

Scottish Observatory for Work and Health

University of Glasgow

Year 2 Report

June 2010

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We acknowledge the Department for Work and Pensions (DWP) who have provided us with data for sections 2, 3b, 3e, 3g & 3h.

Funding was provided by the Glasgow Centre for Population Health, NHS Greater Glasgow and Clyde, NHS Lanarkshire, Scottish Centre for Healthy Working Lives and the Scottish Government Health Directorates.

Scottish Observatory for Work and Health

Year 2 Report for Stakeholder Group 16th June 2010

This report is divided into four sections. First, we have outlined our progress against the work for year 2 outlined in the 3 year programme. Second, we present detailed analyses and results for all the funded areas (in the form of IB claimant profiles). Thirdly we detail the research activity. The fourth section outlines Year 3 work.

Part 1: Statement of progress with reporting activity

As agreed we will develop and deliver a second annual report to be presented for the June 2010 meeting which will cover years up to and including November 2008. Below we list our progress in developing the report. Those items with an asterisk are not routinely available anywhere else and thus represent a unique contribution by the Observatory. The table on the right hand side of the page illustrates the current state of progress. We have been asked to change from completed, partially completed and still to do and move to green – completed, amber – underway and no delays, red - delayed or other significant issues.

Reporting and analysis of

1. the stock IB population

a) changes in this on an annual basis – 2000 to 2008

b) differences in the changes in IB stock population by sex and small age categories*

Items 1a & 1b will be presented for Scotland and funding local authorities (i.e. Scotland, Glasgow City, North Lanarkshire, South Lanarkshire)

Item 1a & 1b will also be provided at CHCP level for CHCPs within funders' areas (East Dunbartonshire, East Renfrewshire, Inverclyde, Renfrewshire & West Dunbartonshire and the Glasgow CHCPs)

Only provided we are able to access data requested from DWP*

2. on and off flows

a) changes in these on an annual basis – 2000 to 2008

b) differences in the changes in IB flow populations by sex and small age categories*

Items 2a & 2b will be presented for Scotland and funding local authorities (i.e. Glasgow City, North Lanarkshire, South Lanarkshire) and at CHCP level for CHCPs within funders' areas (East Dunbartonshire, East Renfrewshire, Inverclyde, Renfrewshire & West Dunbartonshire and the Glasgow CHCPs)

	Green	Amber	Red
a) changes in this on an annual basis – 2000 to 2008	✓		
b) differences in the changes in IB stock population by sex and small age categories*	✓		
Items 1a & 1b will be presented for Scotland and funding local authorities (i.e. Scotland, Glasgow City, North Lanarkshire, South Lanarkshire)	✓		
Item 1a & 1b will also be provided at CHCP level for CHCPs within funders' areas (East Dunbartonshire, East Renfrewshire, Inverclyde, Renfrewshire & West Dunbartonshire and the Glasgow CHCPs)	✓		
Only provided we are able to access data requested from DWP*			
2. on and off flows			
a) changes in these on an annual basis – 2000 to 2008	✓		
b) differences in the changes in IB flow populations by sex and small age categories*	✓		
Items 2a & 2b will be presented for Scotland and funding local authorities (i.e. Glasgow City, North Lanarkshire, South Lanarkshire) and at CHCP level for CHCPs within funders' areas (East Dunbartonshire, East Renfrewshire, Inverclyde, Renfrewshire & West Dunbartonshire and the Glasgow CHCPs)	✓		

These data are presented in the form of the individual IB claimant profiles. Each profile also contains a summary and key findings section.

Monitor substantive changes in benefit system (e.g. the move towards employment and support allowance).

Appropriate information on mental health and contextual data

Progress in Research activity (in order of priority)

Continue PhD student supervision (if studentship obtained) – no longer applicable. Research assistant in post October 2009.

If we get access to the linked HMRC-DWP data we will carry out analyses. *It is very unlikely will get full access to the HMRC-DWP data but we have got access to first destination off flow data and job sustainability data.*

If we are not successful in getting access to the linked HMRC-DWP data we will pursue funding to explore the alternative data sets which give us a longitudinal perspective.

If there have been profound changes in the economic situation in Scotland (i.e. a recession), we will look for evidence of the impacts of these changes with respect to benefit receipt. It may be possible to use the experience of the South East of England in the early 1990s as a model with which to predict and test effects in Scotland. Produce an academic paper from this work.

Explore the potential for the routine data we are working with to be used in retrospective evaluation of interventions intended to reduce IB (or equiv) population (for example, Pathways to Work) and other forms of worklessness.

Seek funds for continuing the Observatory

Green	Amber	Red
✓		
✓		
✓		
✓ BHPS data		✓ DWP first destination off flow data & job sustainability data
	✓ Partly completed	
✓		
✓ started		

We have also started to carry out analyses on the health of the employed, unemployed and economically inactive using the Scottish Health Survey data

Part 2: Reporting Activity

In August 2009 we submitted a data request to DWP which would allow us to reproduce all the incapacity benefit (IB) analyses carried out for Scotland, Glasgow City, North Lanarkshire and South Lanarkshire in the Year 1 Annual Report for all the funded geographies from 2000 to 2008. Between the November 2009 and February 2010 stakeholder meetings we explored different ways of presenting the data in an accessible format and of increasing the profile of the Observatory. The result are the **IB claimant profiles** which examine the "stock" of IB claimants and the "on" and "off" flow from 2000 to 2008 for fourteen geographies.

IB Claimant Profiles

Individual profiles are available for the following geographies:

Geographies covered by individual IB claimant profiles

Scotland
Local authorities
Glasgow City
North Lanarkshire
South Lanarkshire
East Dunbartonshire
East Renfrewshire
Inverclyde
Renfrewshire
West Dunbartonshire
Community Health & Care Partnerships
East Glasgow
North Glasgow
South East Glasgow
South West Glasgow
West Glasgow

Each profile examines the "stock" of IB claimants and the "on" and "off" flow to IB for each of the funded areas. Each profile provides the following data on IB claimants from 2000 to 2008:

1. A 'bath water' diagram
2. IB rates (% of working age population claiming IB)
3. On flow rates (expressed as a percent of the WAP not on IB)
4. IB off flow rates (expressed as a percent of the total IB population)
5. IB claimants by neighbourhood/intermediate zone
6. Breakdown of IB claimants by sex
 - IB rate by sex
 - On flow rate by sex
 - Off flow rate by sex
 - Payment/credits by sex
7. Breakdown of IB claimants by age
 - IB rate by age
 - On flow rate by age
 - Off flow rate by age
 - Payment/credits by age
8. Breakdown of IB claimants by reason for claiming IB
 - Total claimants by illness
 - Comparison of mental health and musculoskeletal claimants

- Mental Health IB rate
- On flow by illness
- Off flow rate by illness
- Mental Health IB claimants by neighbourhood/intermediate zone
- 9. Breakdown of IB claimants by length of time on IB
 - Total claimants by length of time on IB
 - Off flow rate by length of time on IB
- 10. Off flow destination *restricted access*

Comparisons with Scotland are shown. Comparisons with the UK are shown in the Scotland profile. Each profile also contains a Summary & Key Findings section. These profiles also contain very useful IB claimant data for every neighbourhood/intermediate zone within the funded areas (not part of the 3 year programme of work).

In addition an **overview IB claimant profile** which compares IB rates and on and off rates across geographies and shows all the 'bath water' diagrams will also be available. The geographies covered by this profile are shown in the table below:

Geographies covered by IB claimant overview profile
Scotland
<i>Local authorities</i>
Glasgow City
North Lanarkshire
South Lanarkshire
East Dunbartonshire
East Renfrewshire
Inverclyde
Renfrewshire
West Dunbartonshire
East Lothian
City of Edinburgh
Midlothian
West Lothian
<i>Community Health & Care Partnerships</i>
East Glasgow
North Glasgow
South East Glasgow
South West Glasgow
West Glasgow

The IB claimant profiles have been available on our website since April 2010. The university website does not have the facility to count the number of downloaded profiles however we are currently exploring alternative software which would capture the numbers of hits the IB profile page gets.

Collectively the overview profile and the fourteen individual IB claimant profiles total 395 pages. We have not included the profiles in the Year 2 report and we encourage the funders and the management committee to download the 15 profiles at www.gla.ac.uk/sowh

We have been in discussions with ScotPHO and will have a link from the ScotPHO website to the SOW&H website. In addition, information on the SOW&H was included in the February 2010 e-newsletter (1000+ registered users).

Part 3: Research Activity

3a. Recruitment of Research Assistant

Joel Smith started working for the Observatory on the 5th October 2009. He is working 0.5fte and is employed for 18 months.

Joel has just completed a PhD at the University of Edinburgh and plans to submit his thesis very shortly. He is a health economist and his thesis was focussed on estimating the impact of HIV prevalence on economic growth.

3b. Changes to the benefit system and the move to Employment Support Allowance

Employment Support Allowance (ESA) was introduced on 27th October 2008, and replaced Incapacity Benefit and Income Support paid on incapacity grounds for *new customers only*. From October 2010 onwards it will be applied to existing IB claimants as they are moved across onto ESA (this is proving controversial and we will monitor any changes). Central to the allowance is a new medical assessment (the Work Capability Assessment, WCA, which replaces the Personal Capability Assessment, PCA). The WCA is based on medical advice delivered by the DWP's medical services contractor, ATOS Healthcare and looks at what people can do, and not just what they cannot do.

ESA claimants' longer term entitlement to claim the benefit is dependent on the outcome of the WCA. The possible outcomes of the WCA are that claimants can be assessed as:

- a) suitable for the ESA Support Group,
- b) suitable for the ESA Work Related Activity Group
- c) Fit for Work and therefore not entitled to continue claiming, although there is a right of appeal.

ESA claimants begin the medical assessment process shortly after starting their claim. ATOS Healthcare undertake an assessment and the outcomes of these assessments are passed on to DWP to make a final decision on the claimant's ESA status. This will be one of the following;

a) Support group (for those with severe disabilities) – they receive a higher rate of benefit entitlement overall (£96.85/week) and exemption from mandatory involvement with Pathways to Work. They will not be expected to actively prepare for work, but support will still be available for those who wish to access work focused interviews and work-related activity, on a voluntary basis.

b) Work related activity group – They receive higher rate of benefit (£91.40/week) than those on JSA (£65.45/week) and are mandated to engage with Pathways to Work. These customers will attend meetings (or work-focused interviews) with a personal adviser, which are a chance for the customer to discuss their views on moving into work and identify any support they may need. These sessions will explore everything from job goals, skills and abilities, to any problems or barriers to finding work.

c) Fit for Work – Individuals can ask for a reconsideration or appeal if they disagree with the decision. If someone is found Fit for Work by DWP they are no longer entitled to claim ESA. However they may ask for a reconsideration and then may appeal against the DWP decision.

A large proportion of people claiming ESA cease their claim before medical assessment is complete (for example, if they have a short term health condition) and this is reflected in the figures.

As with IB, ESA will have different levels of payment depending on whether someone has made enough National Insurance contributions (comparable with 'payment' and 'credits only' IB claimants). Customers will either receive contribution-based ESA if they have paid enough National insurance contributions or income-related ESA if not.

The most recent release from DWP (*Employment and Support Allowance: Work Capability Assessment: Official Statistics, April 2010*) contains figures on ESA claims to August 2009 and WCAs to February 2010. Details are as follows;

1. WCA results for all ESA claims

For all new ESA claims from October 2008 to August 2009, the result of the initial WCA is as follows:

- 5% have been assessed by the WCA as suitable for the ESA Support Group
- 13% have been assessed as suitable for the ESA Work Related Activity Group
- 39% have been assessed as Fit for Work
- 37% claim closed before assessment complete
- 5% assessment is still in progress

2. WCA results for all completed assessments

For all completed assessments (not including assessments still in progress or people who left ESA before completing assessment) to the end of February 2009 the breakdown of the ATOS recommendation at initial assessment is as follows:

- Support Group – 9%
- Work Related Activity Group – 23%
- Fit for Work – 68%

Note, the above figures are quite different from those figures predicted by DWP before the introduction of ESA. The figures below are from the BBC Scotland programme on the 26th May 2010 'Who's Cheating Who?' Although these data are in the public domain we are waiting for confirmation of the data from DWP.

	% of claimants DWP predicted would fall into the 3 groups, before introduction of ESA	Actual % (from <i>Employment and Support Allowance: Work Capability Assessment: Official Statistics, April 2010</i>)
Support Group	5%	9%
Work Related Activity Group	46%	23%
Fit for Work	49%	68%

There appears to be far more people being placed in the Fit for Work Group and much less people in the Work Related Activity Group than DWP planned. This raises the question - Are people who the system was designed to help being pushed away?

3. WCA Appeals

Of people who made a claim for ESA between October 2008 and March 2009 and who were found Fit for Work at assessment, 29% have had an appeal heard by Tribunals Service to date. The original decision made by DWP has been confirmed for 61% of these appeals heard.

Large numbers of claimants to ESA who have undertaken the WCA are found Fit for Work. It would be interesting to compare this proportion with the numbers of IB claimants who undertook the PCA and were found fit for work (although this term would not have been used Pre-ESA). This data is currently unavailable but DWP currently report the following;

Comparable information on the Personal Capability Assessment (PCA) for Incapacity Benefit (IB) claims is not held centrally. We are currently developing data which should allow comparison of WCA and PCA results.

We are currently investigating this with DWP.

SOW&H Analyses of ESA data

IB data and ESA data are provided separately by DWP. As with IB figures, the ESA figures are released quarterly. To date, five sets of ESA data have been released (Quarter ending Nov 08, Feb 09, May 09, Aug 09 and Nov 09) and are available as fixed tables on the DWP Tabulation Tool. Breakdowns are available by geography (lowest geography available is local authority level), sex, age (under 18, 18-24, 25-34, 35-44, 45-49, 50-54, 55-59, 60-65), duration of claim, benefit type (Conts Based only, Both, Income based only, No Payment – credits only) but NOT the reason for claim. At this stage there is no breakdown into the 'work-related activity group' and the 'support group'. Off flow from ESA is only available for the whole of the UK. There are no figures on those fit for work or results of appeals other than those reported in the quarterly DWP bulletins (and reported on page 9).

We have been in discussion with DWP and in Year 3 plan to request ESA data at CHCP level. If information relating to medical condition of the ESA claimant becomes available we will include this in our analyses.

We have started to monitor the ESA figures. We have previously used the 'bath water' diagrams to show IB figures and have used this format to investigate the ESA claimants. Figures 1-10 show ESA claimants for the quarters ending November 08 (i.e. Oct and Nov 08) and quarter ending November 09 (this data only became available on the 11th May 2010) for Scotland and all local authorities. Note, ESA off flow figures are routinely available for the UK only. We have requested the following off flow figures for local authorities directly from DWP.

Figure 1

UK, ESA claimants

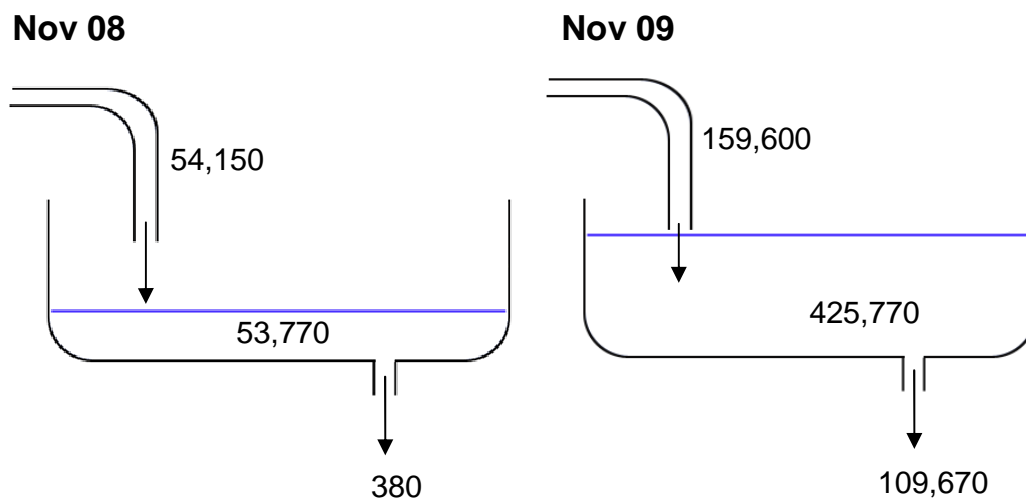


Figure 2
**Scotland,
ESA claimants**

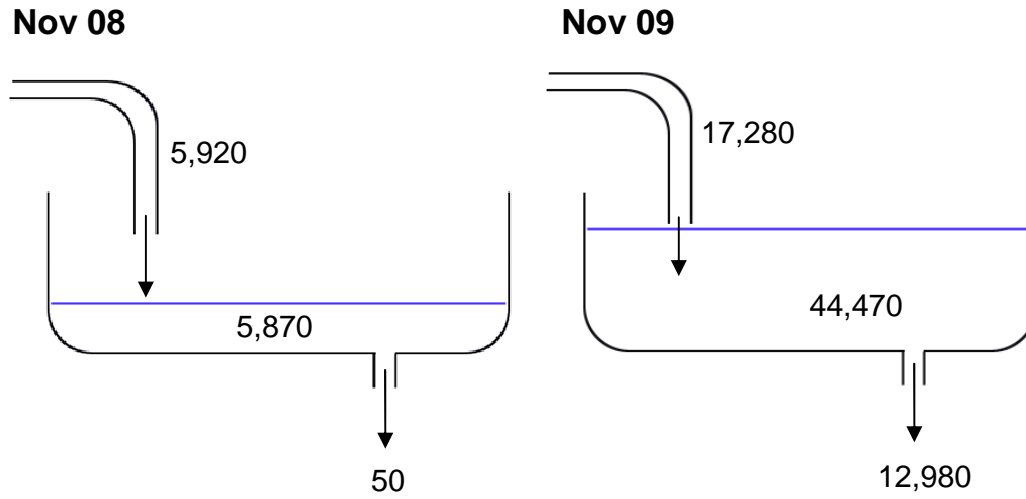


Figure 3
**Glasgow City,
ESA claimants**

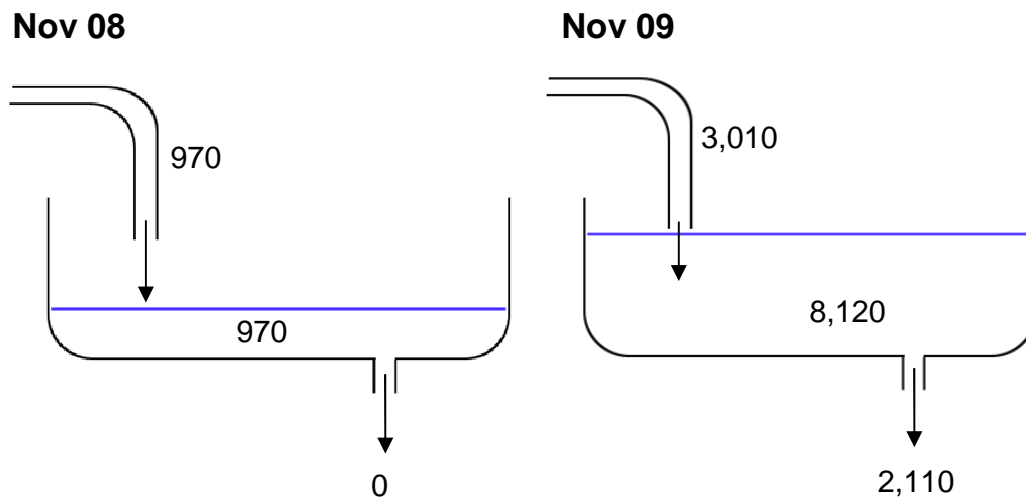


Figure 4

**North Lanarkshire,
ESA claimants**

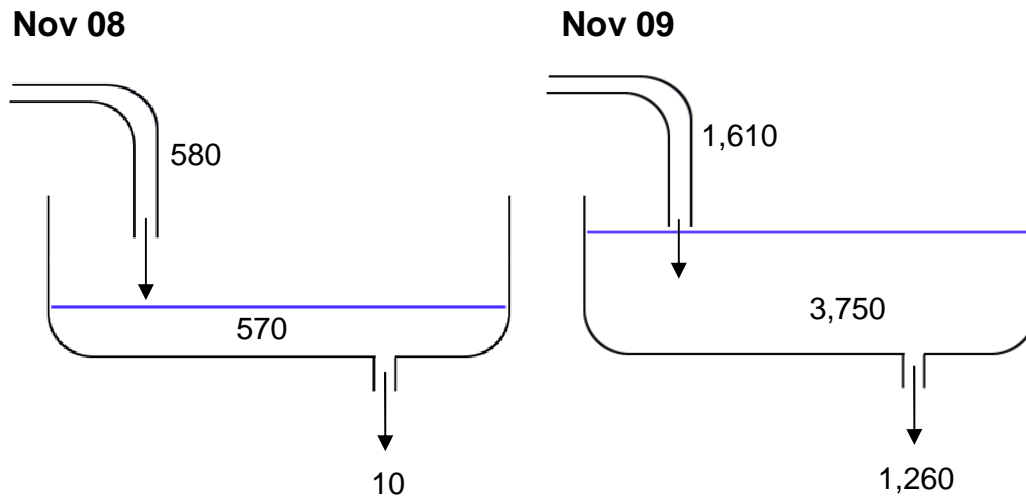


Figure 5

**South Lanarkshire,
ESA claimants**

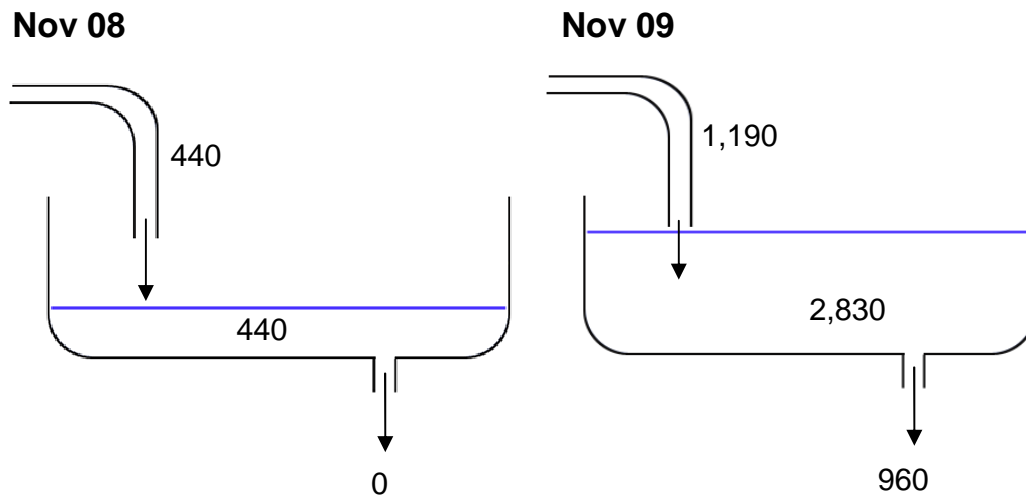


Figure 6

**East Dunbartonshire,
ESA claimants**

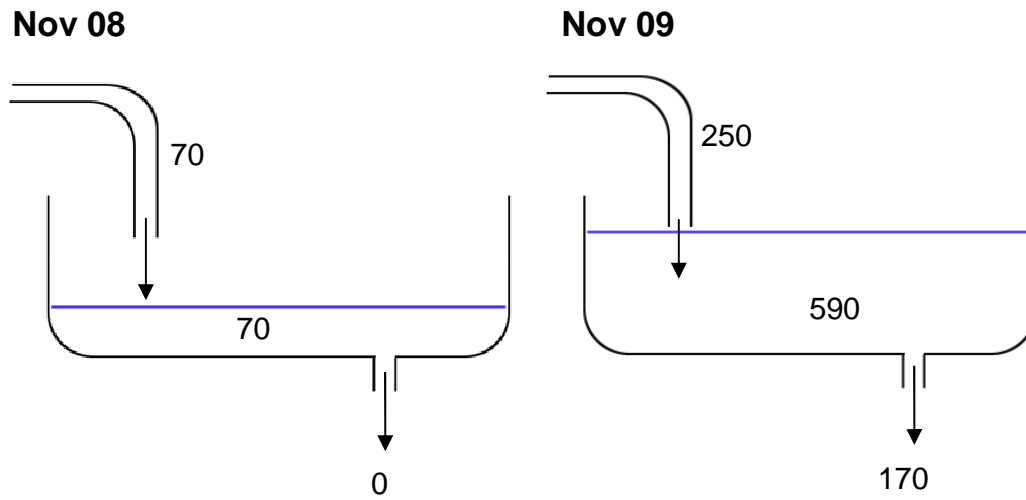


Figure 7

**East Renfrewshire,
ESA claimants**

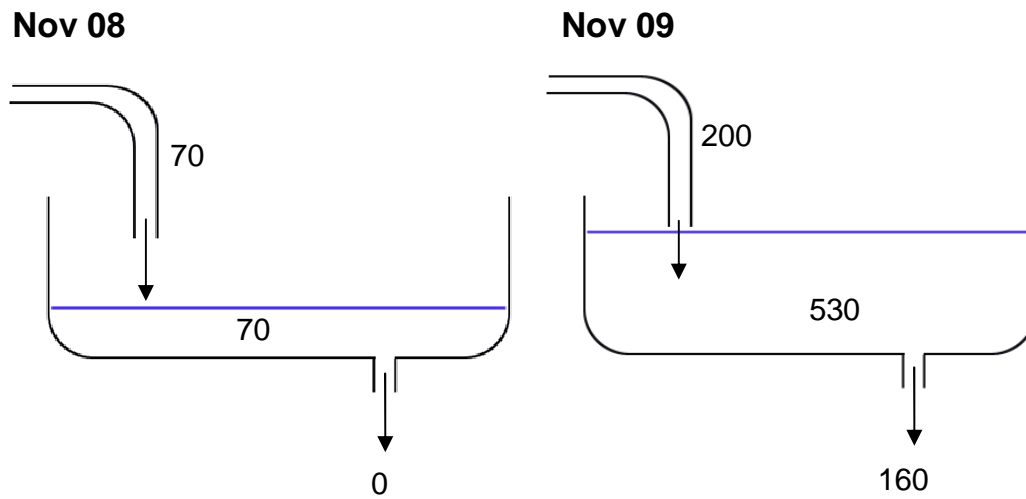


Figure 8

**Inverclyde,
ESA claimants**

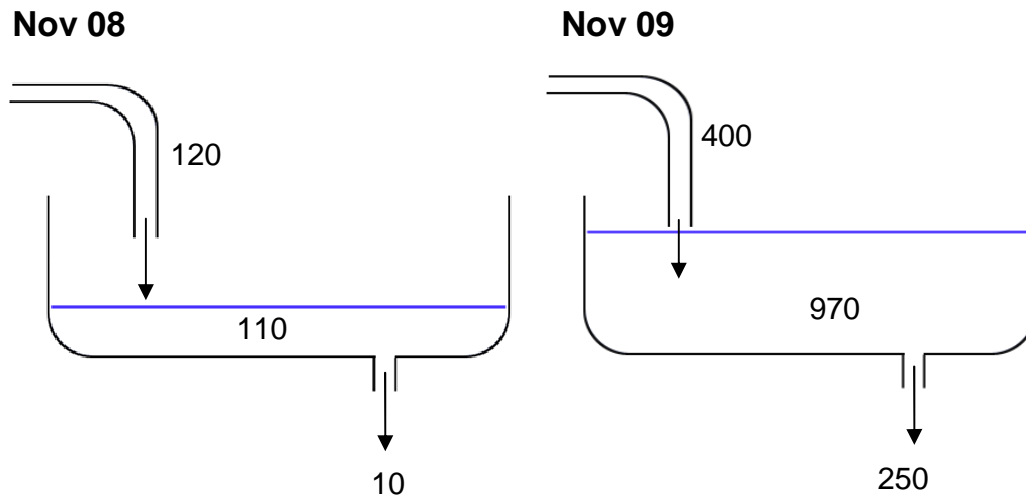


Figure 9

**Renfrewshire,
ESA claimants**

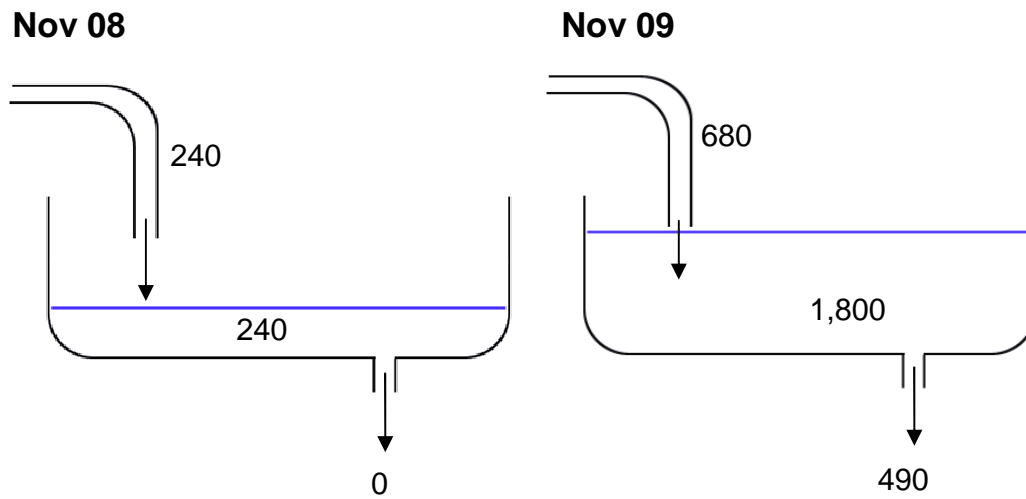
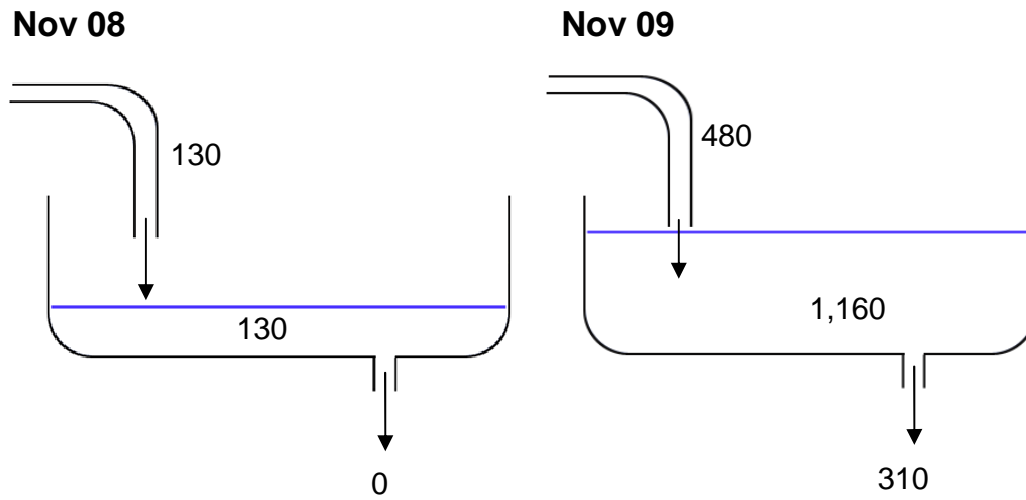


Figure 10

**West Dunbartonshire,
ESA claimants**



For quarter ending Nov 09, the on flow to ESA is larger than the off flow for all geographies.

The IB claimant profiles describe in detail the IB claiming population and show a continual fall in those claiming IB from the end of 2001 to 2008. We wanted to investigate what happened with the introduction of ESA in October 2008. The following tables and figures (tables 1-5 and figures 11-20) show IB claimants and ESA claimants from quarter ending February 2007 to the most recently available data (November 2009). The tables show IB claimants, ESA claimants and the sum of IB and ESA claimants.

Table 1

Quarter Ending	Scotland			Glasgow City		
	IB	ESA	IB + ESA	IB	ESA	IB + ESA
Feb-07	308,630			57,300		
May-07	306,230			56,320		
Aug-07	304,860			55,630		
Nov-07	303,510			54,840		
Feb-08	300,000			54,260		
May-08	296,190			53,420		
Aug-08	295,030			53,280		
Nov-08	289,470	5,870	295,340	52,490	960	53,450
Feb-09	275,980	19,080	295,060	50,230	3,330	53,560
May-09	265,670	31,230	296,900	48,350	5,540	53,890
Aug-09	256,620	40,070	296,690	46,520	7,210	53,730
Nov-09	247,340	44,470	291,810	44,500	8,120	52,620

Figure 11

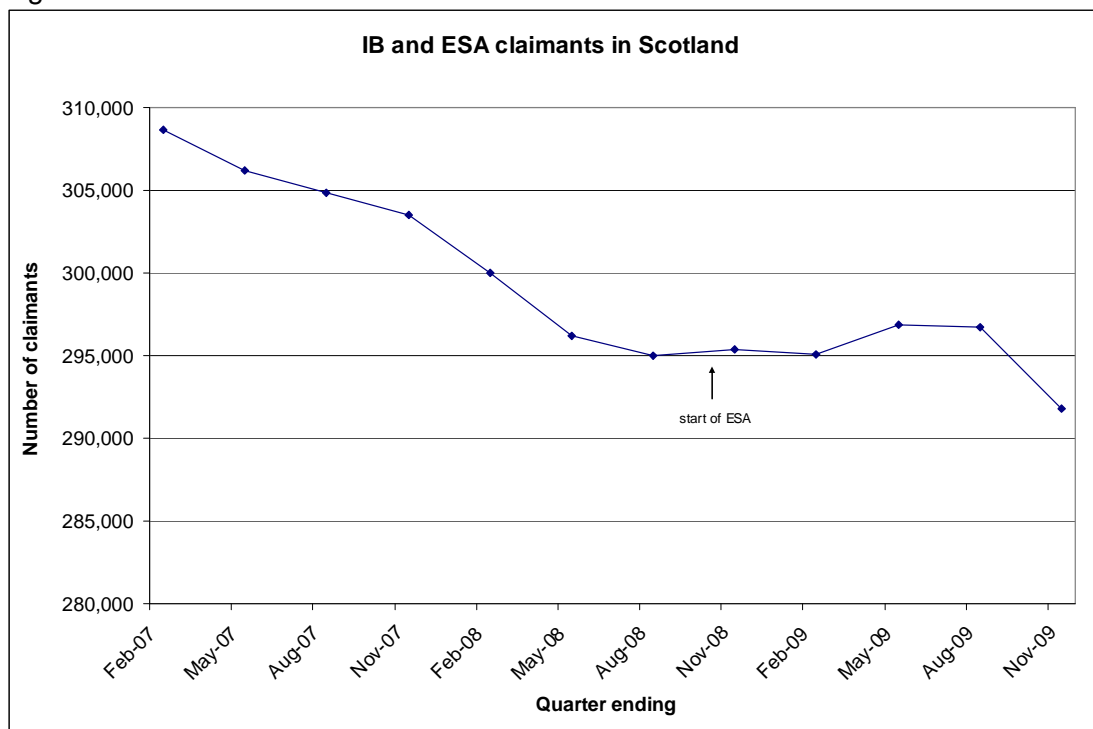


Figure 12

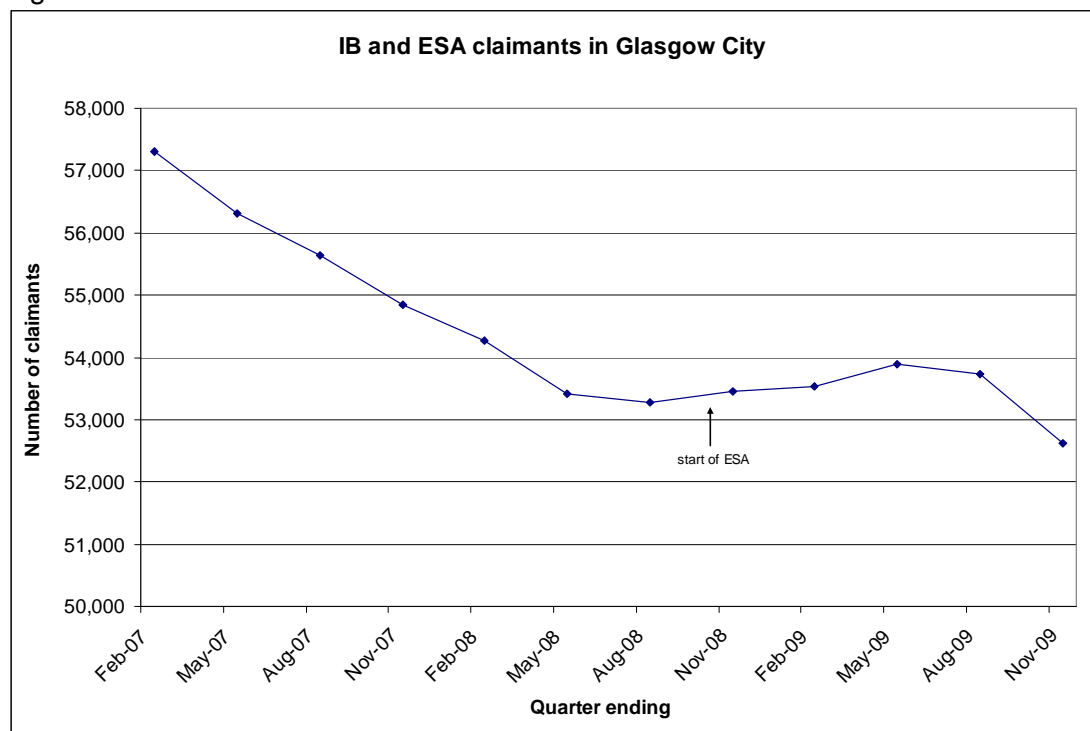


Table 2

Quarter Ending	North Lanarkshire			South Lanarkshire		
	IB	ESA	IB + ESA	IB	ESA	IB + ESA
Feb-07	25,440			20,140		
May-07	25,270			20,000		
Aug-07	25,010			19,920		
Nov-07	24,810			19,750		
Feb-08	24,330			19,440		
May-08	23,850			19,030		
Aug-08	23,830			19,000		
Nov-08	23,160	570	23,730	18,630	440	19,070
Feb-09	21,900	1,740	23,640	17,800	1,390	19,190
May-09	21,020	2,750	23,770	17,060	2,080	19,140
Aug-09	20,200	3,400	23,600	16,430	2,600	19,030
Nov-09	19,200	3,750	22,950	15,680	2,830	18,510

Figure 13

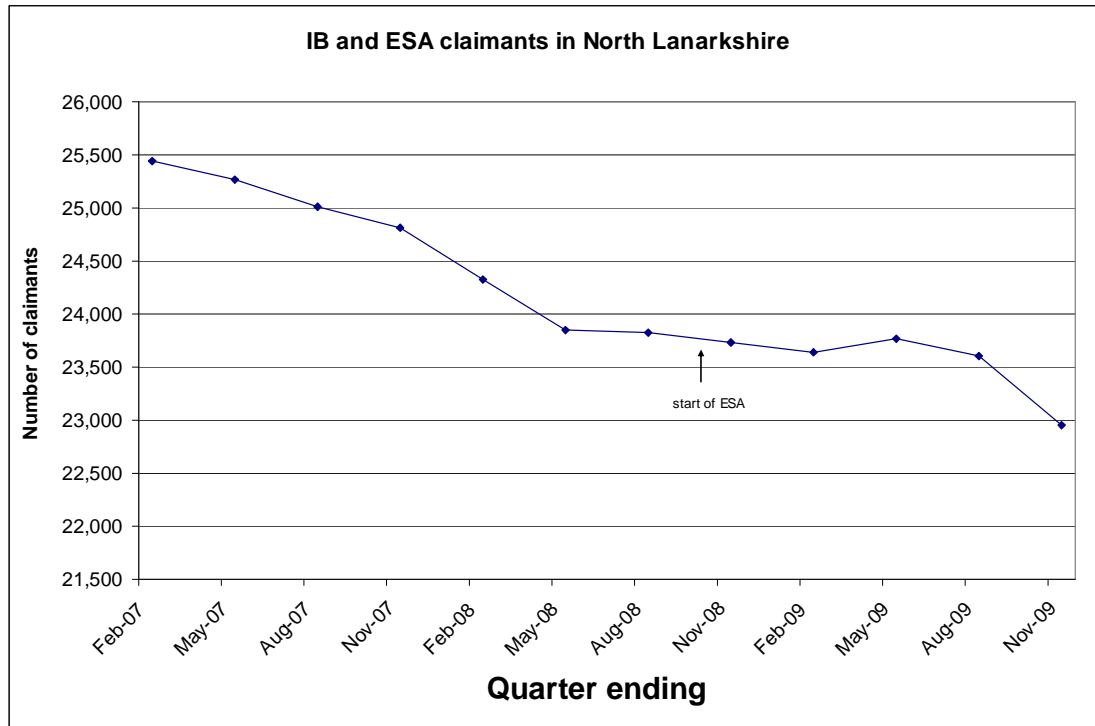


Figure 14

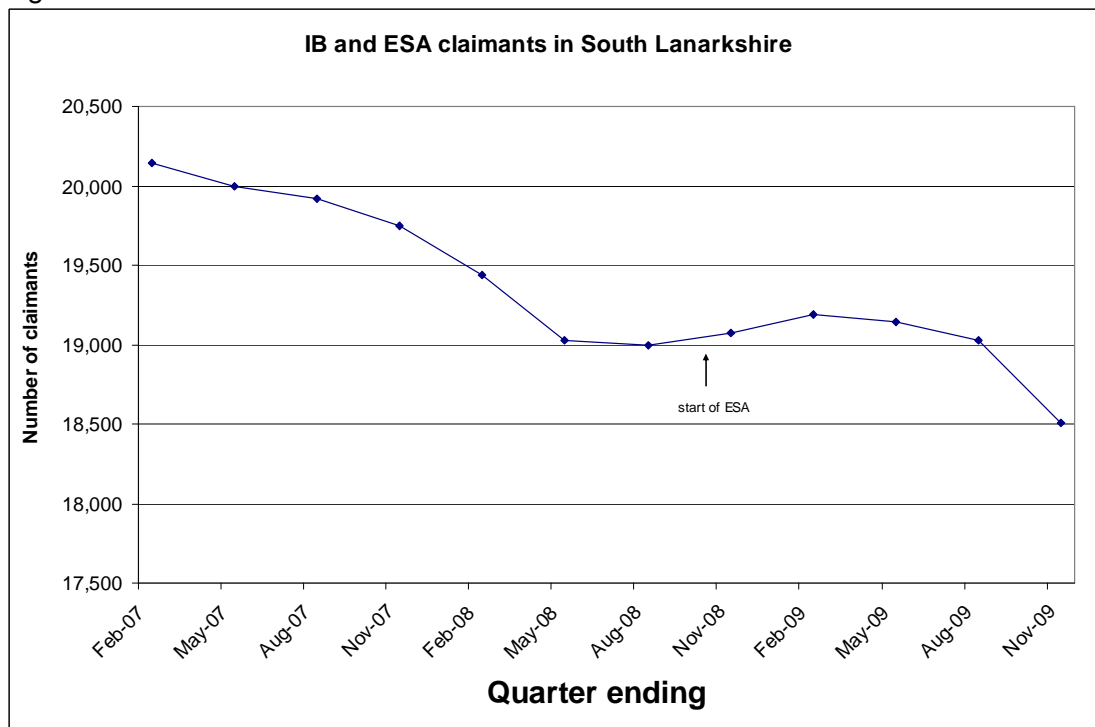


Table 3

Quarter Ending	East Dunbartonshire			East Renfrewshire		
	IB	ESA	IB + ESA	IB	ESA	IB + ESA
Feb-07	3,910			3,350		
May-07	3,880			3,330		
Aug-07	3,850			3,280		
Nov-07	3,860			3,260		
Feb-08	3,790			3,190		
May-08	3,720			3,180		
Aug-08	3,760			3,120		
Nov-08	3,690	70	3,760	3,060	70	3,130
Feb-09	3,470	270	3,740	2,900	200	3,100
May-09	3,340	420	3,760	2,810	370	3,180
Aug-09	3,200	510	3,710	2,740	490	3,230
Nov-09	3,060	590	3,650	2,630	530	3,160

Figure 15

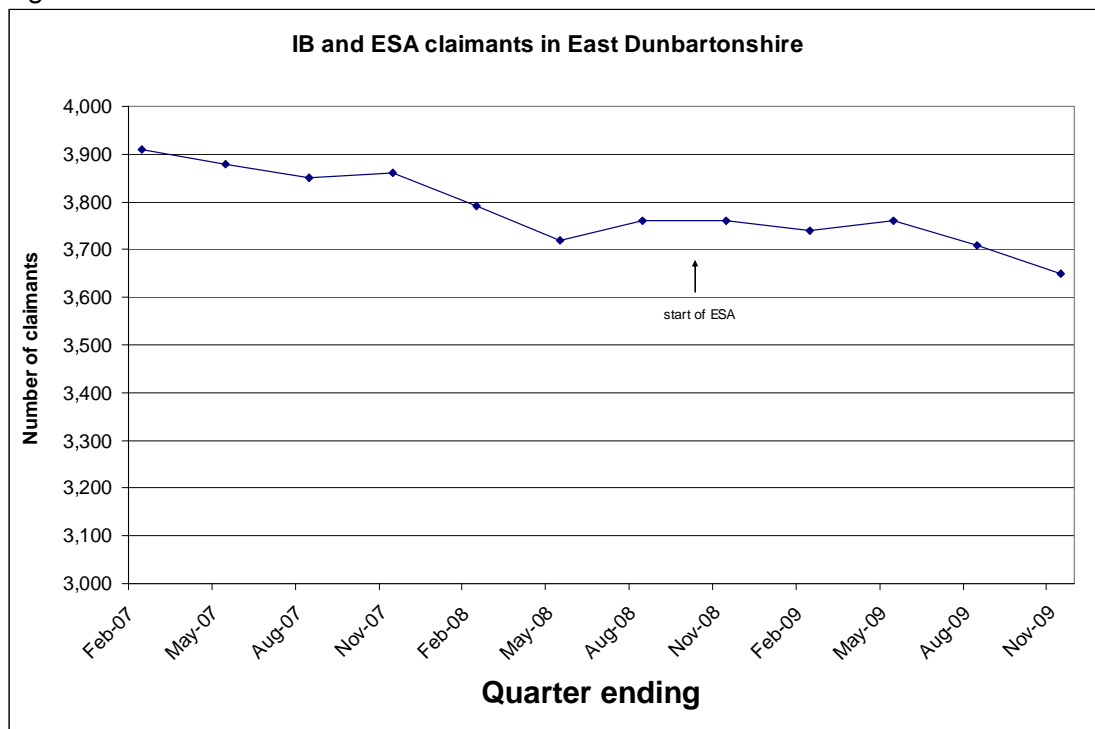


Figure 16

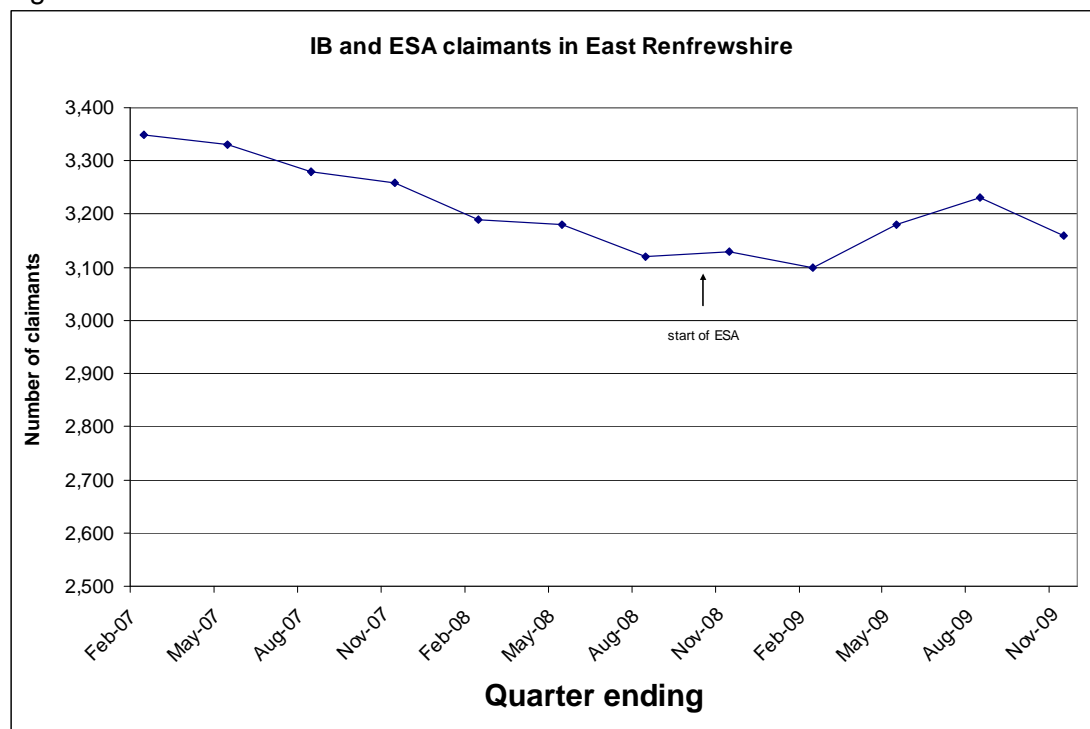


Table 4

Quarter Ending	Inverclyde			Renfrewshire		
	IB	ESA	IB + ESA	IB	ESA	IB + ESA
Feb-07	6,840			11,310		
May-07	6,810			11,150		
Aug-07	6,810			11,180		
Nov-07	6,840			11,170		
Feb-08	6,800			11,140		
May-08	6,730			10,990		
Aug-08	6,590			10,660		
Nov-08	6,440	110	6,550	10,440	240	10,680
Feb-09	6,110	360	6,470	9,920	740	10,660
May-09	5,910	660	6,570	9,520	1,260	10,780
Aug-09	5,770	830	6,600	9,310	1,590	10,900
Nov-09	5,590	970	6,560	9,040	1,800	10,840

Figure 17

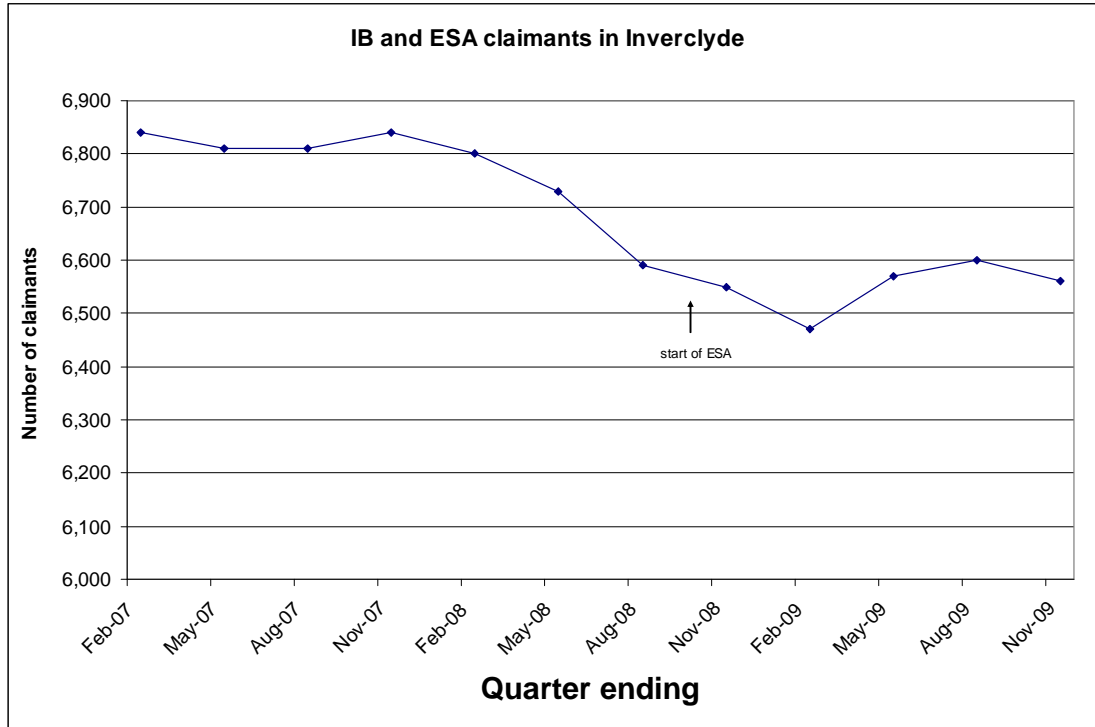


Figure 18

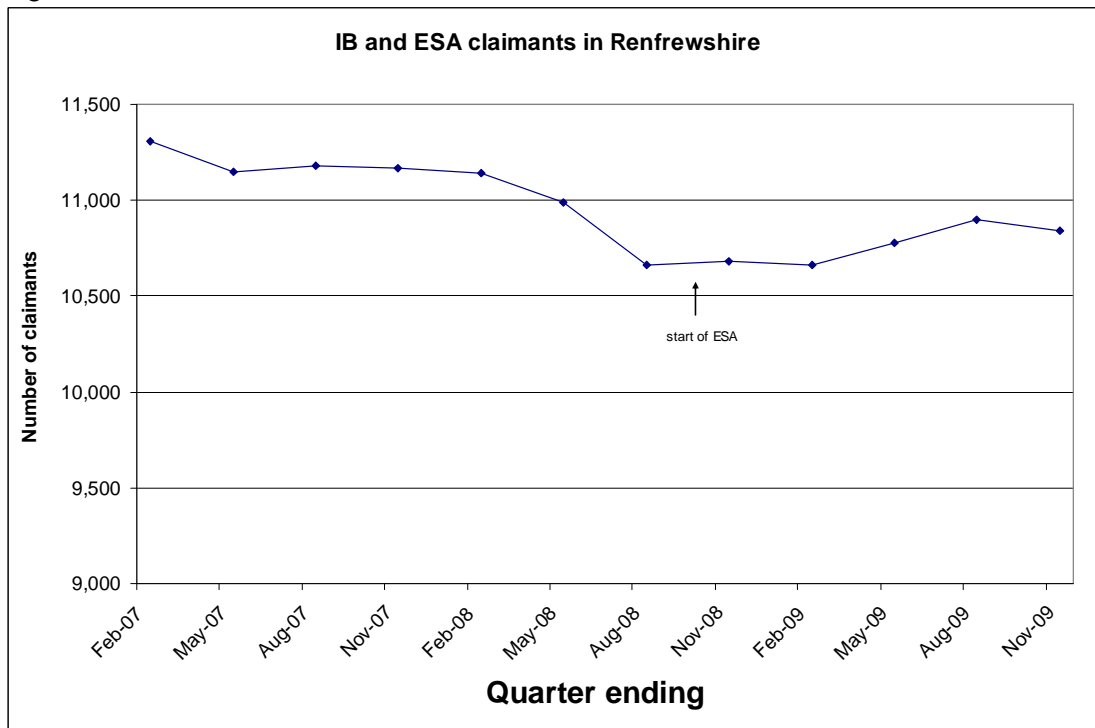


Table 5

Quarter Ending	West Dunbartonshire			UK		
	IB	ESA	IB + ESA	IB	ESA	IB + ESA
Feb-07	7,130			2,685,320		
May-07	7,060			2,683,160		
Aug-07	7,030			2,683,750		
Nov-07	7,030			2,659,650		
Feb-08	6,920			2,637,560		
May-08	6,790			2,632,000		
Aug-08	6,770			2,685,320		
Nov-08	6,580	130	6,710	2,593,010	53,770	2,646,780
Feb-09	6,290	430	6,720	2,468,620	175,810	2,644,430
May-09	6,060	710	6,770	2,374,210	288,270	2,662,480
Aug-09	5,900	1,010	6,910	2,299,580	374,440	2,674,020
Nov-09	5,700	1,160	6,860	2,233,880	425,770	2,659,650

Figure 19

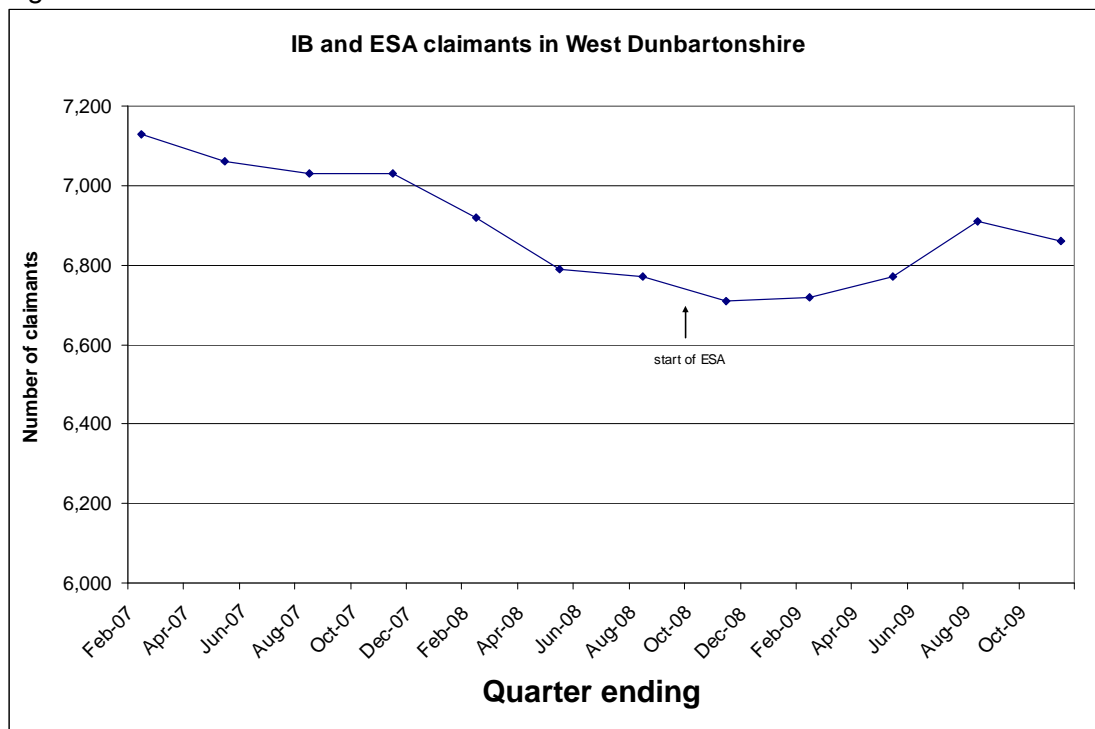
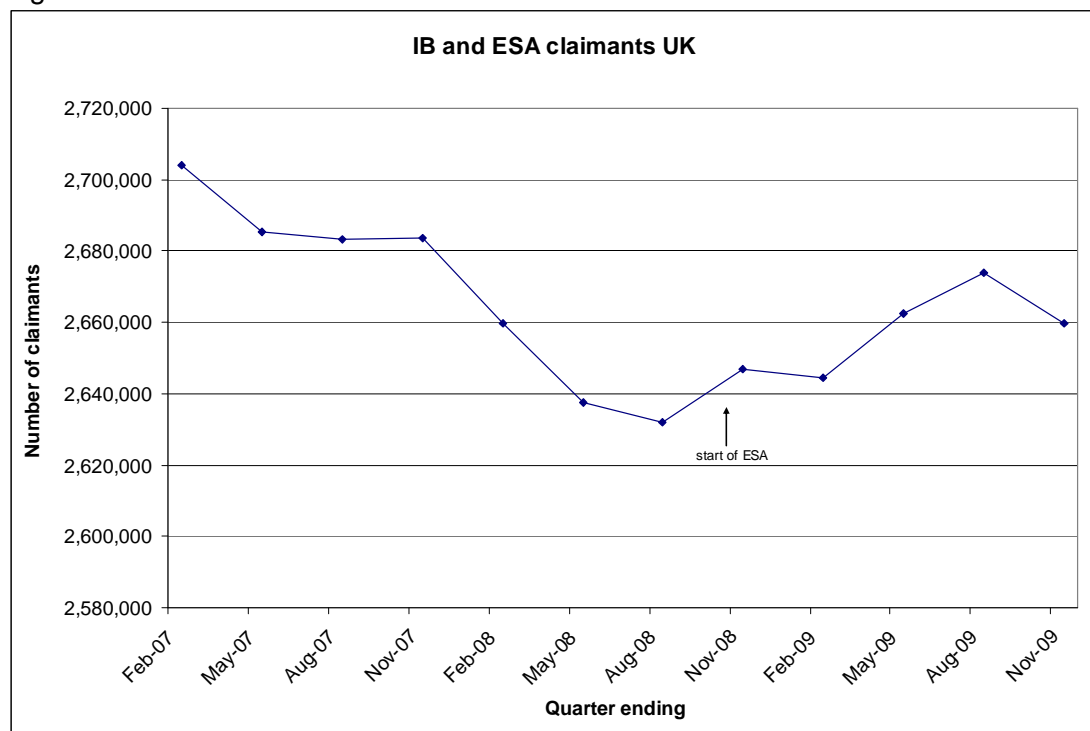


Figure 20



Tables 1-5 show quarterly IB data from Feb 2007 and ESA data from Nov 08 until Nov 09. Up until the introduction of ESA the number of IB claimants was falling in every quarter in all geographies. However when the number of ESA claimants are added to the IB claimants (referred to as 'total sickness-related' claimants) in Nov 08 this decline in the number of claimants stops and the 'total sickness-related' claimants remains fairly constant for the next three data points (March 09, May 09 and Aug 09). There are variations across the geographies but the trend appears fairly uniform. In most geographies there does seem to be a decrease in the number of 'total sickness-related' claimants for quarter ending Nov 09. Figure 20 shows data for the whole of the UK which appears to vary from the general picture in Scotland and the funded geographies. The number of 'total sickness-related' claimants increases in May 09 and Aug 09 but there is downward trend in Nov 09.

Was it the recession that halted the decrease in claimants (shown in Figures 11-19) or was it the introduction of ESA (and the new WCA)?

In order to try and answer this question we have investigated the number of Job Seeker Allowance (JSA) claimants. The number of JSA claimants is an indication of the labour market. Figures 21-23 show the number JSA claimants in the UK, Scotland and all funded local authorities from Aug 99 to Nov 09.

Figure 21

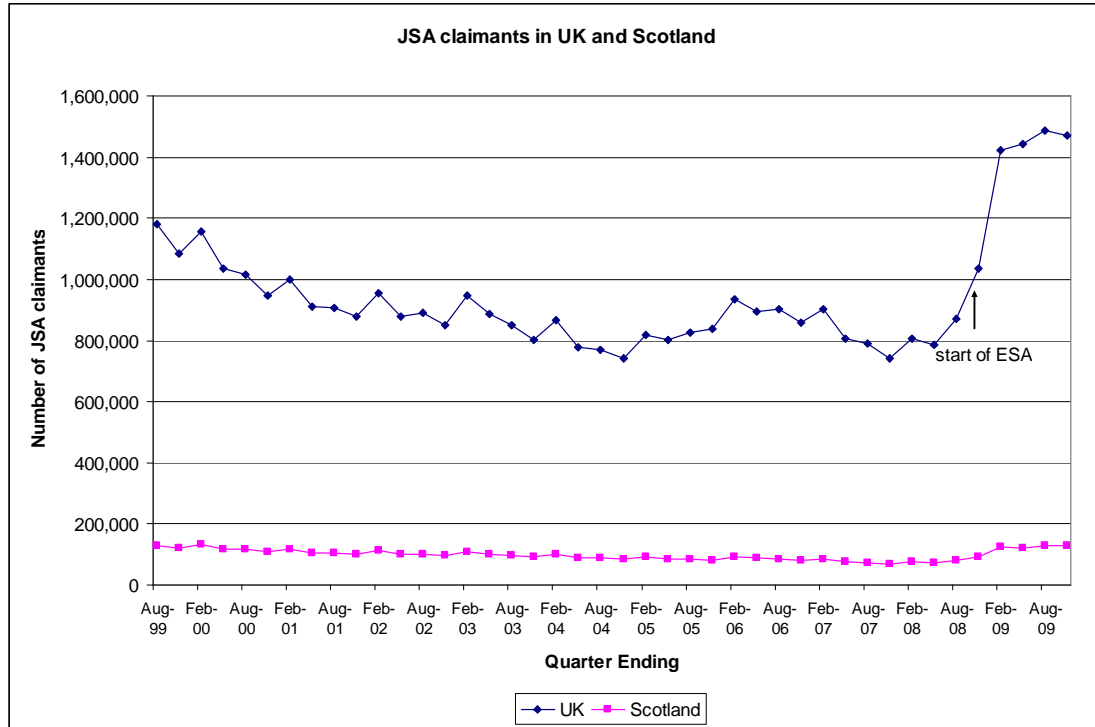


Figure 22

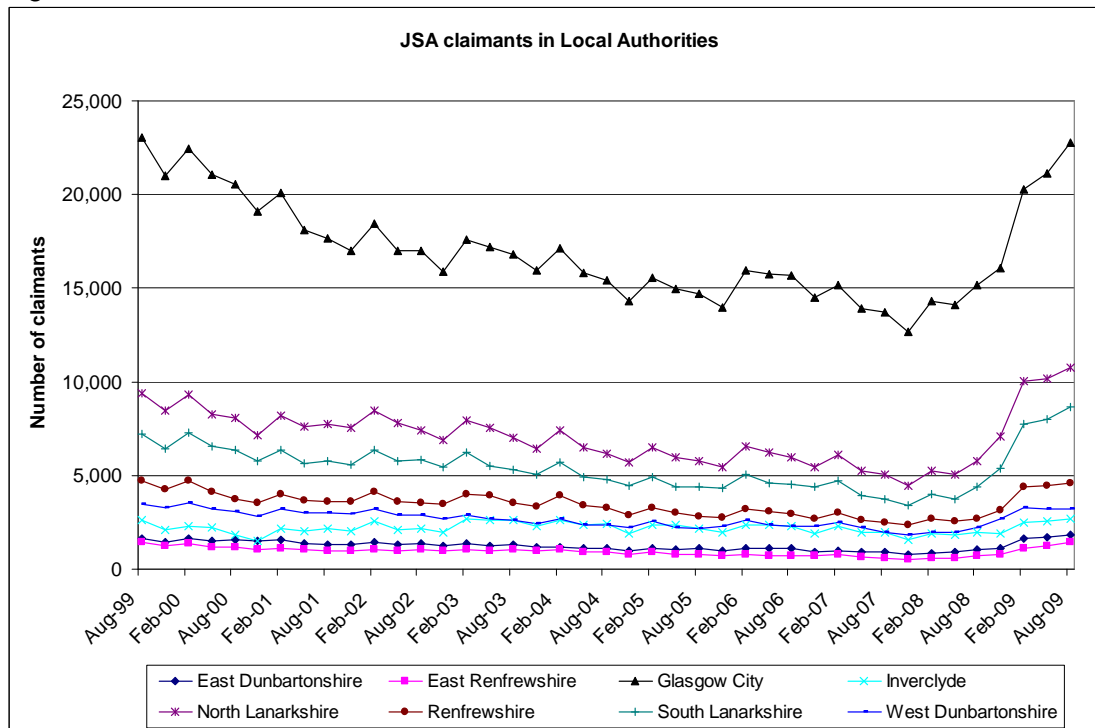
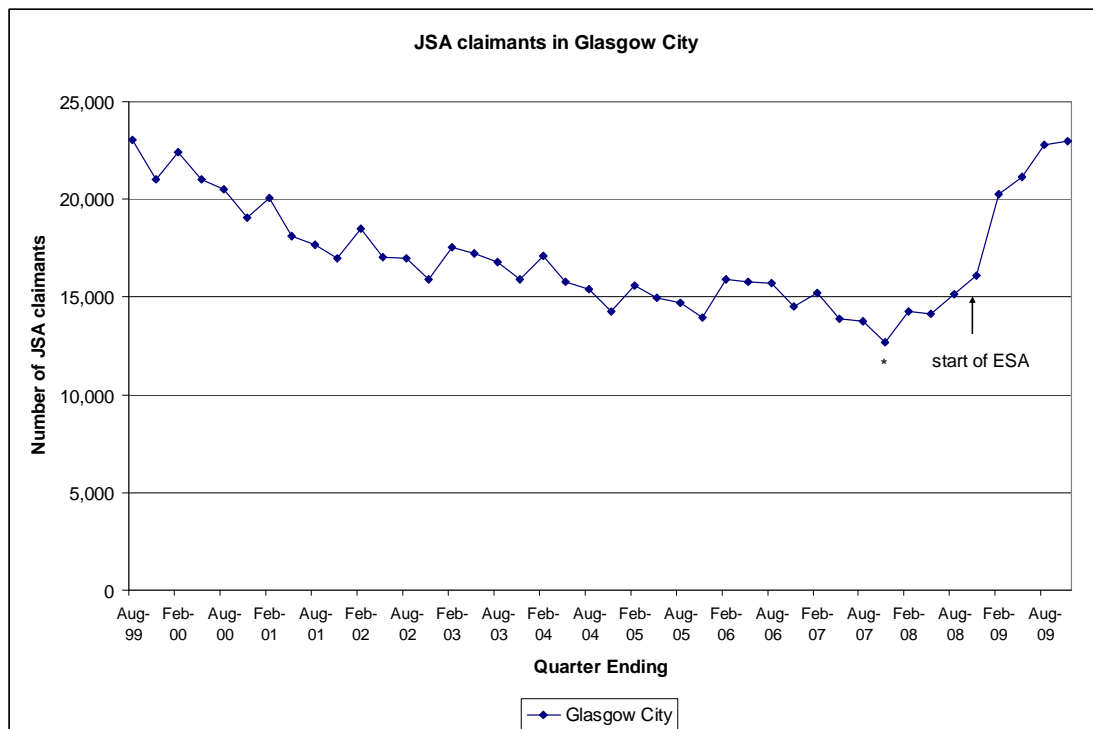


Figure 23 shows JSA claimants in Glasgow City only.

Figure 23



The number of JSA claimants was at a high level in Aug 99. This was then followed by a steady decrease in JSA claimants in all geographies until Nov 07. For example, JSA claimants in Glasgow City fell to the lowest level of 12,690 in Nov 07 (Figure 23*). After this time point the number of JSA claimants started to increase, with the largest increase between Nov 08 and Feb 09 (for Glasgow City, JSA claimants increased from 16,070 to 20,260). This dramatic increase in JSA claimants corresponded to exactly the same time as ESA was being introduced. It is therefore very difficult to determine whether the plateau of ‘total sickness-related’ benefit claiming we have shown in figures 11-19 is due to the introduction of the WCA or the recession and the increase in JSA claimants.

The occurrence of the recession and introduction of ESA does make interpretation difficult, however we will monitor data for the remainder of 2009 and 2010 in Year 3 of the Observatory to see what happens to ESA claimants if the labour market improves – Do ESA (and IB) claimants fall? Further, once a recovery becomes established will the decline in ESA and IB claimants be steeper than what it was up until Nov 08?

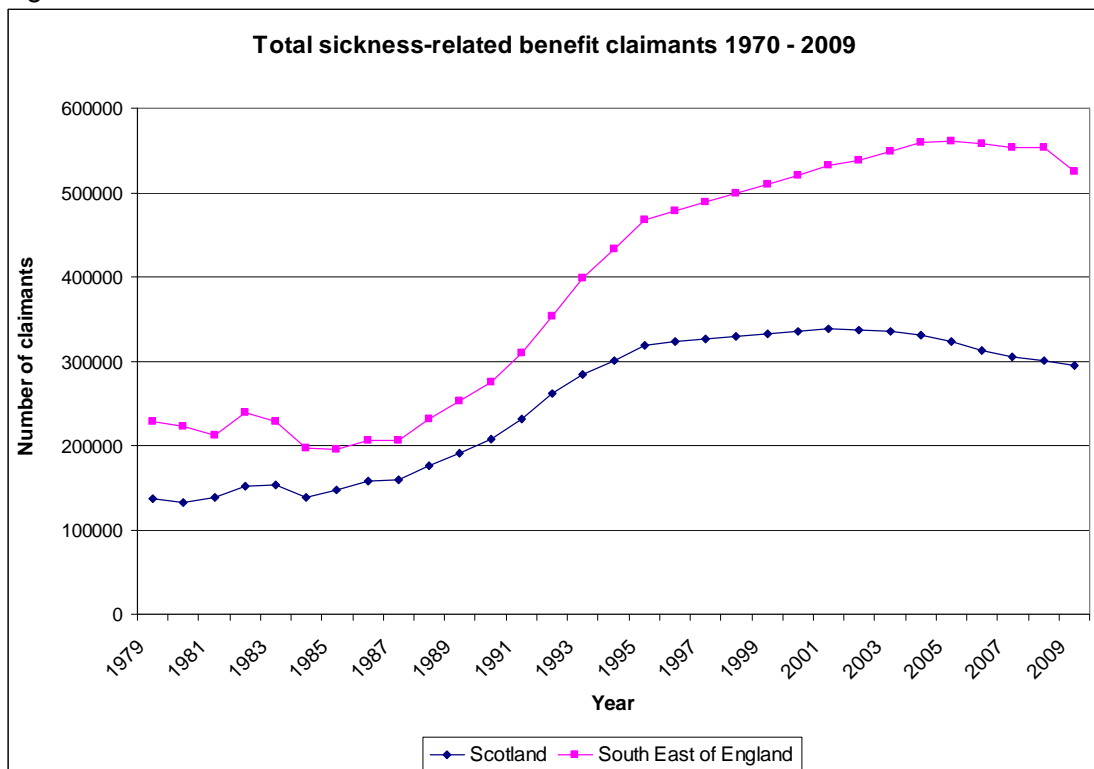
1990s recession and sickness-related benefit

The recession of the 1990s was officially declared in January 1991, following the negative growth reported in the final two quarters of 1990. The recession was felt most severely by consumers, by the services sector and by the South of England. Figure 24 shows 'Total sickness-related' benefit claimants from 1979 to 2009 for Scotland and the South East of England.

Prior to 1995, those incapable of work because of illness or disability received invalidity benefit. Incapacity benefit replaced invalidity benefit in April 1995. Data describing invalidity benefit receipt in this era are not routinely available, however we requested caseload figures from DWP from 1979 to 1995 for Scotland and the South East of England. Limited 5% sample IB data are available from 1995. Routine data on IB are available from DWP as part of the WPLS from August 1999.

Figure 24 shows temporal trends in the numbers in receipt of what we have called 'Total sickness-related benefits'.

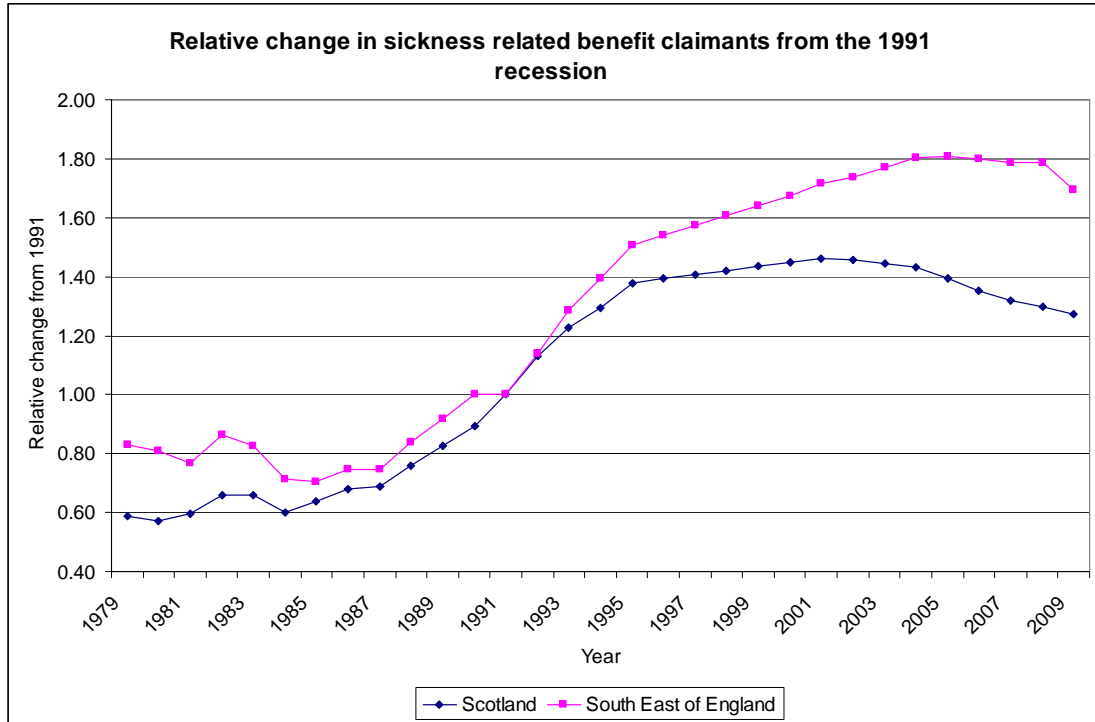
Figure 24



Scottish Observatory for Work and Health, University of Glasgow
(Data Source: DWP)

The increase in sickness-related claimants in the early 1990s in the South East of England appears greater than the increase for Scotland, but the lines are not directly comparable because the South East has a greater population and these figures are claimants, not claimant rate. The key factor of interest here is the gradient of the increase in claimants. With limited data available, we set 1991 as a base year to coincide with the start of the recession and calculated the relative change in claimant numbers in subsequent years for each region. Figure 25 shows the results.

Figure 25



The graph shows that in the South East of England there was a 14% increase in the number of claimants in 1992, 29% in 1993 and 54% in 1996, relative to 1991. In Scotland there was a 13% increase in claimants in 1992, 23% in 1993 and 39% in 1996, relative to 1991. The figures suggest a steeper rise in sickness benefit claims in the South East, the area experiencing a more profound recession. They also show a rise in Scotland however, we caution that without proper denominators and the calculation of rates, these figures are somewhat unreliable.

In the South East of England the increase in sickness related benefits was perhaps driven by the service industry recession. In Scotland the increase was more likely to be driven by the continuing effects of de-industrialisation. Fothergill & Beatty have written extensively on the diversion from 'unemployment' to 'sickness'. In South Wales and the North of the UK, huge increases in those claiming sickness-related benefits during the late 1980s and early 1990s coincided with large numbers of people being made redundant from industries such as coal, steel, shipbuilding and heavy engineering.

We will continue working on this section and will explore the possibility of calculating rates of sickness claiming (depending on data availability).

3c. Off Flow Destinations

Work and Pensions Longitudinal Study (WPLS)

We were provided with first destination IB off flow data by DWP in Spring 2009. This 2007 analysed data was then included in the Year 1 annual report with restricted access. We were told that the data could not be put in the public domain until an official Benefit Destinations paper was released by DWP. This paper was to be similar to the one released in 2004 and we were told it was to be released in October 2009.

In December 2009 DWP provided us with additional off flow destination data for 2008, the updated 2007 data (the data comes from an experimental Destinations database and DWP have updated this data since the original request) and job sustainability data for 3, 6 and 12 months.

However we have had a very disappointing response from DWP in January 2010. "The position with the destination work is not so good - Information Directorate have put the work on hold and will not be updating or publishing their work for the foreseeable future. Clearly this means we are going to be unable to update the destinations data we have provided you with and it also means we will have to ask you not to publish the work using the data you already have. There is a desire in DWP to develop the destinations work so that it can be published but at the moment I don't have a feeling for when that might be. I understand this will be a disappointment to you".

There have been no further positive developments with these data but we continue to work with DWP in Sheffield to enable us to use this important dataset.

British Household Panel Survey

The British Household Panel Survey is being used to address the following research questions;

1. What are the characteristics of the incapacity benefit (IB) population at both the individual and household level?
2. How do they compare to other workless and economically active populations?
3. Do self-reported health dynamics differ across economic groups?
4. How persistent is incapacity benefit?

3d. Scottish Health Survey

The Scottish Health Survey is being used to address the following research question;

How does the health of the employed compare with the health of unemployed and economically inactive population?

3e. Mental Health and IB

We have been investigating the changing rates of mental health claiming in the IB population and have produced data for all geographies from 2000 to 2008. These data are contained within section 8 (IB claimants by illness) of the IB claimant profiles. The profiles contain the following information at local authority and CHCP level from 2000 to 2008;

Total claimants by illness
 Comparison of mental health and musculoskeletal claimants
 Mental Health IB rate
 On flow by illness
 Off flow rate by illness

Importantly the IB claimant profiles also contain the following detailed information for *all neighbourhoods/intermediate zones* within the funded areas from 2000 to 2008;

The number of mental health IB claimants
 Mental health IB rates
 The number of mental health IB claimants as a percent of total claimants

Table 1 shows the highest and lowest mental health IB claiming neighbourhood/intermediate zones in all the funded areas. For example, in 2008 in Lenzie South 1.4% of the working age population (WAP) were claiming IB because of a mental health problem compared with 7.0% of the WAP in Hillhead.

Table 1

	Mental Health IB Rate (%)								
	2000	2001	2002	2003	2004	2005	2006	2007	2008
East Dunbartonshire									
Lenzie South	0.8	0.9	1.3	1.1	1.2	1.3	1.4	1.5	1.4
Hillhead	5.6	6.3	7.2	7.6	7.8	7.2	6.5	7.0	7.0
East Glasgow CHCP									
Baillieston & Garrowhill	4.3	4.4	4.4	4.3	4.3	4.1	3.8	3.6	3.6
Calton & Bridgeton	13.7	14.3	14.6	14.1	14.1	13.7	12.6	11.4	10.1
East Renfrewshire									
Lower Whitecraigs and South Giffnock	0.8	0.5	0.5	0.8	0.5	0.5	0.3	0.5	0.5
Dunterlie, East Arthurlie and Dovecothall	8.4	8.8	9.5	9.8	9.5	9.2	9.5	9.3	8.7
Inverclyde									
Inverkip and Wemyss Bay	1.5	1.5	1.6	1.8	1.6	1.5	1.7	1.5	1.5
Greenock Town Centre and East Central	13.7	13.9	14.5	14.0	13.3	13.1	12.7	12.6	11.6
North Glasgow									
Kelvindale & Kelvinside	1.6	1.8	1.8	1.8	2.0	2.0	1.8	1.8	1.6

Ruchill & Possilpark	14.7	15.9	16.7	16.7	16.7	15.8	15.4	14.7	13.5
North Lanarkshire									
Balloch West	0.9	0.9	1.1	1.2	1.2	0.9	1.1	1.2	1.2
Craigneuk Wishaw	8.8	9.4	10.3	10.6	11.0	11.4	11.8	11.9	11.5
Renfrewshire									
Houston South	1.2	1.1	0.9	0.9	0.9	0.9	0.8	0.6	0.9
Paisley Ferguslie	8.9	9.6	10.0	10.4	10.9	10.8	11.1	11.7	11.9
South East Glasgow CHCP									
Pollokshields West	2.1	2.3	2.3	2.1	1.9	1.9	1.8	1.9	2.0
Greater Gorbals	16.3	16.8	17.2	17.3	16.3	14.9	13.1	12.2	11.5
South Lanarkshire									
Earnock	1.0	1.0	1.0	1.0	1.0	1.1	1.2	1.1	1.1
Strutherhill	8.9	8.9	9.5	9.7	9.8	9.6	9.4	9.6	9.1
South West Glasgow CHCP									
Newlands & Cathcart	2.1	2.1	2.1	2.3	2.2	2.1	2.2	2.2	2.2
Greater Govan	11.7	12.9	13.5	13.5	13.0	12.4	11.9	11.6	10.8
West Dunbartonshire									
Duntocher	2.3	2.6	2.9	3.1	2.9	2.9	3.0	3.1	3.1
Dalmuir	8.4	8.9	9.5	10.0	9.8	10.0	9.1	9.1	9.0
West Glasgow CHCP									
Hyndland, Dowanhill & Partick East	3.2	3.4	3.2	3.4	3.6	3.7	3.7	3.4	3.3
Drumchapel	10.4	10.4	10.2	10.6	10.9	11.0	10.7	10.6	10.3

Scottish Observatory for Work and Health, University of Glasgow
(Data Source: DWP)

Table 2 shows the percent of IB claimants claiming because of a mental health problem in the highest and lowest mental health claiming neighbourhood/intermediate zones in all the funded areas. For example, in 2008 in Baillieston & Garrowhill 37.7% of all IB claimants were claiming because of a mental health problem compared with 55.2% in Calton & Bridgeton.

Table 2

	Mental Health Claimants - % of Total claimants									
	2000	2001	2002	2003	2004	2005	2006	2007	2008	
East Dunbartonshire										
Lenzie South	20.0	24.3	32.4	30.3	34.4	35.3	39.4	43.3	41.4	
Hillhead	31.2	33.3	35.3	37.1	40.1	40.7	40.4	42.0	42.6	
East Glasgow CHCP										
Baillieston & Garrowhill	32.7	33.5	34.7	35.5	36.0	36.3	36.3	36.4	37.7	
Calton & Bridgeton	45.7	48.1	49.9	50.4	52.4	53.9	54.9	55.1	55.2	

East Renfrewshire									
Lower Whitecraigs and South Giffnock	21.4	16.7	19.1	26.1	17.4	20.0	12.5	26.7	30.8
Dunterlie, East Arthurlie and Dovecothall	42.0	43.8	46.9	49.5	50.0	50.4	52.4	53.5	53.3
Inverclyde									
Inverkip and Wemyss Bay	31.0	30.7	30.9	35.3	36.1	35.1	39.0	33.3	36.8
Greenock Town Centre and East Central	48.4	49.8	50.7	52.5	52.2	52.6	53.0	52.5	51.2
North Glasgow CHCP									
Kelvindale & Kelvinside	36.7	40.0	40.0	40.5	44.0	44.9	44.4	47.0	40.8
Ruchill & Possilpark	46.3	48.1	49.5	51.5	53.0	53.2	54.1	54.4	54.0
North Lanarkshire									
Balloch West	16.7	15.7	21.2	23.1	24.0	20.0	25.6	27.9	31.6
Craigneuk Wishaw	35.0	37.3	39.8	41.3	43.3	44.7	47.6	49.6	50.2
Renfrewshire									
Houston South	24.4	24.4	20.0	21.6	23.5	26.7	28.0	20.8	32.0
Paisley Ferguslie	39.8	41.2	42.4	44.4	47.6	47.2	47.8	50.0	51.5
South East Glasgow CHCP									
Pollokshields West	33.6	34.8	35.4	34.6	34.0	37.2	38.3	40.2	42.7
Greater Gorbals	46.3	49.1	52.3	53.7	54.9	56.1	54.9	55.2	57.6
South Lanarkshire									
Earnock	19.4	19.7	20.0	21.4	23.5	24.5	27.7	27.3	30.0
Strutherhill	38.1	37.7	39.6	41.1	43.6	44.2	44.3	46.5	46.3
South West Glasgow CHCP									
Newlands & Cathcart	33.6	35.9	37.0	40.2	40.0	38.0	41.5	44.4	42.4
Greater Govan	44.6	48.4	50.6	52.5	52.5	53.0	53.5	54.7	54.7
West Dunbartonshire									
Duntocher	29.4	33.0	35.6	38.0	38.0	42.2	43.0	42.2	43.6
Dalmuir	48.1	48.9	50.5	54.1	55.9	58.0	57.1	57.4	58.8
West Glasgow CHCP									
Hyndland, Dowanhill & Partick East	44.8	47.2	46.8	49.6	51.6	53.2	55.1	54.8	56.8
Drumchapel	40.6	42.0	43.5	44.3	46.0	47.8	50.0	51.5	52.3

Scottish Observatory for Work and Health, University of Glasgow
(Data Source: DWP)

The Glasgow Centre for Population Health has recently commenced a new project (led by Bruce Whyte), 'Towards a mental health profile of NHS Greater Glasgow and Clyde'. The main purpose of the project is to explain what is currently known about patterns and trends in mental health and wellbeing outcomes together with factors known to adversely affect mental health and wellbeing at a population level in Greater Glasgow and Clyde and to summarise this knowledge in one comprehensive report. The report will investigate mental health problems and wellbeing (or positive mental health) and will use the NHS Health Scotland indicators framework as a basis. There will be a particular focus on examining emerging trends and links between mental health and other, social issues such as violence, alcohol, drugs, poverty and employment. The project developed initially as a collaboration between colleagues in GCPH, the Mental Health Partnership and the PSyCIS team, but has broadened to bring in other relevant partners through an advisory group. The SOW&H will feed data on MH IB claimants into the report. Previously we have shown the mental health claiming IB group can be broken down into 25 categories (Journal of Public Health 2009;31:74-80), including alcohol and drug-abuse claimants. The study showed that the majority of claimants had mild to moderate mental health problems and there was no increase in the number claiming due to severe mental health problems. For the GCPH project it has been agreed that the number of mental health categories will be reduced to the following seven;

1. Alcohol-induced disorders
2. Drug-induced disorders
3. Schizophrenia and related disorders
4. Mood disorders
5. Neurotic and related disorder
6. Learning Difficulties
7. Other

These data are not routinely available on the Tabulation Tool and as ad hoc requests are no longer available from DWP we have used our contacts in DWP to try and secure these data for the project. These data were requested from DWP for the project in March 2010. Some data have already been provided.

The Stakeholder event took place in November 2009 and the SOW&H is part of the advisory group. The timescale for the project is approximately 12 months.

3f. Other routine data to evaluate workless interventions

Currently we are evaluating the following projects.

OHSxtra

OHSxtra was initially implemented as a pilot programme within NHS Fife and NHS Lanarkshire for an 18 month period from January 2006 – May 2007. The programme received funding from the Scottish Government in order to complement existing occupational health services within the NHS pilot sites. A case management model was adopted for NHS staff experiencing health problems leading to absence from work or presenteeism. Individuals could self-refer into the programme or be referred by their line manager, occupational health services or human resources. The primary aim of the OHSxtra pilot programme was to ensure both a greater retention in work and a reduction in health related absence.

OHSxtra was subsequently extended across a further 14 health boards in a two-phase rollout. Phase 1 was initiated in 2007 covering the health boards of Ayrshire and Arran, Borders, Fife, Forth Valley, Grampian, Highlands and Tayside. In 2008 the second phase incorporated the health boards of Dumfries and Galloway, Greater Glasgow and Clyde, Golden Jubilee, Lothian, Orkney, Shetland and the Western Isles. The 14 health boards comprise the full sample of over 7,000 individuals referred into the OHSxtra programme. An evaluation of the programme is currently being undertaken with the aim of assessing the cost effectiveness of the OHSxtra initiative.

Working Health Services

Working Health Services offered a case management service for employees of small and medium enterprises (SMEs). The programme received funding from the Scottish Government and was rolled out across three pilot sites – NHS Borders, Lothian and Tayside. By focusing on employees within SMEs, Working Health Services attempted to offer support to workers unlikely to have access to occupational health services. Individuals were eligible for the programme if they were employed for an organisation containing less than 250 employees and were also struggling or absent from work. The data for the Working Health Services programme will be made available in late June in which to investigate the effectiveness of the programme.

3g. Academic Papers and Abstracts

Falling Incapacity Benefit claims in a former industrial city: policy impacts or labour market improvement?

Webster D, Arnott J, Brown J, Turok I, Mitchell R & Macdonald EB.
Policy studies 2010;31(2):163-185.

This paper was published in a special issue of Policy Studies in March 2010.

Abstract

This article provides an in-depth study of Incapacity Benefit (IB) claims in a major city and of the factors behind their changing level. It relates to the regime prior to the introduction of the Employment and Support Allowance in 2008. Glasgow has had one of the highest levels of IB in Britain with a peak of almost one fifth of the working age population on IB or Severe Disablement Allowance (SDA). However over the past decade the number of IB claimants in Glasgow, as in other high claiming areas, has fallen at a faster rate than elsewhere, and Glasgow now has twice the national proportion of working age people on IB/SDA rather than its peak of three times. The rise in IB in Glasgow can be attributed primarily to deindustrialisation; between 1971 and 1991, over 100,000 manufacturing jobs were lost in the city. Policy response was belated. Lack of local statistics on IB led to a lengthy delay in official recognition of the scale of the issue, and targeted programmes to divert or return IB claimants to work did not begin on any scale until around 2004. Evidence presented in the article suggests that the reduction in claims, which has mainly occurred since about 2003, has been due more to a strengthening labour market than to national policy changes or local programmes. This gives strong support to the view that excess IB claims are a form of disguised unemployment. Further detailed evaluation of on-going programmes is required to develop the evidence base for this complex area. However, the study casts some doubt on the need for the post-2006 round of IB reforms in high-claim areas, since rapid decline in the number of claimants was already occurring in these areas. The article also indicates the importance of close joint working between national and local agencies, and further development of local level statistics on IB claimants.

The full paper is available to download on our website (www.gla.ac.uk/sowh)

An abstract has been accepted as an oral presentation at the Society for Occupational Medicine Annual Scientific Meeting 2010, Edinburgh (6th June – 9th June 2010).

CHANGES IN INCAPACITY BENEFIT RECEIPT IN UK CITIES FROM 2000 TO 2008

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The authors collectively form the Scottish Observatory for Work and Health

Background

Those people who are incapable of work because of illness or disability can claim incapacity benefit (IB) but rates of claiming vary across the UK.

Methods

Data were received from the Department for Work and Pensions for 2000 to 2008. IB rates (% of working age population) and on and off flow rates were calculated for the UK, Scotland and 14 UK cities/regions.

Results

In 2000 Glasgow had the highest IB rate at 18.8% which fell to 13.6% in 2008. London had the lowest IB rate in 2000 at 6.2% which fell to 6% in 2008. Bristol was the only area which saw an increase (7.4% to 7.6%). The rate of on flow has decreased across all areas. Glasgow had the highest on flow rate in 2000 at 5% falling to 3.2% in 2008. London had the lowest on flow rate at 1.7% in 2000 and this decreased to 1.3% in 2008. The off flow rates are more variable across the UK. In 2000 Manchester had the lowest off flow rate at 20% and Sheffield the highest off flow rate at 27.5%. Newcastle had an off flow rate of 23% in 2000 and had the largest increase to 28.7% in 2008. Sheffield, Bristol, Plymouth and Nottingham decreased their off flow rates from 2000 to 2008.

Conclusions

There are striking levels of inequality in the level of worklessness related to ill health across the UK. While the overall trend is of improvement, this data confirms a continuing need to prioritise interventions which can improve social inclusion and work capacity.

We are currently finalising a paper on age differences among incapacity benefit claimants in UK cities from 2000 to 2008.

3h. Other Reports

Two reports were completed in January 2010 and have already been circulated to the funders and the management committee. We have further disseminated these reports to a wide audience including all MSPs, Dame Carol Black, Sir Mansel Aylward, DWP, Jobcentre Plus, Scottish Government, Glasgow Works.

Changes in incapacity benefit receipt in UK cities, 2000 – 2008.

This report investigates IB claimants in the UK, Scotland and 14 cities/regions in the UK from 2000 to 2008.

An article on the report appeared in The Scotsman,

<http://thescotsman.scotsman.com/health/One-in--seven-.5958211.jp>

Changes in incapacity benefit receipt in MSP constituencies, 2001 & 2008.

This report investigates IB claimants in MSP constituencies in 2001 and 2008. Data are presented in 3D and 2D maps and tables.

Both reports are available on our website (www.gla.ac.uk/sowh)

3i. Presentations, Invited Meetings and input to Policy

The following section details meetings at which members of the Observatory research team have given presentations on the work of the Observatory.

Scottish Observatory for Work and Health Discussion Seminar
20th August 2009

Rich, Ewan and Judith gave a presentation - The Scottish Observatory for Work and Health: background and presentation of findings from first annual report

Lord Archie Kirkwood's (DWP advisory Group) visit to Glasgow University
2nd September 2009, Wolfson Building
Judith & Ewan presented the work of the Observatory

Public Health Information Network for Scotland (PHINS)
4th September 2009, Glasgow Royal Concert Hall
Judith was invited to give a seminar. The title of her presentation was 'The Scotland incapacity benefit experience'.

Dr John Osman's (Chief Medical Advisor for the Health and Safety Executive) visit to Salus,
6th October 2009, Salus
Judith & Ewan presented the work of the Observatory

'Towards a mental health profile of Greater Glasgow and Clyde' Stakeholder event
26th November 2009, Glasgow Centre for Population Health
Judith presented data on Incapacity Benefit claimants with mental health problems

Glasgow City Council
1st December 2009, Development and Regeneration Services
David Webster presented the findings from the Policy Studies Paper - Why have Incapacity Benefit claims fallen so much in Glasgow?

Health and Work Project Board Meeting
15th February 2010, Cadogan Street, Glasgow
Invited meeting. Ewan presented the work of the Observatory

Towards Better Work and Well-being Conference
10th – 12th February 2010, Helsinki
Ewan gave a keynote lecture ('Occupational Health Services - Now and in the Future') and included work from the Observatory

Employability and Health Strategic Group
15th March 2010, Dalian House
Invited meeting. Judith presented the work of the Observatory and in particular the IB claimant profiles

National Advisory and Advocacy Group, Healthy Working Lives Scotland. Joint with PHASS, Partnership on Health and Safety in Scotland
25th March 2010, Glasgow
Ewan's presentation included work of the Observatory

National Employment and Health Innovations Network
27th April 2010, Dynamic Earth, Edinburgh

Judith was invited to give the research seminar and presented the IB claimant profiles

Dame Carol Black's visit to Salus

14th May 2010, Salus

Judith & Ewan presented the work of the Observatory

From the above it can be seen that during Year 2 the members of the research team gave approximately one presentation per month on various aspects of the work of the Scottish Observatory for Work and Health.

Glasgow Task Force

Jim Murphy, the Secretary of State for Scotland set up a Glasgow Task Force in January 2010. The objective of the group was to examine the welfare challenges within the city and, building on the work of the City Strategy Partnership, to consider whether additional flexibilities and employment support could help tackle the problem of sustained employment for disadvantaged people.

An extensive consultation exercise took place between January and March 2010, involving 29 experts from the fields of employment, education, training, poverty, health and housing. Ewan was recognised as one of these experts and was invited to a meeting with the Task Force team on the 4th March 2010.

Included below is the executive summary from the Glasgow Task Force document;

Executive Summary

The impact of the recent economic downturn led the Secretary of State for Scotland to announce a Glasgow Task Force to examine the welfare challenges facing the City of Glasgow and most particularly, how to overcome difficulties faced by the most disadvantaged citizens.

Following intensive discussions across organisations dealing with welfare and benefit issues, four areas consistently emerged where change is needed – improving the way services work together; introducing flexibilities within the benefit system; offering unemployed people a more direct person centred support package and finally, improving employer engagement.

The Task Force therefore proposes that the key recommendations focus on :

- A “**Glasgow Guarantee**” - the need for a formal commitment from the public, private and voluntary sectors to work together to provide a simplified support service, tailored to help unemployed people into work. The Guarantee must be driven by the sharing of core objectives and performance management systems across organisational boundaries
- **Benefit flexibilities** designed to offer extended financial support to unemployed people to encourage the transition from welfare into sustainable employment
- A “**Person Centred Employment**” approach - a simplified, flexible approach which is person centred, will help manage transitions and engage employers and local communities

- **More effective employer involvement** – through a campaign aimed at garnering private, public and voluntary sector employer support for the Glasgow Guarantee aims

This report has been produced in the context of the City of Glasgow, however the Task Force acknowledges that its recommendations could also be applied in other areas of the UK.

Health Works

Health Works, a review of the Scottish Government's Healthy Working Lives Strategy was launched on the 11th November 2009. Ewan and Judith were part of the Client Pathway Workstream. Judith continues to be involved with the Health Works Outcomes Framework.

3j. National Centre for Working-Age Health and Well-being

The National Centre for Working Age Health and Well-being is one of a suite of initiatives the Government is implementing in response to Dame Carol Black's 2008 Review of the health of Britain's working age population, *Working for a Healthier Tomorrow*. The Health Work and Well-being Executive wish to commission the services of an existing organisation or a collaboration of organisations to strengthen the evidence base on working age health and well-being and to communicate this in an accessible way to aid Government in developing evidence based policy making and stakeholders in implementing that policy.

The University of Glasgow are part of a large consortium led by King's College London. The invitation to tender closing date is 7th June 2010.

Part 4: Programme of Work Year 3

Reporting Activity

- Update reporting activity for December 2008 to November 2009

2009 is the first complete year in which IB and ESA data will both be available. We have already been in contact with DWP with our request for 2009 data. Ad hoc requests are no longer available from the Information Directorate within DWP so the other contacts we have developed within DWP are critical for the release of this data, which is not routinely available on the Tabulation Tool. We have requested the IB data as before and equivalent ESA data (although we already know that the two datasets have considerable differences). Although we added the number of stock IB and ESA claimants together in section 3b this may not be possible when we start to look at sex, age, illness and length of time breakdowns due to differences in the datasets. For example, the reason for claiming ESA is not available at this stage. Also, the on and off flow data for ESA is much more limited. We will therefore spend time working with both sets of data and developing the best way to present these data.

We think adding the 2009 IB only data to the IB claimant profiles may not be that useful since there has been no on flow to IB in 2009 and the stock has decreased considerably. Therefore at this stage we do not think the IB claimant profiles will be updated for 2009 but we will present the IB and ESA data in a suitable format.

Research Activity

- Continue to seek funds for continuing the Observatory
- Develop and publish the work we have started in Year 2, particularly the British Household Panel Survey and Scottish Health Survey analyses
- Continue to investigate the mental health IB claiming group and work with Bruce Whyte on the 'Towards a mental health profile of NHS Greater Glasgow and Clyde'
- Continue to monitor the move to ESA. Large numbers of claimants to ESA who have undertaken the WCA are found Fit for Work. If the data permits we will compare this proportion with the numbers of IB claimants who undertook the PCA and were found fit for work.