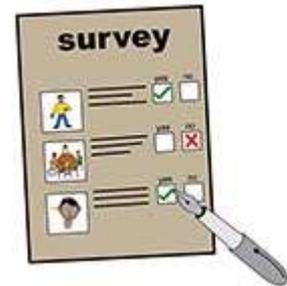


## Introduction

This document is about designing a replacement for Employment and Support Allowance.

Last year, Ekklesia<sup>1</sup> ran a survey for people with chronic illness. The survey asked people with chronic illness what help they would need if they were to start work. The survey also asked how an assessment should be done.



The results of the survey were used to design a replacement for ESA. This design now needs to be improved. Ekklesia are asking people to comment on the design. Comments can be anything about the design. This may be things that need taking out, changing or putting in. Comments can be negative or positive.

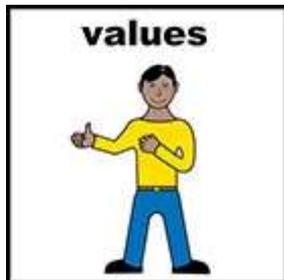
The survey only asked for responses from people with chronic illness. Some people are not chronically ill, but have other reasons for needing help with work. For example, a person may have a learning disability, paralysis or sensory impairment. Ekklesia want these people to comment on the survey. It is important to find out if the design would work for everyone. It may be that a different design is needed for some conditions, or for everyone.

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<sup>1</sup> Ekklesia is a think-tank. Think-tanks are organisations that carry out research in their areas of interest.

## Values

The survey results suggested that there are some values that should be present in any ESA replacement. These are:



- Recognise that people contribute to society in many ways, not just through paid employment.
- Support people to take part in voluntary work.



- Stop using sanctions and conditionality.
- Pay enough in benefits for an adequate life including socialising.



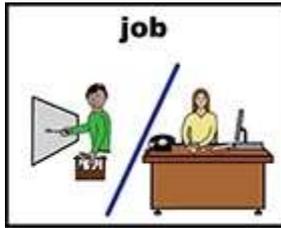
- Give enough consideration to mental health conditions, fluctuating conditions and the accumulated impact of pain and fatigue.



- Provide enough support in all areas of life including health care, personal assistance, household chores and caring responsibilities.



- Don't ask people to work or prepare for work if their health is made worse by work or by preparing for work.



- Recognise that being able to do some work is not the same as being able to work in the way that an employer wants.
- Ensure that there are enough good quality jobs for everyone who wants and is able to work.



- Provide free training to disabled people so that they are qualified for more jobs.
- Help employers to employ qualified disabled people.

### **Question:**

1) What do you think of these principles?

Do you agree or disagree? Do some need changing?

Should any be taken out? Are there others that should be included?

## Assessment Process

The survey results were used to design a replacement for the Work Capability Assessment. It may not be suitable for everyone.

This is the initial design. We want you to say if you think this would work for you, or if it should be different.

**Step 1:** A person asks for a sick note from their GP.



**Step 2:** The GP considers whether the person:



a) Has a short-term condition (the GP signs sick notes until the person recovers);



b) Has a long-term condition, has a job contract and may have some capacity for work (the GP refers the person for an assessment of support needs and capacity for work);



c) Has a long-term condition, does NOT have a job contract and may have some capacity for work (the GP refers the person for an assessment of support needs and capacity for work);

d) Has a long-term condition and has no or very little capacity for work (the GP signs the person off as long-term sick).

**Question:**

2) In this system the GP acts as a triage. The GP signs some people off completely (groups a. and d.) and refers other people for an additional assessment. Do you think GPs would be happy with this role? Should a GP be the only one to decide, or is it better for some people to have a more detailed assessment? Or should everyone be referred for an assessment for support needs and capacity for work?

**Step 3:**



**a) People in group a)** are not asked to do anything until they recover and are able to return to work.



**b) People in group b)** are referred to an Occupational Therapist (or other appropriate profession).

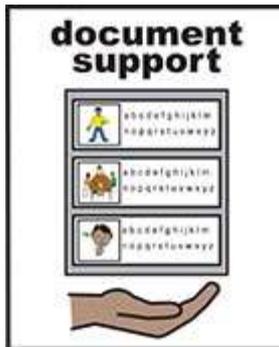


Appropriate medical and other evidence is sent to the Occupational Therapist.



### assessment

The Occupational Therapist discusses what changes the person needs in order to return to work.



### document support

The employer is required to provide those changes so that the person can return to work.



### equipment adaptation

Changes may include things such as a different role, reduced hours, physical adaptations or flexible hours.



### care at home

The government is required to provide any other necessary support, such as support at home or paying for a taxi fare to and from work.

The support must all be provided before the person is asked to try working again. Further changes to work and support may be needed. The person may find that he or she cannot work even with support. This person would join group d).



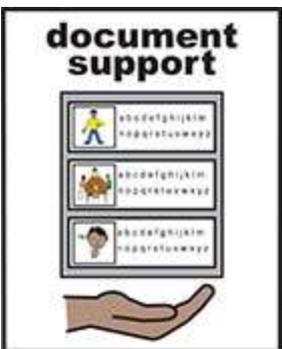
**c) People in group c)** are referred to an Occupational Therapist (or other appropriate profession).



Appropriate medical and other evidence is sent to the Occupational Therapist.



The Occupational Therapist discusses with the person what jobs he or she may be able to do, and what support would be needed to do so. This includes training courses to gain qualifications for a job.



The government has to provide this support before the person can be asked to look for work.

It may be appropriate to allow people to do voluntary work. This helps people find out what they can and can't do. The government should encourage and support this.

A person may find that he or she cannot work even with support, in which case he or she joins group d).



**d) People in group d)** are signed off work long-term by their GP. The GP is responsible for confirming that the person has not become able to work.



These people can see an Occupational Therapist (or similar profession) if they wish. The Occupational Therapist is there to help access other forms of support, such as health care, social care and other benefits.

### Question:

3) How should evidence be collected and used?

4) What supporting (e.g. medical, social) evidence should be used? Should written evidence always be included, or only if the claimant wants it?

Should there be a form for claimants to complete before seeing an Occupational Therapist?

Should claimants meet the Occupational Therapist, or should the assessment of support needs be done using written evidence only?

**Step 4:** The Occupational Therapist (or other appropriate profession) assigns the claimants from groups b) and c) to an appropriate benefit group. This may be:

- 1) **Jobseeker's Allowance.** The Occupational Therapist has identified at least three different job roles/types that the person could do full-time without any additional support.
- 2) **Full-time work capacity.** The Occupational Therapist has identified at least three different job roles/types that the person could do full-time if given appropriate support. The support must be in place before the claimant applies for work.
- 3) **Part-time work capacity.** The Occupational Therapist has identified at least three different job roles/types that the person could do part-time (over 16 and under 37.5 hours per week) if given appropriate support. The support must be in place before the claimant applies for work.
- 4) **Recovery and rehabilitation.** The person needs time to recover from a short-term condition or needs to be able to manage a long-term condition before considering work.
- 5) **Long-term.** The person currently can't work and is unlikely to become able to work in the near future.

**Question:**

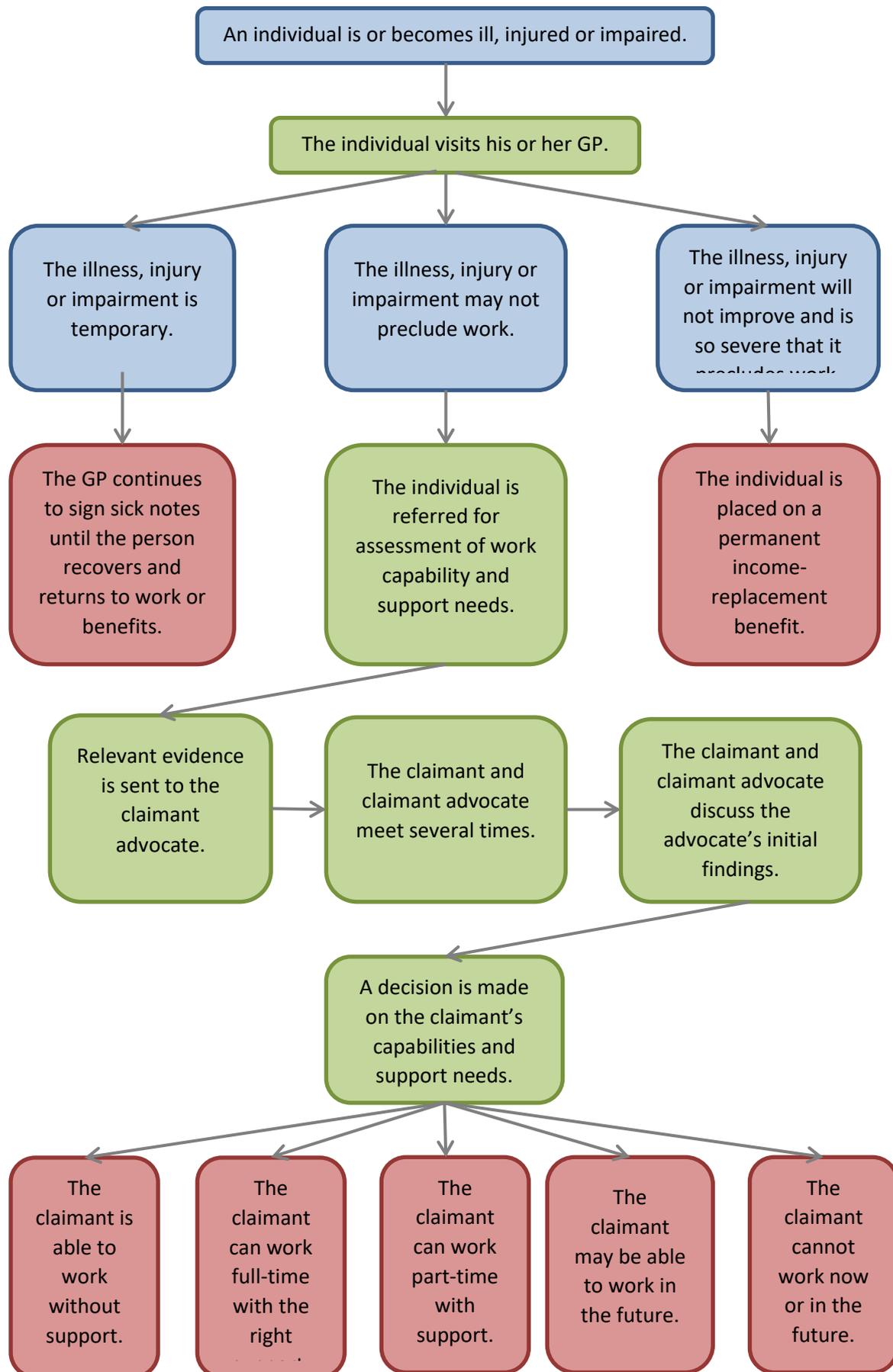
5) These groups are included to help Occupational Therapists (or other appropriate profession) to understand what a claimant may be able to look for once support is in place, and what types of support may be needed. Apart from 1) (Jobseeker's Allowance) they are all the same benefit with the same rate of pay.

Is it helpful to have different groups within one benefit? If groups are used, should they be guidelines only (this would mean they have no effect on benefit or conditions)? Should or could some people in some groups be required to engage with their Occupational Therapist? Should there be a sanction if a claimant does not engage, or a financial reward (incentive) if a claimant does engage?

**Final Comments****Question:**

6) Do you have any other suggestions? These could be for a different design, an improvement to this design or an agreement with this design.  
Any other comments or concerns are welcomed.

# Flowchart of suggested replacement for ESA



## **Contact**

Send a consultation response or any other questions or comments to [ekkleciasurvey@gmail.com](mailto:ekkleciasurvey@gmail.com).