Disability Benefit Reform in the United Kingdom

Early intervention Disability Demonstration Projects: Concepts for Action

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IS WORK GOOD FOR YOUR HEALTH AND WELL-BEING?

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“The Fit Note”

• Doctors issue fit notes to individuals to provide evidence of the advice the doctor has given about the individual’s fitness for work.

• Unlike previous “sick note”, the fit note allows doctors to advise that individuals “may be fit for work” taking into account the doctor’s advice.

• Doctors use fit notes to record details of the functional effects of their patient’s condition so that individuals and employers can consider ways to help the individual return to work.
Employment and Support Allowance (ESA)

- Introduced in 2008 and replaced the Incapacity Benefit (IB) program.

- ESA recognizes that most can and should move towards employment.

- ESA provides benefits based not on a person’s condition, but rather how such condition limits their ability to function.

- Independent vendor undertakes functional assessment on behalf of government. Directly employs Nurse Practitioners and MDs.

- Government is final decision maker on eligibility. Vendor has no assessment targets or incentives for certain outcomes.
Functional Test

1. Mobilizing unaided by another person.
2. Standing and sitting.
3. Reaching.
4. Picking up and moving or transferring by the use of the upper body and arms.
6. Making self understood through speaking, writing, typing, or other means unaided by another person.
Functional Test

7. Understanding communication.
9. Absence or loss of control while conscious.
10. Learning tasks.
11. Coping with change.
12. Coping with social engagement due to mental impairment.
13. Appropriateness of behavior with other people.
The Disability Determination Process onto ESA

• **Assessment phase:** Doctor certifies that unwell by providing a “Fit Note”
  – From application to assessment: Target of 3 months
  – In the assessment phase prior to determination, same payment rate as unemployment benefit (average benefit of US$445 per month)
  – Assessment conducted by independent health contractor; considers an individual’s ability in various “activities”

• **Work Related Activity Group:** those with some capability to work
  – Appropriate help to prepare for work
  – Higher rate of benefit paid (average benefit of US$608.00 per month)
  – Required to attend interviews and complete activities (resumes, training) according to capabilities

• **Support Group:** those with most serious conditions
  – Higher rate of benefit paid (average benefit of US$800 per month)
  – No expectation to prepare for work
Total GB sickness benefits caseload as a proportion of the working age population
Leaving benefits (Off-flow rates)
Continuing Efforts

• The Fit for Work Service

• New toolkits for advisers to identify barriers to work

• Voluntary support offer before determination process takes place

• Access to Work grants

• Disability Confident Campaign
What pertinent lessons can the US draw from the UK disability reform?
Lesson #1

Experimentation can drive reform.
Lesson #2

Change is hard but can lead to positive developments with a focus on continuous improvement.
Lesson #3

Need to work with employers to remove barriers to employment.
Lesson #4

Reform should be about improving opportunities for disabled people.
Response

Professor Michael Wiseman, George Washington University