



Employment and Support Allowance:
Outcomes of Work Capability
Assessments, Great Britain – new claims

Department for Work and Pensions:
Quarterly official statistics bulletin



Issue: 24 January 2012

Executive Summary

The bulletin

This report presents information on new claims for Employment and Support Allowance (ESA) in Great Britain. It provides statistics on the outcome of completed assessments, claims still in progress and claims closed before the assessment process is complete.

Its focus is on the 3 months' worth of new information since the last release. It also updates figures provided in previous releases, to reflect additions to and revisions of the source data. Note that robust data is only available for claims that began at least 8 months ago due to the time required to arrange and complete assessments and record and process data.

Important notes

This issue of the statistical series:

does *not* contain Incapacity Benefit reassessments to determine eligibility for ESA; and includes some cases having face to face assessments after revision to the Work Capability Assessment (WCA) in March 2011.

Headline figures

Figures in this issue cannot reflect the final outcomes, because they do not include: effect of appeals still lodged in the legal system; and claims with no outcome yet recorded.

For these reasons it is likely that the statistics underestimate the proportion of claimants who will ultimately be awarded the benefit by greater amounts for more recent periods. Allowing for these factors, overall statistics show a similar picture to that given in the last issue of 25 October 2011 – please see the results section.

The following numbers give the most consistent measure of the outcomes of completed assessments, by excluding outcomes after appeals. However, by excluding the effect of appeals this is likely to underestimate the proportion of claimants who will eventually be awarded the benefit.

Outcomes of initial assessments for claims started from March to May 2011 show:

- **48 per cent of claimants have an outcome i.e. decisions have been made on their claims;**
- 38 per cent of claimants had their claim closed before having a face to face assessment; and
- 14 per cent of claimants were still undergoing assessment.

Claimants with an outcome for their claim can be broken down as follows:

- **43 per cent of claimants were entitled to the benefit. Within this –**
 - **21 per cent of claimants were placed in the Work Related Activity Group (WRAG), and**
 - **22 per cent of claimants were placed in the Support Group (SG); and**
- **57 per cent of claimants were assessed as Fit for Work (FFW) and are no longer eligible for ESA.**

An explanation of outcomes is given at 1.2, and more details are given at 2.5.1 in this document and Table 1a of the accompanying tables.

The next set of figures give a fuller measure of the outcomes of completed assessments by incorporating outcomes after appeals where these are known. However, due to the length of time it takes for appeals to be heard, these figures cannot show the full impact of appeals, and so may still underestimate the proportion of claimants awarded the benefit.

Outcomes of initial assessments adjusted for appeals for claims started from March to May 2011 show:

- **48 per cent of claimants have an outcome i.e. decisions have been made on their claims;**
- 38 per cent of claimants had their claim closed before assessment was complete; and
- 14 per cent of claimants were still undergoing assessment.

Claimants with an outcome for their claim breakdown as follows:

- **44 per cent of claimants were entitled to the benefit. Within this –**
 - **21 per cent of claimants were placed in the WRAG, and**
 - **22 per cent of claimants were placed in the SG; and**
- **56 per cent of claimants were assessed as FFW and are no longer eligible for ESA.**

More details on the findings are given at 2.5.4 in this document and Table 4 of the associated tables.

Note on changes

The Department for Work and Pensions (DWP) has revised the presentation of this publication to make the statistics easier to understand and to provide more and clearer context to those with limited knowledge of the benefit system.

The accompanying tables contain the same volumes and some percentages as before, or else allow percentages to be derived easily from the volumes.

The views of known users have been taken account of in the development of this refreshed bulletin, and we would welcome feedback from others using the contact details at the back of this report.

Content

- 1. Information..... 1
 - 1.1. Benefit introduction..... 1
 - 1.2. Functional assessment..... 1
 - 1.3. Claimant journey..... 1
 - 1.4. Decision-making basis..... 2
 - 1.5. International comparability..... 3
 - 1.6. Closed and live claims..... 3
- 2. Results..... 4
 - 2.1. The bulletin 4
 - 2.2. Lead statistic..... 4
 - 2.3. Important notes..... 4
 - 2.4. Supplementary tables..... 4
 - 2.5. Trend statistics..... 6
 - 2.6. Context statistics 13
- 3. Notes 16
 - 3.1. Benefit eligibility 16
 - 3.2. Benefit structure 16
 - 3.3. WCA development..... 17
 - 3.4. Assignment information 19
 - 3.5. Health conditions 20
 - 3.6. IB reassessment process 21
 - 3.7. Employment support..... 21
 - 3.8. Benefit rates 22
 - 3.9. Statistical information 23

1. Information

1.1. Benefit introduction

On 27 October 2008, pre-existing benefits paid on grounds of incapacity and disability, that is Incapacity Benefit (IB), Severe Disablement Allowance (SDA) and Income Support (IS), were replaced with ESA for all new claimants. The new benefit is more aligned with Jobseeker's Allowance (JSA):

- placing greater emphasis on assessment of an individual's functional capabilities;
- providing support and encouragement to move claimants with health conditions towards employment; and
- paying at a pre-assessment rate equal to JSA.

1.2. Functional assessment

A key part of the ESA regime is the WCA process, which is used to assess capability for work and eligibility for benefit – please see 3.3 and 3.4. Within this the service contractor, Atos Healthcare, carries out any face to face assessment. They then make a recommendation for each claimant to the DWP's decision maker who in turn makes the final decision. A claimant can have three possible outcomes:

Individuals can be found fit for work –

in this case their claim closes and the claimant can move to JSA or it remains open pending recourse against the decision, via reconsideration from DWP or appeal to Her Majesty's Courts and Tribunal Service (HMCTS). If redress is sought, the pre-assessment rates remain until closure;

Individuals can be found to have limited capability for work –

in this instance they are allowed the benefit and placed in the WRAG. Those in this group are not expected to work, but are provided with help and support to prepare for work where possible – please see 3.7. They receive a higher payment than those on JSA; and

Individuals can be found to have limited capability for work and in addition, limited capability for work related activity –

in this situation they are allowed the benefit and placed in the SG. Those in this group have the most severe functional impairments and so are provided with unconditional support and receive a higher premium than those in the WRAG.

Both WRAG and SG claims run until the initial or latest '**prognosis period**' ends, which is usually but not always a standard length of time such as 3, 6, 12, 18 or 24 months based on the individual claimant's health and then have a repeat assessment.

1.3. Claimant journey

Figure A below depicts the process of claiming ESA – starting with the original claim, taking in the functional assessment, and ending with an initial decision, a decision after reconsideration or appeal, or a repeat decision after a prognosis period. These points form the basis for the analysis of this bulletin and its tables.

Figure A: ESA customer journey



1.4. Decision-making basis

The decision on longer-term ESA entitlement (after assessment) is based on functional impairment.

1.4.1. Reasons for WRAG assignment

The possible recorded reasons for a claimant placement in the WRAG are:

- scored 15 points or more at the face to face assessment (due to physical functions or mental, cognitive and intellectual functions or a combination of both); or
- medically diagnosed with non-functional descriptors or limited capability for work or a combination of both before or at the assessment .

Please see 3.4.2.

1.4.2. Reasons for SG assignment

The possible recorded reasons for a claimant placement in the SG are:

- undergoing chemotherapy;
- deemed to be mental or physical health risk;
- having a pregnancy risk;
- having a severe functional disability; and
- being terminally ill, with an expected life expectancy of 6 months or less.

Please see 3.4.3.

1.4.3. Non-specified reasons for allocation to either the WRAG or SG

Some claims are clerically processed, where only a record of initial decision, and decision after reconsiderations or successful appeal, is available. For these cases there is no information on functional impairment– please see 3.4.2 and 3.4.3.

1.5. International comparability

This report breaks down the ESA claims into the World Health Organisation’s (WHO’s) International Classification of Diseases, 2010 (ICD10).¹ This enables some comparisons between countries – please see 3.5.2.

1.6. Closed and live claims

A sizeable percentage of ESA claims were closed before a face to face assessment takes place, and a small proportion were still in progress at the time the data were extracted. Current data does not allow anything conclusive to be said about the destinations of closed and in progress cases, nor to infer what would have been or would be the outcome of assessment. However, the DWP has published research² that investigated why some cases closed before assessment. It found that:

“An important reason why ESA claims in this sample were withdrawn or closed before they were fully assessed was because the person recovered and either returned to work, or claimed a benefit more appropriate to their situation”

¹ World Health Organisation (2011), ‘International Classification of Diseases’ <<http://www.who.int/classifications/icd/en/>>

² Barnes, H. et al (2011), ‘Unsuccessful Employment and Support Allowance claims – qualitative research’ <<http://statistics.dwp.gov.uk/asd/asd5/rports2011-2012/rrep762.pdf>>

2. Results

2.1. The bulletin

There is substantial public interest in the ESA benefit.

This bulletin and its tables present information on new claims for ESA in Great Britain, but not Northern Ireland which has its own benefit system. It does this through statistics on:

- volumes for outcomes of completed assessments and for status of claims still in progress and claims closed before the assessment process is complete; and
- percentages for outcomes of the completed assessments.

2.2. Lead statistic

The publication's main focus is on the 3 months of new data that have become available since the last release of 25 October 2011, as the issue is updated quarterly.

The data is not available until at least 8 months in arrears because of time needed to:

- enable processing of data sourced from inside the department and outside it from HMCTS and Atos Healthcare; and
- allow time for all decisions to be made and recorded; the assessment phase is usually 13 weeks, but in some cases it will take longer for a decision to be reached.

2.3. Important notes

This issue of the statistical series:

- does not contain IB reassessments to determine eligibility for ESA, either from the trials that ran in Aberdeen and Burnley in October 2010 or the national roll-out which started in April 2011 – please see 3.6; and
- shows some claims following the revision of the assessment criteria in March 2011, following the Department-led review – please see 3.3.

2.4. Supplementary tables

Figure B below summarises the tables from which statistics in this report are drawn; these are available on the departmental web-site³.

³ DWP, 'Employment and Support Allowance: Work Capability Assessment – Supplementary tables'
<http://statistics.dwp.gov.uk/asd/workingage/index.php?page=esa_wca>

Figure B: Description of Supplementary Tables

Table	Notes
Table 1a - assessment outcomes and statuses: initial assessments by claim start date	<ul style="list-style-type: none"> ▪ Reflects initial assessment decisions only ▪ Time series of outcomes and other statuses ▪ Covers Great Britain and its countries and regions
Table 1b - assessment outcomes and statuses: repeat assessments by claim start date	<ul style="list-style-type: none"> ▪ Reflects repeat assessment decisions only ▪ Time series of outcomes and other statuses
Table 2a - assessment outcomes: initial assessments by assessment date	<ul style="list-style-type: none"> ▪ Reflects completed initial assessment decisions only ▪ Time series of outcomes
Table 2b - assessment outcomes: repeat assessments by assessment date	<ul style="list-style-type: none"> ▪ Reflects repeat assessment decisions only ▪ Time series of outcomes
Table 3 - FFW decisions and appeals: initial assessments by claim start date	<ul style="list-style-type: none"> ▪ Reflects initial assessment decisions only ▪ Time series for FFW decisions and appeals on them
Table 4 - assessment outcomes and statuses: initial assessments after appeals by claim start date	<ul style="list-style-type: none"> ▪ Reflects initial assessment and decisions on appeal ▪ Time series of outcomes accounting for fresh ones after appeals
Table 5 - Claimants in SG by reason of claim: initial assessments after appeals by claim start date	<ul style="list-style-type: none"> ▪ Reflects initial assessment and decisions on appeal ▪ Time series for the SG by assignment reason
Table 6 - Claimants in WRAG by reason of claim: initial assessments after appeals by claim start date	<ul style="list-style-type: none"> ▪ Reflects initial assessment and decisions on appeal ▪ Time series for the WRAG by assignment reason
Table 7 - assessment outcomes and statuses by ICD10 code: initial assessments	<ul style="list-style-type: none"> ▪ Reflects initial assessment decisions only ▪ To date outturns for the WRAG by ICD10 codes
Table 8 - Claimants in WRAG – 15 points or more by functional impairment: initial assessments by claim start date	<ul style="list-style-type: none"> ▪ Reflects initial assessment decisions only ▪ Time series for the WRAG – 15 points or more by functional impairment
Table 9 - Claimants in WRAG – 15 points or more by functional impairment and ICD10 codes: initial assessments	<ul style="list-style-type: none"> ▪ Reflects initial assessment decisions only ▪ To date outturns for the WRAG – 15 points or more by functional impairment and ICD10 codes

2.5. Trend statistics

The narrative in this section, like the supporting tables, largely follows the chronological order of a claim: completed initial assessments, outcome of assessments after appeal processes and outcome of repeat assessments after prognosis period – please see 1.3.

2.5.1. Initial outcomes – Table 1a

The initial assessment outcomes relate to the claimant's first assessment before any reconsiderations or appeals. These results are only for cases where the assessment process has been completed, and therefore exclude claims closed before assessment or those still in progress. The following results are for cohorts based on the date claims were started.

Table 1a in the supplementary tables on outcomes of completed initial assessments of claims started in the period from March to May 2011 shows:

- 43 per cent of claimants were entitled to ESA. Within this –
 - 21 per cent of claimants were placed in the WRAG, and
 - 22 per cent of claimants were placed in the SG; and
- 57 per cent of claimants were assessed as FFW.

This represents no change in the proportion entitled to ESA compared with the previous quarter; a fall of 7 percentage points in the proportion assigned to the WRAG and a rise of 7 percentage points in the proportion assigned to the SG. There is a corresponding nil movement in the proportion of cases found fit for work compared with the last quarter. However this comparison should be treated with caution as the exclusion of in progress cases would be expected to have more impact on recent months.

Figure C below shows the time series of Table 1a where:

there is a downward trend in claimants assessed as fit for work and an upward trend in eligibility for ESA until November 2010. It is hard to attribute these patterns to particular causes, but it –

might reflect changes in decision-making since the introduction of this new benefit. This would be consistent with other findings – please see 2.5.3 and 2.5.4;

there is a break in the historic trend in the latest few months, and this –

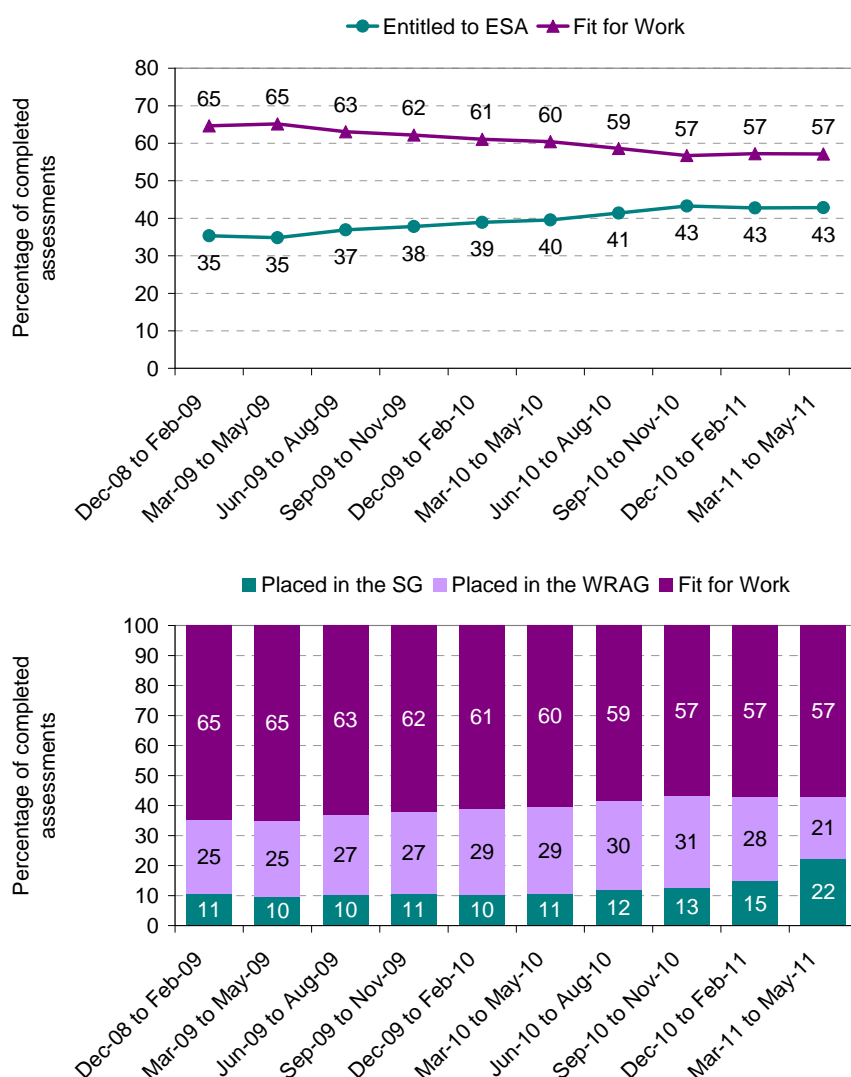
might be due to more claims starting in this period still in progress than in other periods; and

there is recent growth in the proportion of claimants assigned to the SG. It is not possible to say what is behind this with absolute certainty, but it–

might be that this is due to a combination of changes to the WCA, including implementation of the Department-led review and others following the first WCA independent review recommendations.

These statements should not be interpreted to mean that the above are anything more than possible reasons behind the series, and there may also be other undetected factors at work.

Figure C: Outcome of initial functional assessment by date of claim start, Great Britain



2.5.2. Status of claims closed before assessment and those still in progress – Table 1a

Overall 52 per cent of total claims in the latest quarter (between March and May 2011) do not get to or have not completed the WCA process, within this 38 per cent were closed before a decision was made and 14 per cent were still in progress. It is difficult for anything conclusive to be said about the destinations of such cases. However, DWP commissioned research that found the main reason why claimants moved off the benefit before they were fully assessed was that their health improved – please see 1.6.

2.5.3. Initial outcomes by assessment date – Table 2a

The following results are for cohorts based on the date assessments were completed rather than when claims were started. This removes one inconsistency in the time series of data, as no period has outstanding assessments.

Table 2a in the associated tables on outcomes of completed initial assessments of claims assessed in the period from June to August 2011 shows:

- 45 per cent of claimants were entitled to ESA. Within this –
 - 23 per cent of claimants were placed in the WRAG, and

- 22 per cent of claimants were placed in the SG; and
- 55 per cent of claimants were assessed as FFW.

This represents an increase of 2 percentage points in the proportion entitled to ESA compared with the previous quarter; a fall of 6 percentage points in the proportion assigned to the WRAG and a rise of 8 percentage points in the proportion assigned to the SG. There is a corresponding decrease of 2 percentage points in the proportion of cases found fit for work compared with the last quarter.

Figure D below shows the time series of Table 2a where:

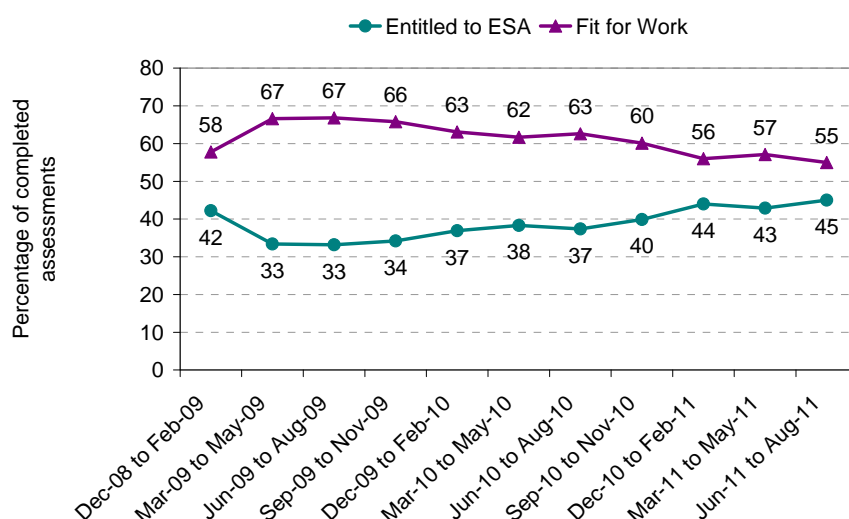
there are similar patterns to that observed in Figure C but more noticeable than before. Once again, it is difficult to ascribe this to specific factors as it –

might suggest that once the assessments still in progress which were included in Table 1a have been removed, the same trend as in Figure C is apparent. Therefore, the change in decision-making over time may have been disguised to a degree.

there is a similar trend from March 2011 here as seen from December 2010 in Figure C.

This statement should not be interpreted to mean that the above is the only explanation – there may be other unknown causes at work as well.

Figure D: Outcome of initial functional assessment by date of assessment, Great Britain



2.5.4. Initial outcomes adjusted following appeal – Tables 3 and 4

The statistics on initial outcome can be adjusted to reflect the results of appeals. To date 40 per cent of all FFW decisions have been appealed against. These results are only for cases where the assessments process has been completed, and therefore exclude all claims closed before assessment and those still in progress. The following results are for cohorts based on the date claims were started.

Table 3 in the accompanying tables on appeal rulings relating to claims starting from September to November 2010 shows:

- 67 per cent of initial FFW decisions appealed against were upheld after challenge; and
- 33 per cent of initial FFW decisions appealed against were overturned after challenge.

This represents a 1 percentage point increase in the proportion of appeals on FFW decisions

upheld and a corresponding 1 percentage point decrease in the proportion overturned compared to the previous quarter. However this comparison should be treated with caution as, although statistical outputs are presented to November 2010, later figures are likely to change as more appeal cases are heard by the Tribunal Service. Note that the above statistics are for the 29 per cent of FFW decisions with a completed appeal in this period.

Figure E below shows the time series of Table 3 where fewer of the initial FFW decisions are being reversed in each successive period by HMCTS, this –

might reflect changes in initial decision-making since this new benefit was first rolled-out; and/or

might be due to the fact that there are likely to be more appeals still to be heard for more recent months.

These statements should not be interpreted to mean that the above are more than possible influences on the series – there may also be others at work here.

Figure E: Outcome of appeals heard on Fit for Work decisions in initial functional assessment by date of claim start, Great Britain

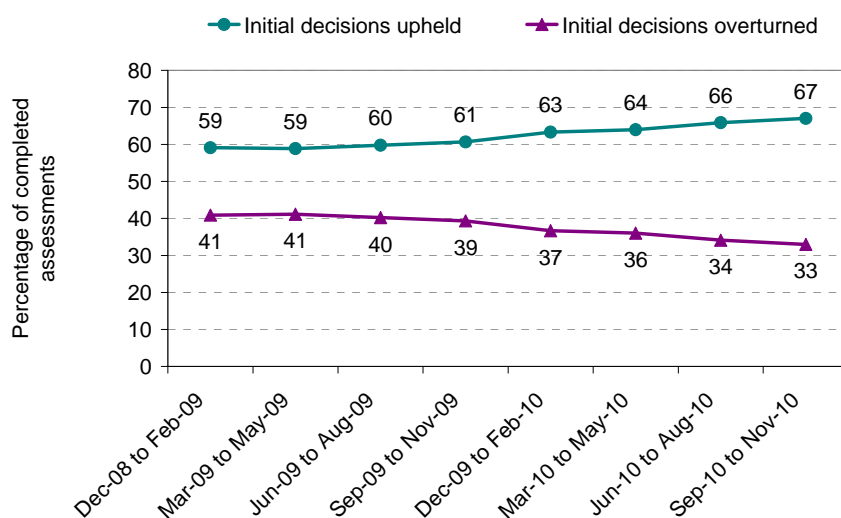


Table 4 on outcomes of completed initial assessments adjusted to account for outcomes after appeals relating to claims started in the period from March to May 2011 shows:

- 44 per cent of claimants were entitled to ESA. Within this –
 - 21 per cent of claimants were placed in the WRAG, and
 - 22 per cent of claimants were placed in the SG; and
- 56 per cent of claimants were assessed as FFW.

This represents a decrease of 2 percentage points in the proportion entitled to ESA compared with the previous quarter; a fall of 10 percentage points in the proportion assigned to the WRAG and a rise of 7 percentage points in the proportion assigned to the SG. There is a corresponding increase of 2 percentage points in the proportion of cases found fit for work compared with the last quarter. However this comparison should be treated with caution as the effect of claims closed before a decision was reached or in progress and the effect of appeals not yet heard would be expected to have more impact on recent months.

Figure F below shows the time series of Table 4 where:

there are broadly flat trends in the fitness for work and eligibility for ESA until November 2010, when the figures become more subject to change. There is then marked growth in

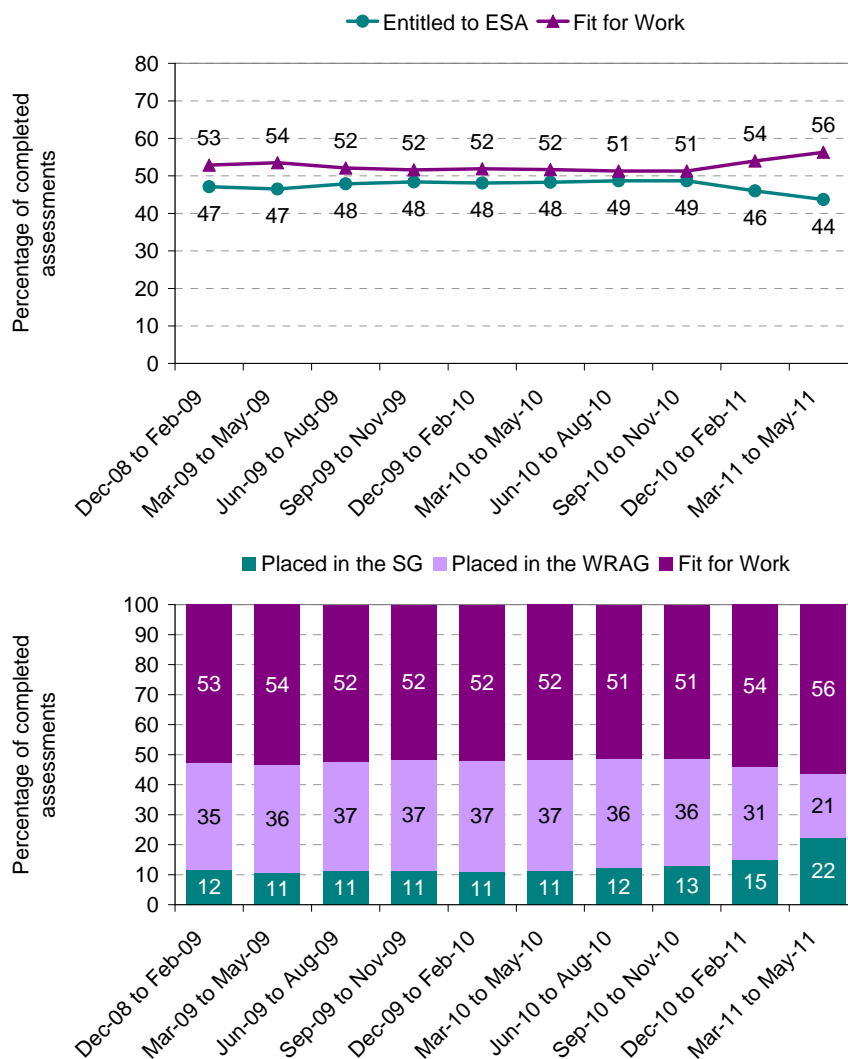
the proportion of claimants assessed as FFW and in the proportion placed in the SG. It is impossible to say what is behind these changes with certainty, but it –

might be caused by the fact that many more claims starting in this period have assessments or appeals still in progress than in earlier periods; and/or

might be that this is at least partly due to a combination of changes to the WCA, including implementation of the Department-led review and others following the first Harrington Review recommendations.

These statements should not be interpreted to mean that the above are anything more than possible factors affecting the series, and there may also be other unknown causes at work.

Figure F: Outcome of initial functional assessment adjusted to account for the outcome of appeal by date of claim start, Great Britain



Comparisons before and after appeals show:

there are differences between trends in Figures C and D, outcomes before appeals, and Figure F, outcomes after appeals. It is hard to conclusively attribute this to particular causes but it –

might be the fact that not all claimants have had their appeals heard. It *could* be as more appeals are completed for older periods then the trends will align to those in Figure F; and/or

might be partly due to trends in decisions before appeals having an impact on the appeals process.

These statements should not be interpreted to mean that the above are anything more than possible reasons behind the series, and there may also be other undetected factors at work.

2.5.5. Repeat outcomes – Table 1b

Repeat outcomes are those for the claimant's subsequent assessments after a prognosis period. By definition, these results can only be for cases where the first and/or subsequent functional assessments have been completed, and therefore exclude all claims closed before assessments and those still in progress. The following results are for cohorts based on the date claims were started, and show outcomes before appeals.

Table 1b on outcomes of completed repeat assessments of claims started in the period from March to May 2011 shows:

- 86 per cent of claimants were entitled to ESA. Within this –
 - 38 per cent of claimants were placed in the WRAG, and
 - 47 per cent of claimants were placed in the SG; and
- 14 per cent of claimants were assessed FFW.

Note that outcome of repeat assessments are more often entitlement to ESA, both in terms of the WRAG and SG, than in the initial assessments. This is because existing claimants frequently have a longer-term health condition.

Figure G below shows the time series of Table 1b where:

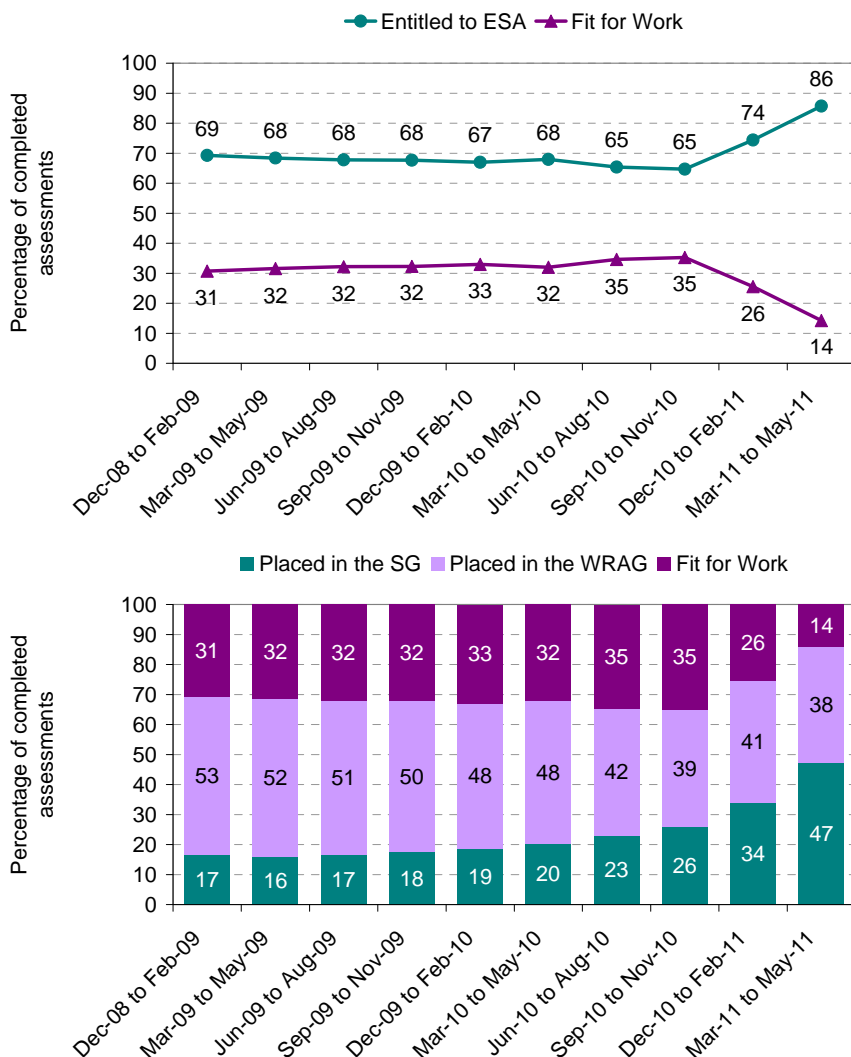
there is a generally flat trend in the fitness for work and eligibility for ESA until mid 2010. From June 2010 there is an initial increase in fitness for work and a decrease in entitlement. This pattern reverses from December 2010, with a marked decrease in fitness for work and increase in entitlement. There has also been distinct growth in the SG, and this –

might be due to more claims starting in this period being in progress than in others; and/or

might be due to the particular characteristics of these cases, who by definition have had a repeat assessment relatively soon after initially claiming the benefit.

These statements should not be interpreted to mean that the above are more than potential factors on the series – there may be others at work as well.

Figure G: Outcome of repeat functional assessment by date of claim start, Great Britain



2.5.6. Repeat outcomes by assessment date – Table 2b

Repeat outcomes are as above, but following results are for cohorts based on the date assessments were completed rather than when claims were started.

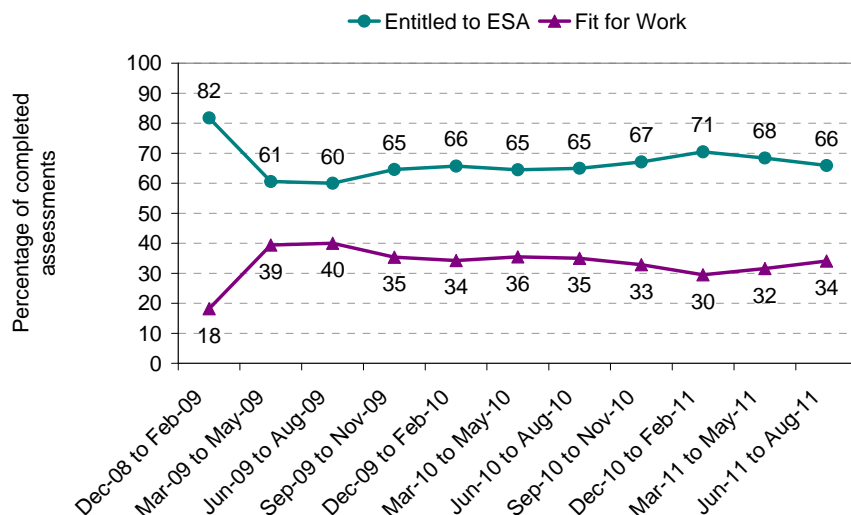
Table 2b in the accompanying tables on outcomes of completed initial assessments of claims assessed in the period from June to August 2011 shows:

- 66 per cent of claimants were entitled to ESA. Within this –
 - 41 per cent of claimants were placed in the WRAG, and
 - 25 per cent of claimants were placed in the SG; and
- 34 per cent of claimants were assessed as FFW.

This represents a decrease of 3 percentage points in the proportion entitled to ESA compared with the previous quarter; a fall of 11 percentage points in the proportion assigned to the WRAG and a rise of 9 percentage points in the proportion assigned to the SG. There is a corresponding increase of 3 percentage points in the proportion of cases found fit for work compared with the last quarter.

Figure H below shows the time series of Table 2b where there is no clear trend for the majority of the series.

Figure H: Outcome of repeat functional assessment by date of assessment, Great Britain



2.6. Context statistics

The narrative here looks at the supplementary tables for:

- reason for placement into the SG and WRAG groups after initial assessments adjusted by appeals; and

- ICD10 code groups and/or functional impairments for SG and WRAG after initial assessment.

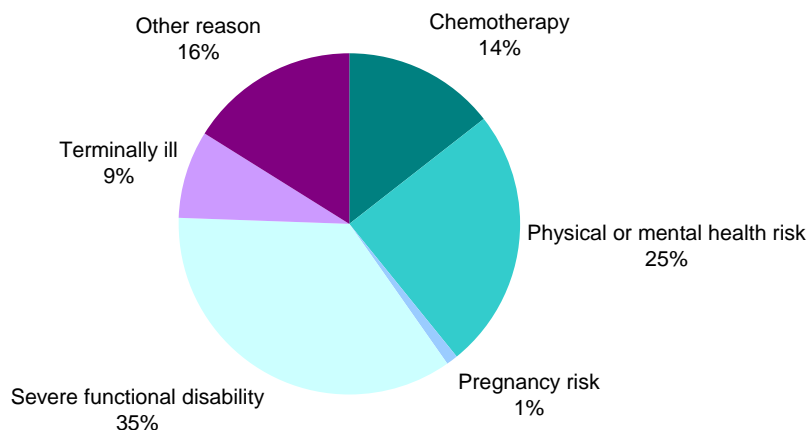
This allows the readers to understand the ESA eligibility and allocation – please see 3.4.

2.6.1. Reasons for being in the SG – Table 5

The statistics in table 5 look at the possible reasons for the claimants’ placement into the SG. These results are only for cases where the assessment process has been completed, and therefore exclude all claims closed before assessment and those still in progress.

Figure I below shows the breakdown of Table 5 based on all claims to date. The proportions in each category are stable over time.

Figure I: Support Group at functional assessment initially or after appeal split into reasons for assignment from October 2008 to May 2011, Great Britain

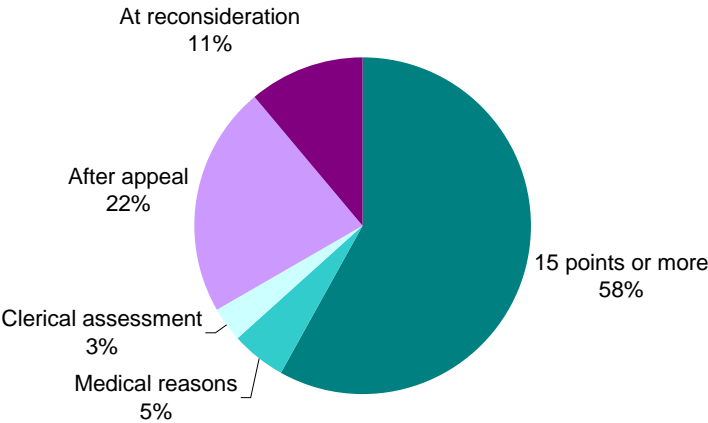


2.6.2. Reasons for being in the WRAG – Table 6

The statistics in Table 6 look at the possible reason for claimants' placement in the WRAG. These results are only for cases where the assessment process has been completed, and therefore exclude all claims closed before assessment and those still in progress.

Figure J below shows the breakdown of Table 6 based on all claims to date. These proportions show little change over time. The most common reason is '15 points or more at assessment' for all months.

Figure J: Work Related Activity Group at functional assessment initially or after appeal split into reasons for assignment from October 2008 to May 2011, Great Britain



2.6.3. ESA allocation by ICD10 – Table 7

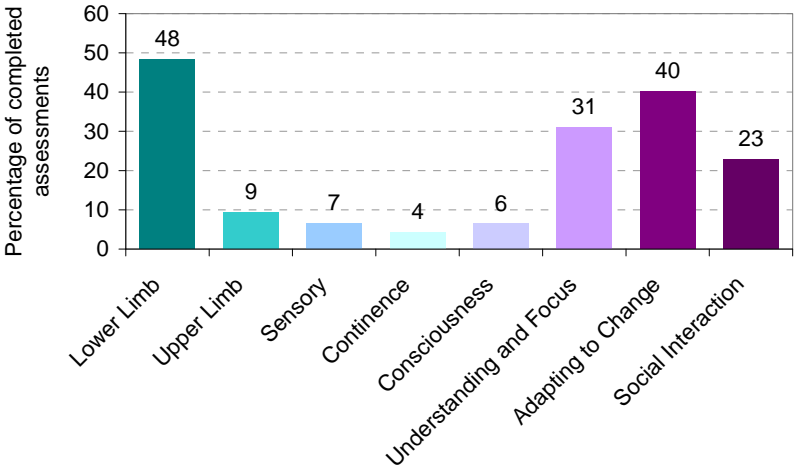
Table 7 in the associated tables breaks down all ESA initial assessments outcomes and statuses (before any reconsiderations or appeals) by the internationally recognised ICD10 health condition groups. These results are only for cases where the assessment process has been completed, and therefore exclude all claims closed before assessment and those still in progress. To note, the numbers in this table will not sum to 100 per cent horizontally because some claimants will have more than one impairment.

2.6.4. WRAG – 15 points or more by functional impairment – Table 8

Table 8 in the supplementary tables is for claimants placed into the WRAG after the initial assessment. It divides all WRAG assessments between October 2008 and May 2011 for claimants scoring 15 points or more by functional impairments. These results are only for cases where the assessment process has been completed, and therefore exclude all claims closed before assessment and those still in progress.

Figure K below shows the breakdown of Table 8 based on all claims to date. To note, these figures will not sum to 100 per cent because some claimants will have multiple impairments, and the overall patterns in the series do not change greatly over time.

Figure K: Work Related Activity Group (15 points or more) at initial functional assessment split into functional impairments by date of claim start from October 2008 to May 2011, Great Britain



2.6.5. WRAG – 15 points or more by functional impairment and ICD10 – Table 9

Table 9 in the accompanying tables breaks down claimants placed into the WRAG after the initial assessment. It divides by claimants’ functional impairment descriptors for scoring 15 points or more and by their ICD10 condition. It counts people with multiple impairments more than once. These results are only for cases where the assessment process has been completed, and therefore exclude all claims closed before assessment and those still in progress. To note, the figures in this table will not sum to 100 per cent horizontally because some claimants will have more than one impairment.

3. Notes

3.1. Benefit eligibility

ESA provides financial help to people of working age who are unable to work because of illness or disability. Eligibility to the assessment phase of the benefit is dependent on personal circumstances. The most current information on eligibility is available on the DirectGov website.

The DirectGov website provides a complete explanation of eligibility at the following links:

http://www.direct.gov.uk/en/MoneyTaxAndBenefits/BenefitsTaxCreditsAndOtherSupport/Illorinjured/DG_171894

http://www.direct.gov.uk/en/MoneyTaxAndBenefits/BenefitsTaxCreditsAndOtherSupport/Illorinjured/DG_172014

http://www.direct.gov.uk/en/MoneyTaxAndBenefits/BenefitsTaxCreditsAndOtherSupport/Illorinjured/DG_171891

3.1.1. Claimant conditions

ESA can be awarded on the basis of low income or National Insurance (NI) contributions:

Income-related ESA (ESA-IR) – in this instance a claimant may be entitled to claim the benefit (regardless of how much they have paid by way of NI contributions), if they satisfy the conditions relating to financial position. This means they must have savings of less than £16,000, and if they have a partner or civil partner, this person must work for less than 24 hours per week on average; and

Contributory ESA (ESA-C) – in this case a claimant may be entitled to claim contributory ESA, if they have paid enough NI contributions. From April 2012, the Welfare Reform Bill (subject to Parliamentary approval), will time limit ESA-C to 12 months for those in the WRAG; however those exhausting ESA-C may still be eligible for ESA-IR.

Note that those in ESA-C: SG and ESA-IR: WRAG and SG are not subject to this time limit.

3.1.2. Youth provision

Currently, special ESA-C provisions apply for certain young people. To get this, a claimant must be aged between 16 and 20 (or under 25, if in education or training at least 3 months immediately before turning 20). Entitlement is based on inability to work because of health for at least 28-weeks, and having been resident and present in Great Britain for 26-out-of-52-weeks prior to the claim. From April 2012 (subject to Parliamentary approval) this provision is to be abolished and all new claims will be subject to the same ESA-C conditions.

3.1.3. Overseas claimants

A person living or working abroad may be entitled to claim ESA. To do this a claimant might have paid enough UK NI Contributions in the past and the equivalent in certain other countries – either a country within the European Economic Area or one that has a reciprocal social security agreement with the UK; or else they might have worked abroad for an employer based in the UK and paid NI contributions for the first 52 weeks of that employment.

3.2. Benefit structure

Time on ESA is divided into two phases by the process of assessing work capability.

3.2.1. Assessment phase (this lasts 13 weeks)

When a claimant first applies for the benefit, they are put into the assessment phase. During this time, they are assessed through the WCA process. Individual claimants do not have to engage in work-related activity. They receive benefit paid at the assessment phase rate

(equivalent to JSA personal allowances).

While in the assessment phase, the claimant has to provide up-to-date medical certification of their disability or illness, and is assessed against the criteria set out in legislation. Most of them are sent a limited capability for work questionnaire (also known as the ESA50) and following completion are invited to a face to face assessment carried out by a trained healthcare professional (HCP) working for Atos Healthcare. However, depending on the severity of an individual's condition some claimant journeys will differ; for example those who are terminally ill or otherwise have sufficient medical evidence are fast-tracked into the SG on the basis of paper evidence rather than having an assessment.

Information gathered through the questionnaire and the face to face assessment, together with any other evidence provided by the claimant, is used by the DWP's decision maker to determine their eligibility for ESA main phase.

3.2.2. Main phase (outcomes of the WCA process)

After the face to face assessment, a claimant can have three possible outcomes:

Individuals can be found fit for work –

in this case their claim closes and the claimant can move to JSA or it remains open pending recourse against the decision, via reconsideration from DWP or appeal to HMCTS. If redress is sought, the pre-assessment rates remain until closure;

Individuals can be found to have limited capability for work –

in this instance they are allowed the benefit and placed in the WRAG. Those in this group are not expected to work, but are provided with help and support to prepare for work where possible. They receive a higher rate of payment than those on JSA; and

Individuals can be found to have limited capability for work and in addition, limited capability for work related activity –

in this situation they are allowed the benefit and placed in the SG. Those in this group have the most severe functional impairments, and so are provided with unconditional support and receive a higher premium than those in the WRAG.

3.2.3. Repeat assessments

All claimants in the WRAG and SG are given a prognosis of when they may be fit for work. Individuals are then reassessed through repeat assessments after the initial or last prognosis period expires.

The interval between assessments is usually but not always a standard length of time such as 3, 6, 12, 18 or 24 months based on the claimant's health. This is to ensure that they are still eligible to ESA and are allocated to the correct group.

3.3. WCA development

The WCA was developed by medical and technical experts alongside disability organisations. It is subject to continuous review.

3.3.1. Department-led review

A Department-led review of the WCA began in March 2009 and engaged with medical and other experts and disability representative groups. It was published on 29 March 2010 and made some recommendations for how the WCA could be developed. The review's recommendations included:

making greater provision for individuals awaiting or between courses of chemotherapy;
making greater provision for individuals receiving residential treatment for drug or alcohol misuse;
expanding the SG to cover more people with certain communication problems and severe disability due to mental health conditions;
taking greater account of how an individual has adapted to a condition or disability; and
simplifying the language of the descriptors to ensure fair, consistent and transparent application.

These changes were implemented on 28 March 2011.

Background and full text of reports are on the departmental website at the following links:

<http://www.dwp.gov.uk/policy/welfare-reform/employment-and-support/>

<http://www.dwp.gov.uk/docs/work-capability-assessment-review.pdf>

<http://www.dwp.gov.uk/docs/work-capability-assessment-review-addendum.pdf>

3.3.2. Revision of the functional assessment

Following the department-led review of the WCA, revised criteria were introduced on 28 March 2011. Claimants who received the limited capability for work questionnaire at or after 14 March 2011 were assessed under the new criteria. What this means is that between March and June 2011 the majority were assessed under the revised criteria.

3.3.3. Independent reviews of the WCA

The Government has a statutory commitment to independently review the WCA annually for the first five years of its operation. Professor Malcolm Harrington has undertaken and published the first two reviews.

In the first review, published in November 2010, Professor Harrington made a series of practical recommendations for improving the WCA, all of which the Government has accepted and now implemented. These include:

- improving the way Jobcentre Plus communicates with claimants;
- introducing mental, cognitive and intellectual 'champions' into assessment centres to improve the assessment of these functions;
- empowering and improving training for decision makers; and
- improving the transparency of the process.

Full report and Government response are on the DWP website at the following links:

<http://www.dwp.gov.uk/policy/welfare%2Dreform/employment%2Dand%2Dsupport/wca%2Dindependent%2Dreview/>

<http://www.dwp.gov.uk/docs/wca-review-2010.pdf>

<http://www.dwp.gov.uk/docs/wca-review-2010-response.pdf>

In the second review, published in November 2011, Professor Harrington while satisfied that the department has taken the advice in his first review made further recommendations. The Government has endorsed Professor Harrington's second review; have fully accepted the majority of its recommendations, and are conducting work to assess the feasibility and implications of the remaining recommendations.

Background and report response are on the department's website at the following links:

<http://www.dwp.gov.uk/policy/welfare%2Dreform/employment%2Dand%2Dsupport/wca%2Dindependent%2Dreview/>

<http://www.dwp.gov.uk/docs/wca-review-2011.pdf>

<http://www.dwp.gov.uk/docs/wca-review-2011-response.pdf>

3.4. Assignment information

3.4.1. Reason for group placement

The tables below detail some of the reasons for placement into the WRAG or SG. The reasons offered below are merely inferences based on the claimant's medical condition and their assessment decision. This is because ESA entitlement and allocation is not based on the condition of the claimant but instead is based on the effect that this has on their ability to work. For example an individual will not qualify simply because they have arthritis, but could qualify if their condition means they have severe difficulty holding a pen.

3.4.2. Reasons for assignment to the WRAG

Figure L below provides potential reasons for placement in the WRAG with descriptions.

Figure L: Reason for placement in the WRAG

Reason	Explanation
15 points or more	<p>This is where claimants score 15 points or more against the functional descriptors laid down in legislation. This award is based on the following functional impairment descriptors:</p> <p><u>Physical functions</u></p> <p>Lower limb – inability to mobilise, stand, sit;</p> <p>Upper Limb – inability to reach, pick up and/or lack of other manual dexterity;</p> <p>Sensory – inability to make self understood, understand communication or navigate safely</p> <p>Continance – limitation of control over the bladder and bowel;</p> <p>Consciousness – involuntary loss of consciousness;</p> <p><u>Mental, cognitive and intellectual functions</u></p> <p>Understanding and focus – this relates to inability to learn tasks, to be aware of hazards, inability to initiate and complete tasks;</p> <p>Adapting to change – this is to do with inability to cope with changes to routine, to get about; and</p> <p>Social Interaction – this relates to inability to deal with other people.</p> <p>Note that scoring 15 points or more is the most prevalent reason for being in the WRAG.</p>
Medical reasons	<p>This combines claimants with non-functional descriptors or those treated as limited capability to work at assessment. This award can be based on the following non-functional impairments:</p> <p>suffering from a life-threatening disease – this is where there is medical evidence that the disease is uncontrollable or uncontrolled by a recognised therapeutic procedure, and in the case of a disease that is uncontrolled there is a reasonable cause for it not to be controlled by a recognised therapeutic procedure; and</p> <p>suffering from some specific disease or bodily or mental disablement – this is whereby reasons of such disease or disablement, there would be a substantial risk to the mental or physical health of any person if they were found not to have limited capability for work.</p> <p>It can also be based on the following limited capability to work:</p> <p>undergoing regular treatment - this means receiving regular weekly treatment, such as by way of haemodialysis for chronic renal failure, treatment by way of plasmapheresis or by way of radiotherapy, or by way of total parenteral nutrition for gross impairment of enteric function;</p> <p>undergoing medical or other treatment as an in-patient to a hospital or similar institution;</p> <p>recovering from treatment as an in-patient to a hospital or similar institution;</p> <p>undergoing pregnancy and in receipt of Maternity Allowance with an ESA top-up;</p> <p>during a period of confinement for pregnancy; and</p> <p>pregnant where there is a risk of harm to the mother and/or child.</p>

Clerical assessment	This is where the Atos Healthcare recommendations are recorded clerically. In such cases, WRAG assignment is determined from the DWP decision maker information only, and so no more detail about the nature of the health situation is recorded on the database.
At reconsideration	This is where a small number of cases because they come after DWP reconsiderations are recorded clerically. Once again in such cases, WRAG assignment is determined from the DWP decision maker information only, and so no more detail about the nature of the health situation is recorded on the database. Here the Atos Healthcare recommendations may differ from the DWP decision, or else recommendation might have changed but the revision is not on the system.
After appeal	This is where a small number of cases because they come after appeals to HMCTS in favour of the claimant are recorded clerically. Once more in such cases, WRAG assignment is determined from the DWP decision maker information only, and so no more detail about the nature of the health situation is recorded on the database. Here the Atos Healthcare recommendations may differ from the DWP decision (after appeal process). Note that claimants initially found FFW in the process of appealing remain in this category for the purpose of statistical outputs until their cases are heard.

The DirectGov website provides a broad explanation at the following link, including a document explaining the functional impairments in further detail:

http://www.direct.gov.uk/en/DisabledPeople/FinancialSupport/esa/DG_172012

http://www.direct.gov.uk/prod_consum_dg/groups/dg_digitalassets/@dg/@en/@disabled/documents/digitalasset/dg_177366.pdf

3.4.3. Reasons for assignment to the SG

Figure M below provides potential reasons for placement in the SG with descriptions.

Figure M: Reason for placement in the SG

Reason	Explanation
Chemotherapy	This is where claimants are receiving certain types of chemotherapy, which qualifies them for the SG. This award is based on the following limited capability to work at assessment: receiving treatment by way of intravenous, intraperitoneal or intrathecal chemotherapy or is likely to receive such treatment within the next 6 months; or recovering from intravenous, intraperitoneal or intrathecal chemotherapy treatment.
Physical or Mental Health Risk	This is where regulations allow that in 'exceptional circumstances' claimants be put into the (WRAG or) SG, if there would be serious risk to the mental or physical health of any person were they found FFW (and they do not meet the usual criteria for WRAG or SG).
Pregnancy Risk	This is where pregnant claimants are put in the SG, if there is a serious risk to her own health or that of the unborn child were they found FFW.
Severe disability	This is where claimants meet the functional criteria for the SG, covering physical and mental capacity
Terminally ill	This is where claimants are diagnosed as terminally ill with a prognosis of 6 months or less.

Note that the department does not always capture the reason for placement in the SG (as with the WRAG). This is often due to assessments recorded clerically where the reason is not stated, such as where assignment follows an appeal or reconsideration.

The legislation, specifically Part 6, gives more detail on allocation at the following link:

<http://www.legislation.gov.uk/ukxi/2008/794/contents/made?view=plain>

3.5. Health conditions

3.5.1. Medical information

Information about the health conditions of ESA claimants is recorded at the start of the claim,

and is based on the primary condition as listed on General Practitioner's (GP's) evidence.

In 2010, information was transferred into central databases for all claims still live in November 2009 and new claims thereafter. This was supplemented by that recorded at the face to face assessment or recorded by DWP's frontline at first contact for some claims that closed before November 2009. However, there is still some incomplete data, particularly before the stated cut-off date.

3.5.2. International comparisons

The World Health Organisation (WHO) produces the International Classification of Diseases, 2010 (ICD10). The ICD code was endorsed by the 43rd World Health Assembly in May 1990, and came into use in all member states from 1994.

The WHO website provides more detail on this code applied to ESA cases in this statistical series at the following link:

<http://www.who.int/classifications/icd/en/>

3.6. IB reassessment process

This publication does not include any information about claims and assessments for claimants that have until that time been on IB, including both the trials that ran in October 2010. The reason for this is that reliable data is not yet available due to the size and complexity of the IB reassessment process; such cases are being managed from spring 2011 to spring 2014.

3.6.1. IB Reassessment data

The length of the IB reassessment process means that robust data from claim start to assessment outcome (and any follow-on destination) is not available. The work needed to construct this data has begun and separate claimant, claim and assessment level data are being collected but it will take time to bring these together. Information on this will be published after the data has been created and quality-assured.

3.6.2. IB Reassessment Trials

Some trials of the IB reassessment were run in Aberdeen and Burnley in October 2010, with the view of informing the national roll-out starting from April 2011.

The DWP website provides some information on the trials of IB reassessment carried out in October 2010 at the following link:

http://statistics.dwp.gov.uk/asd/asd1/adhoc_analysis/2011/wca_ib_reassessment_interim.pdf

3.7. Employment support

After the assessment, support is offered to help individual's back into work, irrespective of whether the claimants were placed in the WRAG, moved to JSA, or placed in the SG.

3.7.1. The Work Programme (WP)

The mainstream provision that claimants can access is the WP. This is a personally tailored and fully contracted-out employment programme delivered through a mixture of private and voluntary (third) sector organisations. Providers are free to design support based on individual and local need and will be paid primarily for supporting claimants into employment and helping them stay employed, with higher payments for supporting the hardest to help.

The shape of the intervention:

WP providers are required to provide a summary in their tender of the minimum service offer for groups, and their bids were partly assessed on the strength of them. These service levels are made public and subject to scrutiny so that anyone can judge delivery against them, and the department also hold providers to their minimum offers. This may mean that support provided will vary from provider to provider and from claimant to claimant dependent on need; and

all claimants will be attached to the WP for 2 years (or until the provider has received all the payments for keeping them off benefit and in sustainable employment). This is to incentivise helping the benefit recipient stay in employment (rather than just find it initially).

Entry points into the initiative:

The WP recognises that claimants with disabilities and illnesses, even if assessed as capable of work, may need support to move into or towards work. Those in the WRAG are mandated to this provision if they have a work capability assessment prognosis of 6 months or less, and those in the SG are able to volunteer to access it any time after this assessment; and

generally speaking, WP is available to those entitled to JSA between 9 to 12 months. However, in recognition of the additional support needed, those whose fitness for work is established at the face to face assessment and go on to claim JSA facing substantive disadvantage may be referred to the provision 3 months into their new claim.

The departmental website provides more explanation about the WP at the following link: <http://www.dwp.gov.uk/supplying-dwp/what-we-buy/welfare-to-work-services/notices-to-providers/work-programme-prospectus.shtml>

3.7.2. Specialist support

Specialist employment programmes sit outside the mainstream provision offered by DWP's frontline. Work Choice (WC) is for those for whom mainstream provision is not suitable and helps those with more severe disabilities or complex needs. In particular, it helps them participate in supported employment with the aim of progressing into unsupported work, if and where possible, or else prepares them for employment directly.

3.7.3. In-house support

There will still be a 'Jobcentre Plus Offer' but local managers and advisers have more flexibility to decide what will help individual claimants. In particular, they will be able to refer to a menu of activities for additional support, to complement that given in one-to-one sessions.

3.8. Benefit rates

ESA is paid at different rates depending on claimant's situation and stage in claim process:

3.8.1. Assessment Phase

The assessment phase rate, or basic rate, is normally paid for the first 13 weeks of the claim while a decision is made on the claimant's limited capability for work through the WCA process. The assessment phase rates are aligned to those for JSA.

Additional premiums may be paid as part of income-related ESA to provide support for specific needs for example as a result of disability, age or caring responsibilities.

3.8.2. Main Phase

The main phase starts from week 14 of the claim for individuals who are assessed as having limited capability for work. In the main phase claimants receive an additional Work Related Activity component or Support component on top of the basic rate.

In addition to the premiums payable during the assessment phase, anyone receiving income-related ESA in the SG will automatically receive the Enhanced Disability Premium, if they have not previously qualified for it.

The DirectGov website provides the latest full information on rates at the following link:

http://www.direct.gov.uk/en/MoneyTaxAndBenefits/BenefitsTaxCreditsAndOtherSupport/Illorinjured/DG_171896

3.8.3. Statutory instruments

Principles on amounts payable and rules for calculation of this benefit, and current rates are outlined in legislation:

The Welfare Reform Act 2007, Sections 2 and 4

http://www.legislation.gov.uk/ukpga/2007/5/pdfs/ukpga_20070005_en.pdf

The ESA Regulations 2008, Schedules 4, 5 and 6

http://www.legislation.gov.uk/uksi/2008/794/pdfs/uksi_20080794_en.pdf

The Social Security Benefits Up-rating Order 2009

http://www.legislation.gov.uk/ukdsi/2009/9780111472798/pdfs/ukdsi_9780111472798_en.pdf

3.8.4. Other financial support

Often the basic and component rates are just a part of the total package of support received by the claimant. Additional support may be available through Housing Benefit (HB), Council Tax Benefit (CTB), Child Benefit (CB), Child Tax Credit (CTC) and Disability Living Allowance (DLA).

The DirectGov website provides information on wider financial support at the following link:

<http://www.direct.gov.uk/en/MoneyTaxAndBenefits/BenefitsTaxCreditsAndOtherSupport/index.htm>

3.9. Statistical information

3.9.1. Data sources

Raw data used to identify benefit claimants, ESA claims, WCA process outcomes and statuses, and establish appeals results are:

DWP's benefit administration datasets covering new claims (starting from 27 October 2008) – this is cleaned, checked for error, by the internal data owner. This cleansing means that the base data available at any issue of the bulletin is 5 months lagged;

Atos Healthcare's face to face assessment, ESA85, data and limited capability for work questionnaire, ESA50, data – this will cover those cases where the assessment phase is completed. There is no internal checking of this data, however given the rigor of quality assurance around the assessment it is thought to be robust. This process is also 3 months delayed at the point of issue; and

HMCTS's appeals caseload data – note that this only includes information on completed appeals and not those still in progress. The data does not contain the reason why the appeal was lodged, and this has to be inferred using information on the DWP decision maker decision – usually this is an appeal on a FFW decision.

3.9.2. Data production

The production cycle contains the key features below:

procedures to verify quality – this involves separate running of data and output codes to minimise scope for human error, basic comparison of base volumes with the ESA caseload and that split by groups produced by another internal data owner's team, and sensitivity analysis looking at changes in outturns for periods (on previous runs of the data) to see if movement fits historic profiles;

application of a revision policy – this entails updating historic numbers with each issue to reflect change based on two factors in particular – appeals on initial decisions which can take time to come through, and decisions which are not recorded until after the 13 week assessment phase. It is therefore likely that the statistics underestimate the proportion of claimants who will ultimately be awarded the benefit, by greater amounts for more recent periods. Exploration of this is limited by the current length of the data series, however early analysis shows that final position is not reached at 2 years. The department will consider further investigation of this when more data is available in future years; and

standardised reporting lags – this further supports statistical reliability through removal of periods where there is partial data from one or more sources. Figures released are at least 8 months in arrears because of time needed to enable source and process of data and allow claimants to complete their assessment.

3.9.3. Definitional rules

The data presented in this publication is taken from a dataset which combines the data stated above. Under the counting rules, the units of analysis, used by the department:

a claim is an inflow to ESA that is made from 27 October 2008, and not a pre-existing IB claim;

a claimant is anyone who has claimed the benefit as a new claim.

an outcome is where the assessment is completed, meaning in most cases that the limited capability for work questionnaire and face to face assessment has been undertaken, and the claimant is found FFW or else placed into the WRAG or SG; and

a status is where the assessment phase is not completed. The bulk of these are cases closed before assessment and the rest are those still in progress.

The department will consider adding to the combined dataset to enable more and better comparability in future statistical products. The addition of data based on the personal information of individual claimants as part of ongoing continuous improvement is subject to statistical resource and business burden constraints.

3.9.4. Calculation rules

The following accounting rules are applied to the aforementioned combined dataset of new claims in Great Britain:

volumes for outcomes of completed assessments and for status of incomplete assessments. These are counts of the outcomes and statuses for particular periods; and

percentages for outcomes of the completed assessments. These are each of the outcome counts divided by sum of all three outcomes for particular periods.

The percentages are the focus of this release. They are presented for business/financial and calendar years, traditional and offset quarters, and months. Note values are rounded; therefore addition of all volumes for outcomes and statuses may not sum to total cases, and addition of all percentages may not sum to 100 per cent.

3.9.5. Statistical series and contact

Current and previous editions of this publication are available at the following link:

http://statistics.dwp.gov.uk/asd/workingage/index.php?page=esa_wca

Enquiries about the statistics should be directed to:

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Abbreviations

CB	Child Benefit
CTB	Council Tax Benefit
CTC	Child Tax Credit
DLA	Disability Living Allowance
DWP	Department for Work and Pension
ESA	Employment and Support Allowance
ESA-C	Employment and Support Allowance – (National Insurance) Contribution also referred to as Contributory ESA
ESA-IR	Employment and Support Allowance – Income Related also referred to as Income-related ESA
FFW	Fit For Work
GP	General Practitioner
HB	Housing Benefit
HCP	Healthcare Professional
HMCTS	Her Majesty's Courts and Tribunal Service
IB	Incapacity Benefit
ICD	International Classification of Diseases
IS	Income Support
JSA	Jobseeker's Allowance
NI	National Insurance
SDA	Severe Disablement Allowance
SG	Support Group
WC	Work Choice
WCA	Work Capability Assessment
WHO	World Health Organisation
WP	Work Programme
WRAG	Work Related Activity Group