Department for Work & Pensions

Minister for Disabled People,
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Margaret Greenwood MP

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Dear Margaret,

I apologise for the delay in getting a response to you, but I would like to thank you for your question raised during Department for Work and Pensions Oral Questions on 18 December. I shall respond to each of your important points in turn.

Equalities and Human Rights Commission report

In your question, you have referred to the Equalities and Human Rights Commission (EHRC) report on the income of disabled people.

The Government strongly rejects this analysis because it paints a partial picture of the reality:

- The analysis only looks at “static” tax and welfare changes, and ignores both behavioural effects and the role of the wider economy. For example, it excludes how near record high employment has improved household living standards

- The analysis is selective: it excludes the public services which families – and often women – rely upon, such as childcare, social care, and the NHS.

- For gender impacts in particular, the analysis makes assumptions about how income is shared within households, which may not reflect reality. We cannot assume that reduced income tax on men’s earnings do not benefit their wider households. These assumptions are flawed and distort the analysis.

In addition:

- The evidence on which the report bases its analysis is incomplete. The analysis projects household incomes in 2021/22 from a starting point of data from 2015/16. This data contains only a small number of PIP cases, which will not be representative of those eventually claiming PIP in the future. As people with the most severe disabilities undergo reassessment for PIP we expect them to receive a higher rate of award than the EHRC's analysis indicates.

- The analysis assumes that tax credits are paid to the benefit of the person receiving the payment, but that universal credit is split between both parents. For this reason, the analysis shows that switching from tax credits to universal credit is a loss to women, when in fact, the household as a whole may see no change in overall benefit entitlement. We cannot make such assumptions.

- The analysis also assumes that benefits and tax thresholds would have continued to be uprated by RPI indefinitely, despite RPI being a discredited measure of inflation, and no longer a national statistic.

We share the same agenda: none of us want to see disabled people in poverty or with reduced income. There are some disabled people who we can never expect to work due to the severity of their disability and we should support them fully, but the majority of disabled people want to work and we need to do all we can to help them do so.

That is why we have an ambitious plan as set out in the recent *Improving Lives* strategy where we will work closely with stakeholders to test and learn, and properly improve the work and health outcomes for disabled people and people with long-term health conditions.

The Cross-Government Suicide Prevention Strategy

Just last week Jeremy Hunt renewed our commitment to the Cross-Government Suicide Prevention Strategy which was published in 2012.

This strategy sets out our ambitious plans to reduce suicide rates and support those affected by it. Every year we publish a progress report on the implementation of this strategy.

I am proud this Government commits to establish a zero suicide rate in every mental health trust in England, as well as intends to invest £25 million investment in suicide prevention.

This shows that we take the issue of suicide extremely seriously.

Underpayments

You asked in your question about the underpayment of Employment Support Allowance. We are taking this issue very seriously and are conducting a thorough investigation into it. As the Secretary of State for Work and Pensions said in his written statement to the House before Christmas (14th December), DWP is now reviewing its processes to ensure any lessons are learned and this error is avoided in the future.

I understand people potentially affected will be concerned, but there is no need for anyone to contact the Department. We will contact all relevant claimants ourselves and will make repayments where appropriate.

We're handling this sensibly and carefully, and being proactive in correcting any mistakes that may have occurred.

We expect to complete the review and correct cases during the course of 2018/19. Customers will be contacted in a phased approach. Once we have made contact with customers, we expect to have made a decision on their case and made any payment owed within 12 weeks, subject to us being able to gather the relevant information from individuals. We already have in place processes for DWP staff in supporting vulnerable people, where claimants have not engaged or returned information, if appropriate a home visit will be arranged.

We know that individuals will have questions or concerns regarding this process, and how it may affect them. We have ensured that our front line staff have the information they need to assist claimants.

Adult Psychiatric Morbidity Survey

In your question, you referred to "the attempted suicide rates among ESA claimants doubling between 2007 and 2014". I believe you are basing this statement on the misuse of data contained within the Adult Psychiatric Morbidity Survey.

HMG's Deputy Chief Medical Officer, Professor Gina Radford, describes what the survey actually measures:

"The Adult Psychiatric Morbidity Survey does not show any causal link between being on benefits and suicidal thought or behaviour. The survey findings indicate certain associations but they do not indicate causality." This survey commissioned by NHS Digital and funded by the Department of Health, has been undertaken every 7 years providing national data for monitoring mental illness.

The 2014 survey recognised that some groups of the population (such as those living alone or who were out of work) were more likely than others to report having had suicidal thoughts/behaviours during their lifetime. It reported a higher rate among those on benefits, compared to those not.

These survey findings indicate certain associations, but they do not indicate causality. The report does not state any causal link between being on benefits and

suicidal thoughts/behaviours or that being on benefits caused mental health conditions that are associated with suicidal thoughts/behaviour.

Any conclusion which suggests otherwise is inaccurate and misleading.

Employment Support Allowance

I think it is important to remember ESA is there to help and support people with health problems and disabilities. Indeed the number of people with mental health or behavioural related illness that we are supporting through ESA has increased from 205,700 (39% of the total caseload) in 2010, to 1,166,300 (49% of the total caseload) in 2017.

In the year 2016/17 we spent a total of £7.65bn on those with mental health or behavioural issues through ESA.

We have a range of policies and procedures in place to ensure the most vulnerable ESA claimants get the benefits they are entitled to and can make best use our services.

The language, style and tone of our letters and questionnaires have been simplified to make them clearer for the customer. We have introduced colour coding to help people differentiate between the physical and cognitive sections of our Health Questionnaire, and introduced clearer, plain English explanations to the descriptors which mirror the regulations.

If someone with a mental health condition does not return their questionnaire, their claim for benefit does not end – instead we try to make a decision based on other information. If someone who has been identified as vulnerable does not attend a face-to-face assessment, we will try to contact them by telephone and, if appropriate, to arrange a safeguarding home visit before a decision on their entitlement is made.

Health care professionals

We ensure our assessors who conduct the work capability assessments attend extensive training in Mental Health matters, removing the need for a specifically trained psychologists to undertake assessments and we require healthcare professionals to have a broad training in disability analysis, as well as training in specific conditions, including multiple and complex conditions.

Assessors also have access to mental health function champions to support them when reviewing evidence and provide advice to decision makers. Assessors also have access to senior clinical leads for advice and guidance on more complex cases. Where an assessor identifies any indication of suicidal thoughts or intentions, they are trained to explore the person’s circumstance – as sensitively as possible – and if they have concerns that an ESA claimant is at substantial and imminent risk they have a professional responsibility to act in order to safeguard their welfare. Our training of decision makers has also been improved to ensure they understand mental health conditions and their impact.

Additional safeguards

We have a further important safeguard in place for vulnerable ESA claimants who, at a work capability assessment, do not qualify for benefit based on the usual assessment descriptors. In these cases, the healthcare professional can recommend that benefit is paid under ESA regulation 35, if they feel that otherwise there would be a substantial risk to the mental or physical health of the claimant or others. This safeguard protects those who may not reasonably be expected to claim Jobseeker's Allowance and look for work. It protects vulnerable claimants by putting them into the support group, where there is no obligation to engage with any work related activity and so they can concentrate on getting the health support they need. All labour market engagement is entirely voluntary.

Despite these measures, providing further help for vulnerable ESA claimants with mental health or behavioural related illnesses is a clear priority. We therefore have:

- a wide test and learn agenda to help identify what works and to continue to improve.
- recruited new Community Partners, who will provide expertise (often through 'lived experience' or external experience) of disability and health condition issues, including those with expertise in mental health issues;
- recruited 300 additional Disability Employment Advisers, who are actively providing advice and guidance on what works for claimants with disabilities, including those with mental health issues;
- completed rollout of the new Health and Work Conversation, which allows work coaches to continue to build engagement with claimants with disabilities and health issues and to ensure people are fully supported in the transition to Universal Credit.

I will place a copy of this letter in the library of the House.

Sarah Newton MP
Minister for Disabled People, Health & Work