

Employment and Support Allowance (ESA), which replaced incapacity benefits in October 2008, offers support for ill or disabled people. Claimants must participate in a Work Capability Assessment (WCA) to check eligibility and are placed in the Work Related Activity Group (WRAG) which offers support in preparing for work, or the Support Group (SG) for those unable to work or take part in work-related activity. If they are not eligible to claim ESA they are found Fit for Work (FFW). Since October 2013, if claimants disagree with their assessment outcome, they can ask for a Mandatory Reconsideration (MR). If they still disagree with the MR outcome they can appeal to Her Majesty's Courts & Tribunal Service (HMCTS).

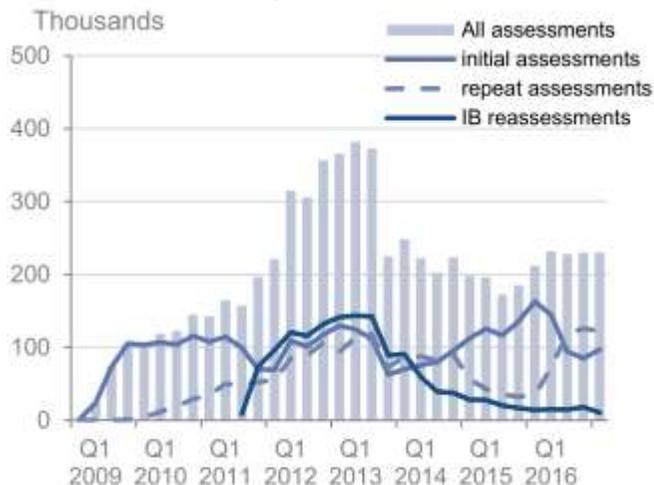
Main stories

- Overall assessment volumes have remained stable in the latest quarter to December 2016. Completed initial assessment volumes increased from 85,000 to 98,000 and completed repeat assessment volumes fell slightly from 130,000 to 120,000, but are still 87,000 higher than the same quarter a year earlier. Repeat assessments were re-started in December 2015 after being suspended in January 2014 due to capacity issues at the provider.
- The number of ESA-WCA MRs registered in April 2017 fell by 5,800 since the previous month to stand at 17,000. 86% of MRs cleared in April 2017 were not revised.
- The number of appeals heard on FFW decisions on initial assessments (for claims which started between January 2016 and March 2016) fell to 3,400 in the latest quarter. 38% of the completed appeal decisions in this quarter were upheld.

Work Capability Assessment

Completed initial assessments have increased and repeat assessments volumes have dropped slightly

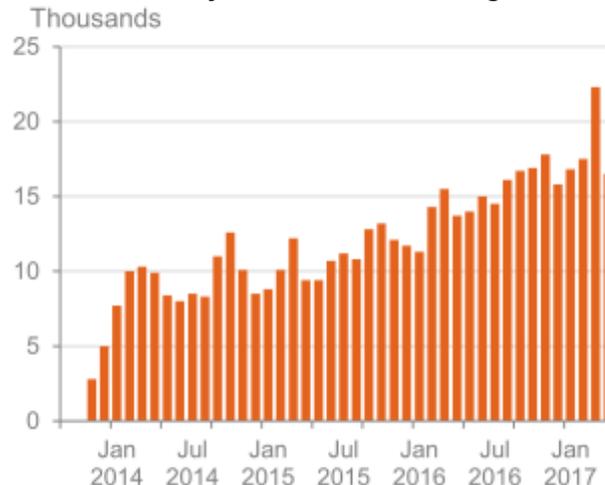
All Completed Assessments



Mandatory Reconsiderations

MR registrations continued to fluctuate with a generally increasing trend

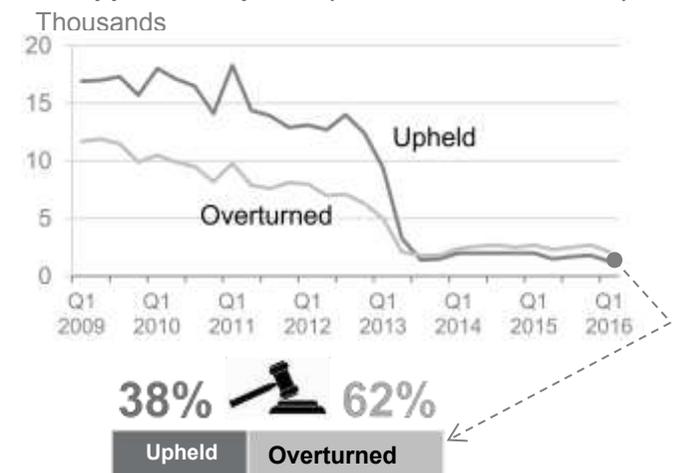
Mandatory Reconsiderations registered



Appeals

Appeals on initial FFW outcomes have fallen slightly. 38% of decisions were upheld

Appeals completed (for initial assessments)



At a glance

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Comments? We welcome feedback

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What you need to know

These statistics are released quarterly and cover ESA-WCA outcomes, MRs and appeals information sourced from:

- DWP's benefit administration datasets including MR data
- Healthcare provider assessment data
- HMCTS appeals data for completed appeals

In addition to the ESA-WCA national statistics contained in this release, we have developed some extra experimental ESA-WCA cohort figures by merging MR data with benefit, assessment and HMCTS data to allow us to track claimants through the stages of their ESA-WCA journey – see page 3.

These extra statistics are labelled 'experimental' and are not National Statistics until they have been assessed by the UK Statistics Authority's Office for Statistics Regulation as fully meeting the Code of Practice for Official Statistics. They are included here as they are undergoing evaluation and to allow a fuller analysis of the statistics. *Users should be aware of possible methodology issues and data limitations whilst using them.* See [methodology note](#) for more information.

Note: robust data for both the regular and experimental cohort information is only available for claims that began at least 6 months following assessment date or, for initial assessments, nine months following the date of claim. This is due to time required to complete assessments, record and process data accurately and align with other publications. **Hence, only claims made before the end of September 2016, assessments which were completed up to end of December 2016 and appeal outcomes for ESA claims which started up to March 2016 are included in these statistics.** Throughout the release, figures are presented by assessment date, unless otherwise stated.

ESA Work Capability Assessment, Mandatory Reconsiderations and Appeals process

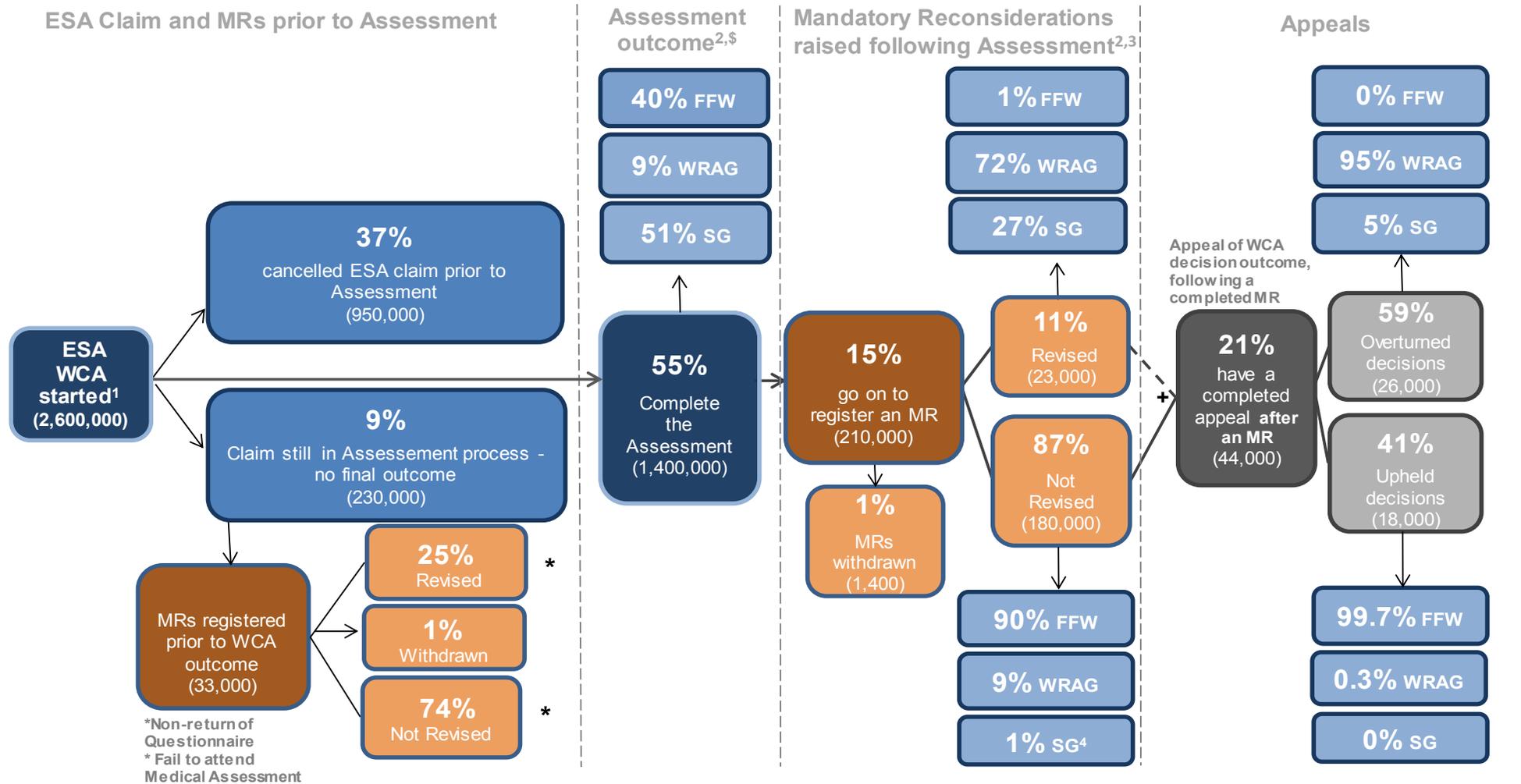
The following flow chart, containing experimental cohort data, shows the claim process to assess ESA entitlement. If claimants disagree with their assessment outcome they can ask the Department for Work and Pensions to review it by registering an MR. Following the MR outcome if the claimant still disagrees with the decision, they can appeal to HMCTS.

There are 3 types of Work Capability Assessments:

- Initial assessment – for new ESA claims
- Repeat assessment – existing claimants must undergo regular reviews; timescales depend on medical condition
- Incapacity Benefit reassessment (IBR); all IB claimants will eventually be reassessed for ESA

The figures presented in both the flow chart and sankey diagram cover all parts of the ESA-WCA process for claimants starting their ESA claim between October 2013 and September 2016 for **initial and repeat assessments only**.

Overview of the Work Capability Assessment, Mandatory Reconsideration (MR) and Appeals process for initial and repeat ESA WCAs starting October 2013 – September 2016 - (Experimental)



Overview of the Work Capability Assessment, Mandatory Reconsideration and Appeals process October 2013 – September 2016 cohort - (Experimental)

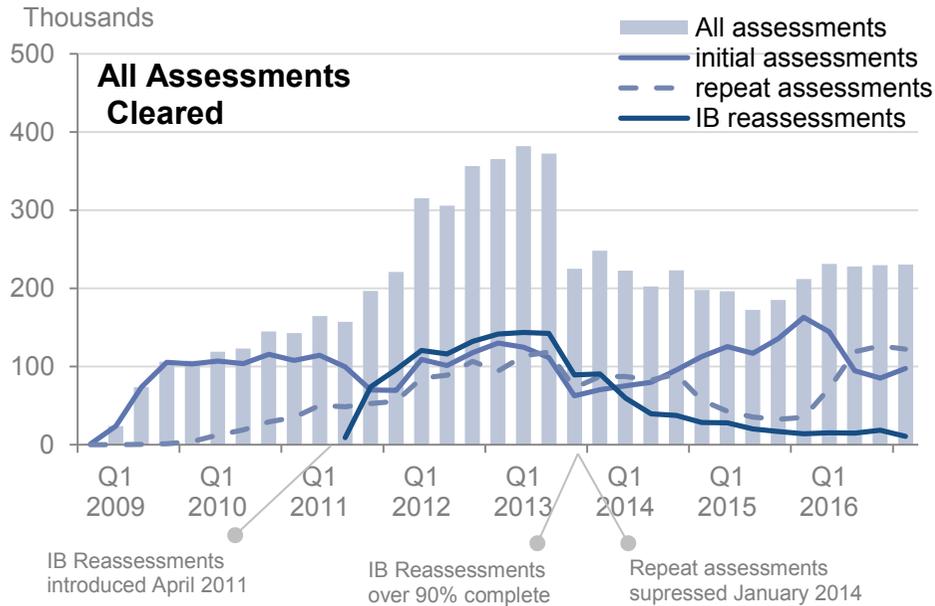
The following diagram gives a visual representation of proportions at each stage of the ESA Work Capability Assessment (WCA) process. The relative thickness of each segment represents the volume of cases flowing through each stage. For all ESA WCAs which started between October 2013 and September 2016:

- 55% have had a completed WCA (1,400,000 assessments). WCAs relating to the remaining claims are either still in progress or have been withdrawn/cancelled.
- 210,000 MRs have been registered in relation to the 1,400,000 completed WCAs.
- The diagram shows that 99% of these MRs have been cleared, with the decision maker's original decision being revised 11% of the time.
- Approximately one in five assessments with a MR, then go on to have a completed appeal. Of this group (44,000 cases), the latest case decision was upheld 41% of the time.



ESA initial and repeat assessment outcomes, IB reassessments

53% of assessments cleared in the latest quarter were for ESA repeat assessments



Main Findings

In the latest quarter to December 2016 the majority of cleared ESA-WCA assessments were for repeat assessments.

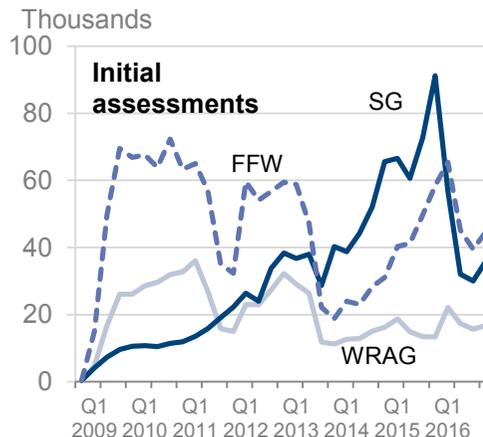
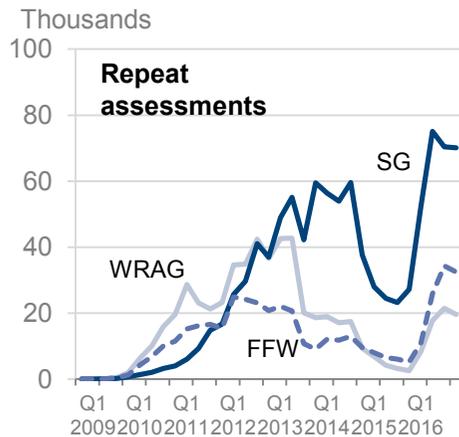
At the end of 2013, IB reassessment and repeat assessment volumes dropped significantly. The majority of IB reassessments were completed by that point and the focus was moved from assessing existing claims (including repeat assessments) to clearing new claims. IB reassessments are now 96%¹ complete.

ESA repeat assessment volumes have increased in recent quarters as processing was re-introduced in December 2015, after a year of focussing on initial assessments.

The effects of this can be seen in recent quarters. In the latest quarter to December 2016, 120,000 repeat assessments were cleared compared to only 35,000 for the same period a year earlier.

See accompanying [tables](#) for full data.

A slight decrease in repeat assessments is offset by a corresponding increase in initial assessments this quarter



Overall, combined numbers of initial and repeat claims assigned to SG, WRAG and FFW remain fairly stable this quarter (see main stories).

In recent quarters the number of repeat assessments being undertaken increased significantly, meaning greater numbers of SG, WRAG and FFW outcomes. For the first time since repeat assessments were re-introduced, this quarter sees a change to this pattern with repeat volumes decreasing and initial assessments increasing. Overall, repeat assessments accounted for 56% of all assessments in the latest quarter.

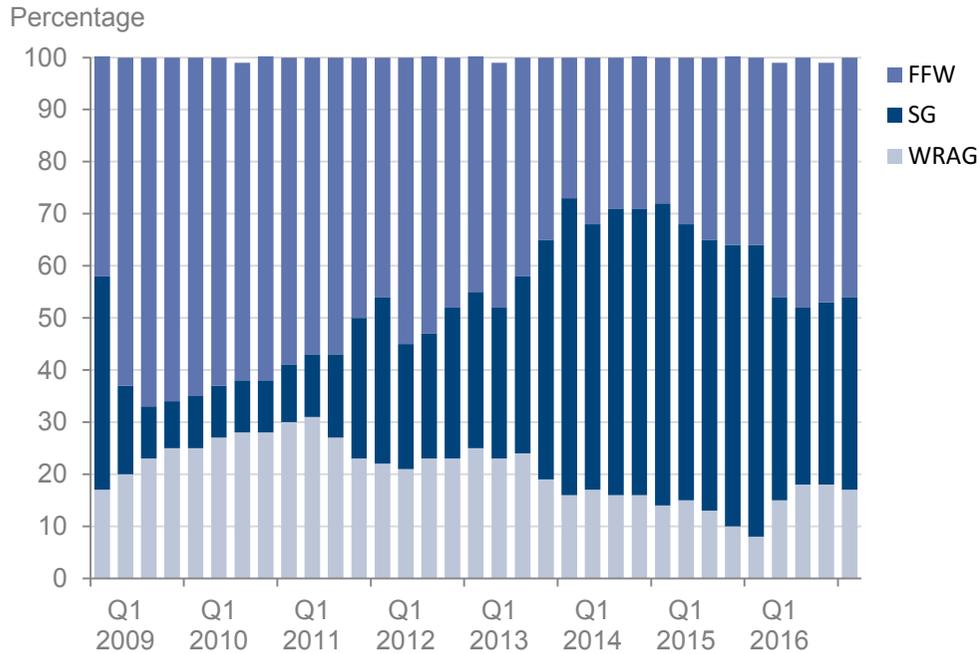
At the same time, SG, WRAG and FFW numbers have increased for initial assessments due to more initial assessments being completed this quarter.

See accompanying [tables](#) for full data.

¹ The percentage shown excludes all IB cases still in progress

Assessment outcomes for ESA initial assessments

The proportion of Support Group outcomes has increased for ESA initial assessments in recent quarters



Main Findings

For the 98,000 ESA initial assessments cleared in the latest quarter to December 2016:

Support Group	37%		Up 2 percentage points since previous quarter
Work Related Activity Group	17%		Down 1 since previous quarter
Fit for Work	46%		Remains stable compared to previous quarter

Outcomes of initial assessments entitled to ESA increased by 7,200 in the latest quarter to December 2016 to stand at 53,000.

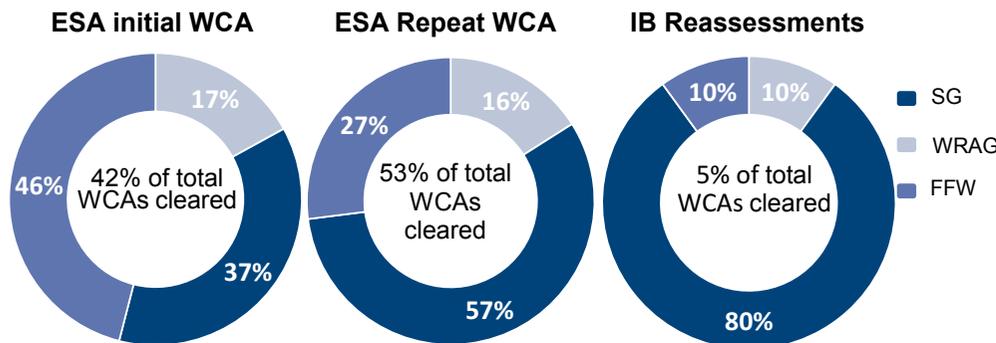
Historically, the proportion assigned to the SG for initial assessment shows a generally increasing trend up to December 2015. Since then, the proportion of SG outcomes has fallen but the latest quarter has seen an increase of 2 percentage points, increasing from 30,000 to 36,000.

The proportion assigned to WRAG this quarter has decreased very slightly, remaining broadly stable over recent quarters.

FFW outcomes increased 5,200 to 45,000 - partly due to a slight increase in initial assessments completed and their outcomes characteristics detailed below. See accompanying [tables](#) for full data.

Note: assessment outcomes are shown by assessment date. Percentages may not sum to 100 due to rounding

ESA and IBR assessments: Cleared outcomes for the latest quarter show big differences across claim types



For assessments cleared in the latest quarter to December 2016, 42% were initial ESA claims, 53% were ESA repeat assessments and 5% were IB reassessments

Repeat assessments account for 53% of total WCA clearances this quarter whereas the proportion in the quarter to March 2016 was only 31%. This is due to repeat assessments being re-introduced in December 2015 after a year of focussing on initial assessments.

The majority of IB reassessments and ESA repeat assessments have Support Group outcomes – at 80% and 57% respectively, in contrast to 37% for ESA initial assessments. This is due to IB claimants and existing ESA claimants already receiving benefit for an existing medical condition.

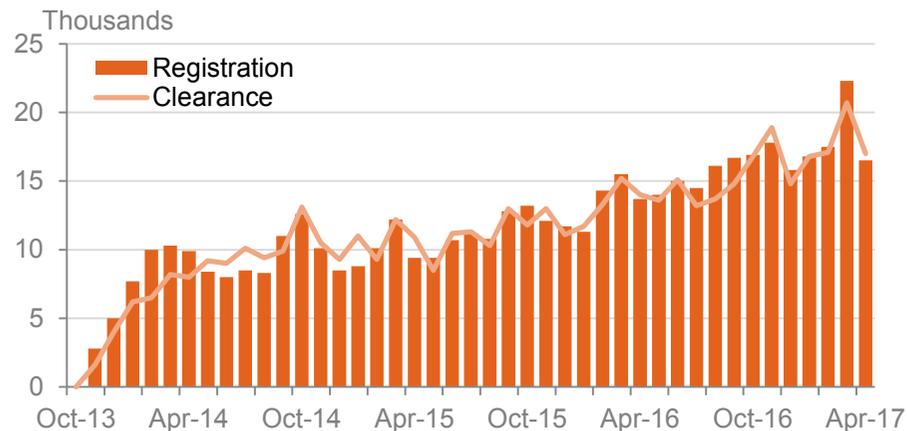
Initial ESA assessments have the highest FFW rate at 46%. This is expected as, unlike IB reassessments and repeat claims, these claimants don't have a previously known medical condition.

ESA-WCA Mandatory Reconsideration registrations, clearances and clearance times

If a customer disagrees with their assessment decision they have the opportunity to raise a **Mandatory Reconsideration** and ask DWP to formally review the decision. The aim of a MR is to resolve disputes as early as possible without the need for an appeal hearing.

See [methodology](#) note for a more detailed explanation.

Mandatory Reconsideration registrations have fluctuated with a general increasing trend



Mandatory Reconsideration median monthly clearance times have an increasing trend since July 2016, settling around 14 days in recent months



Main Findings

Since the introduction of the MR process in October 2013 there has been an overall increasing trend in MR registration. Following a slight dip in December 2016, MR registration volumes have fluctuated with 17,000 registrations in April 2017, a drop of 5800 since the previous month but considerably higher than a year earlier with 14,000 registrations in April 2016.

The chart shows rapid increases in registrations as MRs were introduced and thereafter, monthly numbers have increased gradually, fluctuating slightly each month. Since September 2015, there is an overall increasing trend in the number of MRs registered.

When the MR process was first introduced, clearance numbers were low in comparison to registrations. However, since May 2014, clearance volumes have improved, as the process became established. Since September 2015 there is a general increasing trend in clearance volumes.

In April 2017, the median monthly clearance time was 14 calendar days.

Initially, the median ESA-WCA MR clearance time increased steeply until May 2014, standing at 37 days, then decreased rapidly as the process became embedded. Between February 2015 and July 2016 the median clearance settled and didn't exceed 9 calendar days.

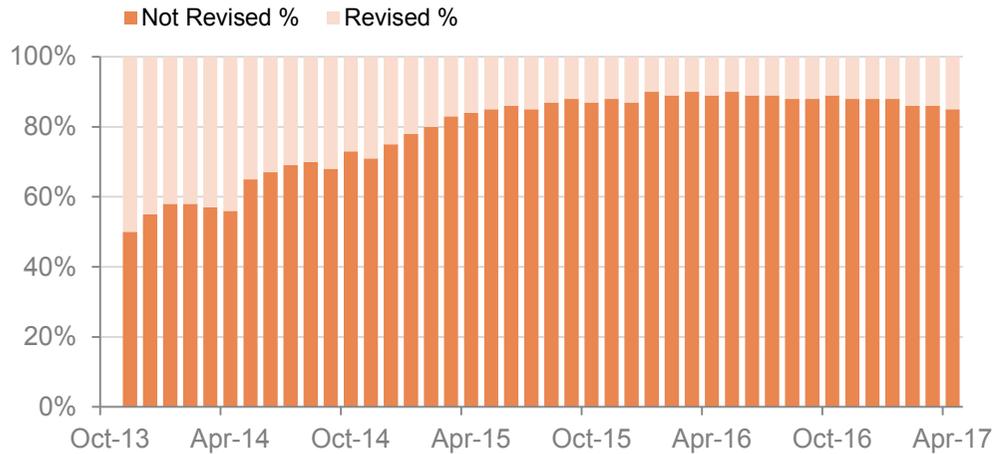
In August 2016, there was an increase in the clearance time to 12 calendar days, and it currently stands at 14 days in January 2017. This is in line with the steeper increase in MR registrations over this period.

See [methodology](#) note and page 9 for how median clearance times have been derived.

See accompanying [tables](#) for full data.

ESA-WCA Mandatory Reconsiderations outcomes

86% of assessment outcomes were not revised at Mandatory Reconsideration in the latest month, April 2017



Note: MR figures require less retrospection than the cohort data and are therefore reported monthly to allow the most recent figures to be included.

Main Findings

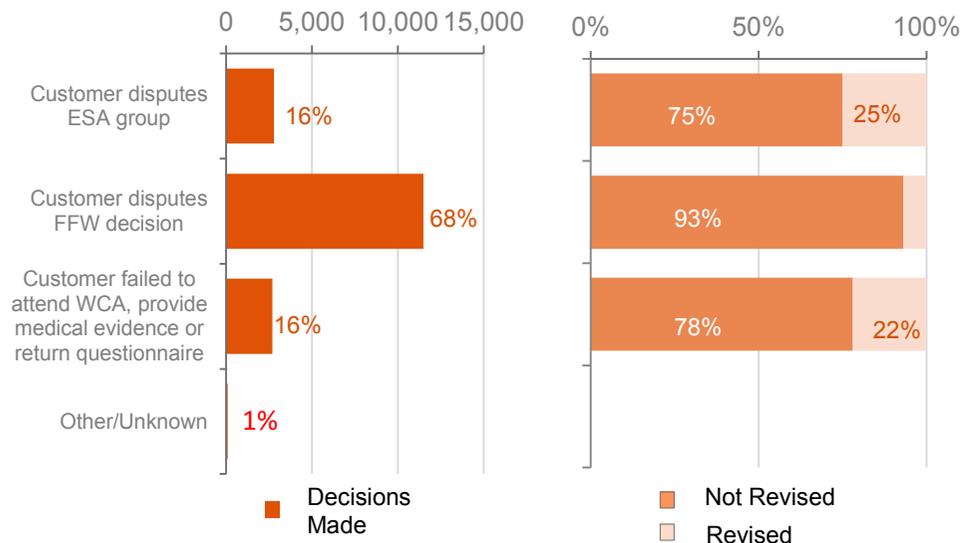
During the MR process, the DWP Decision Maker will review the evidence for the decision under dispute to either revise or not revise the decision.

Generally, since the MR process was introduced, there has been a decreasing trend in the number of decisions being revised each month. It settled at 11% in April 2016 and has fluctuated very slightly since. Latest figures for April 2017 show 14% were revised that month.

In April 2017, 86% of MRs were not revised; 15,000 decisions were not revised compared with 2,400 decisions revised.

See accompanying [tables](#) for further details.

Fit for Work disputes are the main cause of ESA-WCA Mandatory Reconsideration decisions in April 2017



The vast majority of MRs raised during the ESA-WCA process in April 2017 were due to FFW decisions. These types of MRs are less likely to be revised than the other categories.

In April 2017, 12,000 MR decisions (68%) were made on disputes about Fit for Work assessment outcomes. Only 7% of FFW disputes resulted in a revision in April.

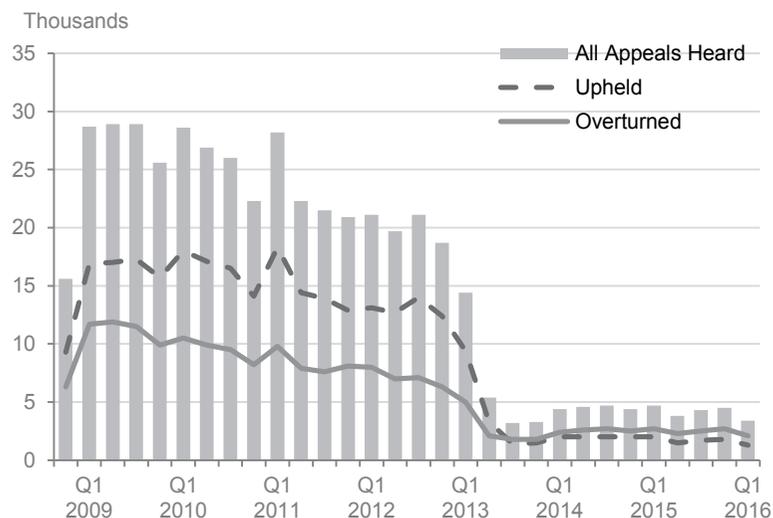
In April 2017, 16% of MR decisions were made on disputes for reasons where the claimant has not followed the claim procedures correctly. These reasons include failing to return the initial questionnaire, failing to provide medical evidence or not attending their assessment. 22% of these disputes were revised this quarter.

The breakdown of revised/not revised decisions per MR category for April 2017 is shown in the chart.

Appeals clearances and outcomes

Following an MR decision, the claimant can dispute the decision further by appealing to Her Majesty's Courts & Tribunal Service where an official appeal hearing will take place to consider the decision evidence. At appeal, the decision under dispute will either be upheld or overturned.

The number of appeals heard on initial FFW decisions has fallen slightly



Note: appeals outcomes are shown by appeal start date.

Main Findings

Being found FFW at assessment is the primary reason for claimants disputing a decision and therefore the main reason for appeal hearings. These figures focus on FFW appeals for initial assessments.

The total number of appeals heard on FFW decisions for initial assessments are very low over the last 18 months with little fluctuation.

The chart shows that in the latest quarter to March 2016, the number of appeals heard on FFW decisions for initial assessments has remained low with a slight decrease from 4,500 to 3,400.

The low numbers of appeals over recent quarters may be due in part to the introduction of the MR process, although there could be other factors which have also contributed. The purpose of MRs is to give the customer an opportunity to present evidence against a decision for review without the need for formal appeal processes, therefore when the new system was introduced fewer appeals were expected.

Just under four in ten initial FFW decisions were upheld at appeal this quarter

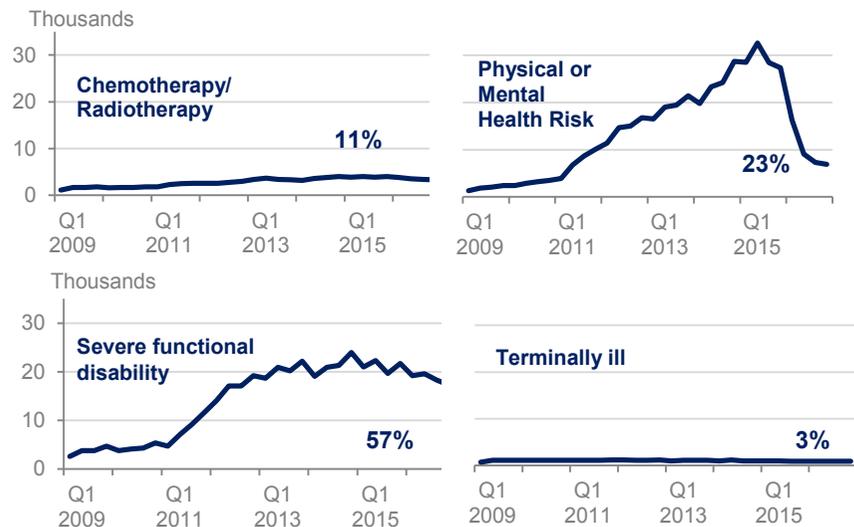


This quarter the proportion of decisions under dispute that were upheld at appeal has dropped slightly from 40% to 38%. This proportion must be taken in context alongside the lower numbers of appeals heard overall in the latest quarter – 3,400 compared to 4,500 in the previous quarter to December 2015.

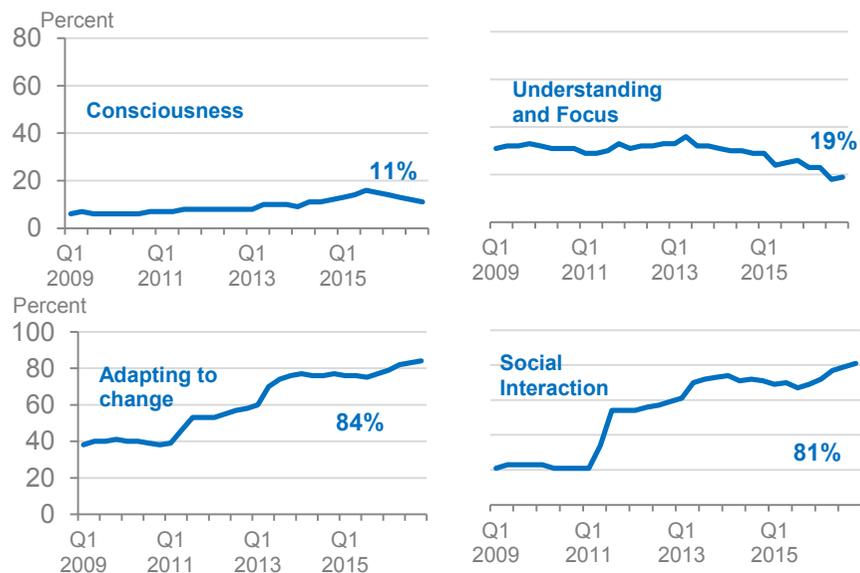
See accompanying [tables](#) for further details.

Health Conditions and ESA group allocation for initial assessments

‘Physical or mental health risk’ and ‘severe functional disability’ remain the main reasons for SG allocation this quarter



‘Adapting to change’ and ‘Social interaction’ remain the main reasons for WRAG allocation (with 15 points or more) this quarter



Main Findings

The charts to the left, show the main reasons for claimants who started their ESA claim in the latest quarter to September 2016 being assigned to the SG, is due to health conditions linked to ‘physical or mental health risk’ or ‘severe functional disability’.

These two leading categories make up 80% of all SG allocations this quarter.

There has been a significant decrease in allocation to the Physical or Mental Health risk group since January 2016, where volumes dropped sharply from 16,000 in the previous quarter to 9,100. This could partly be due to updated guidance on the application of risk introduced at the start of 2016 to restate the policy intent and place the question of risk in the context of work-related activity. Volumes in this group continue to fall this quarter to 6,900.

Chemotherapy/radiotherapy and terminally ill numbers have fluctuated very slightly but have remained relatively low, accounting for 11% and 3% of all SG assignment reasons respectively this quarter.

The charts show the four main functional impairment categories in which claimants have scored points when assigned to the WRAG, scoring 15 points or more at initial assessment. Receiving 15 points or more is the main reason for assignment to the WRAG at initial assessment however; claimants can also be assigned to the WRAG at reconsideration or after appeal.

‘Adapting to change’ and ‘social interaction’ remain the most common reasons for WRAG allocations (with 15 points or more) this quarter, with 84% of claimants having an ‘adapting to change’ condition and 81% present in the ‘social interaction’ group. **Note** that claimants can have multiple functional impairments therefore appear in more than one category.

‘Understanding and focus’ affects 19% of WRAG claimants (with 15 points or more) this quarter. Other reasons for being assigned to the WRAG (with 15 points or more) which aren’t shown (Upper Limb, Sensory, Continence, and Lower Limb) are less common.

See accompanying [tables](#) for statistics on all reasons and health conditions assigned to the WRAG.

About these statistics

This product has recently been assessed by the UK Statistics Authority for National Statistics status and has been awarded National Statistics. National Statistics designation is awarded to the subset of official statistics that are judged to be of good quality, value and trustworthiness. This badge does not currently apply to the experimental cohort figures.

Key uses of the statistics include:

- Providing the evidence base for assessing the potential effect of changes, monitoring and evaluation of DWP policy
- Answering Parliamentary Questions and Freedom of Information requests and Forecasting benefit expenditure (in conjunction with expenditure statistics)
- Policy development and evaluation by local authorities and other welfare to work and pensions stakeholders and providers.

Terminology:

- **Registration** - Claimant registers an application for a WCA, MR or appeal
- **Clearance** - DWP decision maker has determined whether the claimant should or should not be entitled to claim ESA.
- **Mandatory reconsideration** - Claimant wishes to dispute a decision made on their claim and requests DWP to reconsider the decision.
- **MR clearance time** - The clearance time begins from the point the MR is raised on the DWP administrative system by the Benefit Centre as a valid MR, having considered whether they can initially change the decision in the light of any new information. The total clearance time therefore includes the time taken to transfer the case to the Dispute Resolution Team and the time taken for the decision maker to make a decision.
- **Repeat assessment** - An existing claim that has been reassessed for ESA, as opposed to a new claim. A repeat assessment is the second or subsequent WCA undertaken on an existing, continuous ESA claim, usually between 3 and 24 months after the previous assessment. These claimants will have already been assessed as having a limited capability for work at their initial WCA and the repeat assessment will assess if their capability for work has changed.

MR outcomes:

- If a decision is categorised as **'Not Revised'** this means that the decision the claimant is questioning has not been changed.
- If the decision under dispute is classed as **'Revised – Allowed'** then the DM has changed the decision in the claimant's favour. So someone found FFW would be awarded ESA or someone put in the Work Related Activity Group (WRAG) claimant would be put in the Support Group (SG).
- If the decision is categorised as **'Revised – Disallowed'**, the DM, having reconsidered the decision, decides that the claimant is not entitled to ESA at all. This would apply where someone put in the WRAG seeks a revision to go into the SG but is then found FFW. These decisions are not at all common – less than 2% to date.
- If the decision is categorised as **'Withdrawn'**, the claimant has chosen to remove their MR request.

MR Decision categories:

There are many reasons that result in an ESA claimant raising a MR. For these statistics only those reasons relating to the WCA process have been included. The main reasons have been categorised and shown in the accompanying tables as follows;

- The primary reason for a claimant raising a MR is when they are found FFW following a medical assessment. All MRs relating to this topic are categorised as 'Customer disputes FFW decision'.
- The second category 'Customer failed to attend WCA, provide medical evidence or return questionnaire' incorporates reasons where the claimant has failed to follow the required claim procedures. The MR gives them an opportunity to explain why they didn't comply.
- The third category is 'Customer disputes ESA group' and contains MRs where the claimant is already assigned to an ESA group.

Experimental cohort statistics:

MR statistics have been added to the regular cohort data to build on the story of the end to end customer journey. The cohort MR statistics are less timely than the stand alone MR statistics due to time lags in the benefits data and assessment data they are linked to in the cohort process. Time lags are present to allow stages within the process sufficient time to complete. These statistics give a feel for the volumes flowing through each stage of the ESA WCA process. For robust figures on individual stages, please use the stand-alone figures within the published tables (not table 17).