

Fit-for-work or fit-for-unemployment? Does the reassessment of disability benefit claimants using a tougher work capability assessment help people into work?

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ABSTRACT

Background Many governments have introduced tougher eligibility assessments for out-of-work disability benefits, to reduce rising benefit caseloads. The UK government initiated a programme in 2010 to reassess all existing disability benefit claimants using a new functional checklist. We investigated whether this policy led to more people out-of-work with long-standing health problems entering employment.

Method We use longitudinal data from the Labour Force Survey linked to data indicating the proportion of the population experiencing a reassessment in each of 149 upper tier local authorities in England between 2010 and 2013. Regression models were used to investigate whether the proportion of the population undergoing reassessment in each area was independently associated with the chances that people out-of-work with a long-standing health problem entered employment and transitions between inactivity and unemployment. We analysed whether any effects differed between people whose main health problem was mental rather than physical.

Results There was no significant association between the reassessment process and the chances that people out-of-work with a long-standing illness entered employment. The process was significantly associated with an increase in the chances that people with mental illnesses moved from inactivity into unemployment (HR=1.22, 95% CI 1.03 to 1.45).

Conclusions The reassessment policy appears to have shifted people with mental health problems from inactivity into unemployment, but there was no evidence that it had increased their chances of employment. There is an urgent need for services that can support the increasing number of people with mental health problems on unemployment benefits.

BACKGROUND

In recent years, several countries have experienced rising numbers of people on disability-related social security benefits.¹ In response to this rise, many governments have introduced tougher eligibility assessments for these benefits. The aims of these policies are twofold: first, to boost the employment of people with long-standing health problems and disabilities by identifying those who are 'fit-for-work' and disqualifying them from receiving disability benefits, and second, to reduce pressure on public finances by reducing expenditure on disability benefits.¹⁻² People with long-standing health

problems are more likely to be out-of-work than other groups.³ This puts them at greater risk of poverty, potentially exacerbating health inequalities. Improving the employment prospects of people with long-standing health problems, who are the main recipients of disability benefits, could help reduce health inequalities.¹ We therefore investigated whether a policy in the UK to reassess all existing claimants of out-of-work disability benefits,¹ using a new tougher assessment, led to more people with long-standing health problems entering employment.

In most countries, more stringent assessments for disability benefits have only been applied to new benefit claimants⁴; however, the UK government has gone further, reassessing the entire caseload of people on out-of-work disability benefits. This reassessment process used a new tool developed in the UK for determining whether claimants were able to work, called the Work Capability Assessment (WCA). The WCA consists of a checklist of possible levels of impairment in different activity areas (see online supplementary appendix 1 for a list of activity areas). The WCA was introduced in 2008 for all new claims for out-of-work disability benefits. From 2010, the government initiated a programme to use the WCA to reassess all 1.5 million claimants who had started receiving out-of-work disability benefits prior to 2008. This process was due to be completed in Spring 2014; however, around 200 000 people are still awaiting reassessment.⁵

The WCA has been subject to five independent reviews that have identified concerns about its fairness and effectiveness.⁶⁻⁸ Critics of the WCA claim it is inaccurate, as nearly 40% of those initially deemed 'fit-for-work', who appeal, have decisions overturned.⁷ In particular, the reviews indicate that the WCA does not accurately reflect the full impact of mental health conditions on the claimant's capability for work.⁷ The assessment procedure has also been criticised for being impersonal and mechanistic, with a lack of communication between the various parties involved contributing to poor decision-making.⁶⁻⁸ As a result of the independent

¹By out-of-work disability benefits we mean income support benefits that are paid to people who are unable to work due to disability, as opposed those paid to cover the extra costs of disability.

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reviews, however, the WCA has changed over time, including changes to the capabilities assessed, the organisation of the assessment and the appeals process.⁹

It is possible that the reassessment process could increase the employment prospects of people with long-standing health problems by identifying those who are able to work and requiring them to engage in activities to prepare for and find work. Also, moving people assessed as fit-for-work onto unemployment benefits, which are less generous than disability benefits, could incentivise people to find work. A survey carried out by the Department for Work and Pensions found that 18% of those undergoing a WCA were in work 12 months later¹⁰ and a recent study from Austria found that the introduction of stricter assessment criteria for disability benefits increased employment.¹¹ There are reasons, however, to think that the reassessment process might have a limited impact on employment, given that people receiving disability benefits in the UK are concentrated in areas where unemployment is high and demand for labour is weak.^{12–13} People assessed as ineligible for disability benefits still have major barriers to employment, with studies reporting that the employment prospects of older rejected applicants are not much better than those assessed as eligible for these benefits.^{14–16} We conducted a systematic review of studies investigating the employment effects of stricter assessment criteria for out-of-work disability benefits finding that this tended to shift people from disability benefits onto other benefits (eg, unemployment benefits) rather than moving people into employment.¹⁷ We do not know whether the current reassessment policy in the UK has enabled more people with long-standing health problems to enter employment or not.

We have previously shown that the reassessment process was associated with a marked deterioration in a number of indicators of population mental health.¹⁸ In the study presented here we sought to determine whether the reassessment policy had a positive impact on employment by using the fact that different parts of the country were affected to varying degrees by this policy. Specifically, we investigate whether people out-of-work with long-standing health problems experienced a greater increase in the chances of moving into employment in local authority areas where a greater proportion of the population had been through the reassessment process.

METHODS

Data

We used two main data sets for this study. First, aggregate quarterly data on the cumulative number of people undergoing reassessment in each of 149 upper tier local authorities in England, between 2010 (the beginning of the reassessment programme) and 2013 were obtained from the Department of Work and Pensions. Second, we used the Quarterly Labour Force Survey (QLFS), which consists of a rolling panel with each household included for five consecutive quarters.¹⁹ The first wave of the QLFS is face-to-face while waves 2–5 are by telephone. Aggregate local authority data on the reassessment programme were linked to the survey data using indicators of the local authority area in which respondents lived. We included all out-of-work respondents aged between 18 and 64 in England who had responded in at least two consecutive quarterly surveys between 2010 quarter 1 and 2013 quarter 1. The City of London, Rutland and the Isles of Scilly were excluded due to the small sample sizes in these areas. We included proxy responses in the main analysis and conducted additional sensitivity analysis excluding these (see online supplementary appendix 4). We did not include data from beyond 2013 quarter 1

because the question indicating long-standing health problem changed at this point, resulting in a discontinuity in the data series. We excluded respondents who were in full time education and those with missing data (2%) giving a sample of 102 927 responses from 60 506 individuals (see online supplementary appendix 5 for summary statistics).

Exposure and outcome variables

Our exposure variable, the reassessment rate, was the cumulative proportion of the working age population in each local authority area who had been through the reassessment process, by the end of each quarter.⁵ Our outcome variables were the probability that respondents in the QLFS moved into employment or moved between inactivity and unemployment. We used International Labour Organisation definitions²⁰ for unemployment—being out-of-work, but available and actively seeking employment, and inactivity—being out-of-work and not available or actively seeking employment, that is, not in the labour force.

Control variables

From the QLFS, we used variables indicating age, sex, presence of a long-standing health problem, main health condition, years of education and number of quarters since last employment, to control for individual confounders. Health status was grouped into three categories based on the respondent's main health problem: (1) those with no long-standing health problem, (2) those whose main condition was a mental health problem, and (3) those whose main condition was a physical health problem (details of survey questions used are given in online supplementary appendix 9). People whose main condition was physical could have a secondary mental health problem and vice versa; however, we classified these groups based on their main health condition, as this is likely to be the basis on which they would claim disability benefits.

Two educational groups were defined, those who left full-time education before the age of 17 and those who continued in full-time education after this point. Time out of employment was taken as the number of quarters since last employment or for those individuals with no previous employment, the number of quarters since they were aged 18.

We have shown previously that the pattern of the reassessment process followed differential regional trends.¹⁸ The North East, North West and more deprived areas were affected to a greater extent as the programme targeted areas with higher levels of people on out-of-work disability benefits. We therefore included controls at the local authority level for area deprivation using the Indices of Multiple Deprivation (IMD2010),²¹ the proportion of the working age population in each local authority receiving out-of-work disability benefits in 2010,²² government office region and annual gross value added per head of population (the regional equivalent to gross domestic product excluding taxes and subsidies).^{22–23}

Analysis

Initially, we plotted the quarterly probability that QLFS respondents out-of-work with and without a long-standing health problem entered employment each quarter from the first quarter of 2004 to the first quarter of 2013, adjusted for age using the European Standard population. We then used a complementary log-log model to investigate whether increases in the reassessment rate in each local authority area between 2010 and 2013 were associated with increases in transitions into employment among respondents resident in the same areas during this time period. This model provides a discrete time equivalent to a continuous

time proportional hazards model^{24 25} (see online supplementary appendix 3 for further detail). We investigated whether this association varied depending on whether a respondent's main health problem was mental or physical or they had no long-standing health problem, by including an interaction term between the health status variable and the reassessment rate.

To investigate whether increases in the reassessment rate in an area were associated with increases in other labour market transitions, we used a multinomial logit model, that additionally allows for the estimation of transitions into multiple destinations.²⁵ For those unemployed we estimated the association between the reassessment rate in an area and the transitions into either employment or inactivity, and for the inactive we estimated the association with transitions into either unemployment or employment. We included the same control variables as above in these models.

We estimated all the regression models combining data on men and women as well as running the analysis separately for men and women. All analysis included survey weights to adjust for response bias and was carried out in STATA V.14.

Robustness tests

To investigate the sensitivity of our analysis to detect an effect given different sizes of policy impact, we used simulations to estimate the power of the analysis for a range of plausible effect sizes (see online supplementary appendix 7). The analysis had a 75% power to detect a HR of 1.1 at the 5% level. We analysed the level of attrition from the QLFS panel and whether this was associated with the reassessment rate and we conducted analysis adjusting for this attrition using inverse probability weights calculated using methods outlined by Jones *et al*²⁶ (see online supplementary appendix 4 for further detail). We investigated the geographical pattern of the variation in the reassessment rate that was not explained by our control variables; to investigate whether the remaining pattern of variation indicated any other obvious sources of bias (see online supplementary appendix 6).

We repeated the analysis using the fit-for-work rate (the cumulative proportion of the working age population in each local authority area that had been found fit-for-work through the reassessment process), rather than the reassessment rate, as the former may be a more specific indicator of the employment effects of the policy. As it is possible that there was some delay between people being reassessed and subsequently moving into employment, we replicated the models outlined above with the reassessment rate lagged by four-quarters (ie, a year). A 1 year lag was considered appropriate as it has been reported that a relatively large proportion of claimants are in work 1 year after their assessment.¹⁰ We also conducted additional analyses, excluding proxy responses, adjusting for interview mode, controlling for three categories of educational level and adjusting for pre-existing trends in employment transitions by educational group (see online supplementary appendix 4 for alternative analyses).

To test whether our estimates from the QLFS of the effect of the policy on transitions into unemployment could be replicated in alternative data sets, we use a fixed-effects regression model to analyse whether local trends in the reassessment rate were associated with local trends in the quarterly unemployment benefit claimant rate in each local authority (see online supplementary appendix 4 for further details).

RESULTS

By the end of March 2013, 823 360 people, 2.4% of the working age population had been through the reassessment

process (66% of existing claimants). The proportion varied across the country from 0.7% in Wokingham (51% of existing claimants) to Knowsley where 5.4% of the working age population (69% of existing claimants) had experienced a reassessment by March 2013. In total, 191 430 of the total number reassessed (23%) were judged to be fit-for-work (adjusted for all completed appeals).

Figure 1 shows the trend in transitions into employment before and during the reassessment process, for people with and without a long-standing health problem (see online supplementary appendix 2 for breakdown by type of health problem). People with a long-standing health problem had a markedly lower chance of entering employment over this period and this pattern remains relatively stable over time.

Figure 2 shows results from the complementary log-log model indicating the association between the reassessment rate in an area and the chances that people out-of-work entered employment.

In analysis pooling responses from men and women, the reassessment process was not associated with an increase in people with a physical (HR=0.98, 95% CI 0.89 to 1.06, p=0.6) or mental (HR=0.98, 95% CI 0.84 to 1.14, p=0.8) long-standing health problem entering employment. There were, however, some differences in effects by gender. The reassessment process was associated with a significant decrease in the chances that women with a mental health problem entered employment (HR=0.76, 95% CI 0.60 to 0.97, p=0.03) and a significant decrease in the chances that men with physical health problems entered employment (HR=0.88, 95% CI 0.77 to 0.99, p=0.04). In contrast, the reassessment process was associated with an increase in the chances that men with mental health problems (HR=1.19, 95% CI 0.98 to 1.45, p=0.08) and women with physical health problems entered employment (HR=1.09, 95% CI 0.97 to 1.22, p=0.15), although these effects were not significant at the 5% level.

The results from the multinomial logit regressions are also shown in figure 3 indicating the association between the reassessment rate in an area and transitions between unemployment, inactivity and employment. The reassessment process was associated with an increase in the chances that people with a mental health problem moved from inactivity into unemployment. For each 1% of the working age population who experienced reassessment in an area, the probability that inactive people with a mental health problems entered unemployment increased by 22% (HR=1.22, 95% CI 1.03 to 1.45, p=0.02; see online supplementary appendix 8 for further analysis).

We found similar results to our main analysis, when using the lagged, rather than contemporary reassessment rate, when we excluded proxy responses, used alternative controls for education, controlled for interview mode, controlled for pre-existing differential time trends by educational group and when using the fit-for-work rate rather than the reassessment rate (see online supplementary appendix 4). We investigated the factors associated with attrition from the panel and found that the reassessment process was not associated with attrition indicating this was unlikely to bias our results. When using inverse probability weights to adjust for attrition, we found similar results.

The fixed-effects regression analysis of the association between trends in the reassessment rate in each local authority area and trends in unemployment benefit receipt indicated that each additional 100 people experiencing reassessment in an area was associated with an additional increase of 26 people claiming unemployment benefits (95% CI 20 to 31, p<0.001; see online supplementary appendix 4).

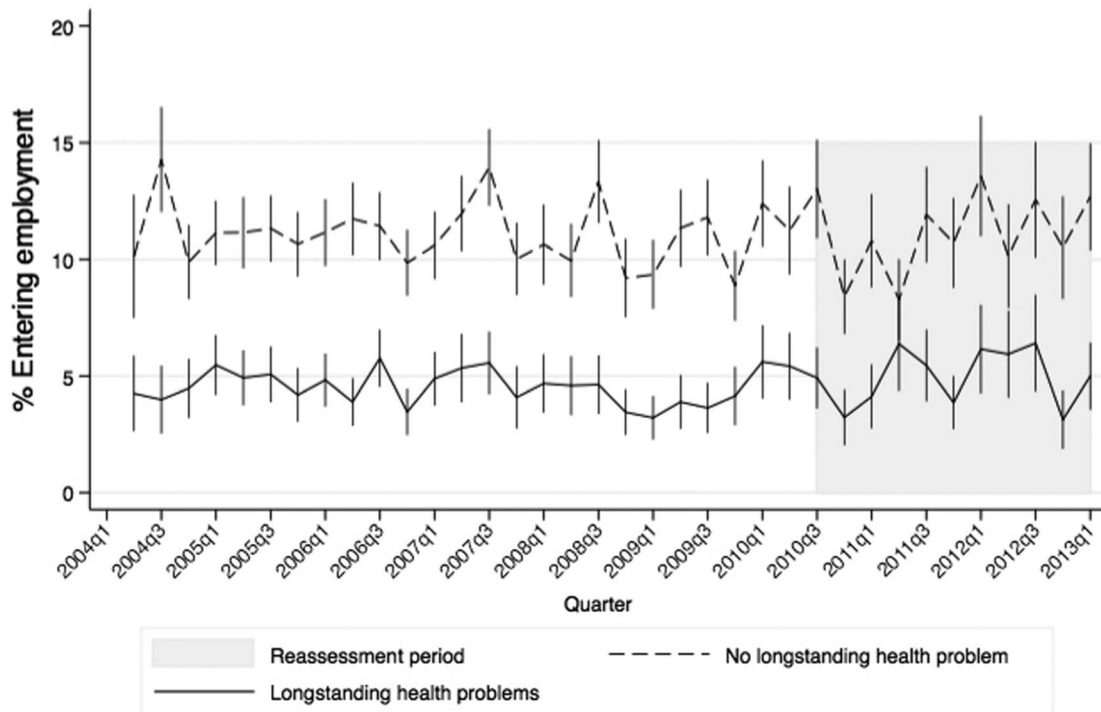


Figure 1 The percentage of working age people (18–64) with and without a long-standing health problem entering employment each quarter, from the second quarter of 2004 to the first quarter of 2013, England (spikes show 95% CI).

CONCLUSION

The programme of reassessing the eligibility of people on disability benefits using the WCA was not on average associated with increased transitions into employment by people with long-standing health problems. It was associated, however, with more people with a mental health problem moving from being inactive and out of the labour market to being classed as unemployed.

Strengths and limitations

A strength of our analysis is that we have been able to link an area-based measure reflecting the intensity of exposure to a policy in each local authority to a large longitudinal survey of people living in those areas. This has allowed for individual and area-based confounders to be controlled for in the analysis. The results also remained similar across a number of different specifications and data sets. The findings are also consistent with evidence from our previous systematic review indicating that similar policies did not markedly increase employment.¹⁷

Some limitations remain. First, the effect of the reassessment policy on employment may have been too small for our study to detect. Investigation of the statistical power of the analysis indicates that we would have had a reasonable chance of identifying an effect if the policy had resulted in 10–20% of those reassessed entering employment. If reassessment process had a smaller impact on employment, it is quite likely that we would not have detected an effect (see online supplementary appendix 7).

Second, it is plausible that the effect of the policy on employment occurs more than a year after the reassessment process, and we were not able to detect these delayed effects. Third, we do not have individual-level data on the people undergoing reassessment and so used area-based associations. We therefore cannot be certain whether these associations reflect changes at

an individual level. For example, it is possible that people moved into employment due to the reassessment process, but that this adversely affected the job prospects of other people with long-standing health problem in the same locality who had not been through the reassessment process. Fourth, it is possible that the association between the reassessment process and employment outcomes was obscured by unobserved confounding factors. When investigating the variation in the reassessment rate that was not explained by the control variables, we found there was no obvious spatial pattern that might indicate missing confounding variables (see online supplementary appendix 6).

Our finding that the effect of the policy on transitions into unemployment was greatest for people with mental health problems needs to be interpreted with some caution. Although this result was significant at the 5% level, it was not the primary hypothesis we planned to investigate. This finding, however, is highly plausible given that most previous research has found that similar policies shift people onto unemployment benefits.^{11 17} We also found that the reassessment process was associated with an increase in the number of people receiving unemployment benefits, and previous reports have found that people with mental health problems were more likely to be assessed as fit-for-work, and therefore more likely to be moved off disability benefits and onto unemployment benefits.^{27 28}

Policy implications

Our results have important implications for policy. The WCA and the associated reassessment process were introduced to increase the employment of people with disabilities and long-standing health problems. However, we have found no evidence that the policy had a substantial impact on their chances of moving into employment and some indication that it might have had a negative impact for some groups. We have previously shown that the reassessment policy was associated with an increase in a number of adverse mental health outcomes,

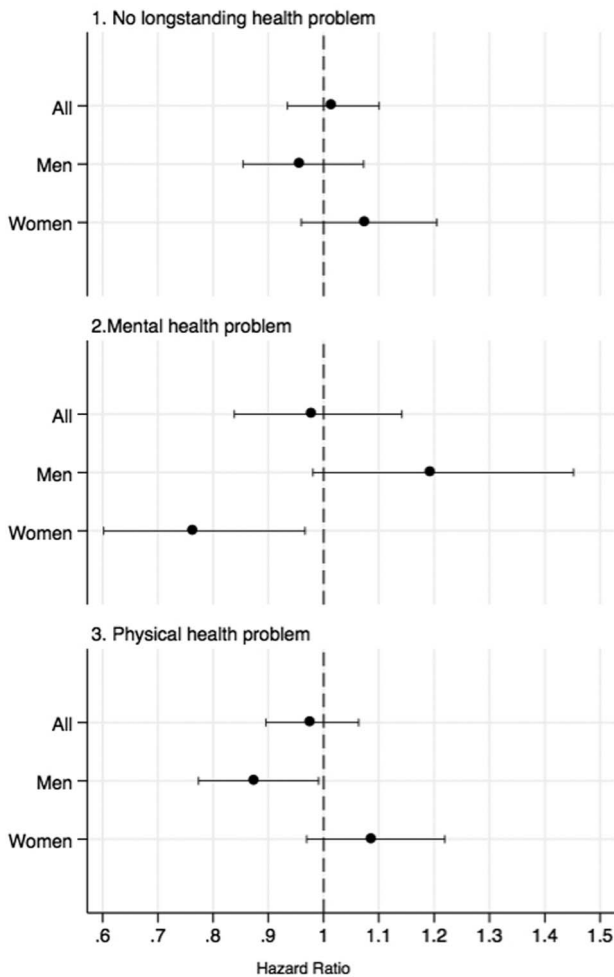


Figure 2 HRs for men, women and combined, indicating the change in the probability that people out-of-work entered employment for each additional 1% of the working age population experiencing reassessment in the area. Models based on formulae shown in online supplementary appendix 3 and control for age, sex, regional gross value added, government office region, education, time since last employment, baseline disability benefit receipt, area deprivation, season and year.

including a large increase in suicides.¹⁸ The observational evidence presented here and our previous paper suggests that the harms of the reassessment process may outweigh the potential benefits. These findings are likely to be generalisable to other countries with similar socioeconomic conditions and welfare systems. Those countries considering similar policies should carefully develop and evaluate alternative approaches that reduce potential adverse health effects while effectively supporting people into employment.

It is possible that the policy did not improve the employment prospects of those assessed because they continued to experience significant barriers to employment, or there was insufficient demand in the local labour market. The widely accepted social model of disability² indicates that whether a person with a given level of impairment is able to work will depend on a number of factors unrelated to their impairment, including workplace conditions, access to education and skills and local labour market conditions.² An important issue for policy makers is whether these factors should be taken into account when assessing disability. A recent report has shown that the UK is relatively unusual in not taking into account these social

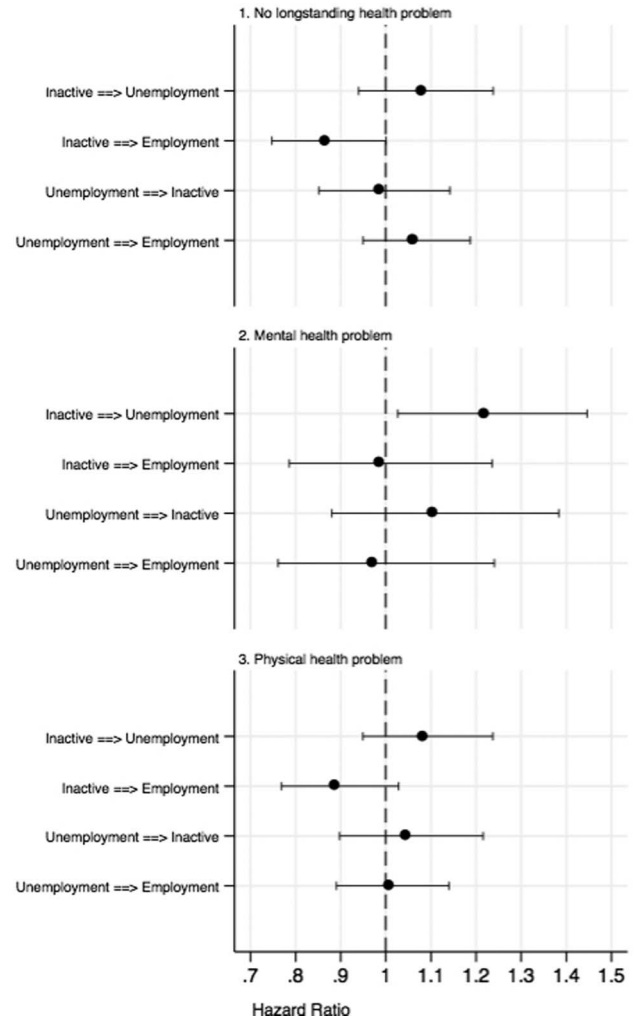


Figure 3 HRs indicating the change in risk of transition between inactivity, unemployment and employment associated with each 1% of the working age population experiencing reassessment in the area. Responses from men and women combined.

factors when assessing disability.² Our finding that being assessed as fit-for-work using the WCA does not markedly improve people's employment chances, indicates that a fairer assessment may need to take into account these social factors if it is to reflect a person's actual chances of finding work.

Our study found that the reassessment process was associated with a reduction in the employment prospects of women with mental health problems and men with physical health problems, and an increase in the employment prospects of men with mental health problems and women with physical health problems. The reasons for this pattern are unclear; however, this finding highlights the importance of taking into account the differential effects of disability assessments when designing approaches that work for all groups.

The movement of people with mental health problems onto unemployment benefits, indicated by our study, has implications for the support that is provided to them and their health and well-being. First, people with mental health problems may find it harder to meet the tougher rules that claimants of unemployment benefits are required to follow or risk losing their benefits. There have already been reports of increasing numbers of unemployed people with mental health problems having their benefits stopped because they were not able to comply with

these stricter conditions.²⁹ There is evidence that these ‘sanctions’ are putting them at risk of severe poverty.^{30 31} Second, mental health-related barriers to employment are unlikely to be adequately addressed through return-to-work programmes targeted at the unemployed.⁴ There is an urgent need to develop better services that support the increasing numbers of people with mental health problems receiving unemployment benefits.

Governments are facing increasing pressure to reduce expenditure on disability benefits by moving claimants off benefits and into work. Improving the employment of people with long-standing health problems and disabilities could help reduce the risk of poverty in this group and contribute to reducing health inequalities. We found no evidence, however, that the policy of reassessing the eligibility of existing claimants using a tougher functional checklist was effective at achieving this aim. This policy could have unintended adverse consequences, by moving people with mental health problems onto unemployment benefits, where they receive insufficient support and are subject to a punitive sanctioning policy which has severe consequences for their health and risk of poverty.

What is already known on this subject

- ▶ Since 2010 over a million claimants of the main out-of-work disability benefit in the UK had their eligibility reassessed using a new Work Capability Assessment (WCA), as part of the government’s strategy to promote the employment of people with long-standing health problems.
- ▶ We do not know whether the policy led to more people out-of-work with long-standing health problems entering employment.
- ▶ No previous studies have investigated the impact of this policy on the employment of people with long-standing health problems.

What this study adds

- ▶ The policy was not associated with increased transitions into employment by people with long-standing health problems.
- ▶ It was associated, however, with more people with a mental health problem moving from being inactive and out of the labour market to being classed as unemployed.
- ▶ Policies using assessments such as the WCA to reassess the eligibility of disability benefit claimants may have little or no effect on the employment of people with long-standing health problems.
- ▶ Increased support is needed for people with mental health problems who were moved onto unemployment benefits as a result of this policy.

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DS, AR, RL, SW and MW contributed to data interpretation, manuscript drafting and revisions. All authors agreed the submitted version of the manuscript.

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