

**A Call for Evidence: Year 2 Independent Review  
A response from the Disability Benefits Consortium**

**About the Disability Benefits Consortium (DBC)**

The DBC is a national coalition of over 50 charities and other organisations committed to working towards a fair benefits system<sup>1</sup>. Using our combined knowledge, experience and direct contact with disabled individuals, people with long-term conditions and carers, we seek to ensure that government policy reflects and meets the needs of all disabled people.

**DBC response to individual review questions**

**Question 1: Have you noticed changes to the WCA process as a result of the Year 1 recommendations? If so, what are these changes?**

The DBC strongly welcomes Professor Harrington's Year 1 recommendations, and that the DWP accepted the recommendations in their entirety. Although DWP and Jobcentre Plus are making clear efforts to improve the system, it is clear that the reforms are taking time to translate into improvements for claimants.

A DBC survey of almost 300 welfare advice workers (summary at Annex A) showed that little change has been experienced in the last year:

*"The whole situation is improving slowly – but the good work that Prof Harrington is doing is not filtering down to the delivery staff and Decision Makers as quickly as it should be."*

Key results from the survey included:

- Three quarters of respondents said that support offered to claimants by Jobcentre Plus (JCP) had not improved since the beginning of 2011 (Recommendation 1).
- More than eight out of ten (81%) of respondents said that customers were not more aware of the need to collect evidence from their favoured healthcare professional, just 7% felt that JCP Decision Makers were more likely to seek evidence from the customer's chosen healthcare professional, and only 16% felt that Decision Makers were giving greater weighting to this evidence. (Recommendations 1 and 12).
- Less than 5% felt that more weight was being given to the ESA50 free text box by Atos assessors or JCP Decision Makers (Recommendations 2 and 10).
- 73% felt that the Atos Customer Charter (Recommendation 9) had not made any difference to the behaviour of Atos assessors, and only 4% believed it would in the future.

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<sup>1</sup> See appendix one for a list of DBC members.

- The large majority of respondents did not feel that written communications to claimants had improved (Recommendation 4).
- Six out of ten were not aware of the introduction of mental, cognitive and intellectual champions.
- Over a third (35%) had noticed an increased use of the reconsideration process (Recommendation 11), but less than a third of these (32%) felt that this had had a positive impact on customers receiving a fair outcome.

We have a number of comments and concerns related to the implementation of specific Year 1 recommendations:

**Recommendation 5:** every Atos assessment contains a personalised summary and is able to discuss any inaccuracies with a Decision Maker. The DWP are trialling this in just one area (Wrexham) and this has not yet been rolled out across the country. The DBC initially called for all claimants to receive a full copy of the report from their WCA, so we are extremely disappointed that even a short summary of the reasons for decisions can not be provided to claimants as standard. This view is reflected by a large number of welfare advice workers – many highlighted that more information needs to be provided to claimants on the reasons for decisions:

*“The overwhelming majority of people I represent have no idea why their claim has been refused when I first meet them.”*

**Recommendations 1 and 12:** Jobcentre Plus... identifies [the claimant's] chosen healthcare professional; and Decision Makers are able to seek appropriate chosen healthcare professionals to deal with borderline questions:

Evidence suggests that claimants are remain unaware of the importance of submitting additional medical evidence, and that Atos assessors and JCP Decision Makers are not able to proactively gather such evidence as much as they should. A DWP research report based on the pilot reassessments carried out in Aberdeen and Burnley found that:

*“Staff felt the time spent chasing further evidence and clarifying the WCA report may have to be scaled back for national roll-out... 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.”<sup>2</sup>*

The review also found that in the phone-call informing claimants of decisions, although most customers disallowed ESA recalled being offered the opportunity to submit further evidence, hardly any customers opted to submit anything further. The report suggested that 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

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<sup>2</sup> DWP research report, Trial incapacity benefits reassessment: customer and staff views and experiences, 2011.

GP, so encouraging provision of this earlier could reduce the likelihood of customers to feel that they had a case for appeal. We strongly support this recommendation, and agree that more effort needs to be made to encourage claimants to submit medical evidence as early as possible.

One key problem that has been identified is of healthcare professionals (particularly GPs) refusing to submit medical evidence, or charging claimants to do so. One welfare advice worker stated:

*“Asking for clients to supply medical evidence is unrealistic because doctors charge and most people simply cannot afford it.”*

We urge the DWP to be more proactive in contacting claimants' preferred healthcare practitioner (often not a GP) to gather additional evidence, to avoid such costs to claimants. The ESA50 form should be revised to ask claimants to recommend the healthcare professional who knows them best, and to give examples of HCPs who could be named here (such as occupational therapists, specialist nurses, or community mental health worker).

**Recommendation 14:** Decision Makers to receive training so that they can give appropriate weight to additional evidence:

Claimants may be more likely to submit further evidence if they believed that it was likely to be considered. There continues to be a strong feeling amongst claimants and advice-workers alike that Decision Makers continue to place little weight on additional medical evidence. In addition, Decision Makers themselves are confused by mixed messages from the DWP. Staff from the MS Society joined a conference call with DWP Decision Makers on 8<sup>th</sup> September in which a Decision Maker expressed confusion about the contrast between the Harrington Year 1 recommendation that they should take into account all evidence to make an 'independent and empowered decision', and other DWP guidance, such as the Quality Assurance Framework, which encourages Decision Makers to consider additional medical evidence only if medical services agree. There is a need for the DWP to clarify their guidance on this issue.

**Recommendation 24:** To explore the use of other healthcare professionals in the Atos assessment and to check consistency of assessments by different professions.

The DWP have been reluctant to release information about the background and specialism of Atos assessors (for example, whether they have mental health or neurology expertise), and the impact that such background expertise has on their decision-making. In addition, when Rethink highlighted to the Minister for Employment that a number of people with mental health conditions are being assessed by healthcare professionals with no mental health experience whatsoever, such as physiotherapists, he stated that this should not be the case. We recommend that this issue is explored further, and that more care should be taken to provide that, wherever possible, healthcare professionals with the appropriate expertise assess claimants. If

this is not possible, we recommend that the principle of mental function champions should be extended to ensure that a network of experts is available to support decision-making and assessments over a number of complex conditions, including in particular experts who can advise on fluctuating conditions, such as neurologists and rheumatologists.

**Question 2: Are there further areas of work that you think should be added to the programme of work for Year 3? If so, what should these consider?**

A number of key areas need to be addressed to improve the assessment process.

**Atos guidance on conditions**

A number of organisations, including NAT (National AIDS Trust), Arthritis Care, RRAS, Asthma UK, the Stroke Association and RSI Action, have identified inaccuracies and out-of-date information in the medical guidance provided to Atos assessors on certain conditions. For example, a respected professor in stroke rehabilitation, Marion Walker, commented on the stroke guidance:

*“It worries me that this is the guidance that is used for work capability assessments. The overview of rehab is scant to say the least. There is very little on the hidden deficits after stroke – fatigue, loss of confidence, perceptual and cognitive problems etc etc. These are the issues that really prevent stroke survivors from returning to work. The other worrying thing is the reference to potential for recovery. We know most stroke survivors don’t return to work until around a year post stroke. And because employers are not in tune with stroke problems ...work retention is a very major problem.”*

We would welcome a more regular and transparent review and consultation process on this guidance to ensure that this remains accurate and up-to-date.

**Descriptors**

The DBC were extremely disappointed that the DWP implemented a major change to the WCA descriptors earlier this year. The changes were based on a flawed internal review which was not subject to wider consultation, and the proposed new descriptors were resoundingly criticised by disability organisations, the Social Security Advisory Committee<sup>3</sup>, and the Lords Merits of Statutory Instruments Committee<sup>4</sup>, as well as a large number of Parliamentarians in both the Commons and the Lords.

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<sup>3</sup> The Employment and Support Allowance (Limited Capability for Work and Limited Capability for Work-Related Activity) Amendment Regulations 2011 (S.I.2011 No.228): report by the Social Security Advisory Committee

<sup>4</sup> Lords Merits of Statutory Instruments Committee - Twenty-Third Report  
Drawing special attention to: Employment and Support Allowance (Limited Capability for Work and Limited Capability for Work-related Activity) (Amendment) Regulations 2011

Although it is too early to gather robust evidence on what impact these changes have had, initial indications from our survey indicate that the new descriptors have made the assessment less accurate and fair: over 90% of advice workers who responded disagreed that the changes to the descriptors have led to a more fair and accurate reflection of the applicant's impairments in the assessment outcome. Over 50 advice workers expressed specific concerns about the new descriptors, including:

*“Claimants who are so ill that they cannot even stand up score zero, if they can sit! Claimants who cannot hold anything in their hands score zero, if they can use their arms to clumsily hold something! Claimants who are so weak not to be able to walk may score zero! Blink claimants who are guided by dogs score zero! You cannot believe that these claimants are actually employable! This is unbelievably cruel, not ‘fair’.”*

*“Bending is no longer being considered – regardless of what type of job you do, people need to be able to bend, even if it is only to pick up and item they have dropped. It means people being found fit for work who cannot even perform simple tasks.”*

*“How can an impairment such as sight loss be fairly assessed when only one area of sight loss is within the descriptors? Navigation, however an integral part of daily life, has no reflection of how a visually impaired person is impaired within the workplace; in such areas as accessing computers, print, orientation around the workplace etc.”*

*“I’ve been completely astonished at the severity of disability that some clients have and are still being scored ‘zero’ points. The unnecessary burden placed on the appeal system is outrageous, as the vast majority of the clients I have dealt with should never have reached that stage anyway.”*

The DBC feels strongly that there is a need to revise the descriptors, in particular to implement improvements to facilitate a more accurate assessment of those with mental health conditions and fluctuating conditions.

### **A ‘real world’ test**

We are supportive of the key areas of work identified by Professor Harrington in relation to the second independent review, including a further look at whether the assessment should incorporate more 'real world' or work-focussed elements. This piece of work is already underway and it is unfortunate that the Minister appears to have dismissed this approach before seeing the outcome and recommendations. When questioned by the Work and Pension Committee on migration to ESA, Chris Grayling stated:

*"The one thing I am absolutely unreservedly and implacably opposed to in all of this is a real world test. Either somebody is fit for work or they are not."<sup>5</sup>*

However, exploring this was not only one of the key areas of work highlighted in the Year 1 recommendations, this emerged as a key theme from our survey of welfare advice workers, who felt that the current functional assessment does not accurately assess claimant's capability for work. They highlighted that descriptors are not closely related enough to work-based activities, and the assessment and ESA50 fail to pick up on issues that may prevent someone from being able to function in the workplace.

We would welcome further consideration of and consultation on how these issues could be addressed, in particular considering:

- greater recognition of deteriorating conditions
- more sensitive timing of assessments, and more flexibility in timing (particularly for those with fluctuating conditions, or those who are undergoing diagnosis or an uncertain period of change in their condition)
- better recognition of the impact of multiple or combined impairments on ability to work
- a more holistic and realistic assessment of barriers to work, not limited to pure functionality, but linking this also to evidence of the impact of impairments when related to age, education and experience etc.
- a definition of what is meant by 'work', in order to better define what is meant by 'capability for work'.

The Work Capability Assessment is designed to assess whether a claimant has 'limited capability for work' or 'limited capability for work-related activity'. Under the Welfare Reform Act 2007, a person has limited capability for work if:

*"(a) his capability for work is limited by his physical or mental condition, and  
(b) the limitation is such that it is not reasonable to require him to work."*

However, no definition is offered on the face of the statute, nor in the regulations, as to what we understand 'work' to mean. This is a significant omission. Individuals must not only be capable of some very limited work, they must be capable of obtaining realistic and sustainable employment. We encourage the Government to develop such a definition, which could be based broadly on the Australian Social Security Act (1991) definition of meaningful work, which states that in order to be 'capable of work', the claimant should be able to:

- Work for at least 15/16 hours each week in meaningful work that pays the national minimum wage or above.
- *Reliably perform* their work on a *sustainable basis* without requiring excessive leave or absences. The Australian system takes this to be at least 26 weeks.

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<sup>5</sup> Work and Pensions Committee hears from Chris Grayling on migration to employment and support allowance, Date: Wednesday, 08 June 2011

- Work in *open unsupported employment* without requiring excessive support to perform their work.<sup>6</sup>

In addition, the claimant must be able to prepare themselves for work and safely travel to and from work, without these factors having an adverse effect on their health or disability.

We recommend that further research should be done with employers to support a better understanding of 'capability for work', in order to establish whether the current WCA is accurately pinpointing those who are genuinely fit for meaningful and sustainable work, and to consider how the assessment can be refined to better achieve this.

This work could be aided by better consideration by the DWP of how to define who should be placed in each group: for example, how much longer, on average, should we expect someone placed in the Work Related Activity Group to take to return to the workplace than someone found fit for work? This work could build on the work done in response to Year 1 Recommendations 20 and 21, to examine what happens to people placed into the various different groups.

### **Reviewing Atos' performance**

There continues to be a high degree of mistrust of Atos by claimants and their advisors. We were concerned to note that a number of Atos doctors are under investigation by the GMC over their conduct. We therefore feel that there is a need to consider the performance measures placed on Atos and the healthcare professionals undertaking the assessments.

### **Advocacy and support for people throughout the process**

An area of concern which remains ongoing is in relation to those people who may need support throughout the WCA process - and, in particular with the face to face assessment. Organisations such as Mencap have been contacted by family members of people with a learning disability who have not told anyone about their WCA and therefore attended the assessment centre unsupported. One person noted:

*"My brother's report from ATOS made clear that M had clearly not understood aspects of what he was being asked or had want to impress the HCP and had therefore not answered accurately".*

In addition, this particular individual also completed aspects of the ESA50 form without understanding the need to provide additional evidence. This obviously raises issues of training and communication by HCPs, but it also flags up the importance of understanding the approach in terms of communicating the possibility and / or importance of having support to certain claimants. Presumably, with IB migration, there is a means of knowing where this might be more likely to be the case - for example, in relation to people

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<sup>6</sup>[http://www.fahcsia.gov.au/guides\\_acts/ssguide\\_images/guide%20to%20the%20impairment%20tables.pdf](http://www.fahcsia.gov.au/guides_acts/ssguide_images/guide%20to%20the%20impairment%20tables.pdf) Chapter 1 section (B)

with learning disabilities. Additionally, it would be helpful to understand whether there could be some sort of 'prompt' for Atos in relation to pro-actively following up on additional evidence in these cases. In the case highlighted above, M's brother contacted Atos about the process and criteria for gathering additional medical information and was advised that is "hit or miss".

**Question 3: At what stage should we stop making changes to the system and let the changes already being made bed in to ensure they are having the desired impact?**

The DBC agrees with the Minister, Chris Grayling, that there should be a continuous process of improvement to the assessment process. As long as evidence remains that the current high level of poor decision-making, evidenced by the high rate of appeals success, the DWP should continue to strive to improve the system. In particular, we encourage the Department to work with representative organisations to ensure an ongoing and transparent programme of improvement and updating for the guidance and training for Decision Makers and assessors.

**Question 4: Does the Year 1 recommendation go far enough in placing the right emphasis on the face-to-face assessment?**

As stated earlier, we strongly welcome the Year 1 recommendation that encourages Decision Makers to take in a wider range of evidence, rather than simply 'rubber-stamping' the face-to-face assessment results. However, this change has yet to be fully implemented; claimants and advisors alike have not felt a change in the accuracy of assessments and DWP staff themselves are confused about the emphasis that should be placed on the different pieces of evidence before them.

We recommend that stronger and clearer guidance and training should be issued by the Department on this issue to encourage Decision Makers to place less weight on the face-to-face assessment. While this is an important part of the evidence before a decision-maker, it can only be a snapshot, and there is clear evidence that this snapshot is often flawed. Given the recognition that the face-to-face assessment is particularly flawed when it comes to assessing those with mental health conditions and fluctuating conditions in particular, we would welcome express guidance by the DWP that additional medical evidence from chosen healthcare professionals should be particularly sought and given weight to when assessing individuals with these conditions. Some worked case-studies examples for Decision Makers to highlight when and how additional medical evidence can and should be used to inform a decision would be helpful.

In order to empower Decision Makers to make informed judgements and to weigh up the evidence before them, we encourage the DWP to work with representative organisations to develop training and guidance to ensure that Decision Makers are well trained and informed about a wide range of conditions, particularly complex conditions where large numbers of problems and high rates of appeals are currently being experienced. We also



recommend that a wider network of 'champions' across a broader range of conditions be made available to support assessors and Decision Makers to take decisions in difficult cases.

**Question 5: Do you have any robust evidence about the face-to-face assessment processes and outcomes which will help us make recommendations for future improvements?**

Given the short period of time since the programme of reassessment was rolled out, little evidence is yet available of the outcomes of assessments, and less still about the impact of the new WCA descriptors on rates and success rates of appeals. We encourage the DWP and Atos to undertake further research on the experiences of customers going through the process, and to 'mystery shop' assessments and application processes to regularly quality-check processes. We urge the DWP to continue to release timely statistics, particularly those broken down by main disabling condition, to help us to identify whether the assessment process has particular flaws related to certain groups which need to be addressed.

**Question 6: Are you aware of any concerns about the face-to-face assessment, and if so where have these been focused?**

All three suggested answers, HCPs' approach and the way they carry out assessments, HCPs' understanding of conditions and the report created during the assessment and the IT supporting the assessment appear to be ongoing concerns for claimants and their advisors.

A large number of comments in response to our recent survey of advice workers highlighted that assessors' knowledge and understanding of conditions, particularly mental health conditions, continues to be poor. This corresponds with concerns from individuals that DBC member organisations continue to receive, demonstrating in some instances a shocking misunderstanding of the condition. For example, one person with MS (an incurable long-term degenerative condition) told the MS Society:

*"The WCA was a joke the actual assessor asked me when in my opinion I would be cured from M.S!"*

One person with rheumatoid arthritis told Arthritis Care:

*"[They] refused to accept that the extreme pain and fatigue would have an impact on my capacity to remember things, affect my concentration and he kept asking if I had been diagnosed with a mental illness."*

Organisations continue to hear reports of inaccurate or false recording of information given in the assessment or omitting evidence in the report of the assessment.

We have highlighted a number of additional ongoing issues with the assessment in other answers to this call for evidence.

**Question 7: If you have heard specific concerns about the IT supporting the assessment (i.e the Logic Integrated Medical Assessment or LiMA system), do you have any robust evidence about how this adversely affects the assessment or its outcome?**

A number of DBC members were invited to seminars to observe LiMA in action over the summer, as part of the Year 2 call for evidence. Having seen how the system worked, several highlighted concerns:

- LiMA is not designed to record problems that the claimant has in a workplace environment. The data recorded on occupational health is limited to the types of work that the claimant had previously been involved in. ATOS advised that since claimants would by definition be currently out of work, it was not appropriate to consider history taking in respect of a workplace environment. However, many people with long-term conditions in which fatigue may be an issue state that they are able to manage their condition *because* they are currently out of work – and able to take appropriate rest etc. Similarly, some conditions, such as RSI, can in fact be exacerbated by work-related activities. Consideration must be given to the impact that work itself may have on a person's functional abilities, and, where possible, a history taken of the person's condition or impairment in a working environment.
- Many participants in the LiMA workshops were surprised at how much the focus of the computer programme was on a "typical day", much more than the descriptors. A number of work-related activities (including those expressly included on the face of the descriptors) are not obviously highlighted by the system to be addressed. It would be interesting to see the data on whether every assessor does in fact go through each and every element in detail, as if important areas are skipped or only touched upon, major functional issues could be missed. For example, the use of an appropriate keyboard or mouse is a key descriptor in terms of manual dexterity, yet ability to use a computer appeared to be only addressed in the taking of a 'typical day' if this was discussed under a person's hobbies.
- Although the system does contain options to record variability, it is not clear how this information is processed to inform recommendations on the descriptors. It was concerning that it appears that where someone states, for example "I am able to use a kettle in my home, but I experience arm pain and fatigue for a while afterwards", the automatic wording inserted by the system in between the drop-down options of 'uses kettle' and 'pain/fatigue' is *despite* – this is has an altogether different connotation from the claimant's meaning. Whereas the pain or fatigue may mean that the claimant should be more accurately considered unable to complete the activity, it appears that the wording of the report would suggest otherwise.
- Where the assessors choose an appropriate descriptor at the end of the assessment, the wording of descriptors is incomplete and simplified. Although there is an option to see the fuller wording of descriptors, it is concerning that this could lead to a misunderstanding of the descriptors.

For example, the assessor is only reminded that the descriptors must be completed 'reliably and repeatedly', and that the word 'safely' is omitted.

- It appears that there are very limited prompts within the system to ask specific questions. Indeed, the Atos staff were highly critical of any suggestion that the medical history may act as a 'prompt' in this way. However, such prompts may in fact be an efficient and consistent way of making sure that those with less-understood conditions have the best possible chance of an accurate assessment the first time around. Where the medical history take indicates that a claimant has a particular condition, a prompt could remind assessors to ask questions which ensure that the functional impact of some particularly common symptoms is picked up. For example, healthcare professionals assessing someone with MS or ME may be prompted to inquire more about repeatability of tasks due to fatigue, those assessing conditions known to be associated with mental health problems could be prompted to ensure that these issues have been addressed, or those assessing someone with HIV may be prompted to consider the impact of side-effects from medication.
- It was unclear from the workshops how the system weighed up the balance of evidence from the application form, medical history and evidence, versus the 'typical day' information input in order to highlight/recommend a descriptor choice. It would be particularly helpful to know how the system processed such information where there appeared to be a conflict between these different pieces of evidence.
- Finally, it is unclear whether DWP Decision Makers see all of the information that goes onto LiMA, or just the justification against the descriptors. If the rest of the information collected is not shared, this appears to be a real waste.– we would welcome clarification on this issue.

The LiMA workshops were too short to explore many of these issues in detail, however. In response to the sessions it is clear that the LiMA algorithms are highly relevant to the process, but it is very unclear exactly how these work. We would welcome further opportunities to work through examples and case-studies to investigate further how the system supports the choice of descriptor based on the input data, particularly where fluctuation is recorded.

**Question 8: Is there a need to present and explain the face-to-face assessment in a different way, making it very clear to claimants what it will involve and how a functional assessment relates to work capability?**

As stated below, a key thread amongst recommendations from claimants, representative organisations and welfare advice workers alike, is that the DWP should be more transparent about the assessment process, the descriptors actually used to make decisions and the special circumstances rules that can be applied. This would help claimants to ensure that all areas that may impact on their functional capability for work are appropriately addressed in the WCA. A large number of claimants, upon seeing the report from their assessment and noting that they have scored zero on certain areas,

such as cognitive ability or manual dexterity, continue to tell us that they had not been questioned about these issues.

Claimants should be directed to a copy of the descriptors that will be used in the assessment when they are invited to attend a face-to-face assessment, and a better explanation should be given of why they are being assessed in this way. In particular, it should be made clear how symptoms such as pain and fatigue should be taken into account in the assessment.

In addition, many advice workers expressed concern that the ESA50 is 'misleading', as the questions do not accurately reflect the descriptors used. This should be addressed.

Finally, advice workers expressed an ongoing concern about the quality and clarity of information received both by claimants and themselves:

- Less than half (42%) of welfare advisors/ caseworkers felt they were kept informed about changes to the WCA.
- 30% felt that they were not able to easily find information about changes to the WCA.
- 82% felt that written communications to ESA applicants were not clearer since the beginning of 2011
- 72% felt that written communications to claimants were no less threatening
- Only 17% felt that written communications to claimants contain less jargon
- Just 9% felt that written communications to claimants fully explain the ESA process.

### **Question 9: What one thing would you change about the WCA to make it operate more fairly and effectively?**

Over 200 welfare advice workers commented on this question (contained at Annex A), and many of the 50+ DBC member organisations have submitted their own responses to the call for evidence.

The key recommendation that has emerged amongst recommendations from DBC member organisations and welfare advisors is that **additional medical evidence** should be more routinely and actively gathered more actively and given more weight:

*"Medical Assessors and Decision Makers must take more account of medical evidence provided by claimants and readily contact the claimant's GP and other specialists the claimant is seeing."*

*"The WCA/ ESA50 should have a prompt question to request claimant to submit supporting medical evidence."*

*"More weight should be given by DM's to supporting medical evidence provided by the claimant, rather than the "snapshot" of the ATOS exam."*

However, a number of other key threads have emerged from the recommendations:

- There is a need for **greater transparency** in the assessment process. Welfare advice workers particularly highlighted:
  - ESA50 and questions asked in the WCA do not relate to the descriptors used to assess people:  
*“Make the ESA50 ask all the relevant question so claimants know what the DM is actually considering when making a decision.”*
  - Clarity of questioning in the WCA needs to be improved:  
*“Ensure that clients are aware of why questions are being asked about their typical day to ensure they get chance to fully explain any difficulties they have performing tasks.”*
  - The special circumstances rules are not clearly articulated, and appropriate evidence is not gathered on the ESA50 form to inform an accurate decision on this:  
*“Have a specific question regarding the effects of returning to work to ensure that exceptional circumstances are fully considered.”*  
  
*“Reg 29 should be considered in ESA50 form.”*

- **Improved training** is needed for assessors, particularly around mental health and variable/ fluctuating conditions:  
*“More training for Atos about individual health conditions, particularly where variable.”*

*“Atos assessors should be better trained in mental health matters.”*

- The **descriptors** should be amended to more closely reflect someone’s ability to work:  
*“Claimant should only be judged capable of a certain descriptor if it can be carried out in a workplace setting with all that involves.”*

*“Revamp the descriptors to make them more inline with work place i.e. repeating jobs.”*

*“Redesign the descriptors to reflect the level of functioning actually needed to hold down a job, as many people who are deemed ineligible for ESA are not able to sustain work in a normal workplace, however much they would like to.”*

#### **Further information / contact**

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