Written evidence from the MS Society (DEG0062)

About the MS Society

We’re here for everyone living with multiple sclerosis – to provide practical help today, and the hope of a cure tomorrow. We play a leading role in research. We fight for better treatment and care. We let people with MS know they’re not alone, and offer advice and support to help them manage the symptoms.

Executive summary

i. There are a number of conceptual issues around halving the disability employment gap by bringing 1.2 million more disabled people into work, which merit attention. These include the following: that the disability employment gap is dependent on the employment rate of non-disabled people; the omission of the role of employment retention of people who become disabled in reducing the gap; the omission of the impact that demographic factors will have on the gap; and the lack of clarity around which of the measures of the disability employment gap is being used.

ii. Access to work can have a very positive impact on the ability of people with long-term conditions or disabilities such as MS to access employment. Continued awareness-raising about the Access to Work scheme is needed to maximise this.

iii. The Work and Health programme must provide tailored support which addresses the individual barriers that different people face to employment. The Work and Heath programme must not subject people who are unable to undertake particular work related activities due to their health to any form of conditionality.

iv. To fully address the disability employment gap the White Paper needs to include a focus on employment retention, including measures to help people to stay in work for longer. It is also vital that the department engages with the charity sector and other experts in developing the White Paper before it is published. This will ensure as far as possible that the support offer addresses the needs of those with disabilities and health conditions.

v. Joining up health and employment support provision could provide an opportunity for improvements to ensure people with MS receive the right support at the right time. Improved understanding and information sharing between services and organisations, such as health professionals, employers and the benefits system, could be beneficial.

vi. Improving access to appropriate health services and treatments at the right time is crucial to improve a wide range of outcomes for people with MS, including employment. Employment should be recognised as an outcome for healthcare, as employment is an important outcome for so many people.
vii. Employers could be supported to recruit more widely; they may be missing out on employing talented people with MS and other long-term conditions due to the limited number of roles which are advertised as being open to flexible working. This may in turn exacerbate tendencies towards early exit from the labour market. There is also a need for wider awareness amongst employers of the need to offer support to staff with disabilities and health conditions as early as possible. Ensuring optimal support as early as possible can lead to improved job retention.

viii. Far from incentivising disabled people to move closer to employment and re-enter work, the abolition of the ESA WRAG component is likely to leave individuals less able to prepare for work. This is because claimants found unfit for work and placed in the WRAG are likely to be out of employment for much longer than JSA claimants, and so face an extended period of living on a low income. Inability to afford essential items and cover extra costs is likely to have knock-on effects both on the health of claimants in the WRAG, and on their ability to plan for the future and take steps towards work.

ix. There seems to be very little evidence to support the view that the reduction will lead to disabled people being better placed to re-enter employment. Indeed, we believe that it is more likely to have the opposite effect. The Government must therefore ensure that disabled people in the WRAG have adequate support by closely monitoring the impact of the reduction, and commit to review the reduction if it has detrimental impacts.

Introduction

1. The MS Society welcomed the Government's manifesto commitment to halve the disability employment gap, and is currently undertaking research and policy development work around this issue, to be able to contribute to conversations about how this ought best to be achieved. In particular, in our role as secretariat, we are supporting the APPG for MS in their Review of Employment Support. While the Review is yet to conclude or publish its report (this is expected in October 2016), we draw on some of the evidence gathered to date in making this submission.

2. As yet there are relatively few details available about the Government's White Paper, or the Work and Health Programme. Therefore, it is hard to give any decisive views on the extent to which these initiatives will help the Government halve the disability employment gap. However, this submission outlines a number of factors which we believe will play an important role in determining the Government’s success in attaining its goal.

3. This submission focuses on the following aspects of the inquiry:
   - The extent to which the current range of proposed measures are likely to achieve the Government’s ambition of closing the disability employment gap;
   - What more could be done to support employers;
   - What support for people with health conditions and disabilities in the proposed Work and Health programme should look like;
   - The likely impacts on disability employment of the abolition of the Employment and Support Allowance Work Related Activity component.
The evidence around whether this will promote positive behavioural change, or have unintended consequences.

Steps required to halve the disability employment gap

4. Before addressing the extent to which the measures outlined in the call for evidence are likely to achieve the Government’s ambition, it is important to critically engage with the concept of halving the disability employment gap.

Halving the disability employment gap: conceptual issues

5. Halving the disability employment gap is dependent on the employment rate of non-disabled people; if the employment rate of non-disabled people increases, more disabled people would need to get into work in order for the gap to be halved. On the Work and Pensions Committee webpage relating to the inquiry it states,

“The employment rate among disabled people stood at 46.7% at the end of 2015, compared with 80.3% for non-disabled people. To halve this gap would require bringing an extra 1.2 million disabled people into work.”

It should be clarified that bringing an extra 1.2 million people into work would only halve the disability employment as it stood at the end of 2015, unless the employment rate of non-disabled people happens to remain static. However, in his 2015 Summer Budget the chancellor committed the Government to securing “full employment” over the course of this parliament. If this ambition is attained, halving the disability employment gap will entail bringing many more than 1.2 million disabled people into work.

6. In addition to bringing disabled people into work, it is also important to consider the role that retaining in employment people who become disabled can play in reducing the disability employment gap. Many long-term conditions such as MS affect people who are of working age, and the number of people of working age affected by a long term condition is set to increase. Given many people who have left work are not able to return to employment at all, and that it can be difficult for those disabled people who want to get back into employment to do so, any efforts to reduce the disability employment gap that do not equally focus on measures to help people to stay in work for longer would be missing an opportunity.

7. It is important to bear in mind that demographic factors are likely to impact on the disability employment gap. Given the ageing population and the rising pension age, we might expect that there will be more people who will stop working before retirement age due to disability. This could mean that halving the disability employment gap would be a case of ‘rowing against the tide’, as the numbers of people who stop working due to disability would otherwise rise. Therefore, it is important that the Government undertake demographic modelling to discover what would happen to the disability employment gap without intervention. This will enable

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better resource planning, as well as enabling a better evaluation of Government success.

8. Finally, to date there has been a lack of critical engagement with the different measures of the disability employment gap. The Labour Force Survey (‘LFS’) and the General Household Survey (‘GHS’) are both used to measure the disability employment gap. The Health Survey for England (‘HSE’) can also be used, although its use is not widespread. Academics have noted that the measure of the gap is used leads to different pictures of long term patterns; a falling disability employment gap since 1998 has been identified in the UK LFS, but this is not evident in the GHS and HSE surveys.\textsuperscript{2} Therefore, it is important that there is clarity around what measure of the disability employment gap will be used to monitor progress, and why this has been chosen above the other measures available.

To what extent are the current range of proposed measures likely to achieve the Government’s ambition of closing the disability employment gap?

9. The proposed reforms provide an opportunity to address on-going problems and ensure the system makes sense for people with MS. But whether the current range of proposed measures will achieve the Government’s ambition of closing the disability employment gap depends to a large extent on the detail of the programmes, which is yet to be released. Support provided must be suitable for the range of needs and barriers faced by people with MS.

Access to work

10. Access to work can have a very positive impact on the ability of people with long-term conditions or disabilities such as MS to access employment, enabling people to work who might otherwise not be able to do so. Overall, people with MS have had positive experiences of Access to Work, with a few notable exceptions. In April 2016 a questionnaire for people with MS was carried out as part of the employment review being undertaken by the APPG for MS.\textsuperscript{3} This found that 70\% [n=106] of respondents who are currently in work said that they were very satisfied or satisfied with the support received from Access to Work.\textsuperscript{4} Yet, some people looking for work still aren’t aware of the scheme. Given that Access to Work may make a difference to whether people with MS feel able to work, there needs to be widespread awareness amongst employees and potential employees, as well as among employers.\textsuperscript{5} The more people know about Access to Work the more effective it will be in helping to reduce the disability employment gap.


\textsuperscript{3} The APPG for MS will publish a report of their employment review later this year.

\textsuperscript{4} This figure has been taken from raw data, and is therefore subject to change.

11. **Recommendation:** the Government should continue awareness-raising about the Access to Work scheme

12. The real terms increase on spending on Access to Work is welcome, though we note that it does come at a cost for some disabled people, who will no longer be entitled to the support they previously received, given that the amount a person can be awarded has now been capped at around £40,800.

**New Work and Health programme**

13. We know that it is intended that the new Work and Health Programme will support both those who have reached the 24 month point in their JSA claim, and claimants with health conditions and disabilities. We also know that the programme will effectively merge provision that was previous separated into two programmes – Work Programme and Work Choice. Given that Work Choice – a more specialist programme tailored to the needs of disabled people – achieved significantly better outcomes than the Work Programme[^6], it is essential that the Work and Health Programme results in a levelling up, rather than a levelling down, in the number of disabled people finding work through the programme. Moreover, given that the programme rolls provision for disabled and non-disabled people into one programme, there is a need for a rigorous equalities impact assessment to be undertaken.

14. While it is important that better outcomes are achieved for disabled people who are able to work, the new Work and Health Programme must also ensure that those who are not well enough to work are not pushed to do so. So although the Government’s aim to halve the disability employment gap is laudable, it must not be achieved at the sake of those who are unwell.

15. **Recommendation:** a rigorous equalities impact assessment of the proposed Work and Health programme must be undertaken

16. Few further details about the proposed programme are available. Therefore, it is hard to give any decisive views on the extent to which it will help the Government halve the disability employment gap. However, there are some principles that will influence whether the programme helps to reduce the disability employment gap where people with MS are concerned. Firstly, the Work and Health Programme must provide tailored support which addresses the individual barriers that different people face to employment. Secondly, people with MS must never be sanctioned for not undertaking activities that they do not feel capable of completing. Further details about these underpinning principles have been included in the section below on what support for people with health conditions and disabilities in the proposed Work and Health programme should look like.

17. The Government has set out plans to publish a White Paper later this year, detailing reforms to employment support for those with disabilities and health conditions. We hope that this will provide a more detailed picture of the support offer that will be available for people with health conditions and disabilities who find themselves unable or struggling to work. It is vital that the department engages with the charity sector and other experts in developing the paper before it is published, to ensure as far as possible that the support offer addresses the needs of those with disabilities and health conditions.

18. **Recommendation:** the Department must engage with the charity sector and other experts in developing the paper before it is published.

19. While many people with MS will at some stage feel unable to continue working due to the symptoms of their MS, some leave employment earlier than they would have done if the right support had been available. Therefore if the White Paper is to fully address the disability employment gap it needs to include measures to help people to stay in work for longer.

20. **Recommendation:** the White Paper should include measures to help people to stay in work for longer.

21. The MS Society understands the Government is aiming to better join up health, employment and welfare services. Along with the establishment of a Work and Health Unit, and the Work and Health Programme, the White paper is expected to continue the moves towards the integration of these sources of support.

22. In the health sphere, there is an increasing understanding of the individual as expert in their own condition, with an increasing emphasis on both self-management and holistic care which looks at the totality of people’s lives. In this context, employment needs to be recognised as an outcome for healthcare, as employment is an important outcome for so many people.

23. **Recommendation:** the White Paper should address the need for employment to be recognised as an outcome for healthcare.

24. In the employment sphere, support offered needs to recognise the expertise people have in their own condition. This is particularly important in the context of ensuring that employment support offered is tailored to an individual and their capacity to engage with activities. Similarly, during the APPG Review, the MS Society heard evidence that employers are often reluctant engage with the person themselves about what support they need in work.

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7 Dr Diane Playford, 2016. *Presentation to the second session of the APPG review of employment support.* [Verbal communication] (Houses of Parliament, 8th March 2016).
25. Moves to join-up health and employment could provide an opportunity for a number of improvements to be made to ensure people with MS receive the right support at the right time. Improved understanding and information sharing between services and organisations, such as health professionals, employers and the benefits system could be beneficial. For example, barriers to employment identified by any assessment of work capability could be shared with employment support advisors, and Jobcentre staff should be equipped to signpost to other sources of support, such as Access to Work, to enable retention of employment.

26. Access to appropriate health services and treatments at the right time is crucial to improve a wide range of outcomes for people with MS, including employment.

27. With regard to treatments, there is evidence that for people with relapsing forms of MS timely access to disease modifying therapies (DMTs) is important. DMTs are medications that can delay the progression of disability and slow the speed at which it happens.\textsuperscript{8,9,10} This can directly and indirectly improve physical, emotional and social outcomes including employment outcomes. Yet, access to DMTs in the UK is low. Six of 10 people with relapsing forms of MS do not take a DMT,\textsuperscript{11} and the UK is ranked 25 of 27 European countries on the proportion using DMTs.\textsuperscript{12} Moves to increase access to DMTs could have a positive knock-on effect on employment for people with Relapsing Remitting MS.

28. There are currently no disease modifying therapies for progressive forms of MS.

29. Any strategy to improve the employment outcomes of people with long-term complex health conditions must also look to ensure people are able to access the right healthcare support more widely. The National Institute for Health and Care Excellence (NICE) recently published a Quality Standard for MS care, which specifies that people with MS should have a single point of contact who coordinates access to care from a multidisciplinary team. However, we know that the full range of services we would expect to see within a multi-disciplinary team, including physiotherapy and occupational therapy, is not consistently available for people with MS. 19% of respondents to the My MS My Needs Survey 2013 said they had not seen a physiotherapist in relation to their MS. 29% said they had not received support so that they can keep physically active, but that they needed to see one.\textsuperscript{13}

\textsuperscript{11} MS Society, 2013. A lottery of treatment and care -- MS Services across the UK.
\textsuperscript{13} MS Society, 2013. A lottery of treatment and care -- MS services across the UK Technical Report, p. 18
Support for employers

What more could be done to support employers?

30. It is increasingly well recognised that in order to get the best person for a role, employers need to consider as wide a field of candidates as possible, including disabled people. If disabled people aren’t being considered for roles, employers are potentially missing out on a huge talent pool.

31. Yet employers are potentially missing out on employing people with MS due to the limited number of flexible roles which are advertised, including part-time roles. The MS Society recently conducted a survey asking people with MS about their experiences of employment, as part of the APPG review. The survey found that, of people with MS in work, 43% are working part-time. In addition, of people with MS out of work, a significant majority [71% (n=51)] are looking for part-time work (though these figures are taken from a small sample, and further research is needed). Yet at present, only 6% of jobs are currently advertised on a flexible basis. The Timewise Foundation has identified a large gap between flexible working (which is now widely accessible to employees) and flexible hiring (which is relatively rare).

32. The lack of availability of jobs advertised on a flexible basis may exacerbate tendencies towards early exit from the labour market; if a person is dissatisfied with some aspect of their employment, their ability to find a suitable part-time work or jobs with other flexible working patterns will be limited. Similarly, the likelihood of job-seekers with MS and other long-term conditions finding the right employment is reduced. This in turn may reduce employers’ chances of finding the right candidate.

33. There is therefore potentially a need for support for employers around considering whether vacancies could be suitable for flexible working options, and advertising them as such. BIS may be well placed to undertake this work.

34. **Recommendation:** The Government should provide more support, and perhaps an awareness-raising campaign, for employers to advertise more roles on a flexible or part-time basis.

35. Of the APPG employment review survey respondents in work, 29% (195 people) said that their current employer has not discussed with them how they could offer them support such as reasonable adjustments, despite knowing that the employee had MS. The survey highlighted that too often employers don’t initiate this conversation, waiting for the employee with MS to start this discussion. This reticence on the part of some employers is consistent with evidence that many employers lack the necessary

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14 The survey was open for three weeks in April 2016. It was completed by over 1,500 people. The results of the survey will be published in Autumn 2016, in a report of the APPG employment review findings.

15 This figure has been taken from raw data, and is therefore subject to change.

16 This figure has been taken from raw data, and is therefore subject to change.


19 This figure has been taken from raw data, and is therefore subject to change.
skills and knowledge to support staff with MS. Therefore there is a need for wider awareness amongst employers of the importance of proactively offering support as early as possible to staff with disabilities and health conditions. Ensuring optimal support as early as possible can lead to improved job retention, which is beneficial for both employee and employer. There may also be a need for employers to better equip line managers with the skills to initiate and hold these conversations.

36. **Recommendation:** there is a need for awareness-raising amongst employers about the importance of proactively offering support to staff with disabilities and health conditions as early as possible.

**Effective employment support for disabled people**

**What should support for people with health conditions and disabilities in the proposed Work and Health programme look like?**

37. The support provided to people with MS by the Work and Health Programme must be appropriate, adequately considering their needs and addressing the barriers they face to attaining employment. The MS Society has concerns about how the impact of someone’s MS will be captured under the proposed Work and Health programme, and the bearing this could have on the support with which they are provided.

38. Existing employment support is inadequate. Of MS: Enough respondents in the WRAG, two thirds (66%) said they received no support to help them find employment and 62% said they did not think the actions asked of them would help them to find and gain employment.

39. Some of the symptoms of MS, such as pain, fatigue, cognitive difficulties and bowel problems, are hidden, and can be difficult to describe. Moreover, the capacity of a person with MS to undertake activities can change on a daily, weekly or monthly basis, due to the fluctuating and progressive nature of the condition. The current assessment of work capability has not consistently captured the full picture of the fluctuation and hidden symptoms of MS. Almost half (45%) of respondents to the MS Enough survey who had had a WCA disagreed that it took into account how their symptoms fluctuate and 50% disagreed that it considered hidden symptoms.

40. We note that the Second, Fourth and Fifth Independent Reviews of the Work Capability Assessment recommended information sharing from the WCA with Work Programme providers, to ensure a smoother claimant journey. The MS Society

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22 The MS Enough survey - about the experience of people with MS of disability benefits - was conducted in summer 2015, and received 1,780 responses.


recognises the benefit of sharing information about specific barriers identified at assessment, in order that employment support can be tailored to address these. However, in order that this information is accurate, issues around the accuracy of work capability assessments for people with MS need to be resolved.

41. Additionally, we would also want adequate safeguards in place to ensure that claimant privacy is protected.

42. Despite some progress, the Fifth Independent Review notes that this recommendation has still not been fully implemented, meaning that findings from the assessment are not currently shared, making it less likely support will be tailored to the barriers claimants face.

43. The Work and Health Programme will remove the distinctions between Work Choice, which has provided specialist support to disabled people, and the Work Programme, which supports a much wider range of claimants. As generic support is unlikely to adequately meet the needs of people with MS, it is essential that specialist support should still be available under the Work and Health Programme.

44. **Recommendation:** the Work and Health Programme must provide tailored support which addresses the individual barriers that different people face to employment.

45. The Work and Health Programme must not require people with MS to undertake any activity which is unmanageable for their condition, or subject them to inappropriate conditionality.

46. The MS Society’s concerns are founded on evidence about the experiences of people with MS in the existing system. In particular, in a 2015 survey of 1,780 people with MS about the role of disability benefits in their lives, over half (52%) of ESA claimants in the WRAG said they were unable to do the actions to take steps towards employment asked of them.\(^{28}\)

47. MS is both a fluctuating and progressive condition. While the progression and symptoms of MS vary from individual to individual, primary progressive MS affects around 10 to 15% of people with MS. This is progressive from the very first symptoms. The remaining 85% of people with MS are initially diagnosed with relapsing forms of MS, where people have distinct attacks of symptoms with the underlying damage building up over time. Most people (around 65%) with relapsing MS will then also go on to develop secondary progressive MS within 15 years of being diagnosed. The progressive and fluctuating nature of MS presents particular challenges for benefit assessment processes and the provision of employment support.

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48. Given the hidden and fluctuating nature of MS, difficulties with work-related activity may not always be clear to support providers and work coaches. Issues may therefore arise in relation to people with MS being able to show that their ability to undertake work-related activities under the programme is limited. This is of particular concern given Work Coaches’ lack of specialism in helping people with disabilities and health conditions. Specialist training to equip Work Coaches to help people with complex health conditions would be of benefit.

49. Given the fluctuating nature of MS, support provided must be flexible and take into account people’s changing capacity to engage with it, ensuring they are not required to do anything unmanageable. They should never be sanctioned for not undertaking an activity that they no longer feel capable of doing, even where they had agreed to undertake this activity.

50. **Recommendation:** the Work and Health programme must not subject people who are unable to undertake particular work-related activities due to their health to any form of conditionality.

51. Providing appropriate support tailored both to people’s need and capacity extends to ensuring that support for those with degenerative conditions is appropriate. The progressive nature of MS means that many people leave work due to their MS symptoms. The Work and Health Programme must give adequate consideration to this, particularly if people must engage with the Work and Health Programme before having their WCA assessment, under Universal Credit. It is highly likely that having to comply with activities aimed at getting them back to work would be a distressing, frustrating experience for a person who has just left work due to their MS. Those with progressive illnesses who are not able to work should not be compelled to take part in any work-related activities.

52. The MS Society recently conducted a survey asking people with MS about their experiences of employment, as part of the APPG for MS review into employment support. A question about what support claimants needed, other than that which they had already received, was posed to respondents out of work but actively looking for paid employment. The support that most people were interested in accessing is around disability advice, such as disclosing your MS, or reasonable adjustments. This is followed by support to overcome health-related barriers (e.g. confidence building workshops, pain management workshops etc.) and support to train for a new career, to update skills. The additional support in which respondents were least interested was around help with CVs, cover letters and application forms. Further research is needed into these results, as the numbers of survey respondents who are currently out of work but looking for work was small. Yet the results, if taken as being indicative, are interesting, and suggest the need for more disability advice and support to overcome health-related barriers.

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29 The survey was open for three weeks, in April 2016. It was completed by over 1,500 people. The results of the survey will be published in Autumn 2016, in a report of the APPG employment review findings.
53. The MS Society welcomed Stephen Crabb’s announcement of a ‘new conversation’ with disability charities, when he came to office as Secretary for State for Work and Pensions in March 2016. In the context of the new Work and Health Programme, we hope that this conversation extends to the opportunity for disability organisations, and the people we support, to assist directly in the planning of provision. People with health conditions and disabilities such as MS are the target group for the Work and Health Programme, and therefore should play a key role in planning provision. We note that full co-production goes well beyond consultation.
54. **Recommendation**: people with disabilities, such as MS, should be involved in planning provision for people with health conditions and disabilities in the proposed Work and Health programme.

**Likely effects of proposed ESA reform**

What are the likely impacts on disability employment of the abolition of the Employment and Support Allowance Work Related Activity component?

55. The MS Society remains deeply concerned about the reduction of the Work Related Activity Group (WRAG) rate of Employment and Support Allowance (ESA).

56. The £30 reduction fails to recognise the additional barriers to employment and costs faced by disabled claimants who find themselves struggling to work. From the DWP’s own research, it is clear that WRAG claimants face more substantial barriers to employment than many of those on JSA; while 61% of disabled working age people in the WRAG wanted to work, only 14% reported that they were currently able to do so. This compares to 68% of those claiming JSA who felt able to work.\(^{30}\)

57. In addition, many of the common extra costs incurred as a result of a disability are increased and compounded by unemployment. For example, higher heating costs will be compounded by spending more time in the house.

58. Claimants found unfit for work and placed in the WRAG are likely to be out of employment for much longer than JSA claimants, as a result of the greater barriers they face. This means that they face an often much longer period of living on greatly reduced income. 23% of people with MS placed in the WRAG had a prognosis statement of unlikely to return to work within 2 years or unlikely to return to work within the long term.\(^{31}\)

59. Disabled people in the WRAG rely on the additional level of financial support to cover these additional costs over sometimes significant periods of time. The reduction in support risks significant detrimental impacts to claimants’ financial security and wellbeing.

60. Responses to the MS Enough campaign demonstrate the crucial role disability benefits play in allowing people with MS to cover the additional costs they face. High numbers of respondents were already reporting having to cut back on essential areas of spending as a result of disability benefit changes, including 41% who said they had reduced spending on social interaction with family or friends, nearly a third (32%) who reported reducing expenditure on food, and over a quarter (26%) that had reduced spending on gas and electricity.\(^{32}\)

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\(^{32}\) MS Society, 2015. *MS: Enough*, p. 15
61. Higher numbers of respondents had claimed ESA reported not having enough financial support. 48% of ESA claimants disagreed that they have enough financial support, compared to 38% of those who had not claimed ESA.33

62. Inability to afford essential items and cover extra costs is likely to have knock on effects for the health of claimants in the WRAG. A survey carried out by the Disability Benefits Consortium (DBC) into the impact of the reduction found that almost 70% of the disabled people surveyed say cuts to ESA will cause their health to suffer.34 So, far from incentivising disabled people to move closer to employment and re-enter work, the reduction is likely to leave individuals less able to prepare for work.

63. This negative impact is likely to be compounded by the effect of living with limited resources. Harvard University scholars have shown that for those with very limited resources, living with too little imposes huge psychic costs, reducing mental bandwidth and distorting decision-making.35 Thus reducing the ESA WRAG rate could reduce people’s ability to plan for the future and take steps towards work. Just under half of those surveyed by the DBC about the impact said that they would probably not be able to return to work so quickly as a result of the reduction.36

64. Proposals by some think-tanks have recommended that the Government should now look to also align the Support Group element with Jobseeker’s Allowance (JSA).37 This would represent a reduction of over £35 a week. Once again, the cited rationale for this is that the Support Group now represents a significant financial disincentive from taking steps towards employment.38 However, as with the WRAG reduction, this fundamentally misunderstands the barriers and limitations faced by many disabled people in the Support Group. The Support Group is for the group of claimants with the most severe levels of disability who are considered to have limited capability even for work-related activity.39 People with MS in this group face severe barriers to employment.

65. **Recommendation:** the MS Society urges the Government not to reduce any further the financial support available to the disabled people who find themselves unable or struggling to work.

66. **Recommendation:** the MS Society hopes the Government will closely monitor the impact of the reduction to the WRAG, and will reconsider the reduction if a substantial detrimental impact is identified.

33 MS Society, 2015, *MS: Enough*, p. 17
What evidence is there that it will promote positive behavioural change? What evidence is there that it will have unintended consequences, and how could these be mitigated?

67. The MS Society has seen very little evidence that reducing the rate of support provided to those in the WRAG will help support disabled people back into work or promote positive behavioural change.

68. For many people with MS and other disabled people, being outside of the labour force has occurred as a direct result of the symptoms of their medical condition and the difficulty they have experienced keeping pace with the demands of their job. For these people financial incentives are very unlikely to determine behaviour.

69. The evidence that has so far been cited by the Government is far from conclusive on the impact of such a change. For example, a 2005 OECD report which states that ‘financial incentives to work could be improved by either cutting welfare benefit levels or introducing in-work benefits’\(^{40}\), does not specifically relate to disabled recipients who primarily face non-financial barriers to employment.

70. Other evidence which has been cited, such as Barr (2010)\(^{41}\), concludes that ‘while there was some evidence indicating that benefit level was negatively associated with employment, there was insufficient evidence of a high enough quality to determine the extent of that effect.’

71. It is far from clear that the reduction will lead to disabled people being better placed to re-enter employment. It is notable that the Equality and Human Rights Commission (EHRC) has expressed concerns ‘that the impact assessments and human rights memorandum which accompany the Bill do not fully assess the impact on equality and human rights.’\(^{42}\) As laid out above, evidence from disabled people themselves suggests that the reduction will actually have a detrimental effect on their ability to take steps towards employment and re-engage with the world of work.

72. In conjunction with the reduction to the WRAG rate, the Government has announced a number of measures to improve support for claimants, including committing to reinvest the money saved by the reduction to the WRAG rate into additional and improved employment support for claimants.

73. While improvements to employment support are needed – 66% of MS Enough respondents in the WRAG said they had received no support to help them find employment\(^{43}\) – the MS Society does not believe this will be sufficient to address the negative impact of WRAG changes.

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\(^{40}\) OECD, *Employment Outlook 2005*, pp. 13

\(^{41}\) Barr et al., 2010. *To what extent have relaxed eligibility requirements and increased generosity of disability benefits acted as disincentives for employment? A systematic review of evidence from countries with well-developed welfare systems*, *Journal of Epidemiology and Community Health*. 64, pp. 1106-1114.


74. The additional WRAG rate plays a crucial role in enabling claimants to cover additional disability related expenditure. These costs are increased and exacerbated by unemployment. Increasing non-financial support will not address this issue and so is unlikely to mitigate the negative impacts of the WRAG reduction.

75. Following extensive lobbying on the WRAG reduction by disability charities during the passage of the Welfare Reform and Work Bill, the Government agreed to changes to the ESA Permitted Work rules. These changes are welcome and mean that disabled people will now be able to earn up to £107.50 (equivalent to 16 hours of employment at the minimum wage) a week for the entirety of the time they are in the WRAG. Previously, they would have to reduce their earnings to £20 a week after a year.

76. For a very few, this may help limit the impact of the £30 a week reduction on their financial security, as it will allow them to continue to earn more for longer whilst still receiving support through ESA. However, many disabled people and people with MS claim ESA when they are unable to continue working due to the severity of their condition. For these people, changes to permitted work will be of limited, if any, benefit. It is also worth noting that all claimants in the WRAG have been found unfit for work at the time of their assessment, with 31% of claimants in the WRAG not expected to be able to return to work for periods of over 12 months.

77. Recommendation: the Government must ensure that disabled people in the WRAG have adequate support by monitoring the impact of the reduction closely and commit to review the reduction if it has detrimental impacts.

Summary of recommendations:

i. The Government should continue awareness-raising about the Access to Work scheme

ii. A rigorous equalities impact assessment of the proposed Work and Health programme must be undertaken

iii. The Department must engage with the charity sector and other experts in developing the paper before it is published.

iv. The White Paper should include measures to help people to stay in work for longer.

v. The White Paper should address the need for employment to be recognised as an outcome for healthcare.

vi. The Government should provide more support, and perhaps an awareness-raising campaign, for employers to advertise more roles on a flexible or part-time basis.

44 Lord Freud, HL Deb 29 Feb 2016, Column 594.
vii. There is a need for awareness-raising amongst employers about the importance of proactively offering support to staff with disabilities and health conditions as early as possible.

viii. The Work and Health Programme must provide tailored support which addresses the individual barriers that different people face to employment.

ix. The Work and Health programme must not subject people who are unable to undertake particular work related activities due to their health to any form of conditionality.

x. People with disabilities, such as MS, should be involved in planning provision for people with health conditions and disabilities in the proposed Work and Health programme.

xi. The MS Society urges the Government not to reduce any further the financial support available to the disabled people who find themselves unable or struggling to work.

xii. The MS Society hopes the Government will closely monitor the impact of the reduction to WRAG, and reconsider the reduction if a substantial detrimental impact is identified.

xiii. The Government must ensure that disabled people in the WRAG have adequate support by monitoring the impact of the reduction closely and commit to review the reduction if it has detrimental impacts.

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