

4.6 Deputy G.P. Southern of the Minister for Social Security regarding the assessment of the impairment components of Income Support:

Does the Minister consider that any of the criticisms of the administration of the Work Capability Assessment/Employment Support Allowance system run by Atos on behalf of the Department of Work and Pensions in the U.K. could equally be applied to the similar tests run by her department to assess impairment components of Income Support and, if not, why not?

Deputy S.J. Pinel of St. Clement (The Minister for Social Security):

The Deputy has submitted a very similar written question to which the answer has been tabled today. In order not to waste Members' time I will attempt not to repeat too many of the points that have been answered in greater detail there. The Deputy asks if criticisms of the administration of the U.K.'s Work Capability Assessment can be applied to income support. The short answer is no. There is no connection between the 2 systems. There are 2 reasons for this. Firstly, as I have pointed out in my response to the written question, it is true that the 2 tests both look at loss of function in areas of the mind and body but this information is used in different ways and for different purposes. As its name indicates, the U.K.'s test is designed solely to assess fitness to work whereas the Income Support Impairment Assessment is designed to assess much broader needs for increased personal care. These 2 objectives are not easily compared. Secondly, and without knowing the specific criticisms levelled at the administrative service provided to the D.W.P. by Atos, the assessment process used by my department is run internally by our own staff. My understanding is that Atos have been criticised for the way they administer the D.W.P.'s own test, not for content of the test itself which they did not have a hand in designing. Given these 2 key differences it is clear to me that the criticisms levelled at Atos are neither comparable to our test nor to our administration of it. The nature of these tests is inevitably a detailed and specialist area but I would like to reassure Members that it is, as is often the case, criticisms of superficially similar benefits in the U.K. do not apply to Jersey's system.

4.6.1 Deputy G.P. Southern:

The Minister makes the following statement in her response to the written question: "A comparison between the 2 tests is not therefore meaningful in the way this question anticipates." Does she accept that 9 out of the 17 questions asked in both of these tests, both in Jersey and in the U.K., are very similar or identical in each case and that 9 out of 17 questions refer to similar testing which does legitimate a comparison between the 2?

Deputy S.J. Pinel:

Both tests, U.K. and Jersey, look at the mind and body so there will be similarity in their wording because there are only so many ways to look at the human body. The U.K. is only looking for fitness to work, our test is to award a much broader disability benefit. Jersey tests use the similar standardised language as used in the U.K. test but for a different purpose. The U.K. story is not a criticism of the basis of the test itself, just its administration.

4.6.2 Deputy G.P. Southern:

Is the Minister aware that the rejection rate on appeal of this particular test in the U.K. is 40 per cent; 40 per cent of decisions declared to be incorrect and in the context of the broader use, or the use of this particular test for the broader aims that she says, does she not think that this might cast some doubt on the accuracy and the usefulness of her particular test?

Deputy S.J. Pinel:

No, I do not. As I have said before in the written question and before in my opening answer, the 2 tests are very different. The Jersey test, which is 20 questions, uses a lot of the similar language but

is in order to assess the personal care level not just the capacity to work as is the case with the English test.

The Bailiff:

Final supplementary.

4.6.3 Deputy G.P. Southern:

Referring to the impairment level as care level I do not believe is accurate. What we are talking about is assessing a degree of impairment and that we use very similar questions to those used in the U.K. to assess that which is much broader than what it is used for and designed for in the U.K. Surely, she should be examining the usefulness of this test, the accuracy of this test and the efficacy of this particular test to fulfil these broader aims. Will she review the use of this test?

Deputy S.J. Pinel:

I do not think there is any doubt that the efficacy of this test is in dispute. The determining officers at Social Security are advised to analyse medical evidence supplied by the G.P. (general practitioner) or the hospital, and they come up with an answer of the level of impairment or increased impairment or not as the case may be. The Work Capability Assessment referred to, which was used by the D.W.P. in the U.K., has only 2 components which is limited capability to work or limited capability for work related activity. Our tests are far more comprehensive.

Deputy G.P. Southern:

A supplementary, if I may?

The Bailiff:

Well, it is a habit this morning to have 2 final supplementaries, so yes, if you wish?

4.6.4 Deputy G.P. Southern:

Very generous of you. I am sure you will tighten up later. Can the Minister confirm that the officers in charge of these tests are not medically qualified and rely on D.W.P. and Internet sites to make their judgments?

Deputy S.J. Pinel:

The determining officers, as I have just said, are not medically qualified but they are trained by D.W.P. training officers and by experienced, normally just retired, doctors and they will always analyse the evidence given to them medically.