers thought it communicated the immediate next steps of the reassessment process well. The phone call from Jobcentre Plus was also generally well-received and described as a welcome 'human element' to the process, with staff generally viewed as friendly and helpful. Some customers commented that the phone call was heavily 'scripted' and did not add much to the content of the letter. Staff views also echoed this.

The fact that customers knew to expect an outbound call seemed to limit the volume of inbound enquiry calls received by Jobcentre Plus staff. Very few inbound calls were reported by staff, and far fewer than they initially envisaged.

The ESA50 form and Work Capability Assessment

As part of trial the reassessment, customers were asked to complete a questionnaire asking how their illness or disability affects their ability to complete everyday tasks. This is known as an ESA50 form. Most customers were also invited to a face-to-face Work Capability Assessment (WCA) with an HCP.

For most customers, the initial letter and phonecall effectively conveyed the importance of completing the ESA50 form and customers were keen to fill it in as quickly as possible. The letter and call together appeared to establish a level of momentum that encouraged early completion of the form. Customers did not find completion of the questionnaire easy, but they were mostly able to cope with the process. In part, this reflected a degree of familiarity with this type of procedure as a result of a history of claiming incapacity benefits.

Some customers commented the ESA50 was relatively straightforward to complete, and an improvement on previous forms they had completed in the past. The most common criticism made by customers of the ESA50 form was that it seemed repetitive, and asked the same questions more than once. It seems likely that in some cases this view was a function of a tendency (reported by staff as common) for customers to complete both the physical and mental health sections of the questionnaire in cases where their impairment was only physical.

Customers found the practical arrangements for attending a face-to-face WCA, such as finding and travelling to the venue, went smoothly, although their views of the assessment itself were mixed. Generally, the assessment was seen as less in-depth than previous assessments for incapacity benefits claims. Customers expected the WCA to be longer, and the questioning to be more detailed. Customers with variable conditions felt that the assessment overestimated their capabilities. Although some customers commented positively on the empathy and professionalism of the HCP conducting their assessment, negative reports of the tone, manner or approach of HCPs were reasonably common.

The HCPs interviewed reported that WCAs for reassessment customers tended to take considerably longer than assessments for new ESA claims. This was felt to be a consequence primarily of customers having multiple, and/or complex, health conditions, but also because of a need to answer questions about the reassessment process and/or encourage customers to co-operate. In addition to longer appointments, HCPs reported a much lower rate of missed appointments than expected.

Decision making

Decisions on ESA entitlement were made by Jobcentre Plus Decision Makers, taking into account the customer's ESA50 form and report of their WCA, as well as any other evidence available such as information from the customer's GP.

The two Benefit Delivery Centres responsible for decision-making on reassessment cases appeared to take different approaches to the process. At one site, Decision Makers appeared to view their role as focusing on ensuring a full audit trail for each case. This often meant sending cases back to Atos Healthcare for review. At the other site, Decision Makers were much more likely to take a decision to override the recommendation in the WCA report, where they felt other evidence contradicted this.

For trial reassessment, the outcomes for some customers were decided without a face-to-face WCA, using a 'paper scrutiny' process. Generally, staff supported the concept of a paper scrutiny process for some customers, but questioned the criteria used to determine whether a case should be decided by paper scrutiny. Paper scrutiny customers allocated to the WRAG tended to be unhappy with this outcome, and believed they would have been placed in the Support Group if they had attended a face-to-face WCA.

Outcome notification

Customers were initially informed of the outcome of their reassessment through a phone call from Jobcentre Plus. This was followed by a letter confirming the outcome. In the case of customers likely to be disallowed ESA, the phone call initially informed customers they were likely to be disallowed, but asked them if they had any additional evidence that they would like to submit. If they did not, the customer was informed they were disallowed, and customers were given the option of being transferred directly to the Jobseeker's Allowance claim line.

Generally, customers appreciated receiving their outcome notification by telephone. They felt that this was a welcome 'human' touch to the process. Customers allocated to the WRAG were particularly likely to find the phone call useful in clarifying that they had been **allowed** ESA, as some thought the reference to 'work' implied they would have to seek work immediately.

The phone call was also intended to give customers the opportunity to ask questions, and for staff to allay fears and tackle misconceptions. Generally, the potential to discuss the outcome and its implication was underutilised. Those allocated to the Support Group were generally content with their outcome and had no further questions. Customers allocated to the WRAG, or who were disallowed (and usually shocked by this), were not able to formulate further questions immediately. As a result, few disallowed customers said they accepted the offer of a transfer to the JSA claim line as part of the outcome phone call. They were also unlikely to state that they would submit additional evidence to support their ESA claim during this phone call.

Although it was always the intention to produce shorter, more personalised letters for national reassessment, the letters used to confirm outcomes for this trial were generally felt to lack both 'warmth' and clarity. Sometimes, important details (such as the fact that a customer had been placed in the WRAG) were contained on the second, rather than first, page. Customers who were disallowed often reacted negatively to the fact that they felt the letter did not acknowledge they had any form of impairment or health condition at all.

Appeals

Some customers disallowed ESA were in the process of appealing at the time of the final wave of interviewing, sometimes because they felt their outcome was unfair but commonly simply because they considered it the next logical step; communication from Jobcentre Plus staff throughout the reassessment process led customers to believe that they should appeal a disallowance decision, because they had 'nothing to lose'. Jobcentre Plus staff, and HCPs conducting WCAs, appeared to use the message that customers could appeal as a means of deflecting or diffusing negative reactions to reassessment. However, most customers said they did not really have additional medical evidence to submit, beyond a Fit Note from their GP.

Next steps

Customers placed in the WRAG were often unclear about the implications of this and the meaning of 'Work Related Activity', after being notified of the outcome of their reassessment. However, the first Work Focused Interview (WFI) with Jobcentre Plus they were required to attend played an important role in clarifying the next steps. Despite initial reservations, customers generally viewed the WFI positively, saying it was reassuring and informative, with friendly and helpful advisers. The WFI reassured customers that an immediate return to work was not necessarily envisaged.

Among disallowed customers, those who had gone on to claim JSA reported no problems with payments and had found their New Jobseeker's Interview (an initial meeting with a personal adviser which takes place for all new JSA claims) a generally positive experience.

Non co-operation with the reassessment process

This research included fifteen interviews with customers who seemingly did not co-operate with part of their reassessment for some reason. This group was defined as customers recorded by Jobcentre Plus as returning their ESA50 form late or not at all, or missing an appointment for a face-to-face WCA.

1 Introduction

This report presents findings from an evaluation of a trial reassessment process for customers receiving:

- Incapacity Benefit (IB);
- Severe Disablement Allowance (SDA);
- Income Support paid on the grounds of illness or disability (IS).

Between April 2011 and April 2014, a full national reassessment process will take place which will see all customers receiving these benefits assessed for eligibility for Employment and Support Allowance (ESA) instead. IB, SDA and IS will be phased out.

ESA was introduced in October 2008 to replace these three older benefits. It provides financial support and personalised help for people who are unable to work, because of a health condition, with an emphasis on what people can do, as well as what they are unable to do. Most people claiming Employment and Support Allowance will be expected to take steps to prepare for work, including attending Work Focused Interviews with a personal adviser. However, those with an illness or disability that severely affects their ability will not be expected to prepare for a return to work, although they can volunteer to do so if they wish.

Many of those people undergoing reassessment will be long-term claimants of old style incapacity benefits – in some cases claims will have been ongoing for over 15 years. Many of these people have had very limited contact with Jobcentre Plus or the Department for Work and Pensions (DWP) over the years.

In advance of full national reassessment, Jobcentre Plus trialled the process of reassessing customers. The trials took place in Aberdeen and Burnley and began in October 2010. IFF Research was commissioned to conduct evaluation work throughout the trial reassessment process in order to inform the design and development of reassessment processes in advance of national roll-out.

1.1 Aims and objectives

The overall objective of the research was to explore the views and experiences of both customers and staff involved in the trial, in order to inform the design of national reassessment to ensure the process supports and maximises customers' co-operation at each stage.

More specifically, the research aims were to:

- explore how customers react to each stage of the process;
- examine how each stage of the process impacts on their co-operation with reassessment;
- explore whether customers felt they received enough support and information – and if not, what additional help would be useful;
- explore the views of Jobcentre Plus staff and Healthcare Professionals (HCPs) and use their experience/insights to make suggestions about the design of the reassessment process.

1.2 Overview of the reassessment customer journey

The trial reassessment process can be summarised as follows:

- An initial letter and phone call to the customer (made by Jobcentre Plus staff) to explain that their benefit is being phased out and that they will be assessed for ESA and to outline the next steps of the process;
- Customers receive a questionnaire in the post (the 'ESA50') which they are asked to complete and return within four weeks. Most customers were then asked to attend a face-to-face Work Capability Assessment (WCA). Shortly after this they received a phone call letting them know the outcome of their reassessment which is followed by a letter.

There are three possible outcomes for customers who are assessed for ESA:

- The customer is found to be Fit for Work and not eligible to claim ESA - in which case they are referred to make a claim for Jobseeker's Allowance, if they wish. They can also appeal the decision on their ESA entitlement.;
- The customer is allowed ESA and placed in the Work-Related Activity Group (WRAG) and a Work-Focused Interview (WFI) will be arranged – they are expected to prepare for a future return to work, or
- The customer is found to have disabilities and health conditions which mean they cannot undertake work-related activity or prepare for work. These customers are placed in the ESA Support Group, where they are not obligated to undertake any Work-Related Activity unless they volunteer to do so.

Appendix B illustrates the customer journey through the stages of the reassessment trial in more detail.

1.3 Methodology

A qualitative approach was taken, involving a programme of depth interviews and focus groups with customers and staff.

Qualitative interviews with customers were chosen as they offered the best way of allowing a detailed exploration of a customer's individual experiences and circumstances at different stages of reassessment. Focus groups, paired depths and mini groups were used to capture the views of Jobcentre Plus and Atos Healthcare staff; interacting with other staff in similar circumstances allowed participants to bounce ideas and experiences off each other. The focus groups were a useful environment for discussing possible modifications and improvements to the trial processes.

The fieldwork was conducted in three waves, in order to cover the entire reassessment process as trial customers passed through the different stages of the process. Table 1.1 below summarises the fieldwork approach initiatives under study and outline the research methods used.

Table 1.1 Overview of fieldwork approach

	Wave 1 (early-mid Nov 2010)	Wave 2 (early-mid Dec 2010)	Wave 3 (mid-late Jan 2011)
Staff	Site visits to two Jobcentre Plus Contact Centres in Bangor and Bridgend involving group discussions and paired depths with call operatives and managers	Site visits to two Jobcentre Plus Benefit Delivery Centres (BDC) in Aberdeen and Burnley involving group discussions with BDC staff, Atos HCPs and Jobcentre Plus local office advisers, managers and reception staff	
Customers	25 interviews with customers who had received an initial letter and phone call from Jobcentre Plus (most had also received and started to complete the ESA50 at this point)	20 interviews with customers who had received an outcome, split by outcome	22 interviews with customers who had passed through final touchpoints 23 interviews with customers who had not (at the time of the research fieldwork) co-operated in returning E5A50, or attending WCA, or had done so very slowly

An initial sample of customers participating in the trial was supplied by the DWP and an opt-out exercise was conducted. Regular updates of customers' progress through the reassessment process were supplied allowing discrete samples to be drawn for each wave based on the different stages that customers had passed through.

The customer depth interviews were conducted face-to-face in most cases (five were conducted over the telephone due to bad weather conditions during the fieldwork period or because of customer preference). Interviews lasted between 45 minutes and an hour and were generally conducted in the customer's home. Customer fieldwork was divided evenly across the Aberdeen and Burnley trial sites and a good mix of customers was achieved in terms of age, length of claim and nature of health condition or disability. A full profile of customers who participated in the research can be found in Appendix A.

The staff research took place in the form of half day or full day site visits conducted by senior members of the IFF Research team. As well as conducting group discussions and interviews with the relevant staff the site visits also offered the opportunity to observe the trial processes in action.

All interviews and group discussions were recorded on encrypted digital voice recorders and were transcribed following the interview. Transcripts were then analysed thematically and entered into an analysis framework which allowed analysis both overall by the different stages of the process and across subgroups (e.g. customer age or nature of health condition or disability).

The customer and staff discussion guides used for this research have not been included as an Appendix to this report, due to their length. They are available from the Department on request - contact details can be found on the back cover of this report.

1.4 Report structure

The remainder of this report is structured by the different stages of the process and follows the customer journey. Chapter 2 looks first at the initial letter and phone call. Chapter 3 then discusses views on the ESA50 questionnaire before Chapter 4 turns to the WCA and the process of decision-making. Chapters 5 and 6 then cover outcome notification and next steps. Chapter 7 considers the customers who either progressed through reassessment very slowly or who did not return their ESA50 or attend a scheduled WCA to explore the reasons for lateness or non-compliance. Finally, Chapter 8 presents conclusions and recommendations from the evaluation of the IB (IS) reassessment trial.

2 Notification letter and phone call

Focusing on the early stages of the process (the full reassessment process can be found in Appendix B), this chapter explores customer and staff views on:

- how customers became aware of forthcoming changes to their benefits and their initial attitudes and reactions;
- the notification letter sent out by Jobcentre Plus informing the customer about their reassessment for Employment and Support Allowance (ESA) and advising them of the next steps;
- the phone call from Jobcentre Plus staff which followed shortly after the notification letter (typically two to five days later), to give further information and advice and find out if customers needed any extra help with the process.

2.1 Prior awareness and attitudes to reassessment

General awareness of reassessment prior to receiving the notification letter was reasonably high, but customers' prior understanding of why reassessment was happening and what the process would involve tended to be quite basic. Customers generally knew before receiving the letter that the government were making changes to the welfare system and assessing benefit claims. Some knew that the process was being trialled in Aberdeen and Burnley.

'I heard that they were going to be rolling out a new scheme that was going to take Incapacity Benefit (IB), Income Support (IS) and some other benefit which I can't remember and roll it all into one.'

(Male, 30-44, mental health condition, claiming over 10 years)

'I got a letter but I also saw it on the national news; they said that people in Burnley were going to be assessed and maybe taken off sickness benefits; this might then be done across the country.'

(Male, under 30, mental health condition, claiming 2-5 years)

The most common source of information about reassessment was the national media, although some customers also reported having seen articles in the local press. Hearing about reassessment by word of mouth from friends, relatives or a healthcare professional was also reasonably common.

Confusion over which benefits were being assessed was not uncommon. Aware that the Government were planning a 'radical restructuring' of the benefits system, customers sometimes assumed that all benefits were being reassessed. Those who had previously had little or no contact with Jobcentre Plus sometimes assumed it would be Jobseeker's Allowance (JSA) claimants rather than themselves being assessed.

'I didn't realise it was just to replace income support, I thought it was one big package that covered the lot...[I thought it was] anyone who was on any type of benefit.'

(Male, 45-59, mental and physical health condition, claiming 5-10 years)

'I heard after the election that they were rethinking the welfare package on the BBC news, but I didn't really think that it would affect me. I thought it would be more about Jobseekers.'

(Male, 45-59, physical health condition, claiming over 10 years)

10 Notification letter and phone call

Prior to being contacted by Jobcentre Plus, among customers that had some awareness of reassessment there was a reasonably widespread assumption that individuals would be selected or targeted for assessment. Some customers assumed it would be a random sample but it was more commonly believed that people would be targeted because of their age, length of claim of the nature of their condition, particularly younger claimants or those perceived to have less serious conditions.

'[The information was] a bit vague really...they target certain people but they didn't say how long [claiming], why, what age, physical, mental [health conditions] or both.'

(Female, 45-59, mental health condition, claiming 2-5 years)

It was commonly believed that reassessment formed part of the Government's spending reductions. There was low awareness that reassessment had been planned for some years, before the current Government, and customers tended to believe that the sole purpose of the exercise was to reduce benefit expenditure. Exceptionally, customers reported having seen media reports portraying reassessment in a positive light as a means to better support people into work.

'It was around about the time the new government got in; I heard they were going to change things to help bring the deficit down.'

(Male, 45-59, physical health condition, claiming 5-10 years)

'The news programme mentioned ESA and showed a classroom environment with a woman helping people fill in a CV...The TV said there were going to be changes and improvements – openings for you to get you on the right track to move back into the workplace and [help] coping with social situations.'

(Female, 45-59, mental health condition, claiming 2-5 years)

A reasonably common response to hearing about reassessment prior to receiving the notification letter was for customers to assume that it would not affect them personally. Particularly for those with long term claims, the perception that they were unable to work was so entrenched they assumed they wouldn't be required to undergo an assessment. For some this was based on a conviction that they had already proved conclusively they were unfit for work.

'When I first heard about it I thought that if there was any common sense in the system then it wouldn't actually affect me - but it has.'

(Male, 45-59, physical health condition, claiming 5-10 years)

2.2 Notification letter

Although there was some confusion and uncertainty at this stage, the majority of customers were satisfied with the content and amount of information contained in the letter. Few customers sought further information after receiving the letter; most had a basic understanding of what the assessment would involve and knew to expect a phone call.

'No [I didn't look for more information]; there was nothing I needed to know. I knew what was going to happen; there were contact numbers and a website if I wanted anything answered. I was just waiting for the phone call.'

(Male, under 30, mental health condition, claiming 2-5 years)

The notification letter was recognised as an important piece of communication and the majority of customers read it straight away. Some had been looking out for official communication after hearing about reassessment from other sources, whilst others noticed from the envelope that the letter was from the Department for Work and Pensions (DWP) or Jobcentre Plus (with most saying they thought it was from ‘the Jobcentre’).

‘I knew it was something about the benefit and it was an important letter to me. I read it straight away.’

(Male, 30-44, physical health condition, claiming 2-5 years)

Recognising the letter as important, customers were eager to read the contents and generally tried to absorb as much information as possible. Despite this, it was reasonably common for customers to miss the ‘Frequently Asked Questions (FAQs)’ section on the reverse of the letter, which contained important information about reassessment and details of how to access further information. Customers with learning difficulties, or conditions affecting their memory, sometimes found it difficult to take in much of the information.

The letter was effective at communicating essential and immediate information but there was still some uncertainty about reassessment and what different outcomes would mean for customers. Customers understood from the letter that they were being reassessed and most knew what to expect from the next few stages of the process. Almost all knew to expect a phone call from Jobcentre Plus, and most had some awareness that the assessment would involve a questionnaire and a face-to-face assessment (although a face-to-face assessment was not conducted for some customers).

‘I found it very clear; it explained what they were going to do and what was happening.’

(Male, 45-59, physical health condition, claiming 50-10 years)

At this stage there was some confusion over which benefits were being assessed. The reference to three benefits at the start of the letter – IB, Severe Disablement Allowance (SDA) and IS on the grounds of illness or disability – caused some confusion, particularly for those who were unsure which benefit they were currently claiming.

‘I’m still confused – I don’t fully understand what’s going to happen and what benefit I’m going to be on. The letter mentions three different types of benefit at the beginning and I found that confusing.’

(Male, 45-59, physical and mental health condition, claiming 2-5 years)

There were still some customers at this stage who were unaware that everyone claiming sickness benefits would eventually be reassessed, and who assumed they had been selected. These customers tended to feel singled out, often believing they had been targeted because of their age, length of benefit claim, or condition. This heightened their anxiety about reassessment and tended to result in an expectation that they would be disallowed ESA.

‘The way they worded it, I thought it was just me who was getting assessed...it didn’t make [it clear]...that everyone on benefit was being assessed.’

(Female, under 30, physical health condition, claiming less than 2 years)

Customers were uncertain at this stage about the possible outcomes of being reassessed and the implications it might have. Understanding of what ESA was, and how it differed from their current benefit, was low. The belief that the Government was simply changing the name of the benefit was reasonably common. Customers had little grasp of what the implications of being disallowed ESA might be and fell into one of two groups; some assumed little or nothing would change, but more commonly this uncertainty led to customers fearing their benefits would be stopped.

12 Notification letter and phone call

'It could have explained what would happen if you weren't going on the ESA or what would happen if you were; what the categories you were going into were.'

(Female, 30-44, physical and mental health condition, claiming 5-10 years)

Some customers expressed a desire for more explanation of the overall rationale for reassessment. Tending to assume the intention was to reduce public spending, few customers saw reassessment as a means to help people access the support they needed to move back into work.

'I would have wanted a bit more explanation...saying "we are doing this assessment because of so and so"...just explaining themselves a little bit more would have been reassuring.'

(Female, under 30, physical health condition, claiming less than 2 years)

Some customers commented it would have been helpful to receive a leaflet with the letter containing more information about reassessment, what it might mean for them, and why it was taking place. Several customers (including some who had additional information needs) commented that they had only read as far as the first side of the letter; there was some indication that customers would have been more likely to read the FAQ information included on the reverse of the letter if it had been contained in a separate leaflet.

Although not a common response, some customers were too embarrassed to look for more information or were unsure where to look. Customers who did seek more information at this stage tended to have limited success. Those who searched online said they found the information too basic, confusing or inconsistent, often referencing old benefits which the letter had explained were being phased out. There was some indication of low awareness and understanding of reassessment amongst wider support networks, such as GPs and Support Workers. Customers with mental health conditions who had asked their Support Worker for more information tended to find they were not well-informed about reassessment.

'I didn't seem to find anything [on the website] it didn't seem to be updated...it just seemed to be the old stuff.'

(Female, 45-59, mental health condition, claiming 2-5 years)

'I went on the government web page...it didn't tell me anything different than I had already read in the letter...it was practically the same, just saying things were changing...no more.'

(Female, 30-44, physical health condition, claiming 5-10 years)

The majority of customers did not seek further information from Jobcentre Plus at this point as they knew to expect a phone call in due course and were content to wait for this. However, those who did call with questions were sometimes advised to wait for the scheduled call, which they found frustrating.

'I called the helpline the next day to ask them...how much I was getting so I could plan for the future...they were about as much use as a chocolate fireguard! They just said to every question "you'll have to wait until the phone call."'

(Female, 30-44, physical and mental health condition, claiming 5-10 years)

2.3 The initial phone call from Jobcentre Plus

On the whole, the phone call was valued by customers and was a successful stage of the process from both the customer and staff perspective. Positioning the phone call after the notification letter gave customers an opportunity to absorb the information in the letter and be 'ready' for the phone call with any questions or concerns.

Most customers found the phone call provided welcomed reassurance and appreciated the opportunity to speak to someone directly about the process. Customers found it reassuring to have more information about the reassessment process and what would be expected of them and the phone call gave them an opportunity to ask about anything they were unsure or concerned about. This was corroborated by Jobcentre Plus staff, who found customers receptive to the calls.

'[A phone call] is better than just a letter; it's direct interaction with another person. A letter is like someone is spewing a speech at you; if you don't understand something [in a phone call] you can ask there and then.'

(Male, under 30, mental health condition, claiming 2-5 years)

Customers generally preferred to receive the phone call two or three days after the notification letter; a week was felt to be slightly too long. Customers who waited longer for the phone call said they became more anxious, and a two or three day gap was felt to be ideal. Exceptionally customers received the phone call before the letter, due to disruptions to the post.

'It was a week after the letter exactly. I would have probably liked it sooner – I was waiting for it and getting anxious.'

(Female, 30-44, mental health condition, claiming over 10 years)

Personal contact with a member of Jobcentre Plus staff was reassuring for most customers. Customers generally found the agent they spoke to friendly, helpful and polite. Speaking directly to a member of staff addressed any concerns, and in some cases corrected misconceptions about reassessment such as the belief that only certain types of customers were being reassessed.

'He was nice and clear and friendly. I said "thank you for being friendly" because some people will be worried.'

(Female, under 30, mental health condition, claiming 2-5 years)

'Yeah, she was friendly...she said "don't panic, it's a routine thing that we are going because of the new benefit" and she explained a little bit about it...I said "at least it's a routine thing and it's not based on me because I thought it was just me"...she put me at ease.'

(Female, under 30, mental health condition, claiming 2-5 years)

Jobcentre Plus agents were felt to be knowledgeable and helpful regarding the immediate next steps of the process. The key message customers took from the phone call was to expect the ESA50 form in the post, and to fill it in and return it as quickly as possible.

'I found it helpful. It was to the point, it did what it said. If it had gone on and on I would have got mixed up.'

(Female, 45-59, mental health condition, claiming 2-5 years)

Similarly, questions relating to the reassessment process itself – who was being reassessed, the nature of the reassessment and how much they would receive whilst the reassessment was ongoing etc. – were generally thought to be well-answered by customers.

However, agents were seen as less knowledgeable about the wider context of reassessment, the possible outcomes, and later stages of the process. Customers wanting more long-term information about the impact of reassessment sometimes felt that their questions were deflected, or not answered satisfactorily. Some felt that the phone calls were too 'scripted' and that agents were reluctant to talk about anything beyond the immediate next steps of the process.

‘When I asked the same questions I’d asked the Jobcentre Plus he said I’d have to wait until I was contacted after sending the form in! It was like banging my head against a brick wall.’

(Female, 30-44, physical and mental health condition, claiming 5-10 years)

‘I felt he was reading off a script and when I asked him a question that wasn’t on his sheet or said that this is what I thought the call was about he was very unresponsive to me.’

(Male, under 30, mental health condition, claiming 2-5 years)

Jobcentre Plus staff reflected the customer view; they also felt the script was repetitive and did not give much flexibility in handling calls. Many Jobcentre Plus staff working on the reassessment trial were used to handling ESA enquiry calls, and felt they had knowledge and experience of ESA outcomes and next steps that they were not always able to draw upon, because they had to follow the script. There was an appetite among some Jobcentre Plus staff for more knowledge about the later stages of the reassessment process and to understand more about the role of Healthcare Professionals and Jobcentre Plus Decision Makers later in the process. Some Jobcentre Plus staff were sceptical about the quality and suitability of the face-to-face Work Capability Assessment (WCA) and were concerned customers would not get a fair assessment if they did not see a doctor or a specialist (staff generally knew the Healthcare Professional (HCP) conducting the WCA could be a Doctor, Nurse, or Physiotherapist).

Although the phone call provided a welcome ‘human’ element to the process, in terms of delivering information about reassessment, customers felt it did not add much to the content of the letter. Some customers felt the phone call was unnecessary, but this was not a widespread view.

Jobcentre Plus staff did not have any details about a customer’s health condition or existing claim before making the outbound call, and they were divided on whether it would be preferable to have more information about customers at this point. Some felt it would improve empathy and make it easier to tailor the phone call but others worried that having this information might lead to customers being treated differently. It should be noted that not all customers received the phone call. For the trial, Jobcentre Plus staff made three attempts to call a customer. If they were not able to speak to the customer after three attempts, the customer passed straight to the next stage (i.e. an ESA50 form was posted out). However, staff reported they were able to contact most customers.

Some Jobcentre Plus staff were keen to speak to customers during the trial as they were concerned about what would happen to customers who they could not get through to. As such, they were varying call times and intervals in order to maximise the chance of speaking to a customer in a manner which they thought might not be possible or scalable for national reassessment. Because of the way the trial phone calls were organised, staff were not able to make appointments or schedule call-backs for times which they thought the customer would be in (for example if a family member had said they would be available at a certain time). This meant that some opportunities to speak to customers were missed.

2.4 Combined impact of the letter and phone call

Although some customers expressed a desire for more information about the later stages of the process, in most cases information needs were met by the notification letter and phone call. Jobcentre Plus staff expressed surprise at the low number of questions asked by customers during the calls and had received fewer inbound calls than expected. Most call handlers had taken fewer than ten inbound calls about reassessment since the start of the trial, and these tended to be to provide telephone numbers rather than to ask questions. Although some customers would have liked more information about the later stages of assessment, the lack of questions raised during the outbound call and the low volume of inbound calls suggest that information needs are broadly being met by the notification letter and phone call.

The notification letter and phone call played different roles in informing and reassuring customers about reassessment. The immediate next stages of the process were well understood from the notification letter, but the phone call provided more reassurance, giving customers an opportunity to ask questions and correcting any misconceptions about reassessment. Customer reactions to the letter and phone call depended on their overall feelings about reassessment; the phone call was more valuable to those who were nervous or apprehensive about the assessment.

Case study 1: Impact of letter and phone call

Jonathan, under 30, suffered from anxiety and depression and had been claiming for 2-5 years.

Prior to receiving the notification letter Jonathan had heard on the news that people were being assessed and possibly taken off sickness benefit. He was quite anxious about the prospect and read the letter straight away, recognising it was from Jobcentre Plus.

Jonathan had no problem understanding the information in the letter; he understood that he would be assessed, that there would be a form to fill in and that he may or may not have a 'medical'. There were numbers to call if he needed more information but he didn't feel that he did: *'there was nothing I needed to know. I knew what was going to happen; there were contact numbers and a website if I wanted anything answered. I was just waiting for the next bit.'*

Jonathan was quite worried about the ESA50: *'[I was] anxious and worried about what the form was going to be like; would I be able to fill it in? Would I lose my benefit?'* The phone call put his mind at rest. He appreciated having direct contact with someone from Jobcentre Plus and it gave him an opportunity to ask questions: *'A letter is like someone is spewing a speech at you; if you don't understand something [in the call] you can ask something there and then'*. He didn't have any major concerns but asked how long the process would take and whether it would fit around his schedule. He found the phone call reassuring and approached the next steps of reassessment with more confidence.

2.5 Customer attitudes after the initial letter and phone call

After progressing through the early stages of the process, customer feelings about reassessment were mixed. There was some anxiety about what assessment would involve and how it might impact on their health, wellbeing, and financial situation. Some customers faced the prospect with trepidation, whereas others were quite unfazed, often having undergone similar assessments in the past. Less commonly, customers felt cautiously optimistic about the prospect of returning to work and welcomed the assessment. At this early stage, customers' attitudes to reassessment broadly fell into one of three groups. These are described in turn below.

2.5.1 'Anxious and Unsure'

A number of customers were anxious about the prospect of being assessed and concerned the assessment might not fairly assess their capabilities. Often believing that they had been 'targeted', these customers tended to be pessimistic about their chances of being awarded ESA and fearful about the prospect of working.

'I felt panicky because I knew people have a reaction to people like me who look as though they are able to work. I was worried I would be forced to do things I am not able to do.'

(Female, under 30, mental health condition, claiming 2-5 years)

'I felt a bit scared, thinking that I would have to do something that at the moment I can't possibly do. It has worried me and hasn't done my blood pressure any good. I can understand why they are doing it but it worried and scared me.'

(Male, 30-44, physical health condition, claiming 2-5 years)

The notification letter sometimes left these customers apprehensive and fearful; they wanted more information about why they were being assessed and what the assessment would involve. The phone call provided considerable reassurance for this group. They felt the content was right and their concerns about being singled out were addressed.

'[Following the letter I felt] anxious because I'd been on the benefit so long, so I've not had to deal with anything to do with it and it is just making me feel ill and stressed dealing with the forms and the phone calls.'

(Female, 30-44, mental health condition, claiming over 10 years)

'I was a bit anxious initially but the agent was very nice about it and said not to worry...that it was just routine, which put me at ease.'

(Male, 45-59, physical and mental health condition, claiming 5-10 years)

2.5.2 'Stoic and Resolved'

Customers who had undergone similar assessments for benefits in the past were often unfazed by the prospect, feeling that they knew what to expect.

This customer group tended to find that the notification letter provided all the information they needed. They were most likely to feel that the phone call was unnecessary and to criticise it for being heavily scripted. Some felt that their questions about the longer term steps of the process were not answered.

'It was a case of oh well; another medical for me to go to; I'm not getting any better and if I need to have another medical to prove it then so be it. There was nothing worrying for me.'

(Male, 45-59, physical health condition, claiming 5-10 years)

'I was puzzled about that...I don't actually know why [they called]. You get the letter and the phone call is basically repeating it. Granted, there may be people who cannot grasp the information they are getting in the letter for whatever reason. The phone call maybe makes it clearer for them. Fair enough for them I suppose.'

(Male, 30-44, mental health condition, claiming over 10 years)

2.5.3 'Cautiously Optimistic'

A small number of customers were positive about reassessment and cautiously optimistic about the prospect of working. This view was less-commonly held.

'I didn't see it as a bad thing because I really feel that I want to come off this and be out there...I want to go back to work - I just want some support in the workplace.'

(Female, 30-44, mental health condition, claiming 2-5 years)

Unsure what support would be available to those disallowed ESA, these customers were sometimes apprehensive about the future and tended to find the phone call reassuring. Although some felt their questions about what would happen following reassessment were not answered, they found clarification about how to approach the ESA50 useful.

'I would like some information about opportunities and organisations that are out there to help get back into the workplace.'

(Female, 30-44, mental health condition, claiming 2-5 years)

3 ESA50 form

This chapter explores customer reactions to receiving and completing the ESA50 questionnaire. Customers were posted an ESA50 after their initial letter and phone call from Jobcentre Plus, advising them of reassessment. The ESA50 asks customers to describe how their illness or disability affects their ability to complete everyday tasks. Four weeks are allowed for completion and return of the questionnaire. If it is not returned, a reminder letter is sent after this time. If the customer has good cause for lateness, they are allowed a further two weeks to complete and return the form. This chapter also comments on Jobcentre Plus and Atos Healthcare staff views of the ESA50.

3.1 Receiving the questionnaire

Most customers tended to be aware of, and were keen to comply with, the timeframe for returning the ESA50. The key message taken from the phone call was to return the ESA50 as soon as possible, and the majority of customers paid heed to this. The main information taken from the covering letter sent with the ESA50 was the deadline for returning the questionnaire. The majority of customers were aware of either the four week deadline, or an exact date, for returning the ESA50. Those who were anxious about being assessed tended to find this guidance reassuring. The initial letter and phone call from Jobcentre Plus had effectively conveyed the message that lateness or non-compliance might affect benefit payments, and this was a strong motivating factor.

The main information customers took from the ESA50 covering letter was the timeframe for returning the questionnaire; not a great deal of other information was taken from it. Customers often admitted they did not read the covering letter in detail, but in many cases this was because their information needs had been met by the initial notification letter and phone call.

'I have to admit I didn't pay much attention to it; I thought that it was just a covering letter.'

(Male, 30-44, mental health condition, claiming over 10 years)

'It wasn't very informative; It basically just said when to send it back by and if you didn't it may affect your benefits.'

(Female, 30-44, physical and mental health condition, claiming 5-10 years)

3.2 Completing the questionnaire

Customers generally found the ESA50 reasonably familiar and easy to understand. Very few recurring issues with the language, tone or content of the form were reported, suggesting the form was broadly appropriate for trial reassessment customers.

'It was as I was expecting – what I can say; the amount of forms I have had to fill out over the years; this was one of the better ones.'

(Male, 45-59, physical health condition, claiming over 1- years)

Most customers started to fill in the ESA50 straight away, but some postponed it, being aware they had four weeks to do so. Although not a widespread view, some customers felt that four weeks was a generous deadline and were concerned they might forget about the form if they didn't fill it in straight away. However, customers who struggled with forms or needed help completing the ESA50 sometimes made use of the full four weeks.

Customers were split between those who filled in the ESA50 in one go and those who kept coming back to it. Customers with reading, writing or concentration issues tended to fill out the form over the course of a few days and valued having a long enough deadline to allow them to do this. If completed in one sitting the ESA50 usually took around an hour to complete, sometimes as little as fifteen to twenty minutes.

The ESA50 was seen as an improvement on previous forms by those who had underdone similar assessments in the past. Customers commented that the addition of an option for 'it varies' allowed for a more nuanced response than simply 'yes' or 'no'. However, some customers said they still struggled to account for the variability of their condition and this caused some anxiety. This was a particular issue for customers whose condition varied on a day-to-day basis, in different environments, or who suffered from acute attacks.

'It's asking you "can you sit down?" "can you stand up?"...on my good days, yeah...I'm not saying I'm an invalid, on my good days I will go out, I can do stuff; on my bad days I can't even get up and get dressed.'

(Female, under 30, mental health condition, claiming 2-5 years)

"Do I need help with going to the toilet?" Not here at home because it is set for me; so I would write no. But if I am somewhere else I would need help.'

(Male, 45-59, physical health condition, claiming over 10 years)

Customers with mental health conditions had concerns about the suitability of the ESA50 for them. Many found writing about their condition a difficult or daunting task. A common view amongst this customer group was that their condition was difficult to explain or articulate and required more explanation than physical health conditions. Some expressed a preference for more open questions, or more space on the questionnaire to explain how their condition affected them in more detail. These concerns were part of a wider expectation amongst customers with mental health conditions that the assessment would not be designed with them in mind, or would fail to accurately assess their capabilities.

'It is difficult to express [the condition] I have and how it affects me...everyone sees me as happy and bubbly but they don't realise I have problems and I find it hard to put my condition into words. There were no specific questions I had problems with - it was just trying to explain to someone else why I feel I can't work. It is hard to put it into words that a stranger will understand.'

(Female, under 30, mental health condition, claiming 2-5 years)

'It is really difficult getting it down on paper how I am affected [by my mental health condition]...It's difficult to get it down and for it to make sense; it's like baring your soul.'

(Female, 45-59, mental health condition, claiming 2-5 years)

A common issue reported by staff was that customers with physical health conditions also filled in the mental health section of the ESA50 by mistake (i.e. they did not realise this section was not applicable to them). This led to staff having to process irrelevant or unnecessary information, making the process more resource-intensive. In some cases customers recognised they had done this but more often than not they simply believed the form was 'repetitive', which they tended to assume was deliberate and designed to 'catch people out'.

'I misread - I didn't realise I was into the mental problems where it asks if you can use things safely. I put in there that I can't lift pans with boiling water. It wasn't until after I filled it in that I realized I was onto the mental!'

(Female, 45-59, physical health condition, claiming 2-5 years)

'I felt as though they were asking the same questions but just wording them differently; as though they were trying to trip you up...[e.g.] can you sit in a chair? It the same as the next question, but a chair without arms.'

(Male, 30-44, mental health condition, claiming over 10 years)

A reasonably high number of customers needed help with the ESA50, but this was generally quite basic assistance such as help reading the form or writing answers. Some only needed help remembering dates and names, but others needed more substantive support, such as someone to go through the form with them.

Most of those who wanted assistance sought help from a family member or carer. Occasionally customers with mental health conditions asked their support worker, but nobody interviewed for the research said they consulted a medical specialist. Customers also accessed support from organisations such as Citizen's Advice and Welfare Rights services. This generally took the form of someone going through the form with them and this was greatly appreciated by customers. In cases where customers found the ESA50 difficult and needed help, this tended to be because of the nature of their health condition, rather than the design or content of the form. For example, those with dyslexia or learning difficulties sometimes needed help reading or understanding the form, whereas those with arthritis needed help physically completing the form. A small number of suggestions were made of how to improve the ESA50 but these varied from customer to customer and there were no recurrent themes or systematic issues from the customer perspective.

Often it was reassurance rather than practical support customers were seeking. Aware of the possible implications of doing so, customers were anxious not to fill in the questionnaire incorrectly or inaccurately.

'I was also frightened of not filling it in right and missing something off that might be important...If I hadn't had help it would have taken me ages; I find it difficult to put words on paper.'

(Female, 45-59, physical and mental health condition, claiming over 10 years)

'You wanted to make sure you were filling it in correctly, with so many pages it can get confusing; a lot of the questions were 'two sided' you might say one thing to one but this would then be different when filling in another question; I felt you needed something to guide you. Even though the form was telling you what would happen you need reassurance on top of that to make sure.'

(Female, 45-59, mental health condition, claiming over 10 years)

Generally, customers were able to access all the help and support they needed to complete the ESA50. Occasionally they were too embarrassed to ask for help but the majority had someone they could rely on for support, such as a friend, carer or Support Worker. In a few cases customers had experienced problems accessing support from organisations such as Citizen's Advice due to long queues, or difficulty getting through to someone on the phone. However, many of those that were unable or unwilling to access support tended to develop 'coping mechanisms' and often still managed to return the ESA50 on time. Chapter 7 looks in more detail at those customers who returned the ESA50 late or not at all, suggesting they may have had difficulties with the form.

'I was thinking of asking my son...he said "what's that?" and I just said "oh, nothing", you know...I didn't want him to get involved...you feel a bit embarrassed.'

(Female, 45-59, mental health condition, claiming 2-5 years)

4 The Work Capability Assessment

This Chapter comments on the process of arranging and attending the face-to-face Work Capability Assessment (WCA). The first part of the Chapter reports on customer views of the WCA, before turning to the views of Atos Healthcare Professionals (HCPs) who conduct WCAs. Finally, the chapter considers how evidence from the WCA feeds into the decision-making process conducted by Jobcentre Plus Decision Makers at Benefit Delivery Centres (BDCs), and also comments briefly on the cases where a WCA was not deemed necessary ('paper scrutiny' cases).

4.1 Background: The Work Capability Assessment

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

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

Upon receipt of the completed ESA50, which is scrutinised by an HCP at Atos Healthcare, further medical evidence may be requested from a customer's GP, or other treating physician. In some cases, customers are assessed as entitled to ESA on the basis of this evidence alone and do not have to attend a face-to-face assessment, although most do.

A Jobcentre Plus Decision Maker considers all the evidence available, including the ESA50 form and report of the WCA, to help decide whether a person is entitled to ESA – and if they are, whether they should be placed in the Work-Related Activity Group (WRAG) or Support Group.

4.2 Customer views

Prior awareness of the face-to-face WCA among trial customers was high. Customers generally knew in advance that they might be asked to a face-to-face assessment, either from the notification letter, the phone call or information in the press. Those with longer term claims had generally experienced face-to-face assessments before and felt they knew what to expect; those with shorter term claims were more anxious.

'I thought it was going to be the same as a normal medical that you had to go through when on incapacity. Every now and then you had to go to the doctor and speak your problems, tell them your difficulties and they would assess if you were ready for work. I had been to a couple of them so I just took it for granted that that was what it was going to be like.'

(Male, 30-44, mental health condition, claiming 2-5 years)

'I felt "why me?" I was a bit anxious about going out to a place I hadn't been to and seeing someone I didn't know, who was not my own doctor.'

(Female, 45-59, physical health condition, claiming 2-5 years)

Customers received a letter informing them of their WCA appointment but could rearrange the appointment by telephone if necessary. Once the WCA had been arranged, concerns centred on how fair and accurate the assessment would be, in terms of both the assessor and the criteria used. Customers with mental health conditions were more likely to be anxious about the face-to-face WCA, fearing the assessment might be designed with physical health conditions in mind or that the HCP might not be trained to assess psychological conditions. Some were apprehensive about discussing their mental health condition with a stranger, feeling that it was difficult to explain or describe. Following the WCA, some customers with a mental health condition felt strongly that they should have been assessed by a specialist.

'I was not happy that I had to go and see somebody for them to tell me what was wrong with me. Especially somebody that was just seeing me on a one-off and I've seen doctors all my life and they know what is going on. When you see a new doctor they don't really know your past history medical wise.'

(Female, 30-44, physical health condition, claiming over 10 years)

Overall, the scheduling of WCA appointments worked well and customers were able to travel to and find the venue. The appointment letter generally told customers everything they needed to know to attend the appointment. The date, time and how to find the centre were clear and well understood. Where customers needed to rearrange their first appointment, they reported it was straightforward to do so. The majority of customers knew they could bring someone with them to the WCA; some did but most chose not to, knowing what to expect from the appointment or feeling that they didn't need the support.

'I thought the [appointment] letter was pretty good – they sent the time and venue and even a map on how to get there.'

(Female, 45-59, mental health condition, claiming over 10 years)

Generally, the face-to-face WCA was seen by customers as less in-depth than previous or similar assessments. Customers expected the appointment to be longer and the questioning to go into more detail and those with physical conditions were often surprised the assessment was not more physically demanding and did not seem to go into more detail about their physical capabilities. Reactions to this were mixed: some were pleased that the face-to-face WCA was less 'intense' or taxing than previous assessments, but it was quite common for customers to feel that the WCA had not been detailed enough to adequately assess their capabilities. Customers disallowed ESA were more likely to feel that the face-to-face WCA was inadequate or unsuitable, although this view was not restricted to this group.

'It was easier! [than expected] I was expecting it to be an emotionally difficult, in-depth interview on my life and situation, based on my previous experience. It was none of that.'

(Male, 30-44, mental health condition, claiming 2-5 years)

'There was no depth gone into in the interview. On my last assessment, we went into really emotional areas and I ended up crying. Here there was no attempt to get to my problems.'

(Male, under 30, mental health condition, claiming 2-5 years)

'I've been to several of these medicals over the years and [this time] I wasn't really asked to do anything...I didn't feel like it was a medical; I felt like I'd just gone for a natter with a nice lady.'

(Female, 45-59, physical health condition, claiming 5-10 years)

Customers with variable conditions, particularly those who had attacks or short periods of disablement, sometimes felt the face-to-face WCA overestimated their capabilities. Customers explained that being 'able' to do something did not necessarily mean being able to do it with any predictability or regularity, and they were anxious that this might not be understood by the HCP.

'I was asked can I take off jacket, touch my toes, can I go shopping, cook etc. All of these things I can do – but none of them when I am having an attack. She didn't listen, was too busy typing, far too focused on the DWP points system – glazed over as I tried to explain my condition and how it affects me even though I tried.'

(Male, 45-59, physical health condition, claiming 5-10 years)

Although some customers commented positively on the empathy and professionalism of the HCP conducting their assessment, negative reports of the tone, manner or approach of the HCP were reasonably common. The most common complaint was that the HCP seemed disengaged or disinterested, did not make eye contact, and seemed focused on the computer screen rather than the customer. There were some reports of HCPs seeming abrupt or unsympathetic in their tone, under-prepared, or not knowledgeable about less common conditions. Some customers felt that the appointment was rushed and that the HCP deflected or failed to adequately answer their questions. Again, it should be noted that these views were mainly – although not exclusively – expressed by customers disallowed Employment and Support Allowance (ESA).

'He wasn't condescending in any way. Very professional I would have said.'

(Female, 45-59, physical and mental health condition, claiming 5-10 years)

'She was quite good, very easy to talk to and explained what she was asking me...she made me feel comfortable.'

(Female, 45-49, physical health condition, claiming 2-5 years)

'A bit impersonal...anything I said to her she was putting on the computer...I felt as if I was on a production line.'

(Female, 45-59, physical health condition, claiming less than 2 years)

'He was OK but when you asked a question, he'd say, "oh we'll talk about that later," and on to the next question. I found it a bit unsettling trying to explain my condition and he would be butting in and pushing on to the next question.'

(Female, 45-59, physical health condition, claiming 2-5 years)

Case study 2: Completing ESA50 and attending WCA

Gillian, 45-59, had depression and a physical health condition. She had been out of work and claiming Incapacity Benefit for 5-10 years.

Gillian didn't find the ESA50 easy but managed to complete it within the deadline. Whilst she didn't encounter any major problems, she had to really think about her answers: '[I filled it out] over the space of three days...a bit at a time...I had to go back to it and read it again and think 'is that what I should have put there?'. She found it particularly difficult to explain her mental health condition: 'what goes through your head under the depression...quite often it is not something you can really put onto paper. You think, how do you explain all this?', but was reassured as she knew she could elaborate during the face-to-face WCA if needed. Overall, Gillian found the ESA50 easier than other similar forms she had filled out over the years.

Having undergone a face-to-face assessment two years ago, Gillian wasn't concerned about the WCA and saw it as a means to better explain her condition. The appointment letter gave her clear instructions (*'it told you everything you needed to know'*) and she had no problem finding the assessment centre. The appointment was slightly shorter than she expected, lasting around twenty minutes.

Gillian was impressed by her face-to-face WCA and thought it was an improvement on previous assessments. The Doctor asked pertinent questions and listened to what she had to say, taking into account both the physical and mental aspects of her condition. She commented, 'I was treated with dignity...he wasn't condescending in any way...he was looking at you not through you'. She didn't know what to expect from her outcome but felt quite relaxed about it, knowing she had fully explained her condition.

Case study 3: Customer disallowed ESA (1)

Richard, 45-59, suffered from a rare physical condition which involved sporadic attacks that could leave him incapacitated for up to 24 hours. He had been claiming Income Support (IS) on the grounds of ill health for over ten years.

Aware that his condition was relatively uncommon, Richard was worried that the person assessing him might not understand the condition. He found the questions on the ESA50 were 'ambiguous' and felt they didn't really relate to his condition: *'the form doesn't reflect a condition which is sporadic, but has regular devastating effects brought on by odd things, ranging from crowded busses, stressful situations, motion, even the pattern on a wallpaper'*. Richard eventually attached an additional sheet to the form with further information, but was still sceptical his condition would be understood.

Richard was unfazed by the prospect of attending a WCA, having had medical assessments in the past. However, his impression of the WCA was that the HCP was poorly prepared and did not understand his condition. His main complaint was that the assessment did not account for the variability of his condition: he was asked if he could cook dinner, go shopping, touch his toes, all of which he can do, but not when he is having an attack. His dissatisfaction was exacerbated by feeling that the HCP was disinterested, 'glazed over' staring at the computer screen rather than engaged in the discussion. He felt 'insulted' by the assessment and would have preferred to see a specialist.

continued

Richard was extremely angry about being disallowed and did not believe his condition had been fairly assessed. He described the assessment as ‘appalling’ and left feeling angry and deflated. When he received a phone call asking if he had any further evidence to submit, Richard felt as if he was being accused of withholding information. On receiving his outcome he was ‘incandescent with rage’, so angry that it brought on an attack.

In contrast to the ‘rude’ agent he spoke to in the review/disallowance call, Richard was positive about the agent he spoke to when he rang Jobcentre Plus back two days later. She answered all his questions and advised him he would ‘sail through’ an appeal. He has received the relevant forms and plans to lodge an appeal.

4.3 Staff views on the reassessment WCAs

HCPs involved in conducting the face-to-face WCAs for the reassessment trial were all accustomed to conducting WCAs for new ESA claims (the latter group of customers were not claiming an incapacity benefit immediately before being assessed for ESA). Generally, they found reassessment face-to-face WCAs were more complex or problematic than those for new ESA customers, for the following reasons:

- HCPs reported that appointments were taking longer than originally anticipated. They said that appointments took longer on average than new ESA claims because reassessment customers had more queries about the process, and often had multiple health conditions to be assessed.
- The length of the face-to-face WCA appointment was having a knock-on effect on scheduling, an issue compounded by a much lower than expected rate of missed appointments. Reassessment customers were sometimes prioritised over new ESA customers leading to queues in the Atos Healthcare medical examination centres and a backlog of new ESA customers. Scheduling pressure meant that some HCPs sometimes only had time to briefly flick through the ESA50 before the appointment.
- Some HCPs also found that writing reports for reassessment customers took longer than for new ESA customers (despite the same form being used) because recommendations had to be justified in multiple places and all discrepancies between the ESA50 and the WCA fully tied up and referenced on the report. HCPs were spending additional time here to avoid the case being sent back by Jobcentre Plus staff for review.

4.4 Deciding the customer’s outcome

A Jobcentre Plus Decision Maker made the decision on the customer’s entitlement to ESA, which happened in one of two ways:

- The majority of customers had received a face-to-face WCA and, therefore, a report of this fed into the decision-making process conducted by Jobcentre Plus, along with the ESA50 and sometimes other documentation;
- However, in some cases customers were allocated to the WRAG or Support Group on a ‘paper scrutiny’ basis with no face-to-face WCA deemed necessary.

Overall, the staff view was that decision-making was working well, but there were serious reservations about how scalable trial processes were on a national level. Both Jobcentre Plus and Atos Healthcare staff said they were ‘going the extra mile’ in many cases to review cases thoroughly and to acquire additional evidence to inform their decision, but staff felt the time spent chasing further evidence and clarifying the WCA report may have to be scaled back for national roll-out.

4.5 Considering the WCA evidence

Where a face-to-face WCA did take place, the written report produced by the HCP was considered alongside the ESA50, and any other evidence, by a Decision Maker, who made the final decision. Where information was unclear or a Decision Maker required clarification from Atos Healthcare, they could send the WCA report back to them for review. The Decision Maker was solely responsible for the decision on entitlement to ESA, and could make a decision which was different from the recommendation from Atos Healthcare, if other evidence was available.

The approach to decision-making and the proportion of WCA reports sent back for review varied substantially across the two trial sites. At one site DMs were commonly sending back WCA reports for review, usually because there was a discrepancy between the ESA50 and the WCA report they wanted to clarify and understand. In some cases staff said this was due to HCP error. However, it was usually because the customer's own account of the impact of their condition on their ESA50 form seemed to differ to the HCP's assessment at their face-to-face WCA, and DMs felt the HCP had not 'tied up all loose ends' in explaining why the points allocated in the WCA report did not appear to match the customer information entered under each ESA50 descriptor.

The other trial site had also encountered instances of disagreement between the WCA report and ESA50, but had developed a different approach to resolving these. At this site DMs rarely sent WCA reports back for review but often sought further medical evidence from the customer's GP in their evaluation of the claim. In cases where a DM felt the WCA report was inaccurate, they overrode its recommendation, typically making their decision in favour of the customer.

Both approaches to decision-making were seen as resource intensive in different ways; sending back WCA reports for review took up valuable time for HCPs and DMs and postponed a decision being made, but acquiring further medical evidence could also be time-consuming, particularly if this involved chasing GPs. Some staff involved in decision-making and reviewing cases expressed doubt that the processes used in the trial were workable or sustainable on a national level without additional staff resources.

4.6 Paper scrutiny cases

There was support for the concept of paper scrutiny assessment amongst both HCPs and DMs, but some queries were raised over the 'rules' for assigning outcomes to customers based on points allocated at this stage (with some HCPs feeling it was too difficult for a customer to score enough points to be placed in the Support Group in some cases) and the extent to which it should be used. Deciding cases on paper scrutiny was seen as comparatively resource efficient and saved customers with severe or debilitating conditions having to travel to a face-to-face WCA. However, HCPs involved in the WCA reported that customers commonly underestimated or overestimated their capabilities on the ESA50, casting doubt on the accuracy of this self-completed form. On the other hand, HCPs also felt that some cases should have been resolved at the paper scrutiny stage before getting through to a face-to-face WCA – these were cases where the customer was clearly severely ill or disabled and were allowed ESA and put in the Support Group.

HCPs found the criteria required to award customers ESA on paper scrutiny very difficult to meet without further medical evidence to support the customer's claim. Staff spent a considerable amount of time chasing further medical evidence and this process could be challenging and time consuming. Staff reported that GPs and other medical professionals could be difficult to contact and were sometimes reluctant to provide documentation. There was a sense that getting GPs 'on side' would speed up the process and make it less resource intensive, as would getting customers to give more information and submit supporting documentation at the ESA50 stage.

Reliance on further medical evidence in deciding cases on paper scrutiny was proving time-consuming and labour intensive. Staff felt that either the criteria for awarding ESA on paper scrutiny would have to be relaxed, or the process of securing further medical evidence made easier, if the process were to be replicated on a national scale. The expectation amongst some Atos Healthcare staff making decisions on paper scrutiny was that fewer cases would be decided on paper scrutiny during national roll-out.

Given that awareness of the WCA was high, most customers expected to have a face-to-face assessment. Most 'paper scrutiny' customers (those whose outcome had been decided on the basis of the ESA50 questionnaire and supporting letters from a GP or specialist with no requirement for a face-to-face assessment) thought they hadn't been asked to a WCA because they had given enough information on the ESA50, although a couple were unsure or were still waiting to hear. Customer feelings about not having a face-to-face WCA depended very much on the outcome; those in the Support Group tended to be pleased to have avoided an appointment but those in the WRAG were often quite put out not to have had one and tended to believe their outcome would have been different if they had.

'I'm presuming someone has given me points on my answers and decided "she doesn't need a medical"...I'm quite annoyed actually. I have been to two [DWP] doctors, and on both occasions they said that I wasn't fit to use my hands...I was actually annoyed because I think a doctor would understand more than an office clerk.'

(Female, 45-59, physical health condition, claiming 2-5 years)

'I would have thought that if they were going to take this seriously, they would have [made an appointment]...I would have [preferred a WCA] actually. I would have liked to have gone along and seen what I would have done - what I would have had to go through and what the outcome would have been.'

(Female, 30-44, physical health condition, claiming over 10 years)

5 Customers allowed ESA

All customers received a phone call from a Jobcentre Plus Decision Maker notifying them of their outcome, followed by a letter. Customers who had been placed in the Work Related Activity Group (WRAG) were required to attend a Work Focused Interview (WFI) at the Jobcentre.

This is the first of two chapters which look at the process of outcome notification and the resulting journey customers took as a result of that outcome. This chapter is concerned with those allowed ESA and comments first on those customers placed in the ESA Support Group, exploring views on the notification call and letter and being transferred to ESA. The second part of the chapter turns to customers that were allowed ESA and placed in the WRAG. As well as describing customer views on outcome notification and customer interpretation of the WRAG outcome, the chapter also presents views on the first WFI they were required to attend, and feelings about future employment.

5.1 Support Group

Customers in the Support Group found the phone call letting them know about their outcome immediately reassuring. Being informed over the phone was valued by customers and seen as more personal or ‘human’ than a letter.

‘This was excellent; it was perfect and meant I didn’t worry about the letter. I can just get on with things.’

(Male, 45-59, physical health condition, claiming over 10 years)

Given that the changes to their benefit were relatively minor, customers in the Support Group had quite basic information needs. Customers in this group wanted to know their outcome and the level at which their new benefit would be paid, but there was little appetite for more detailed or extensive information. This tended to be the only information taken away from the phone call and few additional questions were asked, something commented on by both customers and staff.

Support Group customers had similarly basic information requirements from the outcome letter; they were looking for immediate reassurance, rather than a detailed breakdown of the outcome. Some customers would have preferred their outcome to be more prominent on the letter and some felt they didn’t need all the information in the letter. No customers in this group commented that they had found any of the information in the letter useful.

‘It is confirmation of what I have been told anyway. I don’t need all that great detail...[the outcome was clear] it tells me when I am going to be paid from and the amount of money I would be paid.’

(Male, 60+, physical health condition, claiming over 10 years)

The notification letter used in the trial had a tick-box structure, with paragraphs of information ticked where relevant. It was always the intention that the format of the outcome letter would be different for national reassessment and would not use a tick-box approach. Customers found the tick-box system confusing and difficult to interpret.

‘At first I was confused; I didn’t like the tick box approach; I felt you had to search for answers.’

(Male, 45-59, physical health condition, claiming over 10 years)

Although customers in the Support Group valued the personal contact of the phone call, Jobcentre Plus staff suggested that the added value of the phone call for this customer group is perhaps questionable in other respects. Given that most customers in the Support Group needed limited information and had few questions, a letter with a helpline number for more information may have been sufficient.

Case study 4: Customer allowed ESA and put in Support Group via paper scrutiny process

Chris, 45-59, had been out of work and claiming for more than ten years. He had a progressive physical health condition, and had been placed in the Support Group on paper scrutiny – i.e. he was not required to attend a WCA.

Chris filled out the ESA50 with the help of his wife. He was worried that the repetitive questions were designed to ‘catch him out’ and endeavoured to give as much detail as possible. Although he was anxious about his outcome, Chris was reassured by the fact that he had a contact number for Jobcentre Plus. He got in touch with them and was told that he could have a meeting with the Disability Officer if he needed help, which he appreciated.

The nature of his condition means that Chris had to have regular medical appointments/tests and he was thrilled to avoid another one (his outcome was decided on paper scrutiny). He had been smoothly transferred to the ESA Support Group without any disruption to his payments.

Chris was impressed by the efficiency of the process and commented that it was an improvement on similar assessments he had undergone in the past. It put his mind at ease to receive a phone call before the letter (which arrived a couple of weeks later) and he valued speaking to a Jobcentre Plus agent directly, commenting that it made him feel like ‘a name rather than a number’. Although he didn’t ask a lot of questions during the phone call, Chris found the information it conveyed useful. He found the tick-box structure of the letter confusing and if he hadn’t received the call first he might not have fully understood his outcome.

5.2 Work Related Activity Group Customers

Initial reactions to the outcome call amongst those placed in the WRAG were mixed. Some customers were simply relieved to be allowed ESA and to find out their payments would continue at the same level. Others expressed confusion about what being in the WRAG meant for them. On receiving their outcome, most customers did not know what the next steps of the process would be; some expected to be ‘pushed’ into preparing for work immediately, whilst others thought they had been given this outcome because they were not capable of work and did not expect much to change.

‘Given that there was no real definition of what WRAG means, I was very concerned. The fact is that I know I cannot work and I was very worried that I’d be forced to work.’

(Male, 45-59, physical health condition, claiming over 10 years)

‘They said there would be no change of money, that the benefit would change over on a specific date and the transaction would happen as normal. There would be no loss of money – which was a reassurance. It was good to hear they don’t stop your money.’

(Male, under 30, physical health condition, claiming 10+ years)

'I'm not sure whether 'active' means that I will be pushed every day to look for a job, just as income support, or whether it will mean they will give me a call every now and then to see if there is anything we can do or whether there is a change in my condition and work capability.'

(Male, 45-59, physical condition, claiming 2-5 years)

There was low awareness and understanding of the two ESA groups. However, where customers were aware of the two ESA groups, most were surprised or indignant not to have been put in the Support Group, often because they had previously been declared unfit for work under Incapacity Benefit (IB).

'It isn't at all what I was expecting – I don't know why I am in the WRAG and I can't believe it – I was retired on ill health and told I can't do anything.'

(Female, 45-59, physical health condition, claiming 5-10 years)

Where customers had a limited understanding of the implications of being placed in the WRAG, they tended to pick up on the reference to 'work' in the name of the group (WRAG) and 'employment' in the name of the benefit (ESA), which some customers interpreted to mean they would be expected to work straight away and would be 'pushed' into employment.

'When I read the letter I became aware that there were two groups: Support and WRAG but there was no definition of what WRAG meant...I subsequently felt the WRAG title was misleading ...The terminology wasn't explained at all – i.e. What was meant by Work Focused, Work-Related – and what the implications were.'

(Male, 45-59, physical health condition, claiming over 10 years)

Despite this uncertainty, customers in the WRAG wanted quite basic information from the notification letter. Similar to customers in the Support Group, some felt the outcome letter was too detailed and would have preferred the outcome to be more prominent. Customers were sometimes overwhelmed or intimidated by the amount of information on the letter and did not read it in detail. Being positioned on the second page of the letter, the explanation of the differences between the two groups was sometimes missed.

'The [part] that confuses me is this back page...describing the make-up of the benefit...we have worked out your ESA entitlement by working out your living expense etcetera. It goes on like that...I don't want to know. At the end of the day it is just a benefit and how the benefit is made up – living allowance this that and the other doesn't really bother me.'

(Male, 60+, physical health condition, claiming over 10 years)

'It was fine. If I'd read it all it would probably have given me the information but I only read the front bit. I prefer to speak to someone on the phone – I find it easier to understand than reading big words. I am not very good at taking in a lot of information in a letter.'

(Female, 45-59, physical health condition, claiming 2-5 years)

Customers in the WRAG who were surprised or disappointed by their outcome sometimes wanted more information about why the decision had been reached.

'She didn't explain why the decision was made – why I would be going back to work, just that my benefit was being changed, and that I had an interview.'

(Female, 30-44, physical health condition, claiming over 10 years)

The phone call had considerable added value for customers in this group, many of whom would not have understood their outcome without it. Customers found the call informative and helpful and commented that Jobcentre Plus agents took time to explain their outcome. The phone call resolved points of confusion and rectified misconceptions about what being in the WRAG would entail. Jobcentre Plus agents were able to reassure customers who were confused or anxious about the references to ‘work’ and ‘employment’. The phone call communicated to customers that they were not considered immediately fit for work and would be taking steps towards work at their own pace. However, some uncertainty and a few lingering concerns about what ‘work related activities’ meant remained; these tended to be addressed by personal advisers during the WFI.

‘From what the woman said [during the call], I got the impression that I wasn’t being forced back to work. I could decide for myself as long as I went along to the interview.’

(Female, 30-44, physical health condition, claiming over 10 years)

While the phone call had value in explaining the outcome it was generally too soon for customers to cope with a conversation about the immediate next steps, such as what the WFI would involve and what ‘work-related activities’ means. Staff felt that the outcome call was an important part of the process for WRAG customers but that perhaps amendments to the timing of the phone call (for example conducting two phone calls a few days apart, or sending an outcome letter in the first instance, followed by a phone call) would give customers the opportunity to absorb the outcome first, before being in a position to raise questions and concerns over the phone.

For the majority of customers the transition from IB(IS) to ESA was smooth and straightforward. Payments continued automatically and no problems were reported.

‘There haven’t been any problems with it; the process has been very smooth; it’s like nothing has changed really.’

(Male, 30-44, physical health condition, claiming 2-5 years)

Most customers placed in the WRAG were not appealing, or considering appealing, their decision. Some were unaware they could appeal, but most simply felt it was unnecessary as they would continue to receive the same level of benefit payment.

5.3 The Work Focused Interview

The next steps and requirements of being in the WRAG meant became much clearer for customers after attending their initial WFI. Despite initial reservations, customers generally viewed the WFI positively. Before the meeting some were reluctant to attend because they felt panicky about the prospect of being placed into full-time or inappropriate jobs or placed into work straight away. However, most customers found the WFI helpful, informative and reassuring. Almost all commented that the adviser was ‘nice’, ‘friendly’ and ‘helpful’:

‘The adviser was really nice – she explained things really well. She wasn’t trying to push me back to work. She was advising me of the things that could happen and the course I could take up to go back to work.’

(Female, under 30, physical health condition, claiming 5-10 years)

The main topics covered during the WFI were:

- Organisations that the customer could approach about returning to work.
- Training courses that could help prepare them for returning to work.
- Other types of jobs, different to those customers had previously worked in.
- What potential employers could do to aid people into work.

'We talked about voluntary work and also about what employers could do to help me. It was also a pleasant surprise and reasonably good.'

(Female, 45-59, mental health condition, claiming 5-10 years)

'My previous work was quite physical, working in a factory, but I won't be able to do that anymore, so we discussed my doing computer training, which I have now started doing.'

(Female, 45-59, physical health condition, claiming 5-10 years)

The WFI allayed many fears customers held before attending the interview, and they came out realising that they were not being compelled to into work straight away. Customers said that learning about the different types of work, or working patterns available, to ease the transition into work boosted their motivation and improved their morale.

'She made it sound quite positive for me – I sometimes get a bit down being stuck at home not being able to return to work, but she was very encouraging.'

(Female, 45-59, physical health condition, claiming over 10 years)

Case study 5: Customer who had been allowed ESA and put in the WRAG (1)

Mark, 45-59, suffered from chronic exhaustion and had been claiming IB for over ten years

The notification letter and phone call gave Mark all the information he needed about reassessment, but he admitted that his prior knowledge also shaped his expectations. Having seen media reports portraying reassessment as *'basically about getting people off benefits and back into work'*, he was wary and distrustful of the assessment.

He found the ESA50 and attending his face-to-face WCA straightforward and received a letter informing him he had been placed in the WRAG. Unusually, he did not receive a phone call explaining his outcome and called Jobcentre Plus himself for more information. On first reading the letter he understood there were two groups – the Support Group and WRAG – but did not understand what WRAG meant – *'the terminology wasn't explained at all – what is meant by 'Work Focused', 'Work-Related' – and what the implications are'*. Knowing it was something to do with 'work' he was concerned; he felt unable to work and feared he would be forced into an unsuitable job. He knew he would need to attend a WFI but had no idea what this would entail.

At the time of the research Mark had attended his first WFI and had a second one scheduled. The discussion put to rest a lot of his fears about working, such as that he would be pushed into an unsuitable or unsustainable job. Mark had previously been employed in a demanding professional job in the oil industry. The WFI encouraged him to think about different sectors and types of working that might be more accessible to him.

Case study 6: Customer who had been allowed ESA and put in the WRAG (2)

Charlotte, under 30, was being treated for a physical health condition and had been claiming IB for 5-10 years

Charlotte had been placed in the WRAG and knew from the letter that she would be called in for a WFI. She didn't really know what to expect from the interview and was quite apprehensive. Having recently undergone major surgery, she still felt some way off being able to work and was worried that she would be pushed back into work before she was ready.

Despite her initial reluctance, Charlotte found the WFI a positive experience: *'I had been through so much and didn't want to go in for an interview. I wasn't really feeling fit and able to go...but when I went to the interview it was really helpful and the lady was really nice'*. The Jobcentre Plus agent was friendly and approachable and immediately put her at ease. She found the discussion helpful, informative and reassuring: *'she explained things really well. She wasn't trying to push me to go back to work. She was advising me of the things that could happen and the courses I could take up to go back to work'*. Whilst she still felt some way off being able to return to work, Charlotte was looking forward to starting her journey back into employment.

6 Customers disallowed ESA

This chapter looks at the experiences of customers found ineligible for Employment and Support Allowance (ESA). Customers likely to be disallowed ESA first received a 'review' phone call from the Jobcentre Plus Benefit Delivery Centre (BDC), during which they were notified of their likely outcome and asked if they wanted to submit any additional evidence to support their claim. If they have no further evidence to submit this became the disallowance call, which is then followed by a letter confirming their outcome. This chapter covers:

- Customer and staff views on the review phone call, the opportunity to submit further evidence and the notification letter.
- Customer understanding of their outcome and initial reactions.
- Appeals.
- Transferring to Jobseeker's Allowance (JSA).

6.1 Customer and staff views on the review call

During the review call, if customers stated that they wished to submit additional evidence they were asked to do so within two weeks. For those who had no further evidence they wanted to submit, the review phone call then became a notification phone call and customers were informed that they had been disallowed ESA. They were then offered the opportunity to be transferred to another line to set up a claim for Jobseeker's Allowance (JSA).

Although most customers disallowed ESA recalled being offered the opportunity to submit further evidence, hardly any customers opted to submit anything further. Very commonly, customers stated they were too shocked to be able to consider whether or not they had any other medical documentation to support their claim.

'For nearly fifteen years I have got used to the idea that I'm not fit for work, and I'm not expected [to work] and I'm kind of thinking well I'm heading toward fifty now and I'll never have to work again and then suddenly I'm thrust back...it is difficult to take in because you have been conditioned to think you are not expected to work.'

(Male, 45-59, mental health condition, claiming over 10 years)

Decision Makers (DMs) at the BDCs confirmed that customers rarely said they wanted to submit further evidence and suspected that customers did not fully understand what was being asked of them. DMs stated that a 'stunned silence' was the normal reaction when they advised customers that they were likely to be disallowed. They found that customers asked few questions during the notification phone call and that enquiries were generally limited to those about amount and date of the last Incapacity Benefit (IB) payment that they would receive.

It was also rare for customers to feel ready to take up the offer of a transfer to set up a JSA claim at the end of the notification phone call. Staff also confirmed that take up of this offer was very low. However, the small number of customers who did go on to transfer were generally pleased with the efficiency of this, and reported that the JSA call handlers were friendly and knowledgeable. In all cases the transition from IB to JSA had been smooth and JSA payments had simply started after their final incapacity benefit payment.

'He said you haven't got enough points for the benefit that you are on now so your Incapacity Benefit has been cut. He said, 'I recommend that you go in and make an appointment for Jobseekers Allowance'. He actually put me straight through from his call, straight through to Jobseekers Allowance so I could make an appointment...The guy was really helpful and supportive.'

(Male, 30-44, mental health condition, claiming 2-5 years)

Both staff and customers felt that the offer of the opportunity to submit additional evidence and of a 'warm handover' to a JSA claim were options that could be beneficial but were largely unused during the trial, because customers were not able to ready to respond to these options while they were still processing the fact that they were (likely to be) disallowed ESA. These phone calls were made by experienced DMs at the BDCs and the ability of these staff to discuss the outcome and next steps with customers was largely untapped.

'I felt put on the spot – during the telephone call, I didn't have anything to say at that time. They gave me the opportunity to add anything. It wasn't until I made an appeal that I thought of things [I could submit].'

(Male, 45-59, mental health condition, claiming over 10 years)

6.2 Customer understanding of outcome and initial reactions

Despite initial shock in many cases, from the notification phone call and letter customers broadly understood their outcome and its basic ramifications. Customers commonly understood being disallowed ESA as meaning that they had been found 'fit for work' and that they were no longer eligible for IB. They were generally aware when their final IB payment would be paid.

Disallowed customers tended to find the outcome letter clear and did not report needing any additional information from it. However, some admitted that they did not read it all and, therefore, missed the information about what they could do next, which was on the second page.

Most welcomed the phone call as a 'human' or 'decent' addition to the letter and found the person they spoke to helpful and able to answer any questions they had. Disallowed customers generally understood why they had been disallowed ESA and awareness of the points system and often their individual score was reasonably high.

'[They explained that] I hadn't scored enough points – and that though I was still suffering from some mental health problems, I was physically fit for work and that might help my mental health.'

(Male, under 30, mental health condition, claiming 5-10 years)

While customers understood what their outcome meant, some were taken aback that they were considered ineligible for incapacity benefits – particularly among those who had a long history of 'passing' other face-to-face assessments for benefits. This often led them to question the validity of the reassessment process. Those customers who had been allocated no points in their face-to-face WCA were particularly critical of the process because they felt that the notification letter was stating that they did not have any form of impairment or medical condition.

'That seems ridiculous to me – if my GP thinks I am unfit for work, why did their assessment award me zero points?'

(Male, 45-59, physical health condition, claiming 5-10 years)

In seeking to understand their outcome, customers often identified a problem with the way the face-to-face Work Capability Assessment (WCA) had been carried out as the reason they had been disallowed ESA, and were critical of the HCP who conducted it. Some customers complained that the face-to-face WCA simply comprised a series of questions which seemed irrelevant to them, and uncomplicated physical exercises which they doubted allowed HCPs to accurately witness or record the extent of their condition. Others were critical of the HCPs, to whom they referred as ‘strangers’ who were not knowledgeable enough about the customer’s condition.

‘The doctor just disregarded everything I said. He was a total stranger; he didn’t even know me.’

(Female, 45-59, physical, and mental health condition, claiming 5-10 years)

‘I am like a freshly boiled owl – incandescent with rage. It is absolute nonsense – my doctor’s certificate automatically overrules their assessment.’

(Male, 45-59, physical health condition, claiming 5-10 years)

Although most customers were shocked to be disallowed, there was a small group who were reasonably content with their outcome. They had expected to be found fit for work and admitted that they considered themselves ready to return to work.

‘I was disappointed but after it sank in, I thought I’d quite look forward to looking for a job.’

(Male, under 30, mental health condition, claiming 5-10 years)

‘Overall, I’m quite chuffed and looking forward to the process of finding a job. The last job I had was in 2007. If I can’t find one, I would like to go to college to train as a pastry chef.’

(Male, under 30, mental health condition, claiming 5-10 years)

6.3 Appeals

Many of the customers participating in the research who had been disallowed ESA were planning to appeal their decision. At the time when the research was conducted, these appeals had not been heard, but customers had obtained the appeal form and had often completed it. Awareness of the possibility of making an appeal was very high among customers. This message had been reinforced throughout the reassessment process; in part ‘formally’ through the official letters received but also ‘informally’ through the staff that they had dealt with at various stages.

Both Jobcentre Plus staff and HCPs said they often told customers they could appeal as a means of deflecting negative attitudes towards reassessment. In the context of the face-to-face WCA, HCPs were sometimes trying to ensure co-operation from unwilling customers within the limited time available for the assessment, and had found that telling customers that they could appeal if they did not like the outcome was an effective way of achieving this. Customers reported that Jobcentre Plus staff had advised them to appeal because their outcome did not look ‘right’, and this was corroborated by staff feedback.

‘The woman at the Jobcentre, she was the one who said that, she insisted...You really should appeal if you don’t feel you are capable of full-time work. She was very helpful. She went to get me a form and an envelope to post it all off.’

(Female, 45-59, physical health condition, claiming 5-10 years)

‘The woman I spoke to in the second phone call told me I shouldn’t have a problem and that I should sail through an appeal.’

(Male, 45-59, physical health condition, claiming 5-10 years)

As a result of receiving this repeated message about the possibility of appealing, many customers viewed placing an appeal as the ‘logical next step’ following disallowance, even when they did not feel that they had a particularly strong case for doing so. Customers commonly felt that they had ‘nothing to lose’ by making an appeal.

‘[I am appealing] because I am mentally and physically unfit for work, my head’s just at a blank, I’ve got no aspirations for work.’

(Female, 45-59, physical and mental health condition, claiming 5-10 years)

‘I thought there were things they hadn’t considered. I felt there was a possibility that I could change their decision...I didn’t see anything to lose.’

(Male, 45-59, physical health condition, claiming 5-10 years)

By and large, customers who appealed found the process of initiating an appeal straightforward. Some customers sought advice on how to fill out the form and documentation to send in with the appeals form/letter. Most consulted someone at the local Citizens Advice Bureau or an adviser at the local Jobcentre.

In addition to the letter of appeal, customers generally submitted GP statements (‘sick notes’), but usually because they had been prompted to do so once they had submitted their initial appeal. Some also asked their GP to write a letter on their behalf, but most had nothing else to send in. Very few had said they any more detailed evidence to provide.

This lack of additional supporting evidence meant that most were pessimistic about the outcome of their appeal and felt that the original decision was unlikely to be overturned. However, customers still felt that it was worth ‘trying’ an appeal and that it made more sense for them to take this route than to start a claim for JSA.

‘I think it’s a waste of time, to be honest; I think the decision has already been made before it gets to appeal...I know before I go exactly what the outcome will be [disallowed].’

(Female, 45-59, physical health condition, claiming 5-10 years)

Customers had been informed that their appeal could take several months to process and they were unsure about what they could or should be doing in the intervening period. Some mentioned that other benefit payments had been stopped or reduced meaning they were struggling to cover housing and living costs during the appeal.

Case study 7: Customer disallowed ESA (2)

Derek, 45-59, suffered from mental health conditions. He had been claiming IB for more than ten years.

Accustomed to being assessed every couple of years, Derek knew roughly what to expect from the assessment but was apprehensive about the prospect. He found the assessment straightforward but traumatic. Whilst he didn’t have any major problems with the ESA50 or WCA, he struggled with the social requirements of the assessment. Derek lived a very isolated lifestyle and avoided social contact of any kind. It was very difficult for him to go in for an assessment and even to talk to a Jobcentre Plus agent over the phone.

continued

Derek was shocked and stunned to learn he had been disallowed ESA. He found the assessment rushed and felt unprepared for his outcome. Having been claiming IB for many years, the fact that he would be required to start looking for work came as a real shock: *'For nearly fifteen years I have got used to the idea that I'm not fit for work, and I'm not expected [to work]...I'm thinking well I'm heading toward fifty now and I'll never have to work again and then suddenly I'm thrust back'*. He wasn't averse to working but felt unable to cope with the social demands of the workplace.

Derek understood he had not scored enough points to be allowed ESA but disagreed with the decision. When he received the review/outcome phone call he was taken aback and couldn't think of anything to say, although he later thought of further evidence he could submit. He decided to appeal after reviewing the WCA report because he felt they had overlooked things. He also knew that a high proportion of appeals were successful and felt he had 'nothing to lose' by appealing.

6.4 Next steps

Some of the customers who had set up a claim for JSA had attended their New Jobseekers Interview (NJI) by the time of interview. Those who had done so had generally found it a positive experience. They reported the personal advisers to be thoughtful, considerate and knowledgeable. During the NJI, the conditions of claiming JSA were explained, and customers were given advice about finding work and training and other benefits they might be eligible for.

'[NJI was] very helpful and very clear. The adviser was very helpful and took down all the details about my condition and explained what would happen.'

(Male, 45-59, mental health condition, claiming over 10 years)

The outlook of disallowed customers tended to become more positive following the NJI. Customers still felt that they faced considerable barriers to starting work, such as working within the limitations of their condition, finding an understanding or flexible employer, and a lack of skills or qualifications, but the majority had been reassured they were at the beginning of their journey to work and would have the support they needed to take the next steps. While no disallowed customers had found permanent employment by the time of the research, some had starting thinking about work, updating their CV or applying for jobs, and had accessed support to help them do this.

'I'm fine about it...I was a bit nervous to start with, but the woman I spoke to was really nice and explained things. It wasn't too bad. Not as bad as I thought it might be.'

(Female, 45-59, mental health condition, claiming 5-10 years)

'I feel fine about it. I have not worked in so long and I would like to return to work again. I feel quite positive and I believe after 13 weeks I might qualify for some training courses.'

(Male, 45-59, mental health condition, claiming over 10 years)

'I have been looking for jobs. I have been up to the Jobcentre, and been going to 'Reach Out'. I am starting a course and updating my CV and looking at jobs...it is very convenient for me to go there and get the help I need to get a job.'

(Male, 30-44, mental health condition, claiming 2-5 years)

Case study 8: Customer disallowed ESA (3)

Stephen, under 30, suffered from depression and was a recovering addict. He had been claiming IB for 5-10 years

Stephen was a bit 'hacked off' when he first heard he was being assessed for ESA: not realising all IB claimants in his area were being assessed, he believed he had been selected arbitrarily. However, once the process began he started to feel more positive. His condition had improved a lot since he first started claiming IB and he felt ready to start looking for work.

Stephen found the assessment process efficient and straightforward. Accustomed to being assessed every couple of years, he found this to be an improvement on previous assessments. He found the language on the ESA50 simpler and easier to understand than previous medical forms and he was impressed with the Atos Healthcare staff, commenting that they 'took time to let you explain things properly'.

Commenting that he 'almost deliberately failed' the WCA, Stephen was unsurprised to learn he had scored 0 points. He appreciated being asked if he wanted to submit further evidence in the Review Call but didn't because he was satisfied with his outcome. Stephen was optimistic about his chances of finding work and looking forward to the challenge ahead. He had printed off copies of his CV and hoped to go back to college to train as a pastry chef.

7 Late and non-compliant customers

In order to gain a full picture of customer reactions to the reassessment process, a selection of customers were recorded as returning their ESA50 form late or not at all, or missing a scheduled Work Capability Assessment (WCA) appointment, were interviewed. These customers were identified using Jobcentre Plus records on the status of each customer during trial reassessment.

This chapter explores the reasons for lateness or non-compliance among these customers, and comments on what additional support or communication could have encouraged greater co-operation.

7.1 Late return of ESA50

In the majority of cases customers who were initially recorded as having failed to return their ESA50 had actually returned it late, i.e. in between drawing a sample of 'non-cooperative' customers and contacting customers for an interview, a reasonable proportion said they had sent back the form. There were very few instances of customers saying they knowingly or deliberately disregarded the deadline; lateness generally seemed unintentional or unwitting.

Reasons for returning the ESA50 late fell into four broad categories (discussed in turn below):

- Administrative issues.
- Extreme anxiety about the process.
- Inability to cope with the form unaided.
- An active decision not to co-operate or to delay responding.

Administrative issues sometimes precluded timely return of the ESA50. There were cases of the ESA50 being sent out to the wrong address (which may have been because the customer had moved and not informed Jobcentre Plus), which delayed the process. Disruptions to the post also delayed receipt or return of the ESA50, and there were some instances of customers reporting the completed form was mislaid by Jobcentre Plus. These types of issues accounted for a reasonable number of late returners during the trial.

Case study 9: Late customer (1)

Rachel, 45-59, was recorded as returning her ESA50 late. She had been claiming for 2-5 years after being involved in an industrial accident.

Rachel received a phone call informing her she would receive a questionnaire but this did not arrive. It later transpired that Jobcentre Plus had included the name of the business beneath her flat in the address, so the form was delivered there and put to one side by one of the employees. She only found out when the owner of the business passed on the reminder letter to her. There was a telephone number on the reminder letter which she used to inform Jobcentre Plus of the reason for the delay. After receiving an ESA50, Rachel filled it in and returned it within a week.

Anxiety and fear of being disallowed Employment and Support Allowance (ESA) could spur prompt action for some customers, but could also have the opposite effect; customers who were worried about or overwhelmed by having to complete a form or the idea of reassessment generally sometimes struggled to return it on time. Some admitted that fear led them to 'bury their head in the sand' whereas others said they were so anxious to provide all the necessary information they took an excessively long time to complete the form.

'I panicked and left it for about a week.'

(Male, 45-59, physical health condition, claiming 5-10 years)

'At first it seemed OK and the time limits were perfectly fine but with a lot of the questions there was a lot to go into, a lot to explain, and a lot of space to fill in, and that became a problem for me...I suppose it was my own fault for going into too much detail but I felt I wanted to write a lot...maybe if there wasn't so much space given on some of the questions to write your answer, I might not have felt I had to write so much about all my health issues: social, emotional and mental.'

(Female, 45-59, physical health condition, claiming 10+ years)

Customers with chaotic lifestyles or whose condition or medication affected their memory sometimes struggled with day-to-day organisation including the completion and return of the ESA50. Some customers did not recall the timeframe for returning the ESA50, or said they forgot about the form until receiving the reminder letter. In other cases the reminder letter was ineffective and had added to feelings of confusion, because the customer had no recollection of the initial form and could not understand what the letter referred to.

'They sent me [ESA50] and I lost it and had to get another one. I did finally get it sent in...they have sent me letters but I can't find all my stuff. That's the trouble with being so tired – I can't remember where I put things.'

(Female, 45-59, physical health condition, claiming 2-5 years)

Similarly, some customers were unable to cope with the form unaided, and this could cause delays if help was difficult to find or not immediately available. Some managed to find help eventually, from a relative, friend or carer, or from organisations such as Citizen's Advice. They said this help was essential in them being able to return the ESA50.

'I was frightened to death...I just couldn't face it. I contacted Help Direct and they set someone to fill in the form with me. If I hadn't had the help it would have taken me ages; I find it difficult to put words on paper.'

(Female, 45-59, physical and mental health condition, claiming 10+ years)

'It was nay that I couldn't understand the questions, but I did nay ken what to put down for answers...I was wracking my brain – where can I go for help? I tried the solicitors...but you have to go and make an appointment...I could not cope with the waiting...without Citizen's Advice I wouldn't have managed to post the letter.'

(Female, 45-59, physical health condition, claiming 10+ years)

In a minority of cases, late return of the ESA50 was driven by an active decision not to co-operate with the process or to ignore the form for a while. Exceptionally, customers who objected to being assessed or the nature of the assessment ignored the ESA50 or put off filling it in. This was typically because they were in contact with a hospital or specialist and felt that it was obvious they couldn't work at the moment. In these cases the reminder letter was generally effective at spurring action as customers were anxious not to lose their benefits.

'I found the process and the form humiliating; I had just come out of hospital so it was obvious I couldn't work...I really couldn't be bothered with the whole process again...Instead of going through all this why don't they cut costs and get a print off from the consultant at the hospital?'

(Male, 45-59, physical health condition, claiming 2-5 years)

'It [the reminder letter] definitely made me fill it in...I think "your benefit may be affected" is the thing that jumps out at people...Even the people that have the worst conditions would read that and think "I need to do this". Everything crumbles after that. If you lose your benefit you don't get housing benefit anymore and before you know it you are out on the street.'

(Male, under 30, mental health condition, claiming 5-10 years)

7.2 Non-cooperation

Reasons for not complying at all (i.e. not sending back the ESA50 or attending the WCA) were similar to reasons for lateness. There was very little evidence of active or deliberate non-cooperation.

General confusion and inability to cope could result in failure to comply with the process and was the most common reason for non-cooperation. Some reassessment customers, particularly those with longer-term claims, were unaccustomed to communicating with Jobcentre Plus, and simply couldn't cope with the level of organisation required. Customers who struggled with organisation, had conditions affecting their memory or took medication that made them drowsy or forgetful occasionally overlooked, lost or forgot about the ESA50. Exceptionally, customers had no recollection of communication from Jobcentre Plus at all, were unaware they were being assessed or even that they had been given an outcome. There were also instances of customers failing to attend their WCA because they could not find the assessment centre.

'You get so many forms. There was a form that said you hadn't returned a form...I remembered that there was something I had to fill in but couldn't remember what it was...I even went to the Jobcentre and said there was maybe something I was supposed to fill in but I couldn't remember what it was...She couldn't tell me. I can't remember what my name is half the time...I can't keep on top of things.'

(Female, 45-59, physical health condition, claiming 2-5 years)

Case study 10: Late customer (2)

Diane, 45-59, had been classed as non-cooperative. Suffering from severe depression and chronic fatigue, she had been claiming for 5-10 years.

Suffering from chronic fatigue, Diane struggled with day-to-day organisation and admitted she often had difficulty keeping track of letters and documents. By the time she received the reminder letter she had lost her original ESA50 and had to request another to be sent. She later forgot what she needed to do to comply with the assessment process: *'I went to the job centre saying that I think there was maybe something I was supposed to fill in but I can't remember what it is'*. In the end she remembered and filled out the form. Aware the deadline had passed, she took the form into her local Jobcentre Plus office. They initially told her they couldn't take it but eventually did so after she became quite emotional. She had attended her WCA and was waiting for her outcome.

Some customers failed to attend their face-to-face WCA because they felt unable to cope either physically or psychologically with attending the appointment, or even leaving the house. These customers had intended to go to the WCA and had generally planned for it; having a variable or unpredictable condition, they stressed that the appointment had simply caught them on a 'bad day'. These customers expressed a clear intention to attend their next WCA appointment if at all possible.

'Oh yeah I'll be there. If it is going to affect my benefit I will go.'

(Male, 45-59, physical health condition, claiming 5-10 years)

In some cases scheduling issues had delayed or stalled the process. Customers who reported that their original WCA appointment had been cancelled by Atos Healthcare were sometimes marked as having failed to attend this appointment. These customers were keen to comply with the process; all intended to attend their rescheduled appointment.

Overall, there were few recalcitrant customers and little wilful or deliberate non-compliance. Exceptionally, customers refused to return the ESA50 or attend their WCA because they did not want to disclose medical information again, but by and large the possibility of losing benefits was effective at ensuring compliance. Where customers had failed to return the ESA50 or attend a WCA appointment it was either explained by administrative error or issues on the part of Jobcentre Plus or Atos Healthcare, or was due to the customer being unable to cope with the process unaided. For this latter group of customers, the suggestion was that additional support or personal contact could have made a difference in some cases.

8 Conclusions and recommendations

By and large the reassessment process was working well, and on the whole customers were successfully guided through the different stages of the process. Jobcentre Plus staff working on reassessment generally felt it compared favourably to new processes or assessments in the past and the inclusion of a greater degree of personal contact (through phone calls at several stages) in the reassessment process was well received by both staff and customers. Customers generally considered the process to be ‘human’.

The key elements of the assessment – the completion of the ESA50 questionnaire and attendance at a Work Capability Assessment (WCA) – were familiar to reassessment customers. Although they often do not find these processes easy and sometimes need help with them, for the most part customers had coping strategies in place to help them with these kinds of activities. Overall, familiarity with this type of process (and an understanding that not to comply would result in a loss of income) from previous benefit claims meant that customers were predisposed to co-operate with reassessment.

However, there are some modifications to the process that the findings from this research indicate that it would be worth considering in advance of national reassessment:

- **Including a leaflet about Employment and Support Allowance (ESA) and reassessment with the initial notification letter** to meet the needs of some customers for more information about the later stages of the process. Some customers wanted to know more about the possible implications or reassessment for them at this early stage. In part, the information that they were looking for was contained in a Frequently Asked Questions (FAQs) section on the back of the letter but this was often over-looked. A leaflet may be more likely to be read and could help to allay fears that customers had about being ‘singled-out’ for reassessment.
- **Allowing call-handlers more flexibility in the script** that they use for the initial phone call to allow it to add to the information contained in the initial letter. The fact that customers knew to expect an initial phone call was effective in limiting the number of inbound calls that Jobcentre Plus had to deal with, as customers were happy to wait for the outbound call. However, some customers felt that the call was stilted and did not provide them with enough information – particularly about the latter steps of the process. Some Jobcentre Plus staff said that they were unclear about this as well. Nonetheless, the phone call was an effective means of conveying the importance of prompt and accurate completion of the ESA50, and appeared to give a degree of momentum to the process that was effective in encouraging early compliance among many customers.
- **Considering clearer delineation of the physical and mental health sections of the ESA50.** Some customers commented that the ESA50 appeared to ask them the same question twice within the questionnaire. Among customers with a physical condition this seemed to be because they had filled in both the physical and mental health sections from the perspective of their physical impairment. Staff reviewing completed ESA50s reported that this was a common occurrence and resulted in unnecessary work for them, because each response had to be assessed. Colour-coding the two sections could perhaps make the distinction clearer to customers.

- **Adjusting approaches to booking and resourcing face-to-face WCAs** to accommodate longer appointments and lower failure to attend rates than for new ESA claims. Healthcare professionals reported that appointments with reassessment customers tended to take considerably longer than those for new ESA claims, mostly because reassessment customers were more likely to have complex and/or multiple health conditions. Allowing for this in the time slots allotted for appointments and adjusting the booking method to allow for lower failure to attend rates should allow HCPs more preparation time before each appointment which in turn should help to tackle the negative perceptions held by some customers that the HCP was poorly-prepared for their WCA.
- **Ensuring consistency of the approach to decision-making** through clear guidance to Benefit Delivery Centre (BDC) staff about their role in the process. The two sites involved in the trial took very different approaches to the decision-making process. In one area it was common for Jobcentre Plus staff to send cases back to HCPs for ‘review’ in an attempt to ensure that all apparent contradictions between the ESA50 and the WCA report were accounted for – this process was proving labour-intensive for both parties. At the other site, staff were much more likely to take a decision to override the WCA recommendation without further communication with HCPs. At this latter site, decision makers were also much more likely to receive a GP statement (form E113) to consider and the process of obtaining these was quite labour-intensive. Both sites had reservations about the scalability of the approach that they were taking.
- **For Work Related Activity Group (WRAG) customers, separating out communication of the outcome from communication about the implications of being in the WRAG.** Some WRAG customers were unsure from the notification process as to the implications of being placed in the WRAG (and indeed some were unaware that they were in the WRAG at all). Greater clarity could perhaps be achieved through an initial communication to let customers know simply that they have been allowed ESA and that they have been placed in the WRAG (possibly by letter) and to let them know that there will be a further communication (possibly by phone) to talk through the requirements that will be made of them and the range of support available.
- **For disallowed customers separating out communication around outcomes into three separate communications;** one informing customers that they are likely to be disallowed and giving them some time to consider whether they want to submit additional evidence, one informing them that they have been disallowed and then a final communication to talk about next steps once they have had time to absorb the outcome. Customers were clearly often unable to think about whether or not they would like to supply additional evidence when receiving their review/disallowance phone call, because they were too shocked to respond. Allowing customers some time to absorb the fact that they are likely to be disallowed, and to fully consider whether or not they have additional evidence that they would like to submit, may well help to reduce the volume of appeals further down the line.
- **It would be helpful to give customers an indication of the type of evidence that they could provide.** Several of those appealing were planning to submit a statement from their GP, so encouraging provision of this earlier could reduce the likelihood of customers to feel that they had a case for appeal. Similarly, once customers are disallowed they often need time to digest this news before they can consider their next steps, so a small gap between this notification and communication about claiming Jobseeker’s Allowance (JSA) and support available would be beneficial. Ideally this final communication would retain the possibility of an immediate hand over to an agent who can set up a claim for JSA.

- (Particularly in the light of the possible resource implications of the above changes), **consider simply notifying customers in the Support Group that they have been allowed ESA by letter** (rather than by phone as well). Staff reported that these phone calls were very easy to make and that customers very rarely had any questions to ask about the process. On this basis, so long as the written communication is clear, there could be an argument for removing the notification phone call from the process.
- **Reviewing all outcome notification letters for clarity.** All key information should be contained on the first page. For national reassessment, the ‘tick box’ format will not be used, and only paragraphs relevant to the customer will be included in outcome letters. It is also worth considering whether greater warmth can be brought to the tone of these letters. This would be particularly valuable for the disallowance letter, which was sometimes thought to imply that customers did not have any form of impairment or health condition.
- **Consider if there is more scope for flexibility for accepting ESA50 forms submitted late** than is the case for new claims. The research indicated very low levels of genuine non-compliance with the process and often the reasons for submitting ESA50s late was that there had been some form of administrative difficulties or that customers had needed additional support to complete the form that had taken some time to access.
- **Consider some form of personal contact for those not returning ESA50 within four to six weeks before customers receive a disallowance notification.** Linked to the point above, there seemed to be very little deliberate non-compliance with the reassessment process and cases where customers had failed to attend WCAs or to return their ESA50 at all often reflected the fact that they were struggling with day-to-day living more generally. It seems that some encouragement or offer of support, through either a phone call or a face-to-face visit, would have resulted in compliance in most cases. It is worth noting that some of those who did not comply with the trial process had more complex health conditions (often including mental health issues) that were not always recorded on Jobcentre Plus records, possibly because they had developed since the customer’s initial claim was made.
- **Review the frequency with which customers receive the message that they can appeal.** Customers are told about appeals through formal and informal communication throughout the reassessment process. Formal notification is required by law but it is further reinforced by staff who are regularly using the fact that customers can appeal to deflect negative reactions. Encouraging staff not to rely on messages about appealing in this way may involve reassuring Jobcentre Plus staff and HCPs of the validity of the process (and in particular of the WCA), as well as suggesting alternative messages that they can use when handling customers with a negative reaction to the process.

Appendix A

Profile of customers that participated in the research

Trial area

	Wave 1	Wave 2	Wave 3	Total
Burnley	13	9	23	45
Aberdeen	12	11	22	45
Total	25	20	45	90

Gender

	Wave 1	Wave 2	Wave 3	Total
Male	14	12	21	47
Female	11	8	24	43
Total	25	20	45	90

Age

	Wave 1	Wave 2	Wave 3	Total
Under 30	4	3	4	11
30-44	9	5	9	23
45-59	9	12	31	52
60+	3	0	1	4
Total	25	20	45	90

Type of health condition

	Wave 1	Wave 2	Wave 3	Total
Physical health condition	10	14	31	55
Mental health condition	7	5	6	18
Physical and mental health condition	8	1	8	17
Total	25	20	45	90

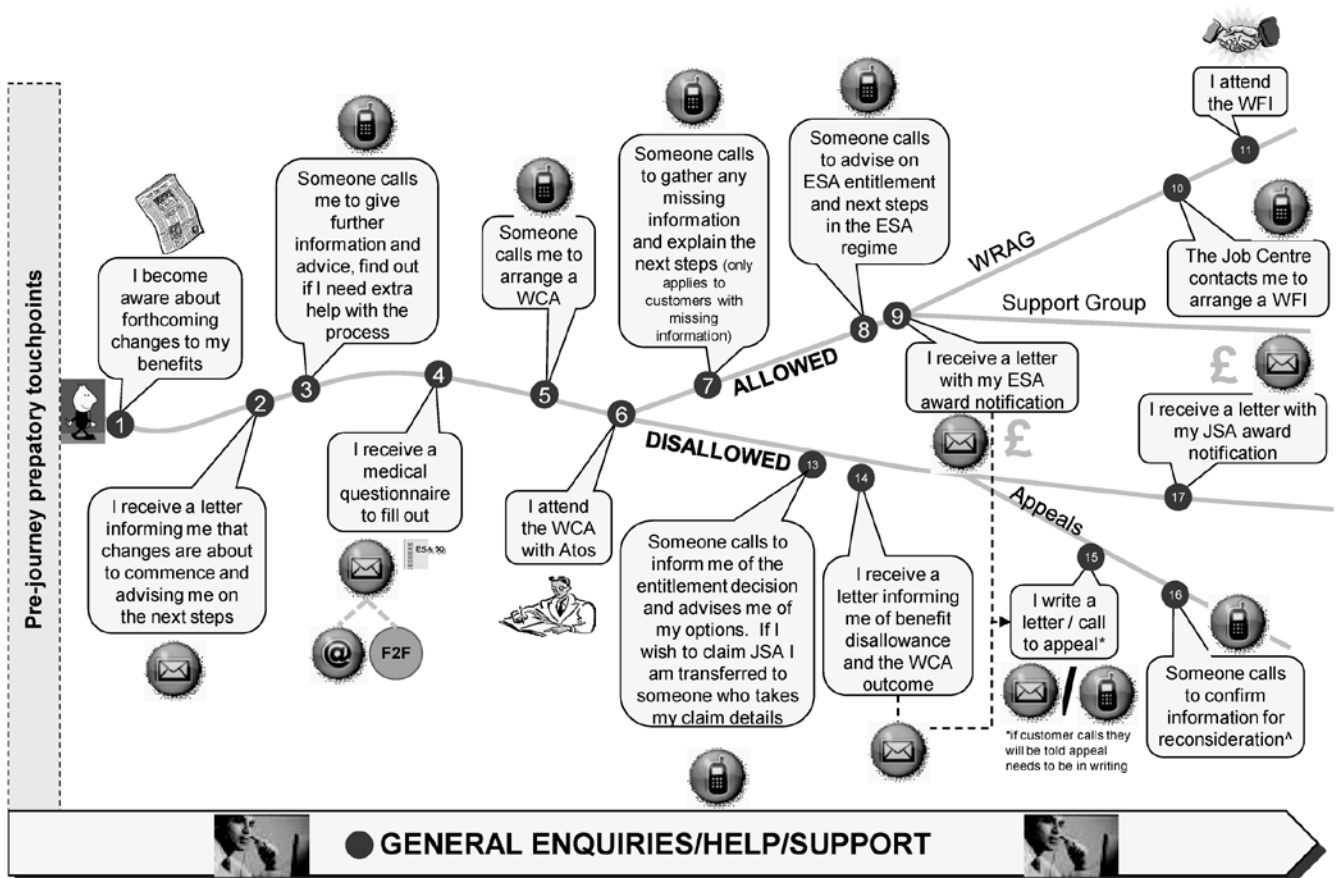
Length of claim

	Wave 1	Wave 2	Wave 3	Total
Less than 2 years	0	1	0	1
2-5 years	10	7	13	30
5-10 years	9	5	19	33
10 years or more	6	7	13	26
Total	25	20	45	90

Appendix B

Customer journey through the stages of reassessment

Figure B.1 Customer journey through the stages of reassessment



This report presents the findings of qualitative research into trial incapacity benefits reassessment, which commenced in the Aberdeen and Burnley areas in October 2010. It looks at customers' views and experiences of reassessment and whether customers felt adequately supported during this process. Ninety customers were interviewed. Findings from interviews with Jobcentre Plus staff working on the trial, and Atos Healthcare staff delivering Work Capability Assessments, are also included.

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