

Spartacus ESA Mythbuster

The Chancellor's plans to cut the rate of benefits to people in the Work Related Activity Group of ESA by £30 a week is based on widespread myths and misinformation about people in this group. These myths include:

1. **People in the ESA WRAG are fit, or nearly fit, for work.**
2. **The Work Capability Assessment effectively sorts those who could work from those who can't.**
3. **ESA is a passive benefit which does not incentivise people to return to work.**

1. The ESA WRAG is for people who are nearly fit for work

The message we often hear from politicians and the media is that people in the ESA "Work Related Activity Group" have only minor ailments or temporary health conditions and therefore could work now or in the near future if they made more effort.

When the government claims to be protecting "disabled people", from benefit cuts and freezes they exclude people in the ESA WRAG from such protection. In the Government's view people in the WRAG fall outside the narrow group defined as "the most vulnerable" and those who "genuinely" can't work. The implication is that being in the ESA WRAG is a lifestyle choice.

It's time to dispel this myth and tell the truth about people in the WRAG. The discredited Work Capability Assessment is neither a rational nor a fair way of distinguishing those who could work from those who can't.

Here are 3 profiles of claimants who would be placed in the WRAG in a Work Capability Assessment.

Do these people have the choice to go out and get a job?

Mike, 40, suffered a stroke two years ago while at working as an engineer which left him with brain injury and epilepsy that his specialist says are unlikely to improve further. Under the Work Capability Assessment he scores points for loss of consciousness due to seizure 2 -3 times a month (6 points); inability to initiate or complete personal action for the majority of time (9 points) and occasionally uncontrollable episodes of aggressive behaviour (9 points).

Mike scores 24 points but doesn't qualify for the Support Group. If Mike were assessed from April 2017 he would receive just £73 per week to live on, the amount set as basic subsistence for 6 weeks, to prevent him from languishing and incentivise him to recover from his brain injury and return to work.

Alan, 29 has autism and lives with his parents. Alan enjoys his supported voluntary work in a community farm but he has never been in paid work. Alan has a reduced awareness of hazard which puts him at significant risk of injury to himself or others requiring frequent supervision (9 points). He can't cope with minor planned changes to his daily routine (9 points). He can't get around, even to a familiar place without another person to accompany him (9 points) and he experiences significant distress from social contact with an unfamiliar person (9 points)

Alan scores 36 points but doesn't qualify for the Support Group. In the WRAG Alan has to attend compulsory workshops as a condition of receiving benefits and is threatened with benefit sanctions even though he finds attending workshops with strangers too distressing to cope with.

Sheila was diagnosed with multiple sclerosis eight years ago. She carried on working as a sales rep until her symptoms became too severe as the disease progressed. Sheila can't walk more than 100m due to muscle weakness and balance problems (9 points), (she can't self-propel a wheelchair because of upper body weakness). She has difficulty controlling her bladder meaning she often needs a change of clothing (6 points). Her co-ordination difficulties mean she can no longer use a keyboard effectively (9 points). Sheila experiences cognitive dysfunction and depression, which has worsened since had to give up work, and as a result she frequently can't initiate and complete at least 2 personal actions (6 points).

Sheila scores 30 points but doesn't qualify for the Support Group. She is given a contributory ESA WRAG award of 12 months, after which her benefit is stopped because her partner is in work. The 2012 Welfare Reform Act dictates that 12 months should be long enough for people with health conditions like Sheila's to recover and return to work.

Mike, Alan and Sheila are not real people, but illustrations of how the WCA measures illness, disability and fitness for "work related activity" in a way that has no bearing on either medical reality, or the real world of work. Without financial support to overcome the significant obstacles they face, and without employers prepared to tailor their job conditions considerably, real people like Mike Alan and Sheila don't have realistic job prospects, now or in the future.

The current work preparation schemes for people in the WRAG provide almost no specialist support for people wanting to move towards work.¹

2. The WCA sorts those who can't work from those who could

The Work Capability Assessment (WCA) assigns ESA claimants into either the WRAG, where they are judged capable of “work related activity”, or the Support Group, where they are not expected to undertake any work-related activity.

Yet to compare results from the Work Programme for both groups, just 5% of long term WRAG claimants achieve a job outcome, against 9% for the Support Group², who can refer themselves voluntarily to the Work Programme.

This shows the blunt and arbitrary nature of the criteria used in the WCA to distinguish both groups. It also demonstrates the failure of conditionality and sanctions as a tool for moving long term sick and disabled people into employment.

The fact is the WCA does not measure capability for work related activity because the ESA regulations do not contain a definition of “work related activity” against which someone’s capability could be measured. In practice, “work related activity” is determined by Work Programme or Jobcentre Plus advisers without reference to the findings of a claimant’s WCA.

Neither does the WCA assess medical prognosis for recovery which could make return to work possible in the short to medium term. People with lifelong and progressive conditions like cerebral palsy and Parkinson’s disease are placed in the WRAG where they are given 12 or 24 months to return to work.³

As you can see from the profiles, you can score well over the necessary 15 points in the WCA and still be placed in the WRAG. The WCA takes no account of how multiple symptoms or difficulties decrease someone’s chances of working.

3. ESA is a passive benefit

The justification for cutting the level of benefits for the WRAG appears to come from the misinformed claim by the think-tank Reform, that ESA is a passive benefit that does not incentivise people to move into work.⁴

In fact ESA WRAG was designed as an “active” benefit and the range of conditions claimants have to meet, as well as the levels of punishment in the form of sanctions for non-compliance have increased in the last five years. Claimants with disabilities and health conditions can now be mandated to full time unpaid work experience and can be subject to open-ended sanctions of 100% of the basic ESA component of their benefit (approx. £71 per week)

In the year to December 2014 sanctions to ESA claims rose by nearly two thirds⁵. Research into how conditionality operates in the WRAG found that the demands placed on to attend courses or work placements are neither reasonable nor fair. In 4 out of 5 cases advisers did not take account of the impact of health problems or impairments in setting mandatory work related activity and in 70% of cases no adjustments were made to enable people to take part.⁶

By Catherine Hale, Caroline Richardson and Stef Benstead, with contributions from Jane Young and Sam Barnett-Cormack

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Endnotes:

¹ Research into 500 people in the WRAG found fewer than one in ten were referred to specialist disability employment support: Hale, C. (2014) *Fulfilling Potential? ESA and the fate of the work related activity group*. Mind.

² Figures obtained from an analysis of DWP statistics of the percentage of attachments to the Work Programme that achieve a Job Outcome (ie 13 weeks of sustained employment) from June 2011 to March 2015. The long term WRAG outcomes quoted consist of “ESA/ex-IB” and “New ESA 12months plus” combined. The Support Group outcomes consist of the “ESA Volunteer” group. Figures given exclude the New ESA 3month and 6 month payment groups who have higher rates of job outcomes, due in likelihood to recovery from a short term health condition. See

<http://tabulation-tool.dwp.gov.uk/WorkProg/tabtool.html>

³ <http://www.parkinsons.org.uk/sites/default/files/progressiveconditionsdossier.pdf>

⁴ Pickles, C. et al. (2015) *How to run a country: working age welfare*. Reform.

⁵ <http://www.bbc.co.uk/news/business-32719554>

⁶ Hale, C. (ibid.)