



HOMELESS LINK

SUBMISSION FOR THE WORK CAPABILITY ASSESSMENT CALL FOR EVIDENCE

Homeless Link is the national membership organisation for agencies working with people who are homeless across England. We have more than 490 members, whose services range from local authority housing services, day centres, outreach services, residential care homes, hostels, supported housing, floating support through to employment, training and education.

We welcome this call for evidence for the Work Capability Assessment, especially the queries it raises around multiple conditions, fluctuating needs and equality.

Worklessness is a major problem for homeless people. Research has found that only 2% describe themselves as being in full time employment. Some 24% describe themselves as being 'permanently sick or disabled' and the longer a person is homeless, the more likely they are to describe themselves this way.¹ Nonetheless, 80% homeless people report that it is their goal to work.

In this document we refer to 'clients' as those using the services of our members and when we refer to 'claimants' of Incapacity Benefit or Employment Support Allowance it is these people to whom we refer.

Question 1a: How effectively does the WCA correctly identify those claimants whose condition is such that they are unable to undertake any form of work related activity (the support group?)

Question 1b: How effectively does the WCA correctly identify those claimants whose condition is such that they are currently unable to work due to illness or disability (the limited capability for work group?)

Question 1c: What are the main characteristics that should identify claimants for each group, where these may differ from the current assessment?

We broadly support the principles behind the WCA and its focus on what an individual is capable of achieving. We believe that those who are capable of working should be supported to participate meaningfully in the labour market. Sustainable employment remains one of the main routes out of homelessness and is a key goal for the vast majority of people who are homeless.²

¹ Opinion Leader Research for Crisis 'Homeless people and learning & skills participation, barriers and progression' June 2006 p. 8, 10

² St Mungo's 'Work Matters' June 2010 p. 5.

However, we have concerns about the accuracy and fairness of some decisions affecting the most vulnerable claimants (especially those with multiple or fluctuating conditions). This is leading to claimants being found work ready rather than in the limited capability for work group. This leaves many very vulnerable people without the additional support they need just as they are moving towards employment.

The WCA must fairly assess the needs of people with long term chaotic lives, often stemming from disrupted and abusive childhoods. Such people may appear to have fluctuating conditions at best. However there is often a lifelong pattern of instability and rapid cycling between apparent readiness to live a more settled life and difficulties with managing basic human needs.

To improve the effectiveness of assessments, we recommend that homelessness in itself be considered a health issue, one that impacts on, and is caused by, mental and physical health. Homelessness is also a key indicator of potential problems with basic work skills, such as literacy and numeracy. A more long range and holistic assessment would take these potentially debilitating characteristics and needs into account.

In many cases individuals need additional time and support to address their health needs, build up their skills and gain the confidence needed to re-integrate with the job market. If the WCA recognises this issue, it will reduce the risk of an individual being rushed into employment before they are work ready, and lead to far more sustainable job outcomes and costs savings to the public purse in the longer term.

Mr G has had issues with substance misuse most of his adult life and a disrupted working history. His substance use problems have led to extended periods of homelessness, including sleeping rough. He has recently completed a 28 day drug treatment programme and is living in a hostel for people recovering from drug problems. Just after completing treatment, Mr G had a WCA and was found to be work ready. Mr G has been out of employment for a number of years and is in the fragile early days of recovery. He felt enormous stress about his ability to secure work and was worried that he would not be able to meet the requirements of JSA. The stress of coming off Incapacity Benefit just as he needed security about moving into work, led him to relapse on heroin.

This highlights the need for the WCA to consider a vulnerable individual's wider needs and the additional support they may require. Delaying Mr G's return to work by only a short space of time and providing this support would have reduced the risk of relapse and led to a more sustainable and cost efficient employment outcome.

Question 2: What evidence is there to suggest that any issues with the operation of the WCA are as a result of the policy design, and what evidence is there to suggest that they are as a result of the delivery?

We interpret the large percentage of successful appeals by claimants as indicative of both policy and delivery inadequacies to the task. The 40% success rate of appeals suggests the assessment process is often not meeting its purpose. In order to make an appeal a claimant needs to be sufficiently capable of engaging in the process or be working with a support worker who is experienced enough to make the appeal. Many will not be in this position thus this figure is likely to be an under-representation of the number of inaccurate decisions which are impacting on vulnerable people.

We ask for three changes within the design and delivery of the WCA:

1. training for assessors to better help them accurately assess people with multiple needs
2. policy and procedural change to look at a claimant more holistically, including longer histories and enduring patterns of need
3. the assessment seeks and accepts evidence from non-medical support workers, such as hostel key workers

Question 3: What is the best way to ensure that the effect of fluctuating conditions is reflected in the recommendation of the WCA?

Again, we ask that housing status be used in the assessment criteria. In the context of fluctuating conditions homelessness can be a key indicator of the possibility of relapse and the lasting impact of such conditions.

The descriptors for mental, cognitive and intellectual functions fail to take into account that these capacities can also fluctuate. We ask that similar criteria be applied to these functions as to the physical functions, in that the descriptors include frequency of event.

As many of the clients supported by our members have a complex mix of physical and mental health problems the scoring system which allows points from both sections to be added together helps to ensure they receive the support they need. However, it is our experience that many individuals present with multiple fluctuating conditions that score below the 6 point minimum for consideration. Many are thus being found work-ready, whereas if fluctuating or frequency descriptors were included they would score 6 and if suffering with multiple conditions would meet the criteria for limited capacity for work.

Question 4: What is the best way to ensure that the effect of multiple conditions is reflected in the recommendation of the WCA? Are there specific conditions that should be regarded as contributing to or adding additional weight to others, where both are present?

Homeless people have a higher rate of multiple needs than the general population. Research suggests that 8 in 10 homeless people have a physical health need, and 7 in 10 a mental health need. Many clients experience these over a number of years, and in many cases they will not be engaged with health services.³ If the WCA uses housing status as part of the assessment criteria, then homelessness or a history of homelessness should require the assessor to explore if the client presents multiple needs.

Homeless Link is a member of the Making Every Adult Matter Coalition (MEAM)⁴, formed to influence policy and services for adults with multiple needs and exclusions. As MEAM points out, people with multiple and complex needs:

- experience a combination of issues— often a primary need will sit alongside others or a combination of lower level needs will together be a cause for concern

³ Homeless Link, Interim Findings from the Homeless Health Needs Audit (publication forthcoming, more information is available at: <http://www.homeless.org.uk/health-needs-audit>)

⁴ <http://www.meam.org.uk/>

- are routinely excluded from effective contact with the services they need - this may be because one or all of their needs fall outside the threshold for case managed support; or because their needs have not been formally diagnosed
- tend to lead chaotic lives that are costly to society – caused by their routine exclusion from or ad-hoc use of the services that should be there to help.

This highlights that multiple needs are often difficult to identify and understand. Often, when accounted separately, individual needs may not require significant support but when they are present in the same individual the effect is to amplify the support needs. We ask that assessors have sufficient training around these issues so they can identify those claimants who present with multiple and complex needs and offer an appropriate response.⁵

We recommend that the assessment tool reflects the amplification of support needs in how it allocates points to people with multiple conditions. Currently, somebody presenting with two conditions or functional limitations which score at the minimum consideration would be allocated twelve points, three points under the requirement for limited capacity to work. If they have a third issue at the same level they would score eighteen points, three more than the requirement for limited capacity to work. We ask that when an individual presents with two or more conditions the score should be uprated by 25% to reflect the debilitating impact of multiple conditions, even at relatively low levels, on ability to participate in the workforce.

Q.5 What is the best way to give adequate weighting to additional (or initial) evidence outside of that gathered through the WCA? How can any changes be achieved without placing a burden on GPs and health care professionals and without compromising their relationship with their patients?

People with multiple needs and chaotic lives rarely establish ongoing relationships with GPs or other health care professionals. Therefore we recommend a statement be obtained from support staff working with the claimant, such as hostel key workers, who often have more in-depth knowledge and a longer standing relationship with the client.

Such a statement could take the form of a one page set of questions for the key worker to complete ahead of the actual assessment appointment. This question sheet would give assessors a more holistic picture of the client's health and work readiness alongside any medical evidence gathered. Homeless Link would be happy to assist in developing such a form.

It is also important to note that because many homeless people have been excluded or disconnected from services since early in their lives, many have ongoing but undiagnosed problems, particularly relating to learning disabilities or mental health issues. In a recent Homeless Link survey 80% of homelessness services reported working with clients with borderline learning difficulties.⁶ Therefore it is important assessors accept evidence from sources broader than the medical profession and consider potentially undiagnosed illnesses and disabilities. If done in a systematic way as outlined above, this will minimise the risk of additional burden being placed on these professionals.

⁵ The CLG and the National Mental Health Development Unit has recently published guidance for services and commissioners: 'Meeting the psychological and emotional needs of people who are homeless'. This would be an ideal starting point for assessors in understanding the pervasive disabling effects of mental health problems (complex trauma/personality disorders in particular and place it in the context of homelessness. This is available at <http://www.nmhdu.org.uk/complextrauma>

⁶ Homeless Link Survey of Needs and Provision 2010 <http://www.homeless.org.uk/snap-2010>

Question 6: Is there any evidence to show that there have been particular problems with the WCA for any specific groups? These groups may include, but are not limited to, men and women, people from black and minority ethnic backgrounds, or people from differing age groups.

Whilst we understand the need for medical evidence we have concerns that many homeless people are greatly disadvantaged by their exclusion from medical services. As such it is important that the WCA considers the wider determinants of work readiness, as medical evidence may be limited for individual clients. Although the current guidance does acknowledge this issue to an extent we believe there is still an overreliance on medical evidence, to the exclusion of other valid sources.

As per our responses to Questions 1 and 5 we ask that homelessness be considered an indicator of significant poor health and that non-medical sources of evidence also be admitted.

In addition, the WCA process and assessors must recognise that due to prolonged disengagement from the job market and mainstream services, many homeless people will need support to address skills gaps, and low self-esteem, in order to succeed in the workplace. The WCA must given due weighting to these needs alongside medical capability so that individuals get the support they require to participate meaningfully in the workplace.

Miss M has had a long-term revolving door pattern of offending, short term prison sentences and homelessness since she left local authority care at 18 years of age. She also suffers with depressive disorder and has self-harmed repeatedly. She takes medication for her depression. She is currently living in a second stage accommodation project for women where she receives regular support from the staff onsite. Since leaving prison six months ago she has been on ESA. This period has been the longest she has been out of prison continuously for a number of years and is the first time she has productively engaged with support staff. She is beginning to hope for a different future for herself. The next steps for her involve some non-formal learning experiences which she and support staff hope to build towards more formal learning or training within the next 12 months. As such, Miss M's depression is largely managed and some assessments may find her work ready. However, further investment in the medium term so she can build up towards employment could mean significant savings to the public purse in the future as she moves away from prison sentences and towards independent living.

We also ask that support staff working with homeless people be involved when WCA appointments are missed in order to help support the client to attend. Failure to attend important appointments is a key symptom of complex needs and chaotic lives.

The 'here and now' focus of the WCA, taking only a snapshot of an individual's life experience can mean that the complex difficulties faced by homeless people over long periods of time can be missed.

Summary

We believe that the WCA can be a fairer and more accurate tool to measure the need of claimants if made more holistic and if homelessness becomes part of the assessment criteria. We also judge that changes to the descriptors and points allocated to multiple and fluctuating conditions will also help to better identify the appropriate support level. It is in the best interests of the claimant and the community to correctly identify the level of support needed, so that the right assistance can be provided now to assist people at the right pace into the labour market.

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