



## Work and Pensions Committee Inquiry into Reform of Incapacity Benefits

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## Summary of key points

- CPAG welcomes many aspects of the Pathways to Work pilots, and recognises that they incorporate some very positive elements. We believe that disabled people who want and are able to work should be provided with the support and encouragement that enables them to do so. Services and support must be put in place to enable more disabled people to retain or access employment.
- We support the Government's determination to improve service delivery for disabled people, and to provide support to enable those who are able and willing to access employment to do so. However, we believe all disabled people should have access to improved services irrespective of whether they are able to work or not.
- The Government suggest that one million workless disabled adults want to work. CPAG believe that the introduction of compulsion and sanctions to force them to do so is wrong and illogical. It is unjust to utilise an element of compulsion towards some of the UK's poorest families and may actively damage an already vulnerable group. It is stigmatising and will generate unnecessary anxiety and ill will both amongst and towards recipients. It is unnecessary because most disabled people who are able to work want to work.
- Disabled people continue to be disadvantaged in the labour market. We are concerned that the new proposals will pressurise the most vulnerable disabled people who may have low educational qualifications and poor health into low paid, unrewarding and stressful jobs which may exacerbate their condition and may not leave them better off financially. This is at odds with the Government's commitments on the eradication of poverty.
- The Government must ensure that disabled people have access to good quality jobs that enable them to fulfil their potential and reflects their skill levels.
- More should be done to ensure that employers provide a safe and healthy working environment that is appropriate and supportive for all disabled people and avoids the onset of sickness or ill-health.
- Research on health inequalities indicates that living on a low income significantly increases the risk of disability or ill health. People who already out of work and are reliant on benefits, are more likely to become disabled. A financial safety net must be provided for disabled people who are unable to work, or are severely disadvantaged in the labour market. Reviewing benefit adequacy and take up must be an integral part of reform of incapacity benefits.
- Research indicates that disadvantaged groups – particularly from Black and minority ethnic communities who also experience high levels of unemployment - are least likely to apply for and/or receive disability benefits. We are concerned that the most vulnerable groups who have the greatest difficulties accessing the current system will be most disadvantaged by a new and more complex system with higher levels of conditionality and penalties.

## 1. Introduction and overview

1. CPAG welcomes the opportunity to respond to the Work and Pensions Committee's inquiry into reform of incapacity benefits and we are pleased that the Committee is addressing such an important issue. The high level of poverty in households with a disabled adult, a disabled child, or both, continues to be a source of concern.
2. This submission draws on CPAG's commentary on the DWP's *Five Year Strategy* sent to the DWP which is available at [www.cpag.org.uk](http://www.cpag.org.uk). It starts with a general introduction that outlines the main policy areas and considers our main concerns. The main part of the submission addresses the questions outlined in the Committee's inquiry
3. We urge the Committee to include the following issues within its inquiry into incapacity benefits:
  - The link between low income and poor health and disability;
  - In-work poverty
  - Inadequate benefit provision
  - Conditionality
4. CPAG has recently published *At Greatest Risk: the children most likely to be poor*.<sup>1</sup> Disability, sickness, ill health and depression are themes that permeate all the chapters. This submission will focus on the needs of disabled parents who span all the 'at risk' groups.

### **Incapacity benefit (IB) and incapacity benefits**

5. Throughout this submission we will distinguish between **Incapacity Benefit** which includes Severe Disablement Allowance (SDA) (which we will refer to as IB) and '**incapacity benefits**'.
6. **Incapacity Benefit (IB)** - is designed to replace earnings for people who are unable to work due to sickness or disability. It is a non-means tested, taxable, contributory benefit, payable to people of working age. It is payable to people who have undergone a medical assessment – the Personal Capability Assessment (PCA) – which considers their inability to carry out various physical and mental functions. They must be currently out of work and to have paid sufficient National Insurance contributions.<sup>2</sup> There are currently 2.7 million recipients of IB and SDA.<sup>3</sup>
7. **Incapacity benefits - include** the full range of benefits and tax credits available to disabled people, including IB, SDA and Income Support (IS) with a disability premium. Although this inquiry appears to be focused solely on IB, we discuss other benefits where appropriate, including Disability Living Allowance (DLA), a non-means tested benefit which is available to disabled people who are both in and out of employment.

## Pathways to Work

8. The Pathways to Work Pilots were introduced in October 2003 with the express purpose of increasing the number of IB recipients moving into paid work. They were evaluated by the Social Policy Research Unit in 2004/05<sup>4</sup> (henceforth referred to as ‘the Pathways evaluation’). The implications of more longitudinal data will not be known for some time. The Pathways to Work Pilots include:
  - Mandatory Work Focused Interviews (WFI) for Benefit beneficiaries
  - New specialist IB Personal Advisers, focused on getting people back into employment
  - Condition Management Programmes are an improved form of rehabilitation provision which provide intensive support which aims to help disabled people ‘understand their condition, ‘understand its impact on their normal activities’ ‘regain confidence’ and ‘return to some form of employment or training and as normal a life as possible’<sup>5</sup>
  - A ‘Choices’ package of extra support
9. From October 2005, Pathways to Work will be extended to cover around one third of the country, and Pathways provision will be available in the Jobcentre Plus districts which - according to Jane Kennedy MP - are ‘co-terminus with the 30 most disadvantaged Local Authority Districts. This is going to mean that, in terms of incapacity benefit recipients, the Pathways approach will be available to around 900,000 people in total.’
10. Jane Kennedy reports that ‘The Pathways pilots draws on lessons from occupational health research and clinical management which indicate that early intervention and modified work are two of the most effective tools devised to help people back to work, and they form central elements of the ‘offer’ to benefit claimants when they come through our door.’<sup>6</sup>

## Disability and poverty

11. Disabled people are more likely to live in poverty than non-disabled people because they are less likely to be in paid employment, are more likely to be reliant upon benefits, and they incur additional disability-related costs. Given ongoing systemic problems - such as inadequate benefit support, discrimination, poor employment prospects and fragmented service provision - becoming disabled is an extremely stressful and costly process which is likely to exacerbate underlying disadvantage for some of the UK’s most vulnerable people.
12. In a recent report from the Centre for Analysis of Social Exclusion, Burchardt confirms that ‘individuals are indeed at an increased risk of being poor after onset of disability, relative to their own previous risk of being poor and given all their (fixed) characteristics such as gender and educational qualifications.’<sup>7</sup>
13. The DWP report that, ‘compared with a household with no disabled members, a household with at least one disabled adult is 50 per cent more likely to have a low income, and one with a disabled child is 20 per cent more likely. A household with a disabled child and a disabled adult is twice as likely to have a low income. However, the DWP emphasise that ‘These figures cover income only, so the total will include disability benefits but there is no deduction for any extra disability-

related costs.’ Poverty levels are therefore much higher. <sup>8</sup> They conclude ‘these disadvantages can lead to a high risk of poverty and social exclusion.’ <sup>9</sup>

14. However, although the Government is keen to reduce poverty and social exclusion among sick and disabled people, and often utilises insightful and informed analysis. However, this does not always lead to policy initiatives that directly engage with the issues. CPAG believes that **inadequate benefit income and in-work poverty - which are failing to safeguard people from living poverty - should be given a higher prominence in the debate on incapacity benefit.**

### ***Causes of poverty***

15. *Moving out of paid employment* is likely to trigger a significant drop in income. As Burchardt points out, the onset of sickness or disability has an impact upon the whole family. ‘Changes in the employment status of one individual can have knock-on effects on other household members too.’ She reports that loss of employment impacts differently upon different households. For a lone parent, the impact is greatest, because there is no other adult to compensate for a sudden drop in earnings. However, even in couple household there is a financial impact on the whole household. If the earner becomes disabled in a one-earner couple household, the non-earning spouse is unlikely to access paid employment to compensate for the drop in earnings because they now have additional caring responsibilities, and the couple is likely to become a non-earning household. Even if the non-earner becomes disabled, the earner is quite likely to give up employment in order to care for the disabled family member. <sup>10</sup>
16. *In-work poverty*: 52% of poor children live in a household in which a parent is in work. <sup>11</sup> Although in-work poverty is a problem for both disabled and non-disabled parents, *At Greatest Risk reveals* higher rates of poverty amongst disabled parents who work compared to non-disabled parents, possibly due to ‘the amount and/or type of work open to disabled parents ... the likelihood is that disabled parents are more likely to find low-paid and/or part-time work compared to non-disabled parents.’ <sup>12</sup>
17. *Worklessness*: There is also a direct link between poverty and worklessness – a subject that is close to the Government’s heart. Although the Government claims that it will provide security for those who cannot work, the primary focus of most policy initiatives is on work as the route out of poverty.
18. *Barriers to employment*: The Government acknowledges that disabled people face significant barriers to employment. In *Opportunity for all* (fifth annual report) the DWP report that ‘currently disabled people of working age are around seven times as likely as non-disabled people to be out of work. Over half of working-age people with a work-limiting disability are inactive compared with 11 per cent of non-disabled people.’ <sup>13</sup> *Improving the Life Chances of Disabled People* produced by the Prime Minister’s Strategy Unit, reports that ‘low educational attainment translates into low skill and hence low employability. In addition disabled people require support in the form of equipment, transport, structural changes to their working environment or support workers...A more integrated response would improve disabled people’s employment chances and empower them to fulfil their roles and responsibilities.’ <sup>14</sup> As the TUC point out, the fact that 45% of people who moved from IB onto to jobseeker’s allowance (JSA) - who are probably amongst the closest to the labour market - were still on benefit a year later (compared with only 28% when non-disabled people were included). This

highlights the very real difficulties disabled people are still experiencing accessing employment.<sup>15</sup> Given the barriers that exist, employment is proving to be an unreliable and often unrealistic route out of poverty for many disabled people.

19. *Extra costs:* Loss of income due to the onset of sickness or disability is usually accompanied by an increase in disability-related costs, which vary according to the severity of the disability. Disabled people are at particular risk of poverty because high living expenses (due to extra heating, laundry costs and the need to finance special equipment, personal support or goods and services) are compounded by a greatly reduced earning capacity. The DWP accept that extra disability-related costs 'can take many forms.'<sup>16</sup> Various approaches to measuring extra costs have been developed.<sup>17</sup> Most recently, the Centre for Research in Social Policy (CRSP) has formulated budget standards for disabled people with different needs arising from physical or sensory impairments. Developed by disabled people themselves through a series of focus groups, the budgets reveal the minimum resources necessary to meet disabled people's needs, so that they would achieve a 'level playing field' with people without disabilities.<sup>18</sup> **People who have become sick or developed a disability need additional financial support to help them and their families adjust. It is essential that extra costs be considered in any programme of reform of incapacity benefits.**

*Benefits - Adequacy:* The high levels of poverty among disabled people indicate that benefits are not providing an adequate financial safety net. It is hardly surprising that IB - which is currently a meagre £76.45 – is failing to safeguard disabled people from living in poverty. Although it is an 'earnings replacement' benefit, rates are between 16% and 30% of *average* earnings.<sup>19</sup> If the incomes of people who are sick or disabled are to be protected, the levels of IB need to be increased significantly. Although the long term rate of IB is more generous than Jobseeker's Allowance (JSA), 57% of children in workless couple households with at least one disabled parent – many of whom are in receipt of incapacity benefits - are in poverty. The longer-term nature of reliance upon these benefits means that children may experience longer, and in some case much longer, spells of being poor.<sup>20</sup> The continuing downward trend in benefits and support for those of working age and outside the labour market is a part of the overall problem. As Barnes and Baldwin argue, 'If the 1980s saw a trend towards increased coverage in benefits for disabled people, this has been balanced by new restrictions and a steady erosion of their living standards. ... Benefit reforms have reduced the levels of income-replacement benefits, while also tightening eligibility criteria, with damaging effects on independence and autonomy as well as living standards. Disabled people were also badly affected by the 'simplification' of Income Support after 1988'.<sup>21</sup> CPAG is concerned that the proposed reform is part of continuing policies of a 'tightening' and 'targeting' of disability benefits designed to replace earnings<sup>22</sup> which has been integral part of New Labour's approach to social security since 1997.

20. *Take up:* Improvements to disability benefits have been introduced. However, as the DWP acknowledges, 'Increasing levels of benefits will not help people unless the benefits are claimed.'<sup>23</sup> Research indicates that disadvantaged groups – particularly from ethnic minority groups who also experience high levels of unemployment - are least likely to apply.<sup>24</sup>
21. *Administration:* The overall inadequacy of the administrative system is also contributing to the difficulties people suffering from sickness and disability face.

The proposed removal of thirty thousand staff from the DWP does not bode well for the implementation of an ambitious programme of reform, and it will undoubtedly have a major impact on existing services, let alone new ones. One Parent Families (OPF) questions the financial and moral efficacy of increased compulsion at the same time as implementing cuts, arguing that increasing compulsion and sanctions and introducing mandatory work-focused interviews (WFI) is likely to be costly in budgetary terms and on staff time. Even with existing staff levels DWP employees are struggling to cope.<sup>25</sup> Quoting a DWP evaluation, OPF note that advisers said that six monthly review meetings contribute to ‘an increasingly pressurised workload, and some reported that this was having a detrimental effect on their ability to devote the required amount of time to their case loaded customers.’ Staff cuts will inevitably have an impact on front-line staff in Pathways to Work areas.

### **Causes of disability**

22. *Low income:* Although the Government accepts that disability is a cause of poverty much less is made of the fact that living on a low income *increases* the risk of disability – although this is startlingly borne out by extensive research on health inequalities.<sup>26</sup> Burchardt confirms that ‘The onset of disability is by no means a random occurrence. On the contrary, those who are already disadvantaged are already at significantly greater risk of becoming disabled.’<sup>27</sup> Although a number of inter-linking factors increase the likelihood of becoming disabled – including having low or no educational qualifications and being out of work – Burchardt identifies ‘a close association between low household income and a high risk of becoming disabled across all age groups.’<sup>28</sup> Furthermore, as Jenkins and Rigg report, living on a low income not only increases the likelihood of becoming sick and disabled, but the average household income of those who become disabled was already falling prior to the onset of disability.<sup>29</sup> It is not just low income that generates stress and ill-health, high levels of inequality take their toll on the health of the nation. Recent research highlights poorer health in countries with high levels of inequality:<sup>30</sup>
23. *Worklessness:* Of those children living in poverty who live in a workless household, just over half have at least one disabled parent. Of all workless couple households with children, two-thirds have at least one disabled parent.<sup>31</sup> **It crucial that people who, for whatever reason, are unable to work have an income that protects them from the onset of disability or ill health.**
24. *Poor working conditions:* An increase in conditions such as stress, depression and anxiety<sup>32</sup> indicates a link between being in low-paid, low status occupations and the onset of sickness or disability. The Government accepts that ‘a lack of job control, monotonous and repetitive work, and an imbalance between effort and reward are associated with a higher risk of coronary heart disease and other health problems and that ‘sustained, chronic and long-term stress is linked to low control over life circumstances’ which in turn is linked to low social status.<sup>33</sup> Health and safety is also an issue. In 1999, the Health and Safety Executive estimated that work-related stress costs employers at least £353m a year, and cost society at least £3.7 bn.<sup>34</sup> The Department of Health report that, ‘although work is generally good for people’s health, poor health and safety management increases the risk of occupational disease and injury.’<sup>35</sup> As Burchardt trenchantly observes, ‘We may be able to do relatively little about the increased likelihood of ill health at older ages, but we certainly can do something about the risk of accidents at home, on the roads and at work, not to mention the prevalence of

illness and conditions which are caused or exacerbated by poor living and working conditions.’<sup>36</sup> **Improving employment practices, and providing better paid jobs is a crucial part of reducing work-related ill health.**

25. *Social and educational disadvantage*: The Social Exclusion Unit report that ‘Evidence shows that low incomes, non-employment, and low education all independently increase the probability of someone becoming disabled. Many of these risk factors are amenable to policy intervention. Often the onset of ill health or disability deepens pre-existing disadvantage.’<sup>37</sup> Shockingly, a recent report reveals that having no educational qualifications raises the odds of disability onset by over 55%, which greatly increases the risk of being out of work or in low paid employment.<sup>38</sup>

### **Child poverty and disabled parents**

26. There are 12.5 million children in the UK, of whom 3.5 million live in poverty (After Housing Costs).<sup>39</sup> There are around 1.7 million disabled parents (some of whom live with other disabled parents), and around 2.2 million children in their care. Around 12% of all parents are disabled, and 17% of children have at least one disabled parent.<sup>40</sup> Disability and lone parenthood are also linked. One quarter of lone parents have a long-standing illness or disability.<sup>41</sup>
27. Nearly 800,000 – or 38% (After Housing Costs) of the 2.1 million children with disabled parents - are living in poverty.<sup>42</sup> Given that current statistics seriously under-estimate the incidence of poverty (see above) this figure is likely to be much higher.
28. Like all disabled people, disabled parents face barriers to employment. While couples with children where neither is disabled have an employment rate of 97%, this drops to 78% when at least one of the couple is disabled. For non-disabled lone parents, the employment rate is almost 60%, for disabled lone parents it is almost 40%.<sup>43</sup> Given the difficulties disabled parents experience accessing paid employment, it is important that financial security is provided via the benefit system. **The new system must be designed in such a way that it supports, and does not sabotage, the Government’s policy to eradicate child poverty.**
29. There are just under 100,000 children in a household in which an adult is a claimant of IB or SDA.<sup>44</sup> There are 969,000 children living in families in receipt of key disability benefits – IB, SDA and DLA – plus additional allowances payable for all dependent children in families receiving income related benefits. Recent figures are affected by the introduction of Child Tax Credit (CTC) in April 2003 which has added to the total number of children.<sup>45</sup> This group of children face a higher risk of poverty than is prevalent in the wider population.

### **Ways out of poverty**

#### ***Employment***

30. For many people work is an effective route out of poverty. Seventy seven per cent of children are poor in households in which no adult is in paid work, compared with 3 per cent of children in households with two full-time workers.<sup>46</sup> The Government should be commended for the continuing relatively low rate of unemployment and its moves against discrimination in terms of both disability and age.

31. Progress has been made. Although this may be limited, general Government policies have already reduced unemployment and increased the number of disabled people moving into work. The most effective way to speed up this process is to give those who want to work the help they need.
32. The DWP claims that 'A million of the disabled people who are out of work say they would like to work. Many others are fully capable of working and are willing and expect to work if they are given the right support. It is only a minority of disabled people for whom work is not currently an option.'<sup>47</sup> **If the Government believes that a million plus IB recipients can and want to work, there is no need to introduce conditions that compel them to seek employment.**
33. We fully agree that, with adequate support and appropriate employment opportunities, many disabled people would like to engage in some form of paid work. There is, however, absolutely no need to compel people who want to work to do so.
34. Encouraging employers to implement changes to the workplace environment, improve health and safety standards, and adapt job specifications may prevent people from developing a disability or ill health, and/or enable more disabled people to retain employment after they become sick or disabled.
35. Both the Pathways evaluation and the Government itself emphasise that one of the strengths of the Pathways to Work Pilots is the high level of interest it generated despite the lack of compulsion. The Pre-Budget Report 2004 confirms that 'the pilots are also generating significant interest from existing IB claimants in the pilot district, who are currently not required to take part in the programme.'<sup>48</sup>

### **Benefits**

36. One way of reducing poverty, improving health and helping people access paid employment is addressing benefit adequacy and ensuring that all disabled people – particularly the most vulnerable and disadvantaged groups - receive their full benefit entitlement. For the moment however, although research indicates that the provision of welfare benefits advice in primary care settings leads to an improvement in health,<sup>49</sup> the importance of independent benefit advice is not being emphasised. **A more joined-up approach is needed to the provision and adequacy of benefits generally.**
  - Incapacity benefit must be significantly uprated to ensure that it reflects the additional costs incurred by disabled people
  - DLA should be reviewed in the light of additional costs, and action taken to ensure that disabled people get all the benefits to which they are entitled
  - The adequacy of carer's allowance – a derisory £45.70 - must be an integral part of the overall reform of incapacity benefits. The needs of the whole family must be taken into consideration when assessing levels of financial support.
  - The very low levels of income support and of jobseeker's allowance keep family income well below the poverty the line and therefore increase the likelihood of disability and ill-health, and fail to protect sick or disabled people who are not receiving the disability benefits to which they are entitled. Preventative measures must include a review of these two benefits.

### **Stigmatising language**

37. We would like to emphasise that, although we do not believe – to use the DWP's questionable phrase – that disabled people should be 'written off', we do challenge the notion that people who not in paid employment are necessarily failing to achieve their potential. Many disabled people who are not in employment lead rich and fulfilling lives and contribute a great deal to society. Many have additional caring responsibilities, which should be recognised and valued. As with everybody, disabled people should be given choices – about services and employment.
38. We urge the Government not to utilise language which appears to criticise recipients of benefits. Ill-considered ministerial outbursts about people 'languishing on benefits.'<sup>50</sup> and Britain being overwhelmed by a 'sick note culture'<sup>51</sup> and most recently Blunkett's advice to benefit recipients to 'stop watching daytime television'<sup>52</sup> are inflaming a tabloid feeding frenzy when it comes to people on incapacity benefit. As Lorna Reith points out, headlines such as 'Shame of "disabled shirkers" (Express on 27 June, 2004) and 'Jobless steered onto sick list' (Sunday Times 12 September 2004) are neither accurate nor helpful. We urge the Government to use more temperate language when discussing IB.

## 2. Reforms to incapacity benefits

### 2.1 What lessons can be learned from the Pathways to Work pilots in shaping the direction of the reform of incapacity benefits?

39. CPAG welcomes many aspects of the Pathways to Work pilots. We believe that disabled people who want and are able to work should be provided with the support and encouragement that enables them to do so.
40. We warmly welcome the Government's acceptance that current rates of incapacity benefit (IB) are inadequate, and commend its commitment to increase levels. We welcome the DWP's recognition of the crucial role employers can play in helping sick or disabled people to retain – or return – to paid employment. Employers can also play a crucial role in preventing the onset of disability and ill health.
41. We are pleased that Pathways to Work recognises that the provision of better specialist support – including new rehabilitation services– must form an integral part of any programme that seeks to increase employment rates amongst disabled people.
42. There are currently around 2.7 million IB claimants. However, as discussed above, a distinction must be made between the 2.7 million people claiming IB, and the 1.7 million beneficiaries.<sup>53</sup> The remainder receive 'credits only' IB.<sup>54</sup> Although the number of people applying for IB has increased – in part because of an increase in the number of women accessing paid employment, and an ageing population - the number of people *receiving* IB has in fact been falling. Between 1995 and 2005, the total number of beneficiaries of IB fell from 2.2 million to 1.7 million.<sup>55</sup> If the overall trend is going in the right direction, why is the Government so keen to change the system? Furthermore, as the TUC points out, 'If IB hasn't caused the increase, then reforming it won't solve the problem.'<sup>56</sup>
43. Although we welcome the underlying ethos of the Pathways to Work pilots, we feel that it is very much a reactive rather than a proactive initiative. While the reforms address some of the issues that may deter some disabled people from accessing paid employment – such as concerns about leaving benefits, problems accessing support services, and discrimination amongst employers – they do not give adequate weight to preventative and protective measures. **We are concerned that Pathways to Work fails to address the underlying social, educational and financial problems which precede disability. The DWP needs to take these issues on board, and incorporate benefit adequacy and access, low educational achievement and in-work poverty, as part of their wider remit.**
44. We would like to emphasise that **it is still very early days**, and the long-term implications of the Pathways experiment are not yet evident – for example regarding sustainability and quality of jobs accessed. Furthermore, the client group that responded best to the Pathways model were those closest to the labour market. We are concerned that the quality of employment opportunities may decline as the pilots start to target much more vulnerable client groups – such a people with mental health problems or fluctuating conditions. Their situation needs to be monitored closely to ensure that they do not feel compelled

to undertake jobs that are not in their financial, psychological or physical best interests.

45. The fact that the current strategy is oriented towards supply and almost totally neglects demand is a source of concern. Ensuring that appropriate, well-supported jobs are available must be central part of the overall reform programme. **The provision of better quality, better paid jobs is a crucial part of reducing work-related ill health.**
46. Until the full impact of the Disability Discrimination Act has set in and perceptions and attitudes have truly been changed, it is unlikely that there will be enough sensitive and informed employers to generate jobs for the large numbers of disabled people the Government is hoping will move off IB and into work.
47. We are also concerned that when there is downturn in the economy and a contraction of the labour market, vulnerable and disadvantaged people who have accessed the labour market most recently may be the first to lose their jobs. As Professor David Piachaud writes in *At Greatest Risk* 'Recession brings unemployment and worsening employment opportunities for those such as lone parents on the margins of employment: it tends to add to poverty. It may be true that a 'rising tide lifts all boats equally' but a falling tide leads the most vulnerable boats scraping the bottom.'<sup>57</sup>
48. We have a number of additional concerns about the increase in compulsion which we outline below:
  - a) If the Government believes that 'one million disabled people are willing and able to work' why are they targeting a larger group of non-working disabled people who are neither able nor willing to seek out paid employment? Given the many barriers that disabled people continue to face we feel that attempts to compel people who are not ready to work - or are only too aware that they are unlikely to find jobs that would suit their capabilities – to seek paid employment is not only questionable and inhumane, but it is illogical and counter-productive.
  - b) We have particular concerns about disabled people, many of whom may have been seriously disadvantaged by the educational system and continue to be disadvantaged in the labour market, being 'encouraged' – or pushed - to participate in paid employment that may be part-time, low-paid, or stressful and unrewarding. We fear that this may be exactly the kind of employment that disabled people are likely to access if compelled to seek work.
  - c) Encouraging people to access poorly paid employment may reduce the direct cost of IB to the Government in the short term, but it will not significantly increase the incomes of some of the UK's most disadvantaged groups and may generate increased costs in the long term – to both individuals and to society - due to worsening health.
  - d) There is no evidence that the use of compulsion, punishments and sanctions is effective. Nor do financial sanctions that result in plunging vulnerable people further into poverty change behaviours that are rooted in intractable health, educational or social problems.
  - e) Compulsion also carries an attendant stigma with employers. The Government is well aware that employers treat people who are encouraged to

access work in a mechanistic way as part of employment programmes quite differently from those who actively seek it out.

- f) **The efficacy of increased conditionality, compulsion and sanctions must be reviewed in the light of its failure to reduce poverty in the UK or other countries.**<sup>58</sup>

## 2.2 What are the implications of DWP's proposals for the new structure of incapacity benefits?

49. Although the DWP appears to be reviewing whether the introduction of two separate benefits is appropriate or feasible, it seems likely that a dual system will be established with 'different systems for different people with varying rates, rules and requirements' which will distinguish between people with 'more manageable and 'severe' conditions.<sup>59</sup> Until the situation is clarified, our understanding of the DWP's proposals for the new structure of IB are as follows:

- Once new applicants for IB have passed the Personal Capability Assessment (PCA), they will attend an 'employment and support assessment' which will decide what benefit a person should be placed on, and whether they are able to participate in work-related activities.
- Until a decision has been made about the severity of a person's disability and their ability to undertake work-related activities, they will be placed on a '**holding benefit**' which will be about the same level as JSA (around £55 a week).
- The strategy includes the roll out of **compulsory work-focused interviews** (WFI) and the requirement that most claimants engage in 'activity that helped them prepare for a return to work'.
- People who are designated as able to undertake work-focused activities, will be placed on the lower rate IB – currently called 'Rehabilitation Support Allowance'. These claimants will be able to increase the basic rate of £55 a week by attending WFI, and 'taking steps to get them back in the market.' The new rate will be higher than the current IB rate. However, people who are unwilling or unable to engage in such activities will be returned to the 'holding benefit.' It is anticipated that the vast majority of disabled people will be placed onto a benefit with this level of conditionality.
- A small percentage of people (probably around 20%) who are deemed to have more severe disabilities will be placed on a higher rate benefit – currently called the 'Disability Sickness Allowance'. Although they will not be expected (but may choose) to engage in 'activity that helps them to prepare for a return to work', they will have to attend compulsory WFIs as they do now in the Pathways to Work Pilots.
- The Government has indicated that benefit rates for IB will be increased, and this is very welcome.

50. We outline our concerns about these proposals below:

- g) We are concerned at the proposal to introduce a 'holding' benefit for new claimants to IB, at JSA rates. Four out of every five children in a family

receiving JSA<sup>60</sup> are left in poverty by a benefit that is supposed to provide a financial ‘safety’ net. If it is failing to safeguard families from poverty whether or not they have health problems, it is unlikely to protect somebody who is likely to be under considerable stress, and to incur additional costs associated with the onset of disability or ill health. **The relationship between ill-health and poverty indicates that a dramatic reduction in income at a particularly difficult time, is likely to exacerbate underlying health problems, and may undermine rehabilitation attempts during the early months<sup>61</sup> - the very time when individuals are most likely to come off the benefit.**

- h) We are concerned that introducing sanctions and penalties may result in IB becoming an erratic source of income, with an endless round of assessments, sanctions and appeals leading to people’s incomes fluctuating wildly.
- a) The Government emphasise that ‘people who are eligible for incapacity benefits when their health problem means it is unreasonable to require them to seek out work, not when work becomes impossible for them.’<sup>62</sup> We feel that this distinction must be maintained. Although the PCA will be coupled to an employment and support assessment which will ‘help clients and advisers focus more fully on how they can best plan a return to work’<sup>63</sup> for the moment if the PCA indicates that it is not ‘reasonable’ to work, the person is placed on IB. It is therefore ‘unreasonable’ to expect them to engage in work-focused activities if they do not feel able to do so.
- b) We are concerned that a recently disabled parent who is unable to engage in work-focused activities, perhaps because of a combination coping with their own health problems or disability alongside their caring responsibilities, may incur benefit sanctions. **People’s parenting responsibilities should be taken into account when assessing their capability for work.** Both parents and children are likely to be plunged into poverty if a parent returns to the ‘holding benefit’ because of their inability to engage in work-focused activities.
- i) We are concerned that a disabled person with parenting responsibilities who fails the PCA may have less time and energy to appeal a decision and be placed on JSA where – according to the TUC – they are likely to stay for a very long time.<sup>64</sup> This is very likely to place the family in poverty which will have an adverse impact on their health, their ability to care for their children, and their long-term chances of employment.
- j) Disability Alliance has raised concerns that if a lone parent becomes disabled, or a disabled person becomes a lone parent, they may well have to give up work because of difficulties managing their health problems alongside their caring responsibilities. They will be placed on the ‘holding benefit’ and will have to go through a whole system of sanctions and WFIs. This would not – quite rightly - happen to a disabled lone parent who is not in work. There will be two systems in operation for disabled parents whose situation is the same.

## 2.3 Do they address the complications inherent in the existing incapacity benefits system?

51. There are a number of problems with IB.

- c) *Adequacy*: CPAG does not think that IB provides an adequate level of financial support. We accept that people with more severe and complex disabilities incur greater costs than people with less severe or less complex needs. However, **incapacity benefit should provide a bedrock of financial support for all disabled people who are currently out of work.**
- d) *Take-up*: The Government argues that IB is part of a package of support for disabled people, which includes DLA and disability premiums within income support and tax credits. However, access to disability benefits is an erratic business. People with mental health problems are particularly poorly served by the benefit system.<sup>65</sup> Some sick people may not qualify for DLA, and people with fluctuating conditions may find it much harder to satisfy DLA tests.<sup>66</sup> **Ensuring that disabled people receive their full benefit entitlement must be an integral part of the new system.**
- e) Given the regularity with which DLA is reviewed, downrated and removed – plunging people back onto basic income rate supports – income support (IS) levels must be viewed as an integral part of the financial package for disabled people.
- f) People who find the new system particularly stressful and difficult to navigate may simply give up trying to get the disability benefits to which they are entitled. This situation will do little to address poverty, and will make the situation for some vulnerable groups.
- g) *Low paid work and worklessness*: Insurance-based benefits discriminate against people who have an incomplete contribution record. IB is only available to people who have paid sufficient national insurance (NI) contributions. People in low paid, part-time work, and people who have been out of employment for many years, do not qualify. People who have passed the PCA but have not paid sufficient NI contributions may be entitled to other disability benefits, but these are difficult to access and are usually paid at a lower rate than IB. Furthermore, research indicates that people who become severely disabled (as gauged by the number of different health problems or impairments they report) are less likely to have been working before the onset of disability.<sup>67</sup> These people do not qualify for IB (although they may qualify for additional support – such as DLA, and disability premiums within IS). They therefore receive a lower level of support than people who have worked. Some disabled parents – many of them women – may not qualify for IB because of difficulties accessing employment due to a combination of disability and parenting responsibilities, or problems with low paid employment. The current system is failing to safeguard the income of some disabled parents, and this runs directly counter to the Government's commitment on the eradication of child poverty. **CPAG believes that all disabled people should have access to an appropriate level of income, irrespective of whether they have worked or not. Indeed individuals who have never worked are likely to need the greatest assistance.**
- h) *Poor medical assessments*: There are continuing problems with people who are disabled and are entitled to IB failing the PCA due to poor medical assessments.<sup>68</sup> Nearly 55% of appeals for IB (PCA) are successful.<sup>69</sup> We are concerned about people who may simply accept an incorrect decision, and not receive the IB to which they are entitled.

- i) *Benefits: a disincentive to work?* A report by the IPPR indicates that it is a 'central paradox that people are required to demonstrate their incapacity for work to gain access to benefits while having to prove their capacity for work to employers to move off benefits and into employment.' The report highlights the fact that 'people fear losing benefits if they look for...work which proves unsustainable. The benefit system needs to be sufficiently flexible to deal with the dynamic nature of disability and the risks of moving into work need to be minimised'.<sup>70</sup> **Giving people the choice to engage in work-focused activities without jeopardising their incapacity benefit award resolves one of the dilemma's inherent within the current system.**
- j) *Linking rules:* We welcome changes to the linking rules which mean that people will be able to return to their previous level of IB if their employment does not work out. However, we are concerned about people who may access inappropriate and/or unsustainable employment. How often will claimants be able to return to their previous level of IB without having to go through the whole system again?
- k) We understand that the DWP is keen to remove any possible confusion about the possibility of receiving benefits *and* being in paid employment. Although we agree that the current system is complex and potentially confusing, **there are many situations in which it is right and appropriate for somebody who is in receipt of out of work benefits – such as IB – to engage in a limited amount of paid work activity without losing their benefit entitlement. This right must be clarified and safeguarded within the new system.**
- l) We welcome the brief statement in the DWP's *Five Year Strategy* that the new incapacity benefits will not be time-limited. However given the apparent use of JSA type-structures in the proposed new benefits, and in particular the lack of detail about the mix of means-tested and non-means-tested provisions, **no-one on any of the new incapacity benefits must have their entitlement time-limited.**

**52. The way in which the new system will interact with other disability benefits needs clarification:**

- *Moving into employment:* Accessing paid employment usually triggers a reassessment of somebody's entitlement to DLA - something many disabled people are unaware will happen. The new system may increase the likelihood of a person's DLA being downrated or removed.
- *Personal Advisers:* high levels of successful appeals for DLA (around 55%)<sup>71</sup> indicate that decision makers do make mistakes assessing an individual's care and mobility needs on the basis of medical reports. Personal advisers will also be making complex decisions about their client's capacity to work and may be reliant on sometimes misleading or inaccurate medical reports. Their assessment may have an impact on that person's DLA application or award. This will leave people who have recently become disabled struggling to access IB and DLA at the same time.

## 2.4 Is a dual benefit the right approach?

53. Given the problems the DWP has experienced administering IB in its current form (hence the high levels of successful appeals) we are concerned about their ability to administer a more complex system, particularly at a time when significant Jobcentre Plus staff cuts have been threatened.
54. We are concerned that the most vulnerable groups who have the greatest difficulties accessing the current system will be most disadvantaged by a new and more complex system with higher levels of conditionality and penalties.
55. We would strongly urge the Government to avoid introducing a system which replicates the complexities inherent within DLA, which may result in low take up.
56. We outline our specific concerns about a dual system below:
- What provision will there be for **moving between the proposed Rehabilitation Support Allowance and the Disability and Sickness Allowance (or a single benefit with different conditions and requirements)**? People with fluctuating conditions will be at risk of constant re-assessments of their health and ability to undertake work-focused activities. Some people may simply fall out of the system. We believe that claimants who disagree with the decision on their entitlement and/or whose condition changes should be able to apply for revision and appeal.
  - What safeguards will there be for claimants subject to mandatory requirements? If the element of compulsion is retained, we believe that the new system should ensure that appropriate **exemptions** are available for some people.
  - We have already outlined our concerns about placing an extremely vulnerable client group onto an inadequate **holding benefit** at a time when they need additional financial support to help with the transition from being non-disabled to being disabled. What safeguards will there be for claimants subject to **benefit penalties** for non-compliance? CPAG argues that there should be an independent right of appeal on good cause grounds, with the same time limits that apply to other appeals. Under current rules (for example in the Jobcentre Plus and Pathways to Work Pilots), claimants in effect have to claim good cause within five working days and we believe that this is an insufficient safeguard, especially if the 'good cause' is severe mental health problems.
  - We are concerned that people who are placed on the long-term benefit will be required to attend an endless round of WFIs even if this is inappropriate.
  - We are concerned that having a dual system will facilitate invidious comparisons between people qualifying for different incapacity benefits, and this may increase the stigma associated with being on benefits and impact upon take up. Having one benefit will make it more difficult for media to divide disabled people into the deserving and undeserving poor.

## 2.5 Could a dual system be improved?

57. We do not think having two separate incapacity benefits is either appropriate or advisable.

58. We strongly oppose the idea that compulsion or sanctions should be introduced within either rate.

## 2.6 Will the reforms help to improve work incentives for sick and disabled people?

59. Like the Government, we believe that many disabled people of working age would like to work and have a right to do so. Given the stigma that is all too often associated with being on benefits, paid employment can bring significant psychological benefits – including a sense of self-worth and social inclusion. There are already clear incentives to access paid employment.
60. Providing a high level of support and encouragement may give somebody the confidence they need to try out employment. However, compulsion may trigger anxiety and actually reduce somebody's ability and willingness to try out paid work.
61. If the Government believes that a million plus IB recipients can and want to work, there is no need to introduce conditions that compel them to seek employment. **If disabled people are unable to work, however much they would like to be able to do so, forcing them to attend compulsory WFI and engage in job-related activities is likely to be counter-productive.**
- it is **unjust** – to utilise an element of compulsion towards some of the UK's poorest families and may actively damage an already vulnerable group.
  - it is **stigmatising** - and will generate unnecessary anxiety and ill will both amongst and towards recipients;
  - it is **unnecessary** – because most disabled people who are able to work want to work;
62. If presented in a positive, non-pressurising way, the range of services and the support of Personal Advisers will attract people who are willing and able to work to utilise the services.
63. Pathways is supposed to facilitate a flexible approach to employment, encouraging options like part-time work and work trials to give people the opportunity to try out work whilst they are in receipt of benefit. More specific strategies could be put in place to enable disabled people – and employers - to engage in reassuring 'job tasters', which may reduce anxieties and prejudices on both sides. **For the moment there is little evidence that employers are providing the sort of flexible job trials that clients would welcome.**
64. *At Greatest Risk* reports that only 42,000 in-work families with children are in receipt of the disabled element of Working Tax Credit (WTC). This means many disabled parents who move into work are not accessing support to which they are entitled.<sup>72</sup> **Ensuring that people know about WTC, and the interaction with other benefits, must be an integral part of the employment services.**
65. We believe that work incentives would be greatly increased if childcare costs were recognised in the new benefits. Currently WTC allows couples where one is incapacitated to get childcare costs. Furthermore, WTC rules recognise the incapacitated partner may need help with childcare. **The acknowledgement**

**that additional support is needed for childcare should be included in any reform of incapacity benefits.**

66. Pathways to Work was of little assistance to people who were furthest from the labour market. The provision of irrelevant and untimely interventions was considered to be intrusive and inappropriate by this client group, who 'felt pressurised to pursue vacancies when they did not feel ready or which they felt were unsuitable' <sup>73</sup>
67. The Government reports that 'The population of disabled people includes wheelchair users, blind people and Deaf people ... but the majority of disabled people have other (often less visible) impairments. Among adults, trends in impairment show increasing numbers reporting mental illness and behavioural disorders, while the number of people reporting physical impairments is decreasing.' <sup>74</sup> People with physical disabilities or sensory impairments may find it easier to access employment than people with 'invisible' disabilities. Utilising sanctions and penalties to force people with mental health and behavioural disorders into work irrespective of their readiness or ability to do so, is not only likely to have a negative impact on their health, but it likely to inflame discrimination and exacerbate rather than reduce an underlying reluctance amongst employers to employ them.
68. The Government recognises that people with mental health illness face significant barriers accessing paid employment. The element of sanctions and compulsion within the system will not resolve – and is likely to exacerbate – problems accessing employment for this client group. This is discussed further below.
69. The Pathways evaluation reveals that 'some people were reluctant to risk disrupting stable incomes, thought low paid work would not be worthwhile financially, or faced debt recovery from earned income' that 'For several men financial pressures and debts grew as the length of benefit claims increased' and 'managing debts by staying on benefits and safe from creditors was a powerful influence on some people.' <sup>75</sup> **If being on benefits is closely associated with being in debt, and being in debt is a major reason for not leaving benefits, ensuring that people in receipt of benefit receive a sufficient income to prevent the accumulation of debt would resolve one possible barrier to employment.**
70. **The reforms do not give sufficient weight to the fact that paid employment is not necessarily a route of poverty for everybody.** *At Greatest Risk* reveals that, in workless couple households, the risk of poverty is lower for children with disabled parents (57%) – who may receive additional disability benefits - than for non-disabled parents (73%) – who are more likely to be on JSA. <sup>76</sup> However, although the risk of child poverty does reduce for both groups if they move into employment, the risk differential changes. When non-disabled couples move into work the risk of child poverty goes down from 73% to 12%, but for disabled couples it reduces from 57% to 17%. For lone parents the risk of a child living in poverty in a workless household with a non-disabled or a disabled lone parent are roughly similar – 49% and 51% respectively. The risk of poverty does go down substantially for both groups when a lone parent moves into work, however the risk of child poverty is now higher for a disabled lone parent (20%) than for a non-disabled lone parent (14%). These statistics indicate that 'although having a disabled parent in workless household can insulate the children from poverty (because of additional incapacity benefits), having a disabled parent in a

household where one parent works makes poverty more likely again, probably due to the amount and type of work open to disabled parents. Furthermore, the employment opportunities of the non-disabled partner may be affected, particularly if employment has to be combined not only with arranging childcare (as for all families) but also with looking after the disabled parent. These effects on parent and partner employment give non-disabled parents a greater chance of leaving poverty when entering work than disabled parents.’<sup>77</sup> **The risk of poverty is higher for working disabled parents than for working non-disabled parents.**

## 2.7 Is it possible to distinguish between those who are able to return to work and those who cannot?

71. CPAG believe that the best person to decide whether somebody is able to return to work is disabled people themselves.
72. The high level of successful appeals for incapacity benefits (around 55% for both IB and DLA) highlights the difficulties that trained medical practitioners experience making these judgements.
73. We would like to emphasise the importance of effective administration and the need for advisers to be appropriately trained to undertake what are very subtle and subjective decisions. However, we are not convinced that additional training is sufficient to enable overworked DWP employees to make such decisions.
74. Personal Advisers receive three months’ training. It is highly unlikely that this will equip them with the skills and sensitivities they need to assess an individual’s degree of labour market disadvantage which does not necessarily relate to the severity of disability. Although Personal Advisers will not undertake medical assessments themselves, they will have to analyse medical reports (which may be inaccurate) and decide whether or not to refer somebody for further assessment. Inappropriate decisions may put their relationships with their clients under strain.
75. Although the evaluation of Pathways does not specifically address the needs of disabled parents, there are many references to ‘family responsibilities’ impacting on a disabled person’s ability and willingness to engage in work-focused activities or avail themselves of services. For example, the researchers report that some clients viewed an interview eight weeks after their claim as too soon when they viewed ‘other matters, such as family problems and their health, as taking priority’ and ‘There were also people who felt they had urgent domestic and family issues to resolve before committing themselves to doing anything about work.’<sup>78</sup>  
**Parental or caring responsibilities must be taken into consideration when assessing a disabled person’s ability to access employment.**

## 2.8 What are the implications of the reforms on levels of fraud and error?

76. Given that the incidence of fraud amongst applicants for IB is almost non-existent the reforms are unlikely to have a much of an impact one way of the other. Major – not to say intrusive and often painful – medical checks and assessments have

already been put in place which render it very difficult for people to access the disability benefits to which they are entitled. The Government itself publicly acknowledges that fraud amongst incapacity claimants is extremely low. Addressing a Social Market Foundation seminar on IB, Jane Kennedy MP stated 'While it is taken very seriously where it occurs, fraud in the sense of blatant misrepresentation of condition or claiming whilst working full-time appears exceptional for this customer group and the level of measured fraud is extremely low.'<sup>79</sup>

## 2.9 Will the reforms address the main areas of concern with the current system?

77. The TUC points out, 'Restricting eligibility doesn't make people who have genuine illnesses and impairments get better – they just have to apply for a different benefit'. We are concerned about the possibility of displacement from IB onto a much less generous income support, recipients of which 'are likely to be among the most vulnerable of the poor.'<sup>80</sup> Targeting disabled people who are on income support is certainly inappropriate, and is unlikely to be popular. Although targeting people on IB instead may be easier to sell to the media, it does not engage with the real problem which – as we have emphasised throughout this submission – is the need for more robust and innovative preventative measures which robustly address underlying financial, educational and social disadvantage.
78. Although in *Opportunity for all: fifth annual report* in the section on disabled people and carers the DWP reports that 'Our emphasis is on helping the family as a whole'<sup>81</sup> there is little evidence of such an approach informing reform of incapacity benefits. **A failure to take a holistic approach to disability - which affects the whole family – and address the needs of disabled parents will seriously disadvantage children who are at the greatest risk of living in poverty, and will undermine the Government's strategy on the eradication of poverty.**
79. One of the main problems with the current system is that people who are most at risk of disability are least well protected. People who have been in steady, well remunerated employment (who are less likely to become disabled in the first place) are better protected by a national insurance system or private insurance than people who are on benefits, are in low paid employment, or have broken work histories – all of whom have a higher risk of becoming disabled. Reform of IB needs to resolve this damaging paradox.
80. Personal Advisers are supposed to 'explain the range of financial support available to help people move back to work'. However the evaluation of Pathways indicates that 'a small number of criticisms centred on Personal Adviser's apparent lack of knowledge about benefit entitlement and the client's personal history.'<sup>82</sup> **Ensuring that applicants receive the advice and support they need to access their full benefit entitlement must be an integral part of the process.**
81. Poor **decision making** in the current system does not bode well for the efficient administration of the proposed new system, which adds another layer of complexity and increases the potential for wrong decisions being made, not simply about a person's capability to work, but about whether they have been put on the 'right' benefit.

82. If individuals are to be held on a lower rate of ‘holding benefit’ pending an assessment of eligibility, then this assessment needs to be provided swiftly and efficiently. **Sufficient resources are needed to ensure that the assessment process is effective and consistent, to avoid generating high levels of appeals and the potential for ‘postcode’ lottery.**
83. What, if anything, will happen to **income support** on the basis of incapacity for work? Will it be absorbed into the new benefits? If so, what provision will there be for passporting entitlement to, for example, housing costs, the social fund and health benefits?
84. What will happen to **people who currently receive IB**? Will they receive additional payments to bring their income in line with new claimants to IB who will receive a higher benefit, or will this be directly linked with their ability and willingness to engage in work-focused activities?
85. What system will be put in place to ensure that people who are **incapacitated in youth** can access the new benefits, as they are able to do under the current system?

### 3. The future rollout of Pathways to Work

#### 3.1 How successful have the Pathways to Work pilots been? Does the current design need adapting for national rollout?

86. The underlying ethos of Pathways to Work is that ‘Return to work should be a positive and realistic option.’ We welcome this principle which should certainly inform the reform of IB benefits. **However, we are concerned that the proposed staffing cuts will impede the success of a new programme of reform.**
87. Pathways to Work seems best able to help those who are nearest the labour market. However, the Pathways evaluation indicates that while people who were ready and able to move into work also found the information and support provided to be useful, others felt disappointed and frustrated at the lack of support and the difficulties they experienced finding appropriate jobs, perhaps because their expectations were unrealistic, or because their health had deteriorated. <sup>83</sup> **It is important that Pathways to Work does not arouse false expectations about employment opportunities, which may lead to disappointment and disengagement.**
88. Although significant resources have been directed into the Pathways Pilots (which we fear will not be replicated in the national rollout), they were of limited assistance to people who were unable or unwilling to think about accessing employment and were perceived as a negative experience by this client group.
89. Although the IB reforms appear to engage with the complexities of disability by promising to provide a range of services and support, they are in fact focused on promoting a single and simple solution: paid employment. **The failure to engage with the causes of disability - primarily poverty has undoubtedly had an impact on how the reforms are perceived by disabled people.**
90. The Pathways to Work pilots generated an 8% point increase in people moving off IB (the DWP is assuming they moved into work). The DWP calculates that if

these results were replicated nationally, they would result in around 100,000 disabled people moving off IB. This is some distance from the million disabled people the Government hopes will move off IB. Although DWP hopes that part of the fall in the number of recipients will result from fewer people moving onto IB in the first place, the intention is clearly to get significant numbers of disabled people into work. This is unlikely to happen without more rigorous preventative measures being put in place and a reduction in inequality being put firmly on the political agenda.

91. As discussed above, we think it is still very early days to evaluate the success of the Pathway Pilots. More research should be undertaken before additional resources - which may be more effectively directed elsewhere - are poured into what may prove to be a less than effective strategy to move disabled people out of poverty.
92. Although the Pathways Evaluation was in many ways very positive about WFI, it actually highlights a number of real problems with a mandatory system:
- CPAG strongly argues that WFI should be made voluntary. At the very least, the success of a voluntary programme should be tested since there is no robust research-based evidence that a compulsory system works better than a voluntary one.
  - Although the prospect of returning to paid employment may be a positive and appropriate prospect for some people, for others being compelled to attend a WFI when they do not feel ready to consider paid employment may constitute an unwarranted increase in stress and anxiety, which may trigger stress related relapses. It is unacceptable that an extremely vulnerable client group for whom work is not, and may never be, an option should be compelled to attend a sequence of WFI. Issues around exemptions must be resolved.
  - Although the Pathways evaluation states that attending WFIs ‘as a condition of benefit receipt was accepted by most respondents’, it reports that ‘Some people felt the interviews had been untimely’.<sup>84</sup> The client group who were furthest from the labour market viewed the WFI ‘as a way of getting them off benefits and pushing them into work when they were not thinking of working.’<sup>85</sup>
  - CPAG believes that the Government should introduce a much more flexible timetable for WFI. Not only should they be voluntary but the timing of the first – and subsequent – interviews should be discussed with IB recipients, their families, advocates and their medical advisors. Such flexibility may allay some underlying concerns about the WFI and reassure the client that their Personal Advisor is well aware of their particular situation and has their best interests at heart. Personal advisers must retain the flexibility not to call clients in for subsequent interviews if they believe their health has deteriorated, or their family circumstances are such that paid employment is not – currently – an option.
  - The way in which people were summoned to attend a WFI and the language used needs to be reviewed. Some respondents were alarmed when they were – unexpectedly - called for the first WFI by letter or phone and ‘felt the explanation of how benefits would be affected by non-attendance was ‘threatening’’.<sup>86</sup> We recognise that the Government is keen to pre-empt people moving onto long-term incapacity benefit, and to try and support them

back into work as soon as possible after they have moved onto IB. However, eight weeks is an extremely short time in which to cope with the onset of disability, a possibly dramatic decline in income, a sudden increase in costs, and the stress and strain that health problems can engender for the whole family.

- We are concerned that the process whereby a Personal Adviser can decide whether to waive or defer a WFI will inevitably be subjective, and may be flawed. There is not always agreement about whether somebody is ready and able to participate in work-focused activities. **People who feel that they are not ready or able to take up employment will get little or nothing out of participating in a programme which is geared to helping disabled people access the labour market. Furthermore, there is little evidence that additional family responsibilities are an integral part of the assessment process.**
- Financial incentives to ensure that ‘work pays’ – such as a £40 return to work credit once somebody gets a job – are welcome. However, the Pathways Pilot did not indicate whether or not a £40 return to work credit was deemed to be appropriate or helpful. Although we welcome this support we have concerns about the Government subsidising poorly paid employment. What happens when the in-work credit is removed after 52 weeks of employment? **We also have concerns about the people who are genuinely unable to try out employment opportunities, and therefore are denied the possibility of increasing their income with access to the in-work credit.**

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#### 4. The experience of sick and disabled people:

4.1 Are people with different disabilities and health conditions, in both pilot and non-pilot areas, given appropriate support by Jobcentre Plus? Is there a tendency to help those perceived as closer to the labour market?

93. The Pathways to Work Pilots were of greatest assistance to people who were closest to the labour market. Targeting people who are willing and able to work is the most effective strategy. Providing support to people who are not currently in a position to work but feel that they would benefit from some work-focused activities is also to be welcomed.
94. People who do not feel able or willing to engage in work-focused activities and are unable to envisage accessing paid employment should be encouraged, but not compelled, to participate in the rehabilitation and support services on offer.
95. People begin their claim by visiting or telephoning the Jobcentre Plus office prior to the WFI. The Pathways evaluation indicates that, although a Financial Assessor provides assistance with application forms, some people were disappointed about the lack of advice about their entitlement to benefits. ‘Criticisms were made about the process for claiming benefits. Administrative error, the pace of proceedings and the size and ‘confusing’ nature of application forms were all cited as problems. It was also felt that there was not enough help

and advice in making a claim.’<sup>87</sup> **Jobcentre Plus must provide skilled and efficient support that complements and does not undermine the system.**

96. The Pathways Evaluation indicates that ‘There was some disappointment at the range of jobs available in Jobcentre Plus offices and criticisms about the attitudes of some staff.’ We are concerned that the proposed staff cutbacks can only make the situation worse. Putting staff under further pressure may result in a further deterioration in ‘attitude’ to clients.<sup>88</sup>

#### 4.2 How will the reforms help those who are not able, or not yet ready, to work?

97. As has been discussed throughout this consultation, people who are not able or not yet ready to work should participate in the scheme on a voluntary basis. If Personal Advisers ensure that people have their full benefit entitlement and access to the support services they need, they may well enable disabled people who are currently unable to work to access paid employment in the long term.

### 5. Support for sick and disabled people to move back into work:

#### 5.1 Can the reformed systems support those with variable and manageable medical conditions, or those who are able to work part-time? Are those with mental health difficulties adequately supported?

98. The Government is particularly concerned about high levels of poverty and social exclusion among adults with mental health problems.<sup>89</sup> Although people with mental health problems constitute 40% of all IB recipients, and are the largest group of disabled people, they are particularly disadvantaged in the workplace. The Social Exclusion Unit reports that only 21% of people with long-term mental illness were employed – the lowest of any disabled group.<sup>90</sup>
99. Given that an increasing number of people with mental health illness have been moving onto incapacity benefits, this client group is likely to be targeted by the Government as part of the Pathways Pilots to move people into work. It is therefore crucial that the Government takes full account of the evidence documented by Citizens Advice which identified high levels of stigma, discrimination and lack of support within the benefit system for this particular client group.<sup>91</sup>
100. A number of organisations have highlighted the fact that people with mental health problems and/or fluctuation health conditions are particularly vulnerable. Far from finding contact with a Personal Adviser reassuring, people with mental health problems are very likely to find the prospect of a WFI - let alone the interview itself - extremely threatening and distressing. They may well fail to turn up for the interview - and suffer benefit sanctions which will plunge them further into poverty - or indeed turn up under heavy medication, thereby creating the wrong impression about their capabilities. Such people may feel so alarmed at the whole business they may access unsuitable employment in a bid

to avert benefit sanctions. This could result in their condition worsening, and drive them back onto benefits, where they will be plunged back into a negative and destructive cycle.

101. Employers value reliability and flexibility, qualities which are most difficult for people with mental health problems and people with fluctuating conditions. Medication may result in fluctuating abilities and attendance rates. People may need time off for medical appointments. Although they face significant barriers to employment, these groups will be subject to greatest level of conditionality, compulsion and sanctions.

## 5.2 Does the Condition Management Programme provide the right level of support?

102. We strongly endorse the Government's belief that 'Services should be personalised with a strong focus on delivering support tailored around individual needs.'<sup>92</sup>
103. However, although Pathways to Work is hailed as an effective piece of 'joined-up' thinking the focus on moving people off benefits and into employment creates the impression that services are not there for everybody. The most disadvantaged people, who may be unwilling or unable to consider moving into the labour market, are unlikely to access services which appear to be directly focused on achieving just that.
104. Access to high quality services should be a fundamental right for all disabled people, irrespective of their work status. We believe that Pathways to Work should work with the Social Exclusion Unit on their new project *Improving service delivery for disadvantaged adults*, which has followed on from their *Breaking the Cycle* report which identified disabled people and people with long-term health conditions and people with poor basic skills and people from some ethnic minority groups as being particularly disadvantaged. There is significant overlap between all three groups.
105. According to the Pathways Evaluation, while clients who participated in the Condition Management Programme found it useful, it appears to have been accessed by people who are closest to the labour market. It would be helpful for this sort of programme – which includes one to one sessions with health practitioners, including therapists – could be provided to disabled people whether or not they are ready to access employment. Engagement with such a programme would improve their lives in the short-term and might result in an improvement in their health and long-term prospects of employment. People with the most severe disabilities may derive greatest benefit from such a programme.

## 6. Involvement of healthcare professionals:

6.1 Has Pathways successfully worked with healthcare professionals, including GPs, particularly in rehabilitation initiatives such as the Condition Management Programme? How can healthcare professionals be further engaged in the reform of the incapacity benefits system?

106. Although we are unable to comment in detail, we would be concerned that linking medical services directly with welfare to work initiatives may undermine the trust some people have in healthcare professionals. It is to be hoped that GP's independence will not be perceived to be prejudiced, and health clinics and surgeries avoided for that reason. While Pathways to Work has undoubtedly benefited from the support, knowledge and expertise of many healthcare professionals, their close association with Personal Advisers may cause some anxiety for some disabled people. It is important that Personal Advisers draw on the trust and support health professionals engender, rather than health professionals becoming tainted with the mistrust with which some IB claimants view Jobcentre staff.
107. The Government must ensure that sufficient funds and staffing levels are allocated to NHS and additional medical services, including, where appropriate, alternative preventative therapies and practices which may pre-empt, resolve and redress underlying health problems.

## 7. Jobcentre Plus resources

7.1 Is Jobcentre Plus sufficiently resourced to deliver the Pathways pilots, both in terms of staffing and finances? Are they equipped to deal with a reform programme for Incapacity Benefit?

108. **IB reform cannot be effectively implemented without significant additional resources** which will ensure the right decisions are made, and people receive the right kind of support.
109. We do not believe that successfully implementing a complex new system is viable when the Department for Work and Pensions (DWP) has implemented an extensive programme of staff cuts. Significant resources were directed into the Pathways to Work Pilots and that level of investment will need to be sustained if the beneficial aspects are to be maintained.
110. However, providing a similar service nationally will be extremely costly in terms of personnel and administration. It may result in significant work-focused energy and resources being allocated towards people for whom work is not a realistic

option. That money might be better spent on more preventative strategies, and on providing additional services and support to people who are too ill or incapacitated to work.

111. We are extremely concerned that insufficient resources are being allocated to Jobcentre Plus who are experiencing a significant increase in workload at a time of staff cuts.<sup>93</sup> Managing the benefits centralisation programme is a considerable undertaking and there is a real risk of overload. People are already experiencing significant problems with the Customer Management System in getting their benefits claims processed and paid.
112. Past experience strongly indicates that a lack of resources may well lead to more punitive strategies. Such measures may save money in the short term, in the long term they are likely to lead to additional social and economic costs.

## 8. The role of the private and voluntary sectors

8.1 Have the private and voluntary sectors been successfully involved in the Pathways pilots? How can they be further involved in the reform of incapacity benefits?

113. CPAG believes that the voluntary sector is too small, fragile and fragmented to play the central part in the delivery strategy. Although more sustained funding of voluntary sector providers would certainly help, it is important that Jobcentre Plus recognises the sector's current limitations, and the need for it to give strategic support to the sector to enable it to build capacity.

## 9. Local labour markets

9.1 What type of jobs are participants of Pathways moving into? Are they receiving appropriate in-work support to enhance job retention?

114. Burchardt confirms that 'Most factors which were associated with the increased risk of leaving employment within a year of onset of sickness or disability were also associated with increased risk of leaving employment in general including low human capital (lack of educational qualifications, short job tenure) and poor employment protection (small workplace, female gender or part-time employment, manufacturing or construction industry).<sup>94</sup> **It is important that the reasons for people becoming disabled and/or leaving work in the first place are not replicated when they are encouraged to return to paid employment. Moving young people and adults who have low educational qualifications into low paid employment is not an appropriate way of dealing with a very vulnerable client group. The Evaluation of Pathways clear reveals the need to monitor the type and sustainability of jobs people are accessing via the Pathways pilots.**

9.2 Are local labour markets able to provide the jobs needed?

115. Although all poor people do not live in poor areas, many disabled people will live in areas with depressed labour markets. People who live in such areas will face particular barriers to employment – including higher levels of depression and ill health. Pathways needs to recognise the particular needs of disabled people in deprived areas where there are few opportunities for long-term, stable and sustainable jobs. Travelling to work is much more difficult for disabled people, particularly if they have children and have to drop them off at school or the childminder first. Compulsion and sanctions will not resolve these sorts of difficulties.

### 9.3 What is the experience of employers?

116. Employers are being encouraged to provide appropriate work environments and to design jobs that can properly accommodate disabled people in the workplace, thereby avoiding people having to give up work when they become sick or disabled. The *Access to Work* scheme plays an important role in reassuring employers that support is available to enable them to make appropriate workplace adaptations and provide the necessary support to enable sick or disabled people to access, or retain, employment. Improving publicity and funding for this scheme is needed to complement other initiatives, such as Condition Management Programmes and rehabilitation. **We welcome the DWP's recognition of the crucial role employers play in helping people to retain – or to access – paid employment and the fact that they will be the main beneficiaries of such a strategy.**

## About CPAG

CPAG is the leading charity campaigning for the abolition of poverty among children and young people in the UK and for the improvement of the lives of low income families. CPAG aims to: raise awareness of the extent, nature and impact of poverty; bring about positive income policy changes for families with children in poverty; and enable those eligible for benefits and tax credits to have access to their full entitlement.

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- <sup>1</sup> G Preston (Editor) *At Greatest Risk: the children most likely to be poor* (CPAG, 2005)
- <sup>2</sup> For further information see Tania Burchardt, *The Evolution of Disability Benefits in the UK: Re-weighting the basket* (CASEpaper 26, June 1999) and T Burchardt, *Being and becoming: Social exclusion and the onset of disability* (CASEreport 21, November 2003) p. 48 - 50
- <sup>3</sup> DWP, *Incapacity Benefit and Severe Disability Allowance quarterly summary of statistics*, February 2005.
- <sup>4</sup> A Corden, K Nice and R Sainsbury, *Incapacity Benefit Reforms Pilot: Findings from a longitudinal panel of clients (a research report carried out by the Social Policy Research Unit at the University of York on behalf of the DWP, (DWP, Research Report No 259, 2005)*
- <sup>5</sup> DWP, *Pathways to Work : Helping people into employment*, (DWP, November 2002), p.30
- <sup>6</sup> Jane Kennedy MP, paper given to the Social Market Foundation Seminar, 14 December 2004, 'Incapacity benefits and steps towards reform'
- <sup>7</sup> T Burchardt, *Being and becoming: Social exclusion and the onset of disability* (CASEreport 21, November 2003) p.35
- <sup>8</sup> Tania Burchardt and Asghar Zaidi calculate that 'The fully adjusted figures indicate that the 'true' poverty rate among disabled people (based on 1996/7 data) is 61% or three in every five people.' See 'Poverty and disability' in *Disability Rights Bulletin*, summer 2003 in which they discuss Comparing incomes when needs differ: equivalisation for the extra costs of disability (CASEpaper 64, 2003)
- <sup>9</sup> DWP, *Opportunity for all: fifth annual report* (DWP, 2003) p.24
- <sup>10</sup> T Burchardt, *Being and becoming*, p. 42
- <sup>11</sup> *Households Below Average Income (HBAI), 1994/5-2003/04* (DWP, 2005)
- <sup>12</sup> H Stickland and R Olsen, 'Children with disabled parents' in *At Greatest Risk*, p. 145
- <sup>13</sup> *Opportunity for all: Fifth Annual Report, 2003* p.116
- <sup>14</sup> Cabinet Officer, *Prime Minister's Strategy Unit, Improving the Life Chances of Disabled People (a joint report with DWP, Department of Health, Department for Education and Skills, Office of the Deputy Prime Minister, January 2005)*
- <sup>15</sup> TUC, *Sicknote Britain? Countering an urban legend* (TUC Economic and Social Affairs), p.18
- <sup>16</sup> *Opportunity for all*, p. 124
- <sup>17</sup> See, for example, Z Asghar and T Burchardt, *Comparing incomes when needs differ: Equivalisation for the extra costs of disability* (CASEpaper 64, 2003), J Martin and A White *The financial circumstances of disabled adults living in private households*, HMSO, 1988, A Matthews and P Truscott, *Disability, household income and expenditure*, (Department of Social Security Research Paper No. 2, HMSO, 1988) and R Berthoud, J Lakey and S McKay, *The economic problems of disabled people* (Policy Studies Institute, 1993)
- <sup>18</sup> S Middleton, K Ashton-Brooks, L Cox, B Dobson with L Reith *Disabled people's cost of living: more than you would think?* (published by the Policy Press for the Joseph Rowntree Foundation, 2004)
- <sup>19</sup> T Burchardt, *Being and Becoming*, p.49
- <sup>20</sup> H Stickland and R Olsen, *At Greatest Risk*, p144
- <sup>21</sup> See, for example, H Barnes and S Baldwin 'Social security, poverty and disability' in John Ditch ed. *Introduction to Social Security*, Routledge, London, 1999, pp. 156-176
- <sup>22</sup> See T Burchardt, *The Evolution of Disability Benefits in the UK: Re-weighting the basket*, (CASEpaper 26, 1999) p. 8
- <sup>23</sup> *Opportunity for all*, p. 106
- <sup>24</sup> See K Roberts, D Lawton. *Reaching its target? Disability living allowance for children* (Social Policy Report No. 9, Social Policy Research Unit, University of York, 1999) and R Chamba, W Ahmad, M Hirst, D Lawton, B Beresford. *On the edge: Minority ethnic families caring for a severely disabled child* (Policy Press, May 1999)

<sup>25</sup> *One Parent Families, Meeting the Target: How can the Government achieve a 70 per cent employment rate for lone parents? Part 1: The role of conditionality (One Parent Families, 2005) p.6*

<sup>26</sup> See, 'Wealth brings 17 more years of health' John Carvel in *The Guardian*, Friday 25 2005. Discussing findings from a recent report from the Office for National Statistics, the *Guardian* reports a poorer man's healthy life expectancy was only 49.4 years, nearly 17 years less than the man from the prosperous ward, and female's healthy life expectancy is 51.7 in deprived wards and 68.5 years in the most prosperous wards.

<sup>27</sup> T Burchardt, *Being and becoming*, p. 1

<sup>28</sup> T Burchardt, *Being and Becoming*, p. 22/23

<sup>29</sup> S Jenkins and J Rigg, *Disability and disadvantage: Selection, onset and duration effects (CASEpaper74, November 2003)*, p.13

<sup>30</sup> See P Toynbee, 'Inequality kills' in *The Guardian*, 30 July 2005. Reviewing Professor Richard Wilkinson's book *The impact of inequality: how to make sick societies healthier (Routledge, London, 2005)* she comments 'social status and respect matter beyond anything, and the psychological damage done by being at the bottom is crippling.'

<sup>31</sup> Stickland and Olsen, *At Greatest Risk*, pp 142, 142

<sup>32</sup> See T Burchardt, *Being and Becoming*, p 24.

<sup>33</sup> Department of Health, *Choosing Health White Paper (2004)*

<sup>34</sup> C Mackay et al, 'Management Standards' and Work Related Stress in the UK: policy background and science' in *Work and Stress*, vol 18, no.2 pp 91 – 112, 2004

<sup>35</sup> Department of Health, *Choosing Health t*

<sup>36</sup> T Burchardt, *Being and Becoming*, p.64

<sup>37</sup> *Improving the life chances of disabled people*, p.25

<sup>38</sup> Jenkins and Rigg, *Disability and Disadvantage*, p. 11

<sup>39</sup> HBAI, 2003/04

<sup>40</sup> See H Stickland and R Olsen in *At Greatest Risk*, p p. 135, 136, 138

<sup>41</sup> *One Parent Families, Meeting the Target*,

<sup>42</sup> HBAI, 2003/04

<sup>43</sup> H Stickland and R Olsen, *At Greatest Risk*, p. 138

<sup>44</sup> See *DWP Incapacity Benefit and Severe Disablement Allowance Quarterly Summary Statistics, February 2005*

<sup>45</sup> Although this number has increased from 657,000 in February 2003 the DWP comments that because of the inclusion of CTC 'Great care should be taken when making comparisons with previous years (especially numbers of children in families where non-income related benefits are in payment)'. See *Group Analysis, Quarterly bulletin on families with children on key benefits February 2005*.

<sup>46</sup> P Dornan 'Working a way out of poverty?' in *At Greatest Risk*, p. 33

<sup>47</sup> *Opportunity for all*, p. 104

<sup>48</sup> *Pre Budget Report, 2004 (p. 77 para. 4.19)*

<sup>49</sup> See, for example S Abbott and L Hobby *What is the impact on individual health of services in primary health care settings with offer welfare benefit advice? (Health and Community Care Research Unit, 2003)*.

<sup>50</sup> Words used by the Prime Minister, Tony Blair, in a speech in Budapest and reported by the BBC, *Benefits cuts 'to boost pensions'*, <http://news.bbc.co.uk>, 15 February 2004

<sup>51</sup> 'Johnson announces summer green paper to reform incapacity benefit as radical 'pathways' pilots get 10,000 off IB in a year' *DWP press release*, 15 March 2005.

<sup>52</sup> 'Switch off the TV and get on your bike Blunkett tells long-term sick' reported in *The Guardian*, 10 October 2005.

<sup>53</sup> See *DWP Incapacity Benefit and Severe Disablement Allowance Quarterly Summary Statistics, February 2005*

<sup>54</sup> See *DWP Incapacity Benefit and Severe Disablement Allowance Quarterly Summary Statistics, February 2005*

<sup>55</sup> See *DWP Incapacity Benefit and Severe Disablement Allowance Quarterly Summary Statistics, February 2005*

<sup>56</sup> TUC, *Countering an urban legend: Sicknote Britain* (TUC, Economic and Social Affairs, January 2005), p. 14

<sup>57</sup> D Piachaud, 'Child poverty: an overview' in *At Greatest Risk*, p. 17

<sup>58</sup> See, for example, A Wilkins 'TANF and Disabled Parents' in *Welfare Reform, National Conference of State Legislatures which discusses the Temporary Assistance for Needy Family (TANF) in the US, where 'time limit and work requirement provisions prompted a shift from an on going cash assistance system to one focused on moving parents into permanent jobs.'* A time limit has been imposed on the amount of time welfare recipients can receive cash assistance. Although there are some exemptions, these are restricted and are usually aimed at people with temporary disabilities. 'Those recipients who have not received an exemption are likely to encounter great difficulties complying with the program work requirements. These individuals are at risk of sanction or may exhaust their lifetime limit on receipt of cash assistance, without having security steady employment of income.' Many TANF recipients experience a health problem severe enough to prevent them from working but not severe enough to qualify for SSI (Supplementary Security Income).' This client group – many of whom are lone parents with mental health problems or learning disabilities - is experiencing high levels of poverty in the US.

<sup>59</sup> DWP, *Five Year Strategy: Opportunity and security throughout life* (February 2005) p49

<sup>60</sup> HBAI, 2003/04.

<sup>61</sup> R Berthoud, *The profile of exits from incapacity-related benefits over time*, Working paper 17, Department for Work and Pensions, 2004

<sup>62</sup> *Opportunity for all* (2003), p119

<sup>63</sup> DWP, *Five Year Strategy*, p49

<sup>64</sup> The TUC reports that in 2001 the DWP published the results of a survey of people who moved from IB to JSA. Of all disabled and non-disabled people, 28% were still claiming JSA a year later. But for people who moved there from IB, the figure was 45%. See *Sicknote Britain?* p. 18

<sup>65</sup> See *Citizens Advice, Out of the picture: CAB evidence on mental health and social exclusion*, (CAB, April 2004)

<sup>66</sup> It is not known how many people who are entitled to incapacity benefits such as DLA do not receive them. However, P Craig, M Greenslade *First Findings from the Disability Follow-up to the Family Resources Survey* (DSS, Social Research Branch, March 1998) calculated that take up of DLA was between 40% and 60%.

<sup>67</sup> See *Jenkins and Rigg, Disability and Disadvantage, 'Individuals who experienced onset were also less likely to be in paid work'*, p.8

<sup>68</sup> See P Hunter, 'Medical assessments and benefit errors' *Disability Rights Bulletin*, summer 2004, p. 23-24

<sup>69</sup> *DWP Quarterly Statistics: Appeals: Hearing outcomes by type of attendance and benefit in the quarter ending December 2005* indicate that 38.9% of appeals are successful for IB (not PCA) and 54.9% are successful for IB (PCA).

<sup>70</sup> K Stanley and S Regan, *The Missing Millions: supporting disabled people into work* (IPPR, 2003)

<sup>71</sup> *DWP Incapacity Benefit and Severe Disablement Allowance Quarterly Summary Statistics*, February 2005

<sup>72</sup> *Stickland and Olsen, At Greatest Risk*, p 145

<sup>73</sup> *Pathways evaluation*, p 3

<sup>74</sup> *Improving life chances for disabled people*, p. 25

<sup>75</sup> *Pathways evaluation*, pp 4, 62, 73

<sup>76</sup> *H Stickland and R Olsen, At Greatest Risk*, p. 144, 145

<sup>77</sup> *Stickland and Olsen, At Greatest Risk*, p145

<sup>78</sup> *Pathways evaluation*, pp 20, 70

<sup>79</sup> J Kennedy, *Social Market Foundation seminar*, 14 December 2004

- <sup>80</sup> *TUC, Sicknote Britain, p. 16*
- <sup>81</sup> *DWP Opportunity for all: fifth annual report, p. 124*
- <sup>82</sup> *Pathways evaluation, p. 2*
- <sup>83</sup> *Pathways evaluation, p. 69*
- <sup>84</sup> *Pathways evaluation, p20*
- <sup>85</sup> *Pathways evaluation, p. 18*
- <sup>86</sup> *Pathways evaluation, p. 16*
- <sup>87</sup> *Pathways evaluation, p16*
- <sup>88</sup> *Pathways evaluation, p 3*
- <sup>89</sup> *Social Exclusion Unit (SEU), Mental Health and Social Exclusion, (ODPM, 2004)*
- <sup>90</sup> *SEU, Mental Health and Social Exclusion*
- <sup>91</sup> *CAB, Out of the picture: CAB evidence on mental health and social exclusion (CAB, 2004)*
- <sup>92</sup> *Improving life chances, p. 132*
- <sup>93</sup> *See One Parent Families, Meeting the Target*
- <sup>94</sup> *T Burchardt, Being and becoming, p. 37*