A Better WCA is Possible!

How to reform the Work Capability Assessment

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I’m assuming we all know the WCA’s many failures...

‘First, do no harm’: are disability assessments associated with adverse trends in mental health? A longitudinal ecological study

B Barr,¹ D Taylor-Robinson,¹ D Stuckler,² R Loopstra,² A Reeves,² M Whitehead¹

WCA led to:

- 400,000-1,000,000 antidepressants
- 200-1,000 suicides
I’m assuming we all know the WCA’s many failures...
...but it is a disaster if we abandon hope of a better WCA

• Many calls to ‘scrap’ WCA
• Some talk of basic income (but…)
• Effectively no proposals for new assessment (but cf. Spartacus)

Yet a better WCA is possible!
The Rethinking Incapacity project to provide evidence for proposals

Public attitudes
- 6 public focus groups (UK)
- 6 expert focus groups (inc Maximus, DPOs)
- New survey: (2k in each of UK / Norway) – public data!

International comparisons
- 40 expert interviews
- 150+ documents

Micro-data analysis
- Comparing dis. & employment…
  - over time
  - internationally
- Pushing for better dis. measures
We must consider public attitudes – but not defer to them

• ‘To be a credible test, the WCA needs not only to be fair but to be perceived as such’ [Paul Litchfield]

• Ambivalence:
  – 19% ‘not genuinely disabled’, 28% ‘genuine’ but ‘struggled’ to get bens
  – 22% prioritise ‘rooting out fraud’, 45% ‘supporting genuine claimants’
In my Demos report, I split the WCA’s role into three:

1. Establishing ‘genuineness’
2. Assessing work capacity
3. Governing conditionality

“Legitimacy is a balancing act, but we can achieve a much better balance than the WCA”

A BETTER WCA IS POSSIBLE

Ben Baumberg Geiger
How to assess if people are ‘genuine’
Inferring genuineness was crucial to the general public.

Rachel:
[With feeling] All that tax we pay goes into this big pot, and then you’re paying out [to] these people who have not been diagnosed with nothing, and just saying they feel this way, money each week just because they’re feeling unwell. ’Cause that’s what you’re doing. ‘So by the way I’m suffering really bad from migraine. Can I have £100 a week please? I’m not willing to go to work.’

Chloe:
But she’s in pain constantly, she wants to work. She can’t sleep.

Rachel:
[Shouting] Evidence, evidence comes from the doctors! [Normal voice] And the doctors are saying there’s no evidence...
But this seemed to be tied to wider issues of trust

<table>
<thead>
<tr>
<th>Know non-genuine claimant among...</th>
<th>Estimate &amp; 95% CI</th>
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<tbody>
<tr>
<td>...close family</td>
<td>15.1% (12.5, 17.7)</td>
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But this seemed to be tied to wider issues of trust.
Genuineness was similarly an issue for WCA assessors.

I mean if you ask them outright then they tend to say that they’re bad most of the time or all of the time but... when you know... with the background knowledge that might not be a typical pattern for the condition that they’ve got or the disease.

If someone reported medication for seizures yet it wasn’t then listed on their active problems with the doctor, they were reporting seizures three to four times a day, yet had no change in medication, there was no specialist input... I would then use my medical knowledge to say, ‘Well it’s probably not as frequently as they said, otherwise they would have had x, y and z as well.’
But this practice is deeply problematic...

• ‘Likely’ impairments – Evidence base? Training?

• Untransparent – esp. informal observations…
  – E.g. whether can reach into a bag when bursts out crying
A better WCA is possible, which would:

1. Ensure that assessors’ reports can unquestionably be trusted
   - Audio recording + random review
   - Claimant sees first part of report

2. Improve supply of useful medical evidence – consensus…
A better WCA is possible, which would:

3. When disagree with claimant…
   – Ask claimants for explanation, not jumping to conclusions
   – Set a high threshold for over-ruling claimants descriptions

+ Evidence on validity of over-ruling self-descriptions
How to assess if people are capable of work
The trouble with the public’s views on work capacity...

- Wheelchair users vs. people with depression...
The trouble with the public’s views on work capacity...

Wheelchair user
Back pain from accident
Back pain from obesity
Chronic widespread pain
Depression
Schizophrenia-substances
Schizophrenia-trauma

Effect on perceived desert

UK
Norway
The trouble with the public’s views on work capacity...

- Wheelchair users vs. people with depression...
- Instead ground legitimacy in a trusted process
- But how do we do this?
Option #1. ‘Structured’
Max spending for max transparency

• Dutch as best practice
  – Functional capacities assessment
  – Then CBBS – 7000 obs, 250 occs
  – Labour expert tries to find 3 jobs

• Expensive
  (data collection, assessment)
Option #1. ‘Structured’
Max spending for max transparency

• **High legitimacy**
  – Transparent (NL law)
  – ‘Makes sense’ – 3 jobs

• **But theoretical not actual work capacity**...
Option #2. ‘Demonstrated’
Best link to rehabilitation

• Danish as best practice
  – Multidisciplinary rehabilitation team
  – Tool 1: Placement assessments ≈3mths
  – Tool 2: Iterative – learn from experience (IPS)

• Expensive again!
Option #2. ‘Demonstrated’

Best link to rehabilitation

• Legitimacy: ‘makes sense’

Charlotte skal i sengepraktik: Håber tv-program viser, hvor sygt det er

• But hard to implement (SE)

• A long-term aim for UK?
A better WCA would gain legitimacy through a transparent process

- Overhaul descriptors to reflect world of work – *transparently*
  - Many options wrt details, but fundamentally straightforward
  - For PCA 1994, Govt said would be based on activities in 100 most common jobs – but never done...
A better WCA would deal with people with 2+ impairments

• Probably at least half of disabled people – but WCA fails…

• Again straightforward: collect data on functional profiles
  – Dutch-style matching process
  – Clear explanations to claimants
Towards a better WCA...
Put simply, the Treasury don’t want reform…

Chart 6.3: Successive forecasts and outturns for incapacity benefits

Source: DWP, OBR
...so if there is no campaign for a better WCA, it won’t happen

- DPOs?
- Charities/DBC?
- Political parties?
- Others? (Doctors/NHS, social workers et al)

.keyboardinput{We still have a fatally flawed system…
We need to push for a better WCA!