

# WCA Action Group

## 2015 Newsletter

The Work Capability Assessments Action Group is an alliance of organisations and individuals who uphold the rights and dignity of disabled adults and people with mental health problems, and opposes their discrimination and harassment. We aim to:

Campaign to reform or replace the Work Capability Assessment (WCA)

- With a more compassionate and effective system
- Through a genuine collaboration between government and disabled people and their allies

Challenge negative views of disabled benefits claimants and advocate for positive values

- Decency, respect, transparency, anti-discrimination

Bring together a broad and inclusive alliance of disabled people and allies, both individuals and groups

- Share information and ideas and provide mutual support;
- Feed our collective voice into national debates and campaigns.

[www.wcaactiongroup.org.uk](http://www.wcaactiongroup.org.uk)

# Introduction

*Tom Skinner and John Butler, Co-facilitators of the WCA Action Group*

Work Capacity Assessments have undergone many changes since our last newsletter, but our concerns remain. We still believe that the design of the WCA process is badly flawed, and we fear that little will change in its implementation.

The design of WCAs in 2007 involved companies such as US insurance giant UNUM, who although playing down their role publicly, claimed as early as 2005 to have influenced government policy on disability assessment and management “We know that our views and understanding are not yet in the mainstream of doctors’ thinking, but Government Policy is moving in the same direction, to a large extent being driven by our thinking and that of our close associates, both in the UK and overseas.”

The complex point system has led to claims for Employment Support Allowance being rejected even when a claimant is clearly incapable of working or able to work without adequate support. This methodology lacks professional credibility, and **on pages 4-7 Linda March critiques the thought-processes and approaches underlying the WCA design.**

WCAs were carried out at huge expense to the taxpayer largely by French IT Company Atos until they backed out in 2014. Given Atos' appalling track record, their departure was seen as a great success for all who criticised their conduct in WCAs. Thousands of disabled people, far too many to document here, have spoken of humiliation and inhumane treatment surrounding WCAs, and the suffering that this has caused. **Some such testimonies are shared on pages 8-10, followed on pages 11-12 by an article highlighting the problems that WCAs can cause for people who experience Post Traumatic Stress Disorder.** Far too many people were denied ESA when 38% of appeals showed them to be eligible after all, indicating that the criteria were being applied too harshly.

The new provider, US privatising company Maximus, was already a key provider of the Government's controversial Work Programme. Ian Duncan Smith declared himself "confident Maximus will bring about the changes required to improve claimants' experience of the assessment process". We do not share his confidence. Most of the Atos employees currently conducting WCAs will transfer to MAXIMUS, who will also use the existing Atos infrastructure and IT. Furthermore Maximus has been taken to court many times, and settled out of court many times, for charges including disability discrimination and fraud.

It remains to be seen how Maximus will improve the system while following similar government guidelines and addressing the huge backlog of people who have been left waiting anxiously for their WCAs in Atos' absence.

Many lives have been devastated as a result of WCAs which have greatly worsened the physical and mental health of WCA claimants and their families. We need more than a new company in charge, we need the government who commissions the assessments to allow a full independent inquiry into WCAs, and to start again with an open mind, to find an approach that will best serve disabled people.

**Our newsletter ends with a leaflet that we will distribute as a group in the coming months**, to engage members of the public and encourage them to think about how they would feel about WCAs if they claimed ESA. We invite you to join us – if you would like to do so, to ask a question or to get involved in any other way please contact us at [comms@wcaactiongroup.org.uk](mailto:comms@wcaactiongroup.org.uk)

# Unravelling the Knot – Social Model of Disability and Biopsychosocial Model of Disability

*Linda Marsh, Greater Manchester Coalition of Disabled People, unpicks the ins and outs of a model of disability which many fear is increasingly being used by the government as the rationale to deny disabled people services, benefits and support.*

The Work Capability Assessment, which is the lynchpin of the government's recent 'welfare reforms', has its basis in the 'Biopsychosocial Model of Disability'. I have, for a while, felt the need to understand this model, and this is my first attempt.

I have based my explanation of the Biopsychosocial Model on a reading of Debbie Jolly's article: 'A Tale of Two Models: Disabled People vs. Unum, Atos, the Government and Disability Charities', plus a definition of the model from: [www.biology-online.org/dictionary](http://www.biology-online.org/dictionary).

Before launching into the Biopsychosocial Model, I feel the need to remind us all about the Social Model of Disability, which is at the heart of the Disabled People's Movement.

## **The Social Model**

The Social Model of Disability was developed by disabled people. It is not an overnight 'fad', but was proposed in the 70s, then consolidated in the 80s and 90s.

The Social Model puts the focus on the factors (or barriers) in society, which stop a person taking part in, or being involved in, aspects of living, which people who do not face these barriers may take for granted.

Although it is acknowledged that other factors, such as racism, sexism, homophobia, poverty and social class, amongst others, also play a part in a person's freedom to make life choice, the Social Model is a specific tool, and does not either include or exclude these factors.

The Social Model asks people to put impairment to one side when thinking about disabled people. Impairment is the word used for the physical, sensory, mental or other 'difference' from what is thought to be 'normal'. For example, a loss of sight or hearing, loss of a limb, medical conditions which change the body or mind, learning difficulties or mental distress, to name but a few examples.

Under the Social Model, the word 'disability' means the barriers in society which stop people with impairments from taking part, or fulfilling the choices they want to make about how they live their lives.

So, what we need to do is take away the disability - in other words, the barriers. Barriers can be physical (no level access, information not being accessible, not being prepared to communicate with someone in a way which is best for them). But barriers can also be because of attitude - for example, negative attitudes towards disabled people, thinking disabled people are less than other people, etc.

The Social Model of Disability makes us focus on society, not the individual person, to determine how much a disabled person can reach where they wish to be in life, whether that be paid work, leisure activities or other pursuits.

## **The Biopsychosocial Model**

The Biopsychosocial Model comes from a very different perspective, and discussing it means using a different set of words.

The Biopsychosocial Model brings into play the effect of 3 elements when considering the experience of a disabled person.

These are:

- Biological (bio) - the impairment or medical condition the person has.
- Psychological (psycho) - the psychology, or attitudes/mental state of a person.
- Social - the circumstances in which someone is living, their family situation, friendship circle, whether they work, etc.

In other words, it brings into the equation how a person's attitude towards their impairment and life situation affects their impairment/illness and biological ability to heal or 'overcome' the impairment or illness.

Although it is hard for disabled people to acknowledge openly, as it may be used against us, every one reacts differently to life situations, whether that be having, or acquiring an impairment, or something else. Two people with the same impairment, to the same level, will react differently to having that impairment, just as two people, for example, having the same job, same house and having been in their relationship for the same amount of time, would react differently to having a child.

In effect, the Biopsychosocial Model could lead to an argument that a disabled person who has an impairment or illness is prevented from taking part in activities such as work or family life because their mental attitude prevents them from healing or 'overcoming' their illness or impairment to the extent which would allow them to participate.

In her article about the use of the Biopsychosocial Model by the Department of Work and Pensions and academics developing assessments for welfare reforms, this is exactly what Debbie Jolly is arguing. She bases her argument on quotes from academics involved in developing welfare reform and policies for reducing the number of disabled people on out-of-work benefits such as Incapacity Benefit and Employment and Support Allowance.

The emphasis on the individuals' psychological reaction to their impairment puts the focus for change on the person, rather than looking at what, in society, is a barrier to their participation in whatever activity or aspect of life is under examination. For example, with this model it could be argued that a person's state of mind is stopping them getting well enough, or 'overcoming' their impairment or illness enough to hold down a job. It is not looking at what barriers there are which stop the person working - such as inflexible working hours, lack of adaptive equipment, or employing a support worker to assist with the less accessible parts of the job.

If the Social Model were applied to the same situation, then it would be recognised that the inflexibility of the working environment, unwillingness of employers to remove barriers, and the discrimination faced by

disabled people when seeking work is the problem disabled people continuously face. No amount of 'positive attitude' or 'overcoming' on the part of a disabled person could remove the barriers.

If my explanation is too simplified for some readers, I highly recommend you read Debbie Jolly's article, which gives much more detail and a historical perspective to both models. Debbie's article can be found at [www.dpac.uk.net](http://www.dpac.uk.net).

# Anonymous testimonies, experiences of WCAs

## **Testimony 1 provided anonymously**

In 2011 I had to go for a Work Capability Assessment, having begun to claim Employment and Support Allowance three months earlier when the contract for my last paid job finished. I was fortunate to have a friend with knowledge of disability issues go with me to act as an advocate. The whole process was very degrading and demeaning, even though the assessor was fairly polite and courteous, as I had to demonstrate what I was like on “my worst day”.

I have Asperger’s Syndrome, which can adversely affect my ability to communicate with people, especially if I have I do not know them well. It can potentially affect my ability to go about day to day life, and during low periods I can live a very reclusive and isolated life, sometimes staying my flat for a week, only venturing out to get food. So I had to portray myself as I would be on my worst day – even though normally I am not like that – although if I was forced to work in an unsuitable job, ended up on workfare, or had to deal with interviews at the Jobcentre the resultant stress would make my impairments much worse.

I left feeling utterly useless – and the fact I had to “prove” I was incapable of work, plus knowing I would have to deal with this again should I end up in a paid job has done a lot to discourage me from finding work, even though in many cases I can thrive if I were in the right job.

Thankfully, and I think this was a miracle considering how many people who are blatantly less capable of work than I get found “fit for work” – I was put into the support group, and other than having to fill in a ESA50 “questionnaire” in January 2013 I have not had any bother from the DWP as of the time of writing, although I still dread the appearance of a brown envelope on my doorstep, and I am aware that I may soon be called up for assessment again, especially since the new replacement for ATOS has now been named – the American company Maximus.

**Testimony 2 provided by Judy Sutherland, Trafford Centre for Independent Living. It demonstrates the benefit of having advocacy support when completing questionnaires and when asked to attend a WCA, as thankfully the WCA was cancelled in the end. The name of her client has been changed.**

Christine received advocacy support to complete her ESA 50 questionnaire in 2013. She was not a new claimant; rather, was being moved across from a long-standing IB award. Her impairment is anxiety and depression, linked to historical rape, and also idiopathic intracranial hypertension, related to stress. She lives in South Trafford.

Given these two conditions and the barriers to Christine feeling able to travel far to any WCA appointment, I clearly described how she would be restricted on the ESA 50 indicating necessity of an assessment at home in a familiar place.

Christine contacted me in Sept/Oct this year to inform me that she'd had a letter asking her to attend a WCA at Albert Bridge House, Manchester. She had already rung and been informed by Atos Healthcare that if she wanted to be assessed at home her GP practice would need to fax further information about her health so that a decision maker could consider it.

This necessitated numerous 'phone calls between client, GP surgery and Atos to make sure the correct fax number had been given out, that a GP was available within a tight timescale and to reassure Christine that her benefit claim would not stop imminently.

Eventual Outcome: When the decision maker dealing with the request read the further medical information, they contacted Christine to let her know that they were able to make a decision on eligibility without a WCA taking place. She has been placed in the support group for ESA.

### **Testimony 3 provided anonymously**

In 2012 my mum was sent to the ATOS assessment centre, since her long-term Incapacity Benefit claim was being shifted to ESA. She did not have any advocate, although I offered to help but she was concerned that “word would get back” and my own claim would be put under scrutiny. That may sound paranoid but amid several horror stories it is actually a pretty plausible concern, and highlights the climate of terror that the DWP puts benefit claimants under. At the time she had a broken arm which she was waiting to have operated on, which was delayed whilst they investigated a heart murmur. She also has mobility impairments and long-term depression, which was exacerbated by an abusive relationship where she lived at the time. In spite of all the above she was asked to raise her broken arm by the assessor (which it was impossible for her to do), and made to do various tests which were painful. This process was extremely traumatic for her and had her in tears. In spite of all her very visible issues, the DWP put her into the work-related activity group. I helped her to lodge an appeal, and at the hearing on August 2013, I put forward my case for her, with supporting documents (which her GP practice charged a whopping £50 for the privilege). This again was very stressful for my mum, but to both our relief the court overturned the DWP’s decision and had her in the support group, where she has been since, although she too is concerned that she will be re-assessed before too long, and she is wary of venturing out and doing anything in case the DWP find out – again thanks to the toxic attitudes promoted by our government which would have you believe that there are “benefit cheats” around every corner.

# Work Capability Assessment and Post Traumatic Stress Disorder

Childhood sexual abuse and/or rape can be emotionally devastating. One of the psychiatric issues often diagnosed is Post Traumatic Stress Disorder. This includes a range of symptoms which can make leading an ordinary life extremely difficult. For example, feeling scared, anxious, and panicky all the time makes it difficult for individuals to take public transport, meet new people, and enter into unfamiliar social situations. At any time the individual may zone out and feel they are reliving the past trauma in the present, lose concentration or have memories intrude on their current activities. They may be exhausted with lack of sleep due to nightmares and anxiety.

Sexual violence makes people feel ashamed, judged, inadequate, and blamed and it can take many years to recover. Whilst some are able to work, others experience a few or all of the above effects often and unexpectedly so that holding down a job is not always possible. At these times, access to benefits is essential.

The Work Capability Assessment, part of the process to being granted these essential benefits to people who experience Post Traumatic Stress Disorder, causes further distress, anxiety and panic because:

- 1) People are expected to discuss an intimate and private experience making people feel further judged and ashamed.
- 2) The assessments take place in busy and very public centres that are far away from their home. If you are scared for your safety and have little money, travelling such distances is impossible.
- 3) DWP advisors and contracted staff, are ignorant of, and do not understand or hear, the impact of abuse.

These stressful assessments can cause panic attacks, severe anxiety, and zoning out which makes the individual feel immediately worse and in the long term judged. The Work Capability Assessment is a hostile and judgemental process that does not take into account individuals who have mental ill health.

# IT COULD BE YOU

Everyone is just an accident or an illness away from needing financial support, called Employment Support Allowance.

People are sent to Work Capability Assessments (WCAs) to decide if they can receive this support.

We feel that those WCAs are inhumane, unfair and punitive - they assume the people attending are "guilty" until proven innocent. As a result, lives are wasted, families destroyed and communities undermined.

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John was dying from terminal cancer and in constant pain. He lived in his front room lying on a mattress surrounded by medical drips. He was bombarded by continuous letters from the DWP to attend tribunals until his MP intervened.

Susan was discharged from her local hospital and declared fit to work. She died 2 weeks later from cancer after being summoned to attend a tribunal by Atos.

These and many more examples show how inhumane and punitive WCAs are. They are also costly and ineffective – wrong results followed by successful appeals have cost taxpayers hundreds of millions of pounds.

You can read more at [www.wcaactiongroup.org.uk/stories](http://www.wcaactiongroup.org.uk/stories)

Given these stories, can WCAs be defended as humane, fair or effective? If you share our concern, please...

Ask your MP/Parliamentary Candidates, "What will you do to stop inhumane, unfair and punitive WCAs?"

And please let us know how the conversation goes, by emailing [comms@wcaactiongroup.org.uk](mailto:comms@wcaactiongroup.org.uk)