



## **Citizens Advice Scotland response Improving Lives The Work, Health and Disability Green Paper**

**February 2017**

- 1. Citizens Advice Scotland (CAS), our 61 member Citizens Advice Bureaux (CAB), the Citizen Advice consumer helpline, and the Extra Help Unit, form Scotland's largest independent advice network. Advice provided by our service is free, independent, confidential, impartial and available to everyone. Our self-help website Advice for Scotland provides information on rights and helps people solve their problems.*
- 2. In 2015/16 the Citizens Advice network in Scotland helped over 310,000 clients in Scotland alone and dealt with over one million advice issues. With support from the network clients had financial gains of over £120 million and our Scottish self-help website Advice for Scotland received over 4 million unique page views.*

### **Summary**

- 3. CAS welcomes the Government's ambition to reduce the disability employment gap, which is important in ensuring equality, fairness in the workplace and helping people with disabilities and health conditions maximise their incomes. However, it should be recognised that there are people who will not be able to undertake paid work because of their condition or impairment, in a number of cases for the remainder of their life.*
- 4. This response makes the following recommendations:*
  - It is essential to ensure that Work Coaches are appropriately qualified, trained and recognised for any additional responsibilities they have, especially if they are expected to have conversations with those with sometimes serious mental and physical health conditions.*
  - Rather than the generalist approach in which work coaches are expected to deal with a mixed case load of clients, and specialist knowledge being only available as second tier support for work coaches, CAS recommends there should be specialisms that work coaches can develop alongside their generalist role.*
  - In-work progression support should be appropriate to an individual claimant's circumstances. Support should aim to help claimants find a job that is better suited to their skills, experience, ambitions and individual requirements. It should not merely consist of setting targets to apply for a particular number of jobs each week, without regard to suitability or quality.*

- CAS is concerned about how the 'Work and Health Conversation' will be perceived by claimants, and recommends that this is voluntary rather than mandatory, and is framed as a 'work and participation' conversation which recognises the health outcomes of a number of activities, both paid and non-paid.
- The DWP should focus on improving the quality of initial decisions regarding someone's eligibility for ESA. If an individual receives an accurate decision at the initial claim stage and is clear about what financial support they are entitled to, they will be in a much better position to have conversations with health professionals, employers and work coaches about taking steps towards returning to work.
- Given the ongoing issues with the Work Capability Assessment, separating decisions about benefit entitlement from the discussions about employment support may be a positive step. However, this would depend on any role that conditionality would continue to play in determining ongoing benefit entitlement, the extent to which sanctions would continue as part of the system, and the role of Work Coaches in setting mandatory activities and making referrals for potential sanction.
- It should be recognised that people will require financial support to be able to take part in work-related activity, visit the Jobcentre, pay for essential living costs such as food and heating, together with any additional costs arising from disabilities and health conditions. Citizens Advice Scotland remains concerned about the potential negative impact of the abolition of the ESA Work Related Activity component and its Universal Credit equivalent.
- CAS would like to see employment-related support that is voluntary, flexible, not based on the benefit someone is in receipt of, and that offers a menu of choices to create a personalised route to work. CAS recommends that the UK Government works closely with the Scottish Government as the devolved employability programmes are developed.
- CAS welcomes the decision to exempt people with the most severe conditions and disabilities for reassessments. In general, CAS supports the introduction of long-term awards where claimants have conditions that are unlikely to improve.
- CAS recommends that the Government draws on existing research to define what good and appropriate work is, to ensure that people are not forced into low quality, stressful and insecure jobs which may have a detrimental effect on their health.
- CAS recommends the creation of a statutory Employment Commission to oversee the enforcement of employment law, with the legislative teeth to target rogue employers.
- CAS welcomes a reform of Statutory Sick Pay (SSP) that would see employees who return to work on reduced hours earning less than the SSP

rate (£88.45 per week), have their wages topped up by their employers to reach this level, rather than losing entitlement to any SSP as is presently the case.

- In order to improve the processing of fit notes CAS recommends that fit notes are sent directly from the health professional to the Benefit Delivery Centre, rather than having to be posted to the centralised mail handling centre.

## **Introduction and context of response**

5. Citizens Advice Scotland welcomes the opportunity to respond to this consultation. Benefits and tax credits is the largest area of advice provided by Scotland's CAB network, with 227,561 new issues brought to bureaux in 2015/16, representing 39% of advice provided. Additionally, citizens advice bureaux are one of the main providers of employment advice, with 48,530 new issues in 2015/16, 8% of the total.
6. Analysis of the demographic profile of Scottish CAB clients shows that 26% of clients considered themselves to be unable to work due to ill health or disability.
7. CAS welcomes the Government's ambition to reduce the disability employment gap, which is important in ensuring equality, fairness in the workplace and helping people with disabilities and health conditions maximise their incomes. This response focuses on the effects of social security benefits and employment support for the people who are targeted as part of this strategy, together with the impact of unfair employment practices on this cohort.

## **General points**

8. In addition to the detailed points in response to the consultation questions below, there are a number of general points that should be raised in the context of this consultation.
9. Firstly, while CAS would agree that it would be wrong to 'write off' disabled or ill people, it should be recognised that there are people who will not be able to undertake paid work because of their condition or impairment, in a number of cases for the remainder of their life. In these situations, work-focussed support is likely to be inappropriate and may have the unintended effect of worsening an individual's health.
10. Secondly, we would recommend that the Government reconsiders its approach to reducing the amount of social security support available to people who are not currently fit for work. In particular, CAS has repeatedly raised concerns that the decision to reduce the value of Employment and Support Allowance (ESA) and Universal Credit will have a detrimental effect on

claimants, and may be counter-productive in terms of supporting them into employment.<sup>1</sup>

11. Thirdly, there needs to be a clearer recognition of the devolved settlement as part of this approach. The strategy outlined in the Green Paper is ambitious and cross-cutting, but includes many areas that are the devolved responsibility of the Scottish Government (such as health, employability and skills) as well as those reserved to the UK Government (e.g. relevant benefits, Jobcentre Plus, employment and equalities law). In some areas of the Green Paper, some actions overlap these boundaries which may cause difficulties. CAS would recommend the UK and Scottish Governments work together to address areas where responsibilities overlap.

## **Building work coach capability**

### ***How do we ensure that Jobcentres can support the provision of the right personal support at the right time for individuals?***

12. Following its inquiry into The Future of Jobcentre Plus, the Work and Pensions Committee's report stated that:

*"It is concerning that as JCP moves towards directly supporting more claimants with complex needs it is also moving away from specialism, towards a generalist Work Coach model."<sup>2</sup>*

13. Citizens Advice Scotland shares this concern, given the increasing complexity of circumstances and conditions that will be present amongst Jobcentre customers as Universal Credit full service is introduced across the UK. The Work and Health Green Paper notes that more than half of ESA claimants in the support group have a mental health condition, the most prevalent of these being depression, stress and anxiety. Official data analysed by CAS shows that the picture in Scotland is similar, but the table below also shows that alcoholism and drug abuse make up 7% and 5% respectively of all mental and behavioural disorders reported.

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<sup>1</sup> Evidence to Work and Pensions Committee Disability Employment Gap inquiry – Citizens Advice Scotland, May 2016 <http://www.cas.org.uk/publications/evidence-disability-employment-gap-inquiry>

<sup>2</sup> House of Commons Work and Pensions Committee: *The Future of Jobcentre Plus, Second Report of Session 2016-17*, page 17. Available online at: [www.publications.parliament.uk/pa/cm201617/cmselect/cmworpen/57/57.pdf](http://www.publications.parliament.uk/pa/cm201617/cmselect/cmworpen/57/57.pdf)

**Top five most prevalent mental and behavioural disorders recorded for ESA claimants during November 2013 for all Scottish Local Authorities<sup>3</sup>**

<b>Mental and Behavioural Disorder recorded</b>	<b>Percentage of all recorded</b>
<b>Depressive Episode</b>	41%
<b>Other anxiety Disorders</b>	15%
<b>Other Neurotic Disorders</b>	9%
<b>Alcoholism</b>	7%
<b>Drug Abuse</b>	5%
<b>Reaction to Severe Stress</b>	5%
<b>Specific Development Disorders of Scholastic Skills</b>	5%
<b>Mental Disorder not otherwise specified</b>	5%

Source: Data obtained from DWP by Glasgow Caledonian University via a Freedom of Information request.

14. This demonstrates the variety of conditions prevalent amongst ESA claimants, and also gives an indication of the challenges that work coaches face when approaching a ‘work and health’ conversation. Psychotherapists, Community Psychiatric Nurses, those working in drug and alcohol rehabilitation and other mental health professionals train for years to know how to approach talking therapies that will be effective with a particular client group. It is questionable whether generalist work coaches are qualified to provide support to people with such a wide range of conditions, bearing in mind that many ESA claimants have more than one health condition. Work Coaches can be appointed at either the higher Executive Officer or lower Assistant Officer level, and DWP has made a commitment that all new Work Coach posts will be advertised at the EO level, with a salary ranging from £22,000 to £25,230 outside London.<sup>4</sup>

15. Whilst this is a welcome move, it is important to ensure that they are appropriately qualified, trained and recognised for any additional responsibilities they have, especially if they will be expected to have conversations with those with sometimes serious mental and physical health conditions, in order to avoid causing any unintended harm.

16. CAS is also aware of a number of other changes to the benefits system and additional responsibilities that work coaches will be expected to deliver over the coming years. This includes, in addition to the changes proposed in the

<sup>3</sup> Notes:

IB ICD (disease) summary code ICD (disease) code Causes of incapacity are based on the International Classification of Diseases, 10th Revision, published by the World Health Organisation. Medical condition is based on evidence provided at the start of the claim, this in itself does not confer entitlement to Employment Support Allowance and may not represent a claimants most recent medical condition.

<sup>4</sup> House of Commons Work and Pensions Committee: *The Future of Jobcentre Plus, Second Report of Session 2016-17*. Available online at: [www.publications.parliament.uk/pa/cm201617/cmselect/cmworpen/57/57.pdf](http://www.publications.parliament.uk/pa/cm201617/cmselect/cmworpen/57/57.pdf)

UK Government's Work and Health Green Paper, the roll out of Universal Credit, the introduction of in-work progression, supporting those affected by the lowered Benefit Cap and making preparations for the devolution of disability and carers benefits to Scotland. We are concerned that this could lead to a cumulative burden on the role of the work coach.

17. As has been detailed in the Green Paper, the DWP's intention is to support these Work Coaches to navigate this complex legislative and policy landscape and the additional needs of its broader customer-base by recruiting more Disability Employment Advisers (DEAs) who will act as second tier support and supervision for Work Coaches, rather than providing a customer-facing role as they have in the past. Although CAS welcomes the move to recruit more DEAs, we are concerned about the impact that removing this specialist customer-facing role will have.
18. Rather than the generalist approach in which work coaches are expected to deal with a mixed case load of clients, and specialist knowledge being only available as second tier support for work coaches, CAS recommends there should be specialisms that work coaches can develop alongside their generalist role. Although they deliver a different service from the Jobcentre, this model works well for Citizens Advice Bureau who provide a generalist service to a broad range of clients (many of whom are on the Universal Credit legacy benefits), and also have access to specialist knowledge.
19. However, alongside generalist advisers, CABs in Scotland have a number of specialist advisers, who specialise either in a particular area of advice, such as energy or employment, or in a particular client group, such as Armed Services personnel. This model is necessary because the needs of different groups require a specific knowledge base, for example, knowledge about how particular health conditions or disabilities affect an individual, as well as knowledge of what targeted support services are available locally.
20. CAS supports the recruitment of Community Partners and the intention to draw on their local knowledge of services. This is a good way to introduce personal and external expertise from other organisations into Jobcentres in a way which is horizontal as opposed to 'top-down'. However, the proposal for Community Partners to map existing services in each district in order that the Jobcentre can act as a single gateway, whilst well intentioned, could overlap with the role of GPs in signposting and referring to other services, and careful consideration should be given to how this arrangement can be mutually beneficial rather than duplicating services or making inappropriate referrals.<sup>5</sup>

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<sup>5</sup> This point was raised in an informal conversation with a Disability Employment Adviser who had concerns about the role of the DEA overlapping with or undermining the expert opinion of other health professionals involved in that individual's care.

***What specialist tools or support should we provide to work coaches to help them work with disabled people and people with health conditions?***

21. JCP advisers will need an increase in the allotted time available with individual jobseekers if they are to provide appropriate support. Interviews for new claims last around 40 minutes, whilst job search reviews last around 10 minutes.<sup>6</sup> From personal discussions with Jobcentre staff, CAS is of the view that these routine appointments should be longer to adequately support those with complex needs.
22. There is also a need for more comprehensive guidance for Work Coaches on setting conditionality requirements for vulnerable claimants, including examples illustrating the circumstances in which different levels of conditionality would be appropriate.

## **Supporting people into work**

***What support should we offer to help those ‘in work’ stay in work and progress?***

***What does the evidence tell us about the right type of employment support for people with mental health conditions?***

23. In-work progression support should be appropriate to an individual claimant’s circumstances. Support should aim to help claimants find a job that is better suited to their skills, experience, ambitions and individual requirements. It should not consist only of setting targets to apply for a particular number of jobs each week, without regard to suitability or quality. If mandatory requirements are set, caution should be taken that they are reasonable and appropriate.
24. In-work support and progression may be most helpful for people who are underemployed. Citizens Advice Scotland has previously highlighted the consequences of underemployment for CAB clients<sup>7</sup>. This includes part-time or temporary work where an individual would prefer full-time employment, insufficient working hours and the under-utilisation of skills such as university graduates working in non-graduate jobs.
25. As the DWP has recognised, in-work support will require a very different type of approach from that taken with out-of-work claimants.<sup>8</sup> This is particularly

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<sup>6</sup> National Audit Office. Responding to change in Jobcentres, February 2013

<sup>7</sup> Underemployment: Written evidence to the Scottish Parliament Economy, Energy and Tourism – Citizens Advice Scotland, January 2013  
<http://www.cas.org.uk/system/files/publications/Underemployment%20Evidence%20for%20Economy%20Committee%20FINAL.pdf>

<sup>8</sup> Tenth Report of Session 201516, In-work progression in Universal Credit – House of Commons Work and Pensions Select Committee, May 2016  
[https://www.publications.parliament.uk/pa/cm201516/cmselect/cmworpen/549/54907.htm#\\_idTextAnchor037](https://www.publications.parliament.uk/pa/cm201516/cmselect/cmworpen/549/54907.htm#_idTextAnchor037)

important for people with disabilities, long-term health conditions or mental health conditions, particularly fluctuating ones.

26. By their nature, many conditions or impairments will limit the amount of hours people are able to work, and restrict some of the types of work they can do. In each of the past five years from 2010 to 2014, disabled people received over a quarter of JSA sanctions in Scotland.<sup>9</sup> This statistic, allied with case evidence from citizens advice bureaux, suggests that claimants with disabilities are disproportionately likely to be unable to meet conditionality requirements and be sanctioned<sup>10</sup>.
27. Whilst CAS welcomes a personalised service to help people progress in work, to find careers rather than temporary placements, and to increase their earnings, this will require a significant increase in resources to increase current Jobcentre capacity. As detailed elsewhere in this response, CAS is concerned that without a significant increase in the number of Work Coaches, particularly those with specialist skills, it will be difficult to simultaneously deliver new personalised services for in-work Universal Credit claimants, people with health conditions and disabilities alongside existing Jobcentre Plus functions.
28. In addition, Citizens Advice Scotland believes it would not be appropriate to sanction Universal Credit claimants who are in work, until a fundamental review of the purpose and efficacy of the current JSA, ESA and UC sanctions regime and the impact it has on individuals, families and other services has been conducted. This review should also address whether applying sanctions has a clear and demonstrable positive impact on helping in-work claimants find appropriate, better paying work.
29. While CAS does not object in principle to sanctions, we believe that they should only be applied appropriately, with discretion and as a last resort, to deter people who are consistently and deliberately refusing to engage with jobseeking requirements. As CAS has previously reported, this has not been the case for many clients.<sup>11</sup> Applying sanctions would appear to be ineffective, and even counter-productive, in helping support in-work claimants with health conditions or disabilities to progress in work.

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<sup>9</sup> JSA Sanctions in Scotland – July 2015 – Scottish Government Communities Analytical Services <http://www.gov.scot/Resource/0048/00481660.pdf>

<sup>10</sup> Response to Work and Pensions Committee sanctions inquiry – Citizens Advice Scotland, December 2014 <http://www.cas.org.uk/publications/cas-response-work-and-pensions-committee-sanctions-inquiry>

<sup>11</sup> Sanctioned: what benefit? – Citizens Advice Scotland, July 2014 <http://www.cas.org.uk/publications/sanctioned-what-benefit>



## **Improving access to employment support**

### ***Should we offer targeted health and employment support to individuals in the Support Group, and Universal Credit equivalent, where appropriate?***

30. While CAS respects that a 'one size fits all' approach may not always be helpful, and that there are likely to be a number of people in the support group who are keen to recover and move into employment, it is important to recognise that many people in the support group have severe disabilities and/or chronic health conditions which are unlikely to see any improvement, which is the reason they are in receipt of an income-replacement sickness benefit. The social security system exists to provide support for people when they are unable to earn for themselves, and it is not always appropriate to place conditions on receipt of this support.
31. For this reason, CAS recommends that any engagement with those in the ESA Support Group or UC equivalent should be on a purely voluntary basis. It is possible that more could be done by the DWP – and possibly the NHS – to encourage people to take up this voluntary service, but there should be no mandatory requirement for ESA claimants in the support group to have 'keeping in touch days' or conduct any other work-related activity.
32. We are also concerned about how appropriate it is for those with health conditions to have to attend initial appointments at the Jobcentre when they make a claim for UC given that they have not yet undergone a Work Capability Assessment and therefore the DWP is not in a position to know how their disability or health condition affects them.

### ***What type of support might be most effective and who should provide this?***

33. In response to the proposed 'Work and Health Conversation' which will be aimed at those in the ESA support group, CAS supports the fact that this was co-designed with disability organisations, but is nonetheless concerned that that the conversation will not be received in the spirit intended. The DWP's approach to income replacement benefits that centres on conditionality means that even when sanctions applied to ESA claimants are relatively few<sup>12</sup>, CAB in Scotland see many clients who fear sanctions, and this in turn has a detrimental effect on their relationship with their work coach and the way they perceive the Jobcentre as a whole.

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<sup>12</sup> During 2015, there were an estimated 24,500 ESA sanctions, making the average monthly rate was 0.43% before challenges. These figures are from an analysis of official data by David Webster, the University of Glasgow, [Briefing: The DWP's JSA/ESA Sanctions Statistics Release](#), May 2016

***An East of Scotland CAB reports of a client who came to the CAB after attending an appointment at the Jobcentre. The client had been told that his Mandatory Reconsideration had not changed the decision and that he was no longer able to claim ESA. The client was told that he now had to claim JSA and look for work and that if he didn't he would be sanctioned. The client felt that he was unfit for work. He had been in receipt of ESA and prior to that Incapacity Benefit for over 20 years. The jobs that he had done were mostly labouring. The client said that all this worry had caused him to start suffering from depression again.***

34. CAS is concerned that the Work and Health conversation will be perceived by claimants as an attempt to move them off benefits rather than as a person-centred approach which takes the individual as the starting point. In order to make this a more person-centred experience, we suggest that the conversation should be voluntary, as opposed to mandatory, and not have conditionality or the risk of sanctions attached for non-compliance. Secondly, the conversation should be designed in a way that recognises intermediate goals and achievements, rather than paid employment being the only intended outcome. For example, skills or qualifications acquired, volunteering or simply participation in a social activity should be recognised not only as goals and achievements, but as an end in themselves. The Green Paper refers to 'viewing work as a health outcome', and while this is important, it is likely that participation in the kinds of activities listed above also has the potential to be a health outcome for the individual. Therefore, CAS is of the view that the conversation needs to be framed in these terms: rather than a 'work and health' conversation, it might be called a 'healthy activities' conversation or a 'health and participation' conversation. This would help people to feel that the intention behind the policy is to support them as an individual, and they are likely to be more receptive and cooperative as a result.
35. In addition to our suggestions with regards to how the Work and Health conversation is presented to claimants, CAS is of the view that it will be difficult to ensure that this policy is delivered consistently across all jobcentre districts, and the potential for causing distress is high. We are concerned that it will be difficult to train staff to carry out this task in a consistent way, but also in a way that is sensitive to the specific conditions and circumstances of individuals.
36. Despite this policy being developed and consulted on, CAS has received a report of one client in the East of Scotland who appears to have been invited to the Jobcentre for a 'Work and Health conversation'. It may be the case that this policy is being piloted in certain parts of the country, but this case provides an example of the distress and concern that can be caused if these conversations are not handled sensitively.

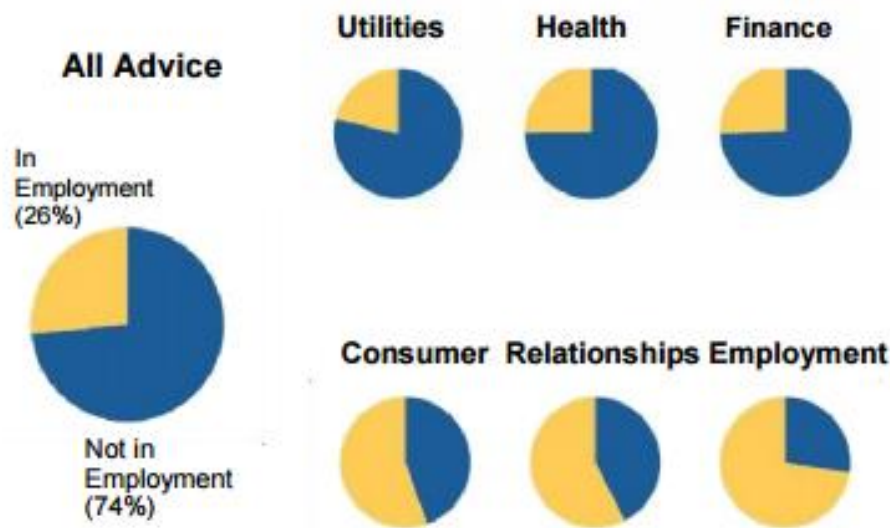
***An East of Scotland CAB reports of a client who has a joint award with his wife of income based ESA, alongside Severe Disability Premiums and PIP. He came in extremely concerned because his wife has been called to a meeting with the local JCP Disability Officer. He cannot understand why the meeting has been called as he is the lead recipient of the benefit and does not have to attend any mandatory activities at the job centre. He was very anxious that his wife will not cope because she suffers from severe anxiety and paranoia and has made several suicide attempts. This has meant that she finds leaving the house almost impossible and generally will only talk to her GP about her situation. On contacting the JCP the CAB adviser was informed that this meeting was mandatory and part of a new process where partners of lead recipients were required to discuss their work status. However, it was reluctantly agreed that it could be by phone and instead of being half an hour it could be for 15 minutes only. The JCP seems unaware at this point whether this will become a regular requirement or whether it is a one off.***

37. Finally, it is important that the DWP works with voluntary sector partners, particularly advice agencies as this policy is introduced, so that partners can reassure their clients and explain what the purpose is and what it will entail. In regards to the above case, neither the local CAB nor CAS was made aware of this change in practice.

***How might the voluntary sector and local partners be able to help this group?***

38. Citizens advice bureaux already provide significant support to those unable to work due to long term ill health or disability. Analysis of the demographic profile of Scottish CAB clients shows that 26% of clients considered themselves to be unable to work due to ill health or disability. Advice provided to clients who are not in employment – which also includes clients who are unemployed, retired or not in work for other reasons - tends to be in relation to benefits, utilities, health and charities and financial support, whereas the largest areas of advice for those in employment are consumer issues, relationship issues and employment related advice (see figure 1).

Figure 1: advice provided to those in employment and those not in employment



39. There may be a role for advice services in providing information and signposting to services that may help people to move closer to employment. However, much of the time spent providing advice to this group is in relation to benefits and, in particular, issues around accuracy of decisions. Employment and Support Allowance is the single biggest issue that bureaux provide advice on, and of that advice, one fifth (24%) is in relation to reconsiderations, revisions or appeals.
40. Citizens advice bureaux in Scotland see many clients who are living in poverty, and who experience periods of financial crisis which means they are unable to buy essentials such as food, rent, and energy to heat their homes. A recent CAS report, 'Living at the Sharp End: CAB clients in crisis'<sup>13</sup>, looks in detail at the causes of gaps in income, particularly with regards to the benefits system; the impact of gaps in income on CAB clients; and the adequacy of existing crisis assistance provided by statutory agencies. Some of the case studies analysed for this research showed evidence of clients who felt unable to begin their journey towards employment, largely due to problems associated with the social security system. This research raises some important policy questions not just about access to crisis support in an emergency, but also about the short and long term consequences that these situations can have on individuals. If someone has no money to pay for essentials and is experiencing material deprivation, it is likely to be difficult to concentrate on looking for work and developing their skills in order to enter the job market.

<sup>13</sup> Living at the Sharp End: CAB Clients in Crisis, Citizens Advice Scotland, July 2016  
[www.cas.org.uk/publications/living-sharp-end](http://www.cas.org.uk/publications/living-sharp-end)

***An East of Scotland CAB reports of a client who suffered a stroke in 2011 and since then often feels muddled and confused. The client had been sanctioned for missing a Work Programme appointment. The CAB adviser explained to the client that he could apply for a hardship payment, and that an application is normally made by completing a form at the Jobcentre Plus office. The client said he had attended the Jobcentre the previous day but had not been informed he could make a hardship payment application. The client returned to the bureau a few days later and said that, despite attending the Jobcentre Plus office the day prior to coming to bureau and asking about a hardship payment, he was not given any information and not told how to apply. The client now has to attend another appointment at Jobcentre Plus but did not have money for the bus fares to the Jobcentre so would have to borrow it from his 81-year-old mother.***

41. Improving accuracy of decisions regarding claimants' eligibility for Employment and Support Allowance and reducing the instances in which people experience a gap in benefit payments is likely to free up the time and resources of advice agencies, which could be dedicated to supporting people to better manage their conditions and engage in activities that are likely to have positive health outcomes, and in some cases lead to employment.
42. Finally, it would be easier to signpost people to the right services if the landscape of statutory support available to help people to move back into work was less cluttered. The Scottish Government is currently carrying out a mapping exercise of existing services with a view to developing proposals that will make this landscape easier to navigate. There may be some learning from this exercise that can be shared with the UK Government.

## **Assessments for benefits for people with health conditions**

***Should the assessment for the financial support an individual receives from the system be separate from the discussion a claimant has about employment or health support?***

43. There would be some advantages and disadvantages in separating the assessment process for benefit purposes from discussions with a Work Coach about support to find employment.
44. Employment and Support Allowance (ESA) is the most common single area of advice provided by citizens advice bureaux in Scotland, with 32,283 new issues related to ESA in 2015/16. Some of the most frequent problems encountered by CAB clients relate to Work Capability Assessments for ESA.

45. As CAS has previously highlighted<sup>14</sup>, problems with Work Capability Assessments (WCA) have included:
- Inappropriate assessment decisions
  - Clients needing an assessment facing a length delay to receive one
  - Clients not being fully aware of the requirements to undertake Work Related Activity and being sanctioned
  - Delays with mandatory reconsiderations
  - Delays in the processing and backdating of awards following successful appeals
46. The number of successful challenges against decisions not to award ESA following assessment remains high. According to the latest official figures, a record high of 16,600 Mandatory Reconsideration requests were made against the outcome of Work Capability Assessments in October 2016. 58% of cases that were further appealed to a tribunal resulted in the WCA decision being overturned.<sup>15</sup>
47. At present, people who have been refused ESA and are challenging the decision can claim Jobseeker's Allowance (JSA) whilst their mandatory reconsideration or appeal is heard. However, this can mean they can be expected to fulfil challenging and inappropriate jobsearch requirements which they are unable to complete.

***A West of Scotland CAB reports of a client who was forced onto JSA whilst awaiting an outcome from her Mandatory Reconsideration for ESA. She has been given a Fit Note by her GP stating that she is not currently fit for work, but this was not accepted by the Jobcentre as it related to the same condition she had claimed ESA for. The client is struggling with the JSA jobsearch conditions due to being unwell. The client was frustrated that her Fit Note appeared to be disregarded, despite her GP having a better understanding of her condition than the healthcare professional who carried out the Work Capability Assessment***

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<sup>14</sup> CAS response to the Fifth Independent Review of the Work Capability Assessment – Citizens Advice Scotland, August 2014 <http://www.cas.org.uk/publications/cas-response-fifth-independent-review-work-capability-assessment>

<sup>15</sup> ESA: outcomes of Work Capability Assessments including mandatory reconsiderations and appeals: December 2016 – Department for Work and Pensions <https://www.gov.uk/government/statistics/esa-outcomes-of-work-capability-assessments-including-mandatory-reconsiderations-and-appeals-december-2016>

***An East of Scotland CAB reports of a client who has a severe mental health condition and requires assistance from a support worker. He was on ESA but following an assessment was found fit for work. The client is challenging this decision and attempted to claim JSA pending the decision. His health issues caused problems at the interview and the client was refused JSA as he was not fit for work. Client is in a 'catch 22' situation where he has been found fit for work by the Work Capability Assessment but cannot claim JSA as he is not fit for work.***

48. Universal Credit, which will eventually replace ESA along with five other existing benefits, operates in a slightly different manner. All claimants, even those who have been assessed as not fit for work and those with a live 'Fit Note' will agree a Claimant Commitment with their Work Coach. In one sense, this already makes a move towards a discussion about employment support that is separate from assessments about the level of benefit entitlement.
49. Caution must be exerted however, to ensure that claimants who are unwell are not required to undertake an unreasonable amount of work-related activity due to an assumption that the Work Coach will be aware of the outcome of a medical assessment.

***An East of Scotland CAB reports of a client who made a claim for Universal Credit. The client had a live Fit Note from her GP and having ticked the relevant boxes for ill-health on her application, she did not mention this at her initial Jobcentre appointment as she assumed that this information would be available to the Work Coach. However, she was placed on full conditionality and was required to make a CV, despite not being able to use computers at all. The client found the experience distressing and left the Jobcentre in tears.***

50. Given the ongoing issues with the Work Capability Assessment, separating decisions about benefit entitlement from the discussions about employment support may be a positive step. However, this would depend on any role that conditionality would continue to play in determining ongoing benefit entitlement, the extent to which sanctions would continue as part of the system, and the role of Work Coaches in setting mandatory activities and making referrals for potential sanction.
51. As the Work and Pensions Committee has noted, Jobcentre Plus staff "have been cast in the role of policemen rather than supporters who help people

progress to and in work. Major changes will be required of Work Coaches.”<sup>16</sup> It would take efforts over a length of time to persuade claimants that there was a separation between discussions with their Work Coach and decisions made about their benefits.

52. As outlined above, citizens advice bureaux advise clients who do not understand the conditional requirements placed on them as part of their Claimant Commitment, or that they feel they can negotiate variations to it. As part of a survey of CAB advisers in 2014, more than four out of five respondents (82%) believed that ESA claimants do not usually, or never, understand the requirements of their benefit.<sup>17</sup> Despite some improvements in this area having been made by DWP since that survey, there remains an issue for claimants’ understanding of the conditions associated with receiving a benefit.
53. It is likely that many claimants would not regard the conversations with their Work Coach as being separate from decisions about their benefit, if the Work Coach played a significant role in determining whether they are referred for a potential sanction. In any event, it would take some time for any perception of ‘Jobcentre Plus staff cast in the role of policemen’ in the mind of claimants to fade. This may have implications for the effectiveness of the employment support conversations.
54. To be able to have an effective employment support conversation with a claimant who has been assessed as being currently unfit for work or work-related activity a Work Coach will require a range of skills. CAS recommends that Work Coaches involved in these discussions should have qualifications or training in occupational health therapy, to ensure that any agreed actions are appropriate and suitable for people with complex, fluctuating or long-term health conditions or impairments.
55. Additionally, it should be recognised that people will require financial support to be able to take part in work-related activity, visit the Jobcentre, pay for essential living costs such as food and heating, together with any additional costs arising from disabilities and health conditions. Citizens Advice Scotland remains concerned about the potential negative impact of the abolition of the ESA Work Related Activity component and its Universal Credit equivalent.<sup>18</sup> If a claimant is receiving inadequate support due to the removal of this component, or they have been incorrectly assessed as being in the Work Related Activity Group rather than the Support Group then they may have difficulty undertaking activity. This should be taken into account as part of any conversations with Work Coaches.

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<sup>16</sup> The future of Jobcentre Plus: Second Report of Session 2016-17 – House of Commons Work and Pensions Select Committee, November 2016

<https://www.publications.parliament.uk/pa/cm201617/cmselect/cmworpen/57/57.pdf>

<sup>17</sup> Sanctioned: what benefit? – Citizens Advice Scotland, July 2014

<http://www.cas.org.uk/publications/sanctioned-what-benefit>

<sup>18</sup> Evidence to Disability Employment Gap Inquiry – Citizens Advice Scotland, May 2016

<http://www.cas.org.uk/publications/evidence-disability-employment-gap-inquiry>



***How can we ensure that each claimant is matched to a personalised and tailored employment-related support offer?***

56. The UK Government needs to ensure that employment-related support provided by the DWP dovetails with employability programmes. This means ensuring that it not only fits neatly with the Work and Health agenda being developed by the UK Government which will be delivered in England and Wales, but ensuring that it also sits neatly alongside the employability programmes developed by the Scottish Government, namely, Work First and Work Able. Official statistics indicate that Work Choice has been more effective than the Work Programme at supporting people into work. Since its inception, 36% of those on Work Choice have achieved a job outcome, with 14% of participants achieving sustained employment for more than six months.<sup>19</sup> In CAS's view, this is likely to be due to the voluntary nature of the scheme, as well as the tailored support designed to address the particular barriers faced by individuals. CAS recommends that the UK Government works closely with the Scottish Government as the devolved employability programmes are developed to ensure that, from the point of view of the individual, the journey into work is smooth and coherent.
57. CAS would like to see employment-related support that is voluntary, flexible, not based on the benefit someone is in receipt of, and that offers a menu of choices to create a personalised route to work. As has been mentioned elsewhere, volunteering and unpaid work can be an important part of the journey to work, and an appropriate destination for some clients.
58. We would also like the Jobcentre to take an approach that recognises the different types of barriers that people with health conditions and disabilities face: attitudinal barriers, environmental barriers, organisational, and communication barriers. It is not always the case that improving skills and gaining qualifications will help someone to move closer to the job market, as the job market has some structural barriers that an individual cannot overcome on their own. There may be a role for the DWP and the Jobcentre in identifying and addressing some of these structural barriers, for example, by encouraging employers to make adjustments that will enable them to adopt the Disability Confident badge, perhaps by introducing an incentive scheme that sees benefits for employers who work constructively with the DWP to make these changes.
59. On a related point, it is also important that the Jobcentre's employment-related support recognises that there are other social-economic barriers to employment that might be just as obstructive as any health-related barriers. These might include access to childcare, economic hardship, unmanageable debt, relationship issues, and housing issues. The Jobcentre should therefore develop strong relationships with other local services that offer debt and budgeting support, welfare and housing advice.

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<sup>19</sup> Department of Work and Pensions, Work Choice Official Statistics, August 2014

***Building on our plans to exempt people with the most severe health conditions and disabilities from reassessment, how can we further improve the process for assessing financial support for this group?***

60. CAS welcomes the decision to exempt people with the most severe conditions and disabilities for reassessments. In general, CAS supports the introduction of long-term awards where claimants have conditions that are unlikely to improve, based on evidence from citizens advice bureaux of clients being asked to attend unnecessary reassessments for ESA and Personal Independence Payment (PIP). This move is also a step towards a separation between decisions over benefit entitlement and employment and health support for people with severe conditions.
61. This Green Paper comes at a time when decisions are being made on what the assessment process for a Scottish successor to Personal Independence Payment should look like. Although ESA and PIP are benefits fulfilling different purposes, many of the issues faced by CAB clients regarding their assessments are similar – experiencing considerable delays before a face-to-face assessment is arranged, clients being asked to travel inappropriate distances for an assessment and clients who are assessed treated unfairly and without dignity and respect. As detailed above, the outcomes of the assessments are often inappropriate with a high rate of challenge and overturn.
62. Based on extensive evidence from CAB clients and advisers<sup>20 21</sup>, CAS believes that much greater emphasis should be given to evidence from the claimant themselves, and from people who know them including health professionals, including GPs and Community Psychiatric Nurses (CPNs), from carers, support workers and family members.
63. This would enable a tiered approach to assessment to be introduced with a face-to-face assessment only carried out in a small number of cases either when a claimant requests one or it has not been possible to gather enough information to make a decision. CAS recommends an increase in the use of paper-based assessments for any Scottish successor to PIP<sup>22</sup>, thereby increasing the availability of assessment centres and ensuring that claimants are assessed at a centre that is familiar, geographically close and easily accessible.
64. CAS recommends that face-to-face assessment should only be carried out by a suitably qualified professional with knowledge and experience of the particular claimant's condition(s). They should take place at a location that is

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<sup>20</sup> Response to A New Future for Social Security: Consultation on Social Security in Scotland – Citizens Advice Scotland, October 2016  
[http://www.cas.org.uk/system/files/publications/social\\_security\\_consultation\\_-\\_response\\_from\\_citizens\\_advice\\_scotland.pdf](http://www.cas.org.uk/system/files/publications/social_security_consultation_-_response_from_citizens_advice_scotland.pdf)

<sup>21</sup> Designing a Social Security System for Scotland: Disability and Carers Benefit – Citizens Advice Scotland, December 2015 <http://www.cas.org.uk/publications/designing-social-security-system-scotland-disability-and-carers-benefit>

<sup>22</sup> Ibid.

local and accessible to the claimant. Claimants should be treated with dignity and respect at all times.

***How might we share evidence between assessments, including between Employment and Support Allowance/Universal Credit and Personal Independence Payments to help the Department for Work and Pensions benefit decision makers and reduce burdens on claimants?***

***What benefits and challenges would this bring?***

65. There is scope for the sharing of information and evidence between assessments to reduce the burdens on claimants, and to improve the accuracy of decision-making. This could include – with the claimant’s express consent – sharing evidence produced in support of a PIP application with ESA decision-makers and vice versa. It could involve sharing of information with the NHS, and when established the Scottish Social Security Agency if the claimant agrees to data sharing.
66. Most CAB clients and advisers who took part in our 2015 ‘Empowering Scotland’ consultation on the future of disability benefits in Scotland<sup>23</sup> thought that there could be improvements to information sharing between services which would reduce the need for claimants to provide the same information more than once.
67. For example, links with GPs and hospitals could be improved. Some suggested a central system which would hold information on claimants from a variety of sources – e.g. GPs, social workers and occupational health – which could then be accessed by the agency making a decision on disability benefits. Participants emphasised that obtaining client consent for information sharing was essential.
68. CAS is of the view that there is a lot of potential for improving the assessment of eligibility for disability benefits through data sharing, although it is necessary to proceed with caution and ensure that data sharing practices yield improved outcomes for clients as well as government departments.
69. However CAS would not support any moves to combine assessments for ESA and PIP as has sometimes been suggested by commentators. Personal Independence Payment is intended to provide financial support to help meet additional costs associated with a disability or health condition and is paid on a universal basis, irrespective of a claimant’s income or employment status. As such, it is assessed on a different basis from ESA, which will consider a claimant’s fitness to work, rather than the impact of their condition on a claimant’s daily living and mobility.

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<sup>23</sup> Ibid.

***Is there scope to improve the way the Department for Work and Pensions uses the evidence from Service Medical Boards and other institutions, who may have assessed service personnel, which would enable awards of benefit to be made without the need for the claimant to send in the same information or attend a face-to-face assessment?***

70. CAS does not have information regarding use of Service Medical Board evidence to assess fitness for work, but we do think that improvements could be made to the way in which NHS medical evidence is used to assess eligibility for benefit claims.
71. It is the responsibility of the DWP or assessment provider to gather medical evidence regarding a claim. However, the claimant can provide further evidence in support of their initial claim if they wish to do so. GPs have a statutory obligation to provide evidence when requested to do so by the DWP or an assessment provider such as Maximus or Atos Healthcare but it is not in their contract to provide medical reports direct to claimants<sup>24</sup>.
72. For ESA and Universal Credit, the DWP may request health professionals to fill in an ESA113 form detailing the patient's conditions and how they affect the individual's ability to work.<sup>25 26</sup> However, CAB advisers have reported that the information provided in these forms is not always detailed and comprehensive.
73. Guidance on the PIP claimant journey advises claimants 'Don't ask for other documents which might slow down your claim... If we need this *we'll ask for it ourselves*' (emphasis added).<sup>27</sup> However, Atos only gathers evidence at this stage if there is the possibility that the claim can be assessed without the need for a face-to-face consultation. In response to a recent survey, when asked what further evidence Atos request on claimants' behalf, 19 survey respondents, unprompted, said assessment providers 'rarely' seek further evidence in regards to a claim, and six further respondents said that Atos 'never' seeks additional evidence (together, they made up 69% of those who answered the question).<sup>28</sup>
74. Individuals can provide evidence in support of their initial claims, which may be called 'further evidence' or 'supporting evidence', but they must gather this

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<sup>24</sup> BMA Guidance to GPs on their statutory obligations:

<https://www.bma.org.uk/advice/employment/fees/benefits-and-work-for-atos>

<sup>25</sup> ESA113 form:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/251339/esa113-interactive.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/251339/esa113-interactive.pdf)

<sup>26</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/524047/medical-reports-completion-guidance.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/524047/medical-reports-completion-guidance.pdf)

<sup>27</sup> Paragraph 2.3.4 of Department for Work and Pensions PIP Assessment Guide

[www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/547146/pip-assessment-guide.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/547146/pip-assessment-guide.pdf)

<sup>28</sup> Based on an adviser survey which was carried out in August 2016 and received a total of 61 responses from 40 CAB offices. This represents 65% of the bureaux across Scotland.

themselves. Further evidence can improve the accuracy of the decision regarding the claimant's entitlement to the benefit, but claimants can experience barriers in accessing supporting evidence. The number one barrier is that health professionals are not required to provide supporting evidence so may refuse to do so, or charge a fee in order to provide it.

***A West of Scotland CAB reports of a client whose GP charges his patients £50 to supply medical information.***

75. Another problem with providing supporting evidence is the tight timescales involved. When asked whether one month was enough time to gather relevant medical evidence in support of their initial claim, 80% of respondents to the aforementioned survey said that one month was 'rarely' or 'never' enough time.
76. A final circumstance in which both ESA (or UC), and PIP claimants are likely to provide medical evidence in support of a claim is when they are challenging a decision regarding their eligibility.

***An East of Scotland CAB reports of a client who attended the bureau after having received a letter from HM Courts and Tribunals Service about his appeal against the decision not to award him PIP. His GP surgery has also recently released to him a copy of a letter from his neurologist, which outlines the brain damage that he is living with. He would like that information to be made available at this stage, as it was not to hand (nor was the GP surgery asked to provide it) for DWP or ATOS.***

77. If the DWP does not gather additional evidence required to assess the claim, and the claimant is told that they have been found ineligible for the benefit in question (having been told *not* to gather supporting evidence at the initial claim stage), then the onus to collect evidence in order to challenge that decision falls on the claimant and the GP is under no obligation to provide what they need. The British Medical Association's guidance regarding appeals is that: 'NHS GPs are under no obligation to provide such evidence to their patients or to provide it free of charge. If a GP does not agree to provide additional evidence for their patient then it is a private matter to be resolved between the GP and their patient.'<sup>29</sup>
78. The longer timescales involved in appeals gives claimants longer to gather the evidence. However, the tight timescale of one month within which to return a mandatory reconsideration means that some claimants do not provide additional evidence at this stage, impacting on the quality of decision making and undermining the purpose of having an internal review process. As one adviser put it:

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<sup>29</sup> <https://www.bma.org.uk/advice/employment/fees/benefits-and-work-for-atos>

*“Unfortunately the majority of cases are not successful at mandatory reconsideration without medical evidence (and more than 50% are won at tribunal).” – Welfare Rights Adviser, Renfrewshire CAB.*

79. Even where supporting evidence is provided at mandatory reconsideration stage, it is not clear that DWP decision makers always treat this evidence appropriately in the decision making process. Almost half (48%) of the responses to our survey said that DWP decision makers ‘rarely’ or ‘never’ make decisions based on a fair appraisal of all the available evidence. This may be due to a number of factors, including timeframes within which to make a decision, issues around training, and issues around decision-maker bias.

***A West of Scotland CAB reports that the medical evidence they sent to the DWP in support of a supersession request was missing from the appeal papers, along with the supersession request letter. The bureau called HM Courts and Tribunals Service who advised that the bureau would have to deal with the DWP regarding the missing GP report.***

80. Provision of high quality medical evidence which provides details of an individual’s condition and how this impacts on their everyday lives is an important part of assessing eligibility for ill health and disability benefits; it can improve efficiency and quality of decision making.
81. However, CAB evidence suggests that DWP and assessment providers do not always gather this evidence, claimants experience barriers in accessing medical reports and decisions are not always reached based on a fair appraisal of all the available evidence.

## **Embedding good practices and supportive cultures**

### ***What are the key barriers preventing employers of all sizes and sectors recruiting and retaining the talent of disabled people and people with health conditions?***

82. At the outset of the Green Paper, the Government makes the point that ‘evidence shows that appropriate work is good for our health. Good work = Good Health, Worklessness = Poor Health’. Whilst this is true in a broad sense, there is also evidence that people who work in low quality, stressful and insecure jobs have poorer general health and a lower satisfaction with daily activities than those who are unemployed.<sup>30 31 32</sup> In addition, as the

<sup>30</sup> Employment, poverty and social exclusion – Poverty and Social Exclusion in the UK project, June 2014

[http://poverty.ac.uk/sites/default/files/attachments/Bailey%2C%20Employment%2C%20poverty%20and%20social%20exclusion\\_0.pdf](http://poverty.ac.uk/sites/default/files/attachments/Bailey%2C%20Employment%2C%20poverty%20and%20social%20exclusion_0.pdf)

<sup>31</sup> Pockock and Skinner (2012) ‘Good Jobs, Bad Jobs and the Australian Experience’ in Warhurst, Carré, Findlay and Tilly ‘Are Bad Jobs Inevitable?’

<sup>32</sup> Marmot (2010) ‘Fair Society Healthy Lives’, p.26: <http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>

information accompanying the Green Paper points out<sup>33</sup>, 18 million days were lost to sickness absence in 2015 due to stress, depression, anxiety and other mental illnesses, 13% of the UK total.

83. It is important that a clear understanding of what represents 'good work' is. However, this is not defined in the Green Paper. Citizens advice bureaux in Scotland advised clients on 48,530 new employment issues in 2015/16. CAS has previously highlighted examples of very unfair treatment of employees by their employers. This includes employees being dismissed or given no further work after being off work due to illness, and clients reporting bullying, discrimination and high levels of stress caused by a lack of support by their employers.<sup>34</sup> Citizens advice bureaux have advised clients whose work placement has worsened existing mental health issues.
84. Developing an understanding of what 'good' and 'appropriate' work is will be essential in ensuring that an approach of 'any work is good work' does not develop, which will in some cases have the effect of making a person's health worse. A number of recent projects have created definitions of what 'good work' looks like, in particular the Scottish Fair Work Framework<sup>35</sup> and the 'Decent Work' research project conducted by Oxfam and the University of the West of Scotland.<sup>36</sup>
85. CAS would recommend that the Government draws from this body of research to set out what good and appropriate work should be regarded as. In addition, it also should be recognised that due to the nature of some conditions and disabilities, there will be individuals who will never be able to undertake paid work.

***What expectation should there be on employers to recruit or retain disabled people and people with health conditions?***

86. Citizens Advice Scotland believes that there should be a reasonable expectation that employers should recruit disabled people and people with health conditions, and proactively take steps to retain workers by making adjustments and demonstrating a willingness to be flexible. As detailed elsewhere in this response, the business benefits of doing so should be emphasised and promoted by Government.
87. At a minimum, employers should comply with their legal obligations, including the duty to make reasonable adjustments under the Equality Act. CAS

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<sup>33</sup> Work, health and disability green paper: data pack – Department for Work and Pensions and Department of Health, December 2016 <https://www.gov.uk/government/statistics/work-health-and-disability-green-paper-data-pack>

<sup>34</sup> Fair Enough? Protecting Scotland's Workers from Unfair Treatment – Citizens Advice Scotland, February 2015 <http://www.cas.org.uk/publications/fair-enough>

<sup>35</sup> Fair Work Framework 2016 – Fair Work Convention, March 2016

<http://www.fairworkconvention.scot/framework/FairWorkConventionFrameworkFull.pdf>

<sup>36</sup> Decent Work for Scotland's Low-Paid Workers: A job to be done – Oxfam Scotland-UWS partnership, September 2016 <http://policy-practice.oxfam.org.uk/publications/decent-work-for-scotlands-low-paid-workers-a-job-to-be-done-619740>

recommends that the Government continues to work with relevant organisations to highlight this duty to employers, together with practical information to help them meet the duty, and allay any fears they may have about complying with the duty.

88. However, in addition to a voluntary approach of encouragement, the Government should consider what measures it could take to require employers to recruit or retain disabled people.
89. Citizens Advice Scotland has consistently opposed Employment Tribunal fees and believes them to be an unreasonable barrier to justice. Evidence from official statistics has shown a significant decline in the number of cases being brought to an Employment Tribunal since the introduction of fees, and CAS evidence has shown that they have deterred or prevented clients from taking apparently strong cases to a tribunal.<sup>37</sup> CAS believes Employment Tribunal fees should be removed and welcome the Scottish Government's commitment to do so once powers in this area are devolved. Whilst CAS welcomes the Ministry of Justice's recent proposals to extend the fees remission scheme and exemption from fees for proceedings for recovery from the National Insurance Fund<sup>38</sup>, we are disappointed that the opportunity to remove Tribunal fees outright was not taken, given the clear evidence from Scottish citizens advice bureaux<sup>39</sup>, and from many other stakeholders, that they represent an unreasonable barrier to justice for people affected by unfair employment practices.
90. In addition, CAS has previously recommended the creation of a statutory Employment Commission<sup>40</sup> to oversee the enforcement of employment law, with the legislative teeth to target rogue employers. This could help support efforts to help people with health conditions or disabilities to stay in work by allowing workers to confidentially report unfair treatment such as breaches of their equalities, dismissal, redundancy rights as well as other basic rights at work. They could bring this information together with outcomes of employment tribunal judgements, non-payment of the National Minimum Wage and tax and reports from other agencies, such as Acas, citizens advice bureaux, trade unions and other advice and representation agencies.
91. Legislation could give the Commission power to investigate these reports, and identify rogue employers who ignore their legal responsibilities and treat their employees extremely unfairly. They could have the power to require unfair employers to undertake training on basic employment rights and to compensate employees who have suffered poor treatment. For the worst offenders, the Commission could have power to levy fines and 'name and

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<sup>37</sup> The Price of Justice: The impact of Employment Tribunal fees on CAB clients in Scotland – Citizens Advice Scotland, March 2015 <http://www.cas.org.uk/publications/price-justice>

<sup>38</sup> Review of the introduction of fees in the Employment Tribunals – Ministry of Justice, January 2017 <https://www.gov.uk/government/consultations/review-of-the-introduction-of-fees-in-the-employment-tribunals>

<sup>39</sup> The Price of Justice: The impact of Employment Tribunal fees on CAB clients in Scotland – Citizens Advice Scotland, March 2015 <http://www.cas.org.uk/publications/price-justice>

<sup>40</sup> Fair Enough? Protecting Scotland's Workers from Unfair Treatment – Citizens Advice Scotland, February 2015 <http://www.cas.org.uk/publications/fair-enough>



shame' unfair employers, in the same manner as those who underpay the Minimum Wage currently can be.

92. However, the new body need not be all stick and no carrot. They could build on the good work carried out by Acas and others and help employers and employees understand workplace rights, actively promote best practice and aim to address problems before they arise, and prevent workers from becoming unfit for work in the first place.

**Which measures would best support employers to recruit and retain the talent of disabled people and people with health conditions? Please consider:**

- ***the information it would be reasonable for employers to be aware of to address the health needs of their employees;***
- ***the barriers to employers using the support currently available;***
- ***the role a 'one stop shop' could play to overcome the barriers;***
- ***how government can support the development of effective networks between employers, employees and charities;***
- ***the role of information campaigns to highlight good practices and what they should cover;***
- ***the role for government in ensuring that disabled people and people with health conditions can progress in work, including securing senior roles;***
- ***the impact previous financial, or other, incentives have had and the type of incentive that would influence employer behaviour, particularly to create new jobs for disabled people; and***
- ***any other measures you think would increase the recruitment and retention of disabled people and people with health conditions.***

93. All the actions outlined above are worthy of further consideration as part of a sustained effort to persuade employers to recruit and retain disabled people, in addition to campaigns to emphasise the business case, and changes to employment law as detailed above and below.

94. Currently, there are numerous services providing support to people who are out of work, or at risk of becoming so, because of ill-health or a disability. These include Jobcentre Plus services, Fit for Work, employment programmes to replace the Work Programme and Work Choice both in Scotland and the rest of the UK together with the devolved Healthy Working Lives and Working Health Services as well as other organisations with a role including Acas, trade unions and citizens advice bureaux.

95. The Scottish Government is considering the creation of a unified Scottish Health and Work Service with a focus on disability and health in economic development work, which includes an intention to improve the links between these services and make it easier for employees and employers to access.<sup>41</sup> CAS welcomes this approach and the collaborative approach between the UK and Scottish Governments on the project.

### ***How can we best strengthen the business case for employer action?***

96. There are business benefits to recruiting and retaining disabled people and those with health conditions. Previously work has been undertaken to emphasise the business benefits of adopting family friendly flexible working

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<sup>41</sup> Health, Disability and Employment (Early Interventions) Project – Scottish Government, March 2016 [http://www.employabilityinscotland.com/media/533178/4\\_phase\\_2\\_-\\_presentation\\_for\\_tsefv2\\_-\\_17032016.pdf](http://www.employabilityinscotland.com/media/533178/4_phase_2_-_presentation_for_tsefv2_-_17032016.pdf)

practices including enhancing employee productivity and retention, decreasing time and cost spent on recruitment, reducing absenteeism and widening a business' talent pool.<sup>42</sup> Similarly, emphasising the business benefits of paying the Living Wage have been successful at persuading employers to pay their workers the voluntary rate, recognising the reduction in staff turnover, improvements in staff performance and improved brand awareness.<sup>43</sup>

97. CAS recommends that the Government produces similar resources to promote the benefits to businesses of recruiting people with disabilities and health conditions, as well as putting in place practices that will support people to stay in work. Many of these are similar to the examples highlighted above – widening their talent pool and increasing productivity and adopting a flexible working approach that could help reduce sickness absence and reduce recruitment costs.

## Staying in or returning to work

***What good practice is already in place to support inclusive recruitment, promote health and wellbeing, prevent ill health and support people to return to work after periods of sickness absence?***

98. Citizens advice bureaux in Scotland have advised clients in situations where their employers have put pressure on them to return early from a period of ill-health, or did not put in place appropriate measures to support their return to work. In some cases, this has involved threatening them with dismissal, despite them being too ill for any form of work. In 2015/16, bureaux advised clients on 968 new issues related to sick leave.

***A West of Scotland CAB reports of a client who worked as a receptionist. Over the last few years a number of manual duties had been added to her job. The client had been off work for eight months with a broken ankle, and when she returned she found she was experiencing further ankle problems. Her doctor gave her a fit note, with a recommendation for amended duties. However, her employer decided to refuse her request to remove the manual duties from her job.***

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<sup>42</sup> Support for Employers – Family Friendly Working Scotland

<http://familyfriendlyworkingscotland.org.uk/employers/>

<sup>43</sup> Good for business – Living Wage Foundation <http://www.livingwage.org.uk/why-pay-living-wage>

***A West of Scotland CAB reports of a client who works as a cashroom assistant in a supermarket. She has been off work due to ill-health since March and was due to return to work this week. She has bi-polar disorder and is on new medication for her psychiatric condition. Her employers are fully aware of her medical background. In addition, she is a single parent with two children, aged 11 and 7. Her employers are also aware of her parental and childcare responsibilities. The client indicated that she had little support while off work. Her employers have not kept in contact with her during her period off work or co-ordinated her planned return to work. For instance, a letter from the store manager inviting her to a meeting was sent so late that she did not receive it in time to attend. The client had to make numerous phone calls to her manager to enquire about her return to work.***

***Eventually she received a call from another manager who indicated her cashroom position was no longer available - she was told the job was being done by someone else, that no other admin positions were available and so she was to go on check-out duties, with different working hours starting the next day. This was not feasible due to short notice. It appeared that no support was being offered regarding checking what adjustments might be necessary to allow her to resume her working role, after several months off work. The client feels pushed out. The shift pattern now required by the employer (including weekends) will make it practically impossible for her to manage childcare arrangements. She says that other members of staff who have taken time off for ill-health have been sidelined or 'forced out' and the employer's attitude is similar when anyone is off with a long-term condition.***

99. Whilst some of these issues may be the exception rather than the norm, the Work, Health and Disability strategy should consider how these situations can be prevented, particularly in insecure, low-paid jobs. This could involve providing information to employers making them aware of their responsibilities towards their staff, as well as information on good practice in this area.

***Should Statutory Sick Pay be reformed to encourage a phased return to work?  
If so, how?***

100. The Green Paper proposes a possible reform of Statutory Sick Pay (SSP). Reforms proposed would mean that employees who return to work on reduced hours which would result in them earning less than the SSP rate (£88.45 per week), would have their wages topped up by their employers to reach this level, rather than losing entitlement to any SSP as is presently the case.
101. CAS broadly welcomes this proposal. It has the potential to help workers who lose out financially by going back to work on reduced hours after a period of illness, or who feel compelled to do more hours than they feel fit to do in order to avoid hardship.
102. In 2015/16, Scottish citizens advice bureaux advised clients on 3,237 issues related to sick pay. As CAS has previously reported<sup>44 45</sup>, some clients have sought advice because their employer was refusing to pay them SSP because of their employment status, particularly temporary or agency staff, as well as people employed on zero hours contracts. Given the increase in these types of insecure work in recent years, CAS would recommend that publicity and information surrounding any change to Statutory Sick Pay should include a reminder to employers of their responsibility to provide at least the legal minimum to staff who are unable to work due to illness.

**Improving discussions about fitness to work and sickness certification**

***How can we bring about better work-focussed conversations between an individual, healthcare professional, employer and Jobcentre Plus work coach, which focus on what work an individual can do, particularly during the early stages of an illness/developing condition?***

103. Appendix 1 provides case notes taken from a series of appointments with an East of Scotland CAB client, and demonstrates some of the difficulties and frustrations that people experience when being signed-off as unfit for work. At the outset of this case, the client works part time as a support worker, but is signed-off due to a cyst on one of her ovaries and the surgery she must undergo to remove this.
104. She spends six months in receipt of Statutory Sick Pay, but subsequently makes a claim for ESA. She is found fit for work by the DWP, and decides to appeal the decision. In the meantime she has conversations with her employer about options for returning to work. The Occupational

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<sup>44</sup> Seeking Decent Work: An analysis of employment advice provided by Scotland's CAB network – Citizens Advice Scotland, April 2016 <http://www.cas.org.uk/publications/seeking-decent-work>

<sup>45</sup> Fair Enough? Protecting Scotland's Workers from Unfair Treatment – Citizens Advice Scotland, February 2015 <http://www.cas.org.uk/publications/fair-enough>

Health company contracted by her employer tells her that in their estimation she is *not* fit for work, and her employer gives her three options: to resign; to be taken to a hearing (we would assume that the "hearing" would be a disciplinary process for non-performance of contract but it is not clear); or to take on another type of work.

105. She then experiences problems receiving her ESA payments from the DWP – which she should receive throughout the appeal process – and spends a number of weeks without income. Finally, she receives the results from her MRI scan which show that the disc is pressing on her spinal column, causing her pain and limited mobility. When the appeal regarding her ESA is heard, the decision is made in her favour, and she is awarded ESA. The total period between her being signed-off as unfit for work and her receiving the outcome of her appeal is ten months.

106. This case demonstrates that people can be stuck in the middle, being told by their employers and doctors that they are unfit for work and should not return to work, and at the same time being found fit for work by the DWP following their Work Capability Assessment. This is a common experience of CAB clients, and the long drawn-out reconsideration and appeals process can mean that they feel they are in limbo, wanting to find out the outcome of the appeal before they approach their previous employer about a possible return to work.

107. Being told different things by the DWP, employer and health professionals is not helpful for individuals, and sometimes appears to be due to the different interests of these agencies. The GP and other health professionals are predominantly interested in helping their patient's recovery and protecting them from harm. The interest of the employer is to have a healthy and productive workforce, which can involve helping someone return to work after a period of ill health, but it can also sometimes mean a desire for the individual to resign so that the post can be filled by someone else.

108. The interest of the DWP is to provide financial support to those in need, but also to encourage people back into work as soon as they are able. CAB evidence suggests that these interests do not always align, and that GPs and employers do not always agree with the decisions that have been made by the DWP about an individual's capacity to work.

"Despite us providing good evidence to the DWP, a large number of patients have their claim poorly assessed. There is often little or no examination... problems are frequently ignored. Constructing appeal letters is very time consuming and eats into our time" – Quote from a GP gathered via a survey of GPs carried out during January 2017.

109. Before it is possible to develop and encourage better work-focused conversations between individuals, health professionals, employers and work coaches, it is necessary to improve the quality of initial decisions regarding someone's eligibility for ESA. Inaccurate decisions and the arduous reconsideration and appeals process is currently a barrier to these

conversations taking place, firstly because GPs (and in some cases employers) feel they spend an inappropriate amount of time supporting patients to challenge inaccurate decisions, and secondly because the individual becomes involved in the process of appealing the decision rather than concentrating on managing their health condition and taking steps towards returning to work.

110. Finally, and perhaps most importantly, when someone challenges a decision via the Mandatory Reconsideration process, it means that their ESA payments stop altogether for this period, and to receive any payments at all they must claim JSA. The consequence of this is that many clients go for periods with no income (as in the case detailed in Appendix 1), which is detrimental to both health and ability to return to work, but if someone in this position does decide to claim JSA during the reconsideration period, they often struggle to keep up with the conditionality involved.
111. If an individual receives an accurate decision at the initial claim stage and is clear about what financial support they are entitled to, they will be in a much better position to have conversations with health professionals, employers and work coaches about taking steps towards returning to work.
112. CAS recommends that steps are taken to improving the accuracy of Work Capability Assessments and decisions regarding eligibility for ESA.

***How can we ensure that all healthcare professionals recognise the value of work and consider work during consultations with working age patients? How can we encourage doctors in hospitals to consider fitness for work and, where appropriate, issue a fit note?***

113. CAS has limited evidence in relation to how doctors and other health professionals can be encouraged to consider fitness for work, but based on recent research into medical evidence in support of benefit claims, CAS is aware that due to other work pressures, health professionals are unable to carry out non-medical activity, even if it will have long-term health and wellbeing benefits<sup>46</sup>. Even when this work is included in the GP contract and paid for by the NHS, doctors and other health professionals may be hesitant to take on additional responsibilities when there are competing priorities; understandably, the clinical responsibilities of health professionals must be prioritised. If doctors are to take on this role, it is essential that additional resources are made available for this.
114. Finally, and has been noted elsewhere in this response, work is not always good for health. If someone is genuinely too ill to work, work can be detrimental to health, equally if the worker is subjected to exploitative work practices. If health professionals are going to be required to have conversations about fitness for work, it is important that they can take a

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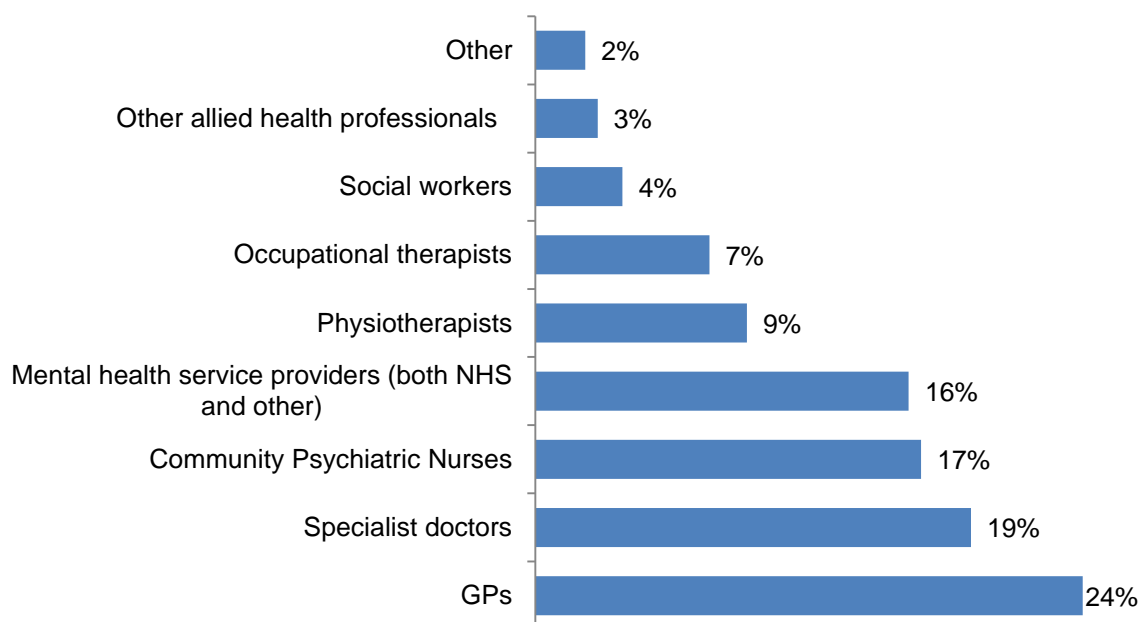
<sup>46</sup> British Medical Association guidance on providing medical evidence:  
[www.bma.org.uk/advice/employment/fees/benefits-and-work-for-atos](http://www.bma.org.uk/advice/employment/fees/benefits-and-work-for-atos)

flexible approach and only carry out these conversations when it is appropriate to do so.

***Are doctors best placed to provide work and health information, make a judgement on fitness for work and provide sickness certification? If not, which other healthcare professionals do you think should play a role in this process to ensure that individuals who are sick understand the positive role that work can play in their recovery and that the right level of information is provided?***

115. In August 2016, CAS conducted an adviser survey which asked a number of questions about medical evidence in support of benefit claims. The survey received a total of 61 responses from 40 CAB offices, which represents 65% of the bureaux across Scotland. In response to a question about which health professionals clients approach for supporting evidence, the most common was GPs, which was selected in a quarter (24%) of the advisers' responses. However, specialist doctors (19%), Community Psychiatric Nurses (17%), and mental health service providers were also mentioned as being approached for evidence in support of benefit claims. Although supporting evidence is not the same thing as fit notes, this provides an indication of which health and social care professionals are likely to have regular contact with individuals and may be best placed to fill in Certificates of Fitness for Work, in addition to GPs.

**Figure 2: adviser survey responses to question: 'Who do clients tend to obtain supporting evidence from?'**



Source: adviser survey conducted in August 2016 to inform CAS's response to the Second Independent Review of Personal Independence Payment.<sup>47</sup>

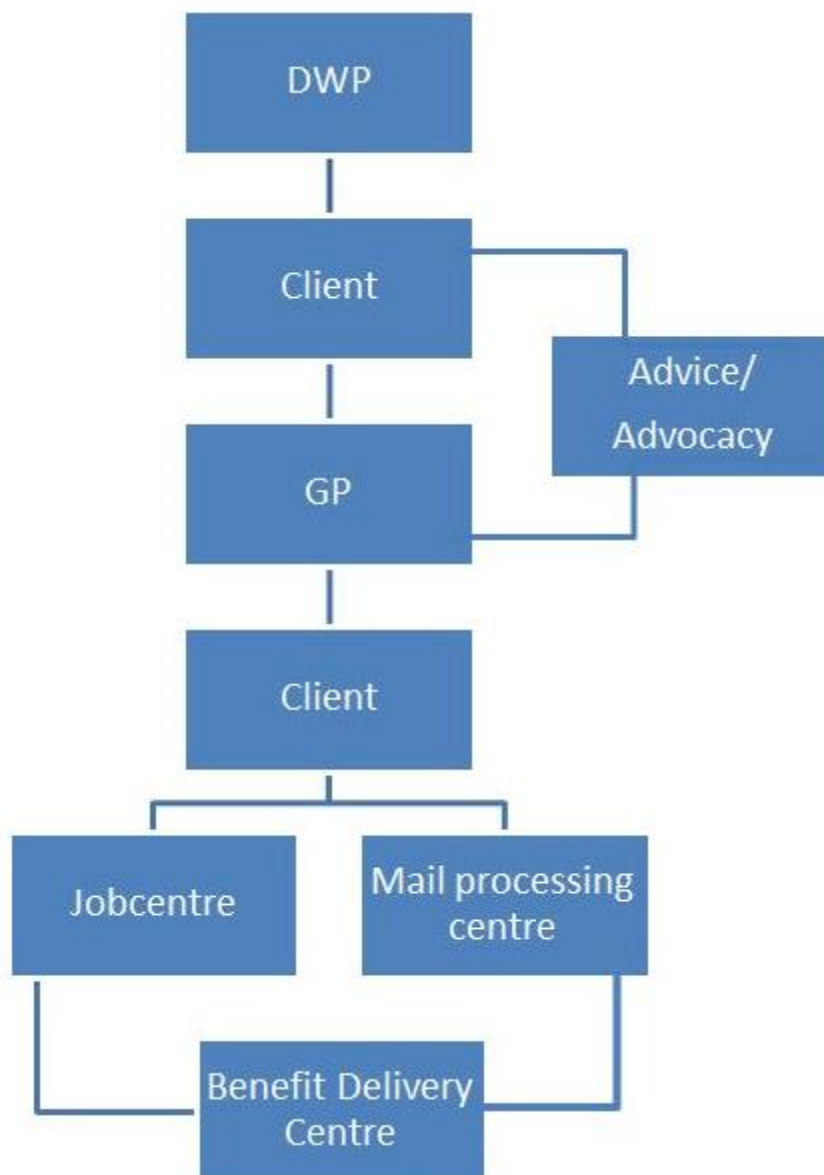
<sup>47</sup> Citizens Advice Scotland response to the Second Independent Review of Personal Independence Payment, September 2016 [www.cas.org.uk/publications/cas-response-personal-independence-payment-call-evidence](http://www.cas.org.uk/publications/cas-response-personal-independence-payment-call-evidence)



***Is the current fit note the right vehicle to capture this information, or should we consider other ways to capture fitness for work and health information? Does the fit note meet the needs of employers, patients and healthcare professionals?***

116. CAS is primarily concerned with the journey that fit notes must take in order to be acknowledged by the DWP and payment to be made to those on sickness benefits, as Figure 3 demonstrates.

**Figure 3: Journey taken by Fit Note**



117. Firstly, the DWP should contact the individual when they are due to provide an up-to-date medical certificate, but there are occasions when this message does not reach the claimant, or when the claimant is unable to act on the information due to literacy, language, physical or mental health barriers.

118. The claimant then has two more potential barriers to overcome: one is to obtain the medical certificate from the doctor within a given period of time, and the second is to get the medical certificate to the relevant department in the DWP. CAB evidence suggests that medical evidence is often lost in the Department's own mail handling systems.

***An East of Scotland CAB reports of a client who came to the bureau with a fit note (dated 10 June 2016; cover starting from 22 April 2016) - this is for submission to the Jobcentre Plus or Clydebank Benefit Delivery Centre as supporting evidence for the claim. The client advised that he had submitted a fit note to the Jobcentre recently but there was difficulty in this being forwarded by email. This client leads a chaotic lifestyle and is experiencing difficulties engaging with DWP. The client has no income and required a referral for a food parcel.***

119. The concern is that if any of these pitfalls prevents the DWP from receiving an up-to-date medical certificate from the individual in question, then they may experience a gap in payments. Given that ESA and Universal Credit are income replacement benefits, this leaves the individual with no income whatsoever. CAB across Scotland have seen many clients who have presented at the bureau with their ESA payments having stopped due to an absent medical certificate.

***A West of Scotland CAB reports of a client who had sent off a new sick line for his ESA claim, and was expecting a payment today. However, when he called the DWP, he was advised that his sick line had not been processed and that he would not get a payment until it did. The client sent it at the end of last week. He wanted to know if he could get a food parcel to tide him over until his payment is made. He has a 17 year old son living with him.***

120. Anecdotal evidence from conversations with Jobcentre staff suggests that there are other processing issues associated with fit notes. These include:

- When a customer is posting a fit note themselves, the fit note will go to a central mail processing site in Wolverhampton, then to the local Benefit Delivery Centre. This can take a considerable amount of time.
- Often, inaccurate information is included on a fit note, for example, the address included on the fit note is that which is held by the GP practice. If the patient has moved house since they registered, the GP practice has the wrong address. This does not match the details held by the DWP and the fit note is rejected.

- Where inaccurate information has been provided, some clients try to amend fit notes themselves, with the consequence that they are invalid, and are rejected by the DWP.
- On some occasions GPs have been known to write down a diagnosis that is not strictly medical, for example “homelessness”

121. Finally, processing issues with fit notes can lead to claimants experiencing a ‘revolving-door’ scenario of transferring from one benefit to another. If someone is in receipt of JSA, they are allowed two short term periods of sickness of up to 14 days each, and one extended period of sickness up to 13 weeks, but *not a day over*. If they do go over this amount of time, the individual is no longer entitled to JSA and must instead make a claim for ESA. A common problem is that GPs often think ‘13 weeks’ is the equivalent of ‘three months’, so they sign someone off for three months. But, three months is frequently longer than 13 weeks, meaning that even though the intention was to only sign them off for a short period of time, the fit note has had the unintended consequence of making the individual no longer eligible for JSA. Furthermore, when that individual makes a claim for ESA, they are unlikely to be found fit for work, and must go back to claiming JSA, a process which can cause a disruption in their payments. Although under Universal Credit there will be fewer problems associated with this ‘revolving-door’ between different benefits, this may still remain a problem because a sickness absence that is longer than 13 weeks will still trigger a Work Capability Assessment.

122. In order to improve the processing of fit notes CAS recommends that fit notes are sent directly from the health professional to the Benefit Delivery Centre, rather than having to be posted to the centralised mail handling centre. This would have the added benefit of Benefit Delivery Centres being able to communicate directly with the health professional if there are any errors or inaccurate information included in the fit note.

123. Finally, rather than using paper based forms which need to be passed from one agency to another, the government may wish to consider the development of a shared electronic system that can be accessed by both health professionals, DWP staff and the individual, which has details about a claimant’s fitness for work, but also the adaptations or activities that may be appropriate to support them to move towards a return to work. Similar to the Universal Credit Digital Service, this could be a ‘living document’ that could be entered and changed by a health professional, reducing the potential for ‘gaps’ between fit notes, and with the potential to be amended depending on the changing condition of the individual.

## **Building a movement for change: taking action together**

***What is the role of government in bringing about positive change to our attitudes to disabled people and people with health conditions?***

***What is the role of government in bringing about positive change to our attitudes to disabled people and people with health conditions?***

124. Both the UK and Scottish Governments have an important role in promoting positive attitudes towards disabled people and those with health conditions. This should include ensuring that people are treated in a dignified and respectful way by public services, including the benefits system. Language used when referring to disabled people should be positive, and both governments should actively work to reduce stigma surrounding disability, mental health and other forms of ill health, including challenging stigmatising behaviour towards people who receive state support due to their condition or impairment.

125. In doing so, the governments must balance competing objectives of positively supporting people to enter or stay in work, with the understandable desire to reduce public spending. As examples referred to throughout this response indicate, decisions designed to cut costs can have the consequence of undermining good work in other areas of government.

126. In delivering support, the governments must also actively work to build trust of disabled people and those with health conditions. As highlighted elsewhere in this response, there is a perception amongst many CAB clients that they are treated unfairly by the social security system. Regardless of whether these feelings are justified or not, for a comprehensive work, health and disability programme to succeed, it must be regarded positively by those it is designed to support.

## Appendix one

### **Case – improving conversations about fitness for work**

Profile: An East of Scotland CAB reports of a couple with one child who is disabled. The client's partner cares full time for their disabled son, and she is in part time work at the beginning of the case, but is signed off work due to ill health and subsequently makes a claim for Employment and Support Allowance.

Throughout the case, the couple have multiple debts that they are struggling to manage. They are heavy smokers (one pack per day) which impacts on expenditure.

**03/10/2013**

*She works part time, 18 hours per week as a support worker. He is a full time carer for their son, aged 7.*

**23/11/2015**

*The client advised that her employer is sending out a form for ESA once her SSP finishes. She is signed off work due to a cyst on one of her ovaries and is hoping to get an operation soon to remove the cyst.*

**22/04/2016**

*The client attended an appointment regarding her ESA claim. She has been found not to have Limited Capability for Work and has received a Mandatory Reconsideration notice which does not change the original decision.*

*Discussed options of appealing or supersession on grounds that her condition has worsened as evidenced in the Occupational Health (OH) report. Client advised to obtain medical evidence from her GP detailing her deterioration.*

**26/04/2016**

*The client was given a letter to give to her GP along with a form for medical evidence. She has been trying to get an appointment. Agreed to meet again once she has seen her GP. Client will also contact the OH company her employer has used and ask if they can provide more detailed evidence though warned client that they*

*may want to charge for this. Also advised her GP will likely charge for medical evidence as well.*

**28/04/2016**

*The client attended the CAB to discuss her employment. She is employed as a support worker but has had several long periods of sick leave and has been off work since October 2015. She met with her manager on Friday and was asked to consider three options for the way forward 1) resign due to ill health, 2) the employer will take matter to a "hearing" or 3) she can transfer to "bank work" for 6 months in which time employer hopes her fitness for work will improve. The client wants to know which option is best to choose for her circumstances and particularly bearing in mind her current ESA appeal.*

*The client has nothing in writing regarding these three options offered by her employer and her decision should be a fully informed one. We could assume that the "hearing" will be a disciplinary process for non-performance of contract but it is not clear. Similarly, we have no detail of what the bank contract would be. To give the client the best chance of making the right decision and for CAB to give her appropriate advice, the adviser telephoned Human Resources (with client's permission) to request that these options are detailed to the client in writing so she knows exactly what is being offered to her, and HR agreed to send something out to client in writing. The employer has told client to take her time in making her decision so no pressure to rush.*

*Await written detail from employer.*

**06/05/2016**

*The client's GP has refused to provide medical evidence in support of her ESA appeal as they say the DWP will ask for what they need. The OH adviser also refused.*

*Her ESA payments have not been re-instated and it was suggested that she calls them to find out what is happening as the appeal has been lodged.*

**11/05/2016**

*The client confirmed that she called the DWP regarding her ESA yesterday and payments should commence within 5 days.*

*The client advised that her GP refused to complete the evidence form and advised that if the DWP wanted it they would request it directly from her. She is due to get the results of her MRI scan today and is going to request a copy of the report. The client will make an appointment to discuss progress next week and whether or not it is worth asking for a copy of her medical records, although she was advised that there will be a charge for this service.*

**18/05/2016**

*The client's MRI scan showed a bulging disc that is pushing into her spinal cord and could also be pushing onto her bladder. She is being referred to the Western General Hospital. No ESA payments have come through but the client has been chasing the DWP by phone.*

**01/07/2016**

*The client attended the CAB to discuss her appeal. She has received a further OH report which confirms she remains unfit for her current position and that there are no recommendations for measures/allowances/adjustments which would facilitate a return to work at this time.*

*Discussed client's condition in relation to distances - the client is in significant pain all the time and cannot walk at a normal pace at all. The client cannot sit for longer than an hour at a time without having to get up and move around. Explained to client that she needs to be clear about what she can and can't do and be able to give examples as well as explain how her condition affects her in terms of exhaustion.*

**13/07/2016**

*The CAB attended the tribunal hearing for the client's ESA appeal. The client's appeal was successful and she has been awarded ESA. HM Courts and Tribunals Service have recommended a shorter period before re-assessment as the client is engaging with her physiotherapist.*

**12/08/2016**

*The client has received her ESA award from DWP and is getting £102 per week.*