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Rt Hon George Howarth MP

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Dun Grange,

Thank you for your email of 24 November on behalf of constituent who contacted you concerning Clause 13 in the Welfare Reform and Work Bill which removes the work-related activity component for new claims to Employment and Support Allowance (ESA) made after April 2017.

Firstly, let me confirm that this change will not affect those already eligible for the component who will continue to receive the additional payment.

We know that the majority of people with disabilities and health conditions want to work, including the majority of ESA claimants – 61 per cent of those in the Work-Related Activity Group (WRAG) say they want to work. This is why this Government has committed to halving the disability employment gap. This change and the new funding of up to £100 million per year that we will be re-investing in additional practical support is intended to provide the right incentives and support to enable people in this group to take steps back to work.

The WRAG includes a wide range of people, both those who are relatively close to moving into work and others for whom that is a more distant prospect. However, given the beneficial impacts of even a small number of hours of either work, or structured work-related activity, it is important that claimants are assigned to the WRAG where they would benefit from participating in some form of activity.

ESA takes full account of progressive conditions such as Parkinson's and the Work Capability Assessment (WCA) considers the impact of the person's health condition or disability on their functional capability rather than a person's condition, so it is quite right that some people with Parkinson's will be placed in the WRAG. This is recognised by Parkinson's UK which says on its website "Many people with Parkinson's continue to work for many years after their diagnosis, but may need changes to the way they work to do so."

Whilst Parkinson's is a progressive condition, it is important to ensure that support is available for those experiencing periods where the condition is more manageable

and are able to re-enter employment. This could include seeking alternative employment from what they have done previously. But as with other progressive conditions those who are unable to work despite support are likely to become eligible for the Support Group as their condition progresses. They will then receive the support group rate – which is not affected by this change.

I can also assure you that the statement that almost a third of people with Parkinson's are placed in the work related activity group is incorrect. Information on this is available at: www.gov.uk/government/statistics/employment-and-support-allowance-numbers-of-claimants-with-progressive-conditions for February 2015 caseload information which shows 8 per cent of ESA claimants with Parkinson's were in the WRAG at that point in time.

Given the beneficial impacts of even a small number of hours of either work or structured work-related activity, it is important that claimants are not assigned to the Support Group where a closer attachment to the labour market would be of benefit to them. The Government does not write people off simply because of their health condition but rather we offer people the appropriate support for the way their condition affects them.

An assumption that a progressive condition might make it impossible for claimants to work risks people experiencing a number of years of inactivity with detrimental effect.

It is also important to understand that this change also applies to Universal Credit (UC). The changes to ESA and UC work together. UC will replace income-related ESA once fully rolled out. UC offers significant work incentives over the current system of benefits with the structure of UC designed to encourage and reward work. Even small amounts of work pay, which makes it easier for people to move back into work where they are able to do so. As UC supports small or fluctuating amounts of work, this is particularly helpful for people whose health condition means that they can only work some of the time.

Personal Independence Payment which replaces Disability Living Allowance is available to help meet some of the extra costs incurred by having long-term ill health or a disability, and some people on income-related ESA will be eligible for additional premiums.

The Autumn statement announced an almost 15 per cent real terms increase in funding for support for those with health conditions and disabilities which includes the funding of up to £100million a year that comes with this change. In addition, the Chancellor announced in the Autumn Statement that the Government will publish a White Paper in the New Year that will set out reforms to improve support for people with health conditions and disabilities, including exploring the roles of employers, to further reduce the disability employment gap and promote integration across health and employment.

This Government is spending £50 billion a year supporting disabled people. Our welfare reforms will ensure the billions we spend better reflect today's understanding of disability and offer the targeted support that disabled people need in order to realise their potential and enjoy full and equal participation in society.

I also want to highlight the fact that, according to the latest OECD data, the public spending on sick and disabled people in the UK stood at 2.5 per cent of GDP, above the OECD average of 2.2 per cent. To put that in perspective, that is a higher proportional spend on incapacity than France, Germany or Japan.

I outlined my ambitions to look again at the support we offer disabled people in a speech I delivered on 24 August, which you may find of interest. It can be found at https://www.gov.uk/government/speeches/work-health-and-disability.

ZEn,

The Rt Hon Iain Duncan Smith MP

SECRETARY OF STATE FOR WORK AND PENSIONS