

Employment and Support Allowance: Findings from a face-to-face survey of customers

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About this report

This report presents the first findings of a representative face-to-face survey of 3,650 Employment and Support Allowance (ESA) claimants, looking at their views and experiences of making a claim for ESA, as well as their views about work. The survey was carried out between December 2009 and February 2010 by Ipsos MORI. The sample consisted of those who made a claim for ESA between April and June 2009, allowing a sufficient gap for the majority to have had a decision on the outcome of their claim by the time of the survey.

The introduction of Employment and Support Allowance

Employment and Support Allowance (ESA) was introduced in October 2008 to replace Incapacity Benefit (IB) and Income Support (IS) received on the grounds of incapacity, as part of a broader set of reforms introduced to move from a passive to an active welfare system, and as a response to the welfare reform Green Paper, *A new deal for welfare: Empowering people to work* (Department for Work and Pensions, 2006). People claiming IB and IS on the grounds of incapacity, as well as Severe Disablement Allowance (SDA), will be reassessed for ESA nationally from early 2011.

The introduction of the ESA regime involved a number of important changes compared to the previous IB regime, including:

- A Work Capability Assessment (WCA) replaces the Personal Capability Assessment (PCA) which was used to determine eligibility for IB. Far fewer customers are exempt from assessment under the WCA than under the PCA regime, and the threshold for eligibility is higher than under the PCA. Those found Fit for Work (FFW) are no longer entitled to ESA.
- The process aims to provide a quicker assessment for customers, with a decision on eligibility by week 14 of the claim. This decision is made by the Department for Work and Pensions (DWP), taking into account the result of the WCA conducted by an Atos Healthcare Professional (HCP).
- Most customers are expected to be able to prepare for a return to work, with the majority of customers who are successful in their claim allocated to a Work-Related Activity Group (WRAG), where they are required to attend a series of Work Focused Interviews (WFIs). Those who do not attend these receive a sanction, where part of their benefit payment is withheld.
- Those people whose illness or disability is most severe are allocated to the Support Group (SG). They are not required to carry out any activity in order to receive their full benefit entitlement, although they can volunteer to receive support from WFIs.
- Of all completed initial WCAs (that is, excluding those still in progress or withdrawn before completing assessment, and before taking into account any appeals) to the end of May 2010, 66 per cent were found FFW, 24 per cent were allocated to the WRAG and ten per cent to the SG.¹

¹ DWP Working Age Benefits Division (July 2010). *Employment and Support Allowance: Work Capability Assessment – Official Statistics*.

- A Work-Focused Health-Related Assessment (WFHRA), which is currently suspended, is carried out by a HCP who may be a doctor, nurse or physiotherapist. This is intended to explore customers' views about moving into work, their perceptions about their disabling condition, and identify workplace interventions that facilitate engagement in work.
- An independent review of the WCA is currently in progress. This is a statutory requirement, which was agreed when ESA was introduced.²

Characteristics of those claiming Employment and Support Allowance

Compared to the general population, people claiming ESA are:

- disproportionately male – almost two-thirds (65 per cent) of those claiming are men;
- older (with an average age of 43);
- more likely to live in social housing – 35 per cent are owner-occupiers, compared with 68 per cent for the UK as a whole; and
- more likely to be single or a lone parent.

The majority (71 per cent) of people said they were claiming a sickness benefit for the first time, and half (51 per cent) had been working immediately before their claim. However, over two-thirds (69 per cent) said they had multiple health problems and a considerable proportion also had characteristics that may disadvantage them in the labour market, with over a third (36 per cent) having no qualifications and more than one in five (22 per cent) being in a group recognised as facing severe employment disadvantage.³

² <http://www.dwp.gov.uk/docs/work-cap-ass-call-for-evidence.pdf>

³ This is broadly consistent with the former PSA16 'socially excluded adults' target group and includes care leavers, people with moderate to severe learning disabilities, people in contact with secondary mental health services, ex-offenders under probation supervision, and those with spent or unspent criminal convictions.

There appear to be broad similarities in the demographic and economic profiles of the different ESA claim groups (the WRAG, SG, and FFW groups), but compared to the UK population as a whole, ESA claimants are an economically disadvantaged group.

Initial awareness of Employment and Support Allowance

Awareness of ESA prior to claiming was low (17 per cent had heard of it) and over 80 per cent of the sample were told about ESA by someone else. Over half of those who were told about ESA by someone else had come to hear about the benefit from Jobcentre Plus (56 per cent). The next most common source of information was a relative or friend (ten per cent).

When asked what they knew about ESA at the time they claimed, three per cent identified the work focus of the benefit, a third (32 per cent) said they knew ESA was a sickness benefit, and over half (58 per cent) said they knew nothing about the benefit at all.

Initial claim experiences

Most claims (70 per cent) were made by telephone, with 11 per cent made face-to-face in a Jobcentre Plus office, and ten per cent by post.

Claiming face-to-face in Jobcentre Plus was most common amongst those with literacy problems (19 per cent of this group claimed face-to-face) and those living alone (15 per cent) or in a disadvantaged group (16 per cent). Younger people were the least likely to make their claim in person (seven per cent of 18 to 24 year olds).

Satisfaction with the initial claim process was relatively good; three-quarters of respondents (75 per cent) said they did not have any trouble answering the questions they were asked, and four out of five (80 per cent) who spoke to someone to make their claim said that they felt their situation had been well understood. Respondents with

literacy problems (36 per cent) and respondents in a disadvantaged group (24 per cent) were the most likely to report difficulties answering the questions asked.

Completing the ESA50 questionnaire

After making an initial claim, people who apply for ESA are asked to complete a questionnaire asking how their illness or disability affects their ability to complete everyday tasks. This is known as an ESA50 form.

Views of the ESA50 were mixed; 40 per cent of customers said they found it easy to complete, but just under half of people said they found it either difficult (39 per cent) or impossible (seven per cent).

Nearly half the sample (48 per cent) said they received help completing the ESA50. Those most likely to receive help had literacy problems, including problems speaking English (73 per cent).

The most commonly-cited source of help was a friend or relative (73 per cent), and the other most frequently mentioned was Jobcentre Plus (15 per cent).

The face-to-face Work Capability Assessment and Work-Focused Health-Related Assessment

The WCA

Most customers (59 per cent) who recalled attending a face-to-face WCA had done so in the first three months of their claim, which is broadly in line with the intended time period. A majority (62 per cent) had found it easy to travel to. Some groups (such as those with a physical health condition) found travel less easy than others.

Overall, just over half (54 per cent) said they took someone into the face-to-face WCA with them. In some groups (such as people aged under 24, people

for whom English was not their first language, and people with literacy problems) the great majority (around 70 per cent, varying slightly by group) had been accompanied into the WCA.

Most WCAs (76 per cent) were reported to have lasted between 15 and 59 minutes, and most people (71 per cent) reported being seen by a doctor.

Respondents were asked whether they thought the HCP conducting the face-to-face WCA had understood their condition well. Views were mixed, and appear to be driven by claim outcome – 71 per cent of WRAG and SG customers thought their condition was well understood, compared to 29 per cent of FFW customers.

People in the FFW Group who recalled receiving a report of the WCA generally felt it was not accurate; 87 per cent reported this. Those with mental health problems were more likely to feel that it was not accurate than those with a physical health condition, but there were no statistically significant differences by gender. There was a high appeal rate (60 per cent) among those who had been found FFW, but most of these appeals had not been decided at the time of the survey.

The WFHRA

People who had attended a WFHRA generally recalled discussion of the impact of their health condition on their daily life and ability to work (59 per cent recalled this). A third (35 per cent) recalled discussion of future hopes and plans about paid work.

Expectations of the WCA and WFHRA

There was a widespread lack of awareness about what the face-to-face WCA and WFHRA would involve among ESA customers who were still waiting to attend these; 62 per cent of those awaiting a WCA, and 86 per cent of those awaiting a WFHRA, did not know what they would involve.

Destinations of those whose claim had ended

The FFW Group

Only a relatively small proportion (13 per cent) of those who had been found FFW were back in employment by the time of the survey, and a sizeable proportion of claimants still identified themselves as being sick; 22 per cent reported that they were permanently off work due to sickness. A further 28 per cent of those found FFW were unemployed and looking for work. It is likely that most of this last group were claiming Jobseekers' Allowance (JSA), as a separate question shows that 26 per cent were claiming JSA.

Being found FFW appeared to have little bearing on an individual's own understanding of their health condition and its impact on their ability to work. When asked about barriers to work, a large proportion of the FFW Group, 46 per cent, identified their health as a main barrier, far higher than the next most cited barriers – lack of suitable jobs locally (12 per cent) and low confidence (11 per cent).

The claim closed and claim withdrawn group

This group is comprised of people whose ESA claim ended before they received a decision on their claim. Some people withdraw their claims, while claims may also be closed by Jobcentre Plus if customers do not respond to letters, or requests to attend a face-to-face WCA.

A significant proportion of this group had returned to work by their time of the survey – 41 per cent, over three times the rate for those in the FFW group. This suggests that spontaneous recovery was a key driver of ended claims. A further 30 per cent were unemployed at the time of the survey.

A much smaller proportion of this group identified themselves as being sick, and very few (three per cent) reported being permanently off work due to sickness. A sizeable minority of the claim withdrawn or closed group reported having no barriers to work. Perhaps surprisingly, given the small number who identified themselves as being sick, 27 per cent reported that they still had a health barrier to work.

Experiences of Work Focused Interviews

The vast majority (86 per cent) of those who had been asked to attend WFIs understood that attendance was mandatory. A majority (63 per cent) also identified the work focus of the meeting, and understood that the purpose was to help them move into employment. Most recalled discussing how their health affected work (61 per cent) and/or what type of work they wanted (49 per cent) in these meetings.

Thirty-nine per cent of those who had attended a WFI said they had agreed to undertake some activity between appointments, with the most common activity being looking for, or doing research into, jobs or training courses. The majority of claimants were positive about their WFI experiences (71 per cent said that they found them helpful in thinking about paid work), though this declined somewhat with age and was less pronounced among the SG.

Future employment plans of the Work-Related Activity Group

The majority (74 per cent) of those who had attended WFIs had found them helpful in terms of thinking about paid work in the future. Fifteen per cent said they were not helpful, and eight per cent said this question did not apply as work was not an option for them. Responses in Jobcentre Plus and Provider-led Pathways to Work areas were very similar.

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When asked to reflect on their future employment plans, a large proportion of the WRAG (41 per cent) said they were in the position of either needing help, rehabilitation or training before they could consider work, or that they hoped to work in the future but were not currently looking. Nine per cent said they were looking for work.

A significant proportion of this group (30 per cent) stated they were either permanently unable to work, or did not expect to work in the future. Analysis of this group using logistic regression highlighted that the key determinants of this outcome were whether the claimant's health condition was deteriorating, and independently of this, their age, with those over 50 significantly more likely to fall into this category.

Overall conclusions

- Customers were relatively satisfied with the initial claim process for ESA, and their experiences of WFIs, although views of the WCA itself were mixed – many said they found completing the ESA50 questionnaire difficult and views of the HCP's understanding of their condition in the face-to-face WCA were variable. However, overall views of the WCA appear driven by claim outcome, as most respondents knew the outcome of their WCA at the time they were surveyed.
- The survey findings suggest there is potential to improve customer understanding of ESA and the assessment process; initial awareness of the benefit was low, and large proportions of those awaiting a face-to-face WCA, or WFHRA, said they did not know what to expect at these.
- People making a claim for ESA shared broadly similar demographic and socio-economic characteristics, regardless of the outcome of their claim. The main health differences were between the SG and the other two groups, rather than between the WRAG and FFW groups. This suggests that the FFW Group might also potentially benefit from the types of support currently being provided to the WRAG; customers in the SG can volunteer to attend WFIs.
- The WCA clearly represents a major shift in the threshold for receiving benefit on the grounds of unfitness for work. These decisions have not been well accepted by those who are not entitled to ESA, with an appeal rate of 60 per cent among the FFW group, many of whom saw few future prospects of work. Although there are some differences between this group and the population of existing IB claimants, it is reasonable to anticipate a similarly high appeal rate among those who are found FFW when they are reassessed for ESA.
- Health was the most widely-cited barrier to work, and not only among the WRAG, as over half of those in the FFW group also saw this as a barrier. Low confidence and being in an older age group were also frequently mentioned. Lack of labour demand, both in terms of a shortage of jobs in the local area and limited availability of suitable hours of work, were each mentioned by a quarter of those in the WRAG and FFW groups. Many of these barriers co-exist, and addressing these multiple barriers to work will be important in helping these customers return to work, and is likely to be even more important for the existing IB customers due to be reassessed for ESA from next year.

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You can download the full report free from: <http://research.dwp.gov.uk/asd/asd5/rrs-index.asp>

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