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Chris Heaton-Harris MP

30<sup>th</sup> April 2016

Dear Chris,

Thank you for your letter of 31 March raising concerns for people with learning disabilities regarding the Personal Independence Payment assessment (PIP), Employment and Support Allowance (ESA) Work Capability Assessment (WCA) and support provided by the Health and Work Programme.

You have also expressed your concerns regarding the 2015 Autumn Statement and the announcement that social sector tenants will have their Housing Benefit or the housing element of Universal Credit capped at the relevant Local Housing Allowance rate from April 2018.

First of all I welcome your views about supported accommodation and the impact that this policy may have upon those with a learning disability. We recognise the vital role that many housing providers play in supporting people who need the most help.

It may help if I explain why we are aligning the social and private sectors. There have been concerns that, in certain areas, social rents are increasing at a much faster rate than in the private sector. This is leading to a situation where benefit recipients in the social sector are receiving more than if they were renting in the private market, which in turn is creating more pressure upon the Housing Benefit bill. The Housing Benefit bill for England in the social sector has risen by a quarter over ten years, reaching £13.2 billion in 2014/15. Rising rents in the social housing sector are fuelling this increase, with average increases over the last five years more than double those in the private rented sector.

We do understand, however, the importance of ensuring that both those living in supported accommodation, who are generally the most vulnerable members of our society, and those who provide this type of accommodation receive appropriate protections. This is why the Government announced, on 1 March 2016, that a year-long exception will be put in place for all tenants in supported accommodation in the social sector so that this measure will only apply to those tenancies from April 2017, rather than April 2016. As examples, this will include refuges for those fleeing domestic abuse, homeless provision, housing for ex-offenders, as well as supported



housing for older and disabled people. I can also confirm that the one year exception will extend to housing co-operatives, alms houses and Community Land Trusts.

You will be aware of the on-going Supported Accommodation research project, and subsequent policy review, which is looking at the size and scope of the sector. We will use the deferral period to make sure we get the review right. The findings of this review, which is expected to be completed later this year, will assist the Department in ensuring that support is focused on the most vulnerable, and appropriate groups are safeguarded. Following the research project we plan to review the policy in consultation with stakeholders, and subsequently develop workable and sustainable solutions.

I recognise the value of supported accommodation providers' expertise and, building on the constructive and helpful discussion there has been over recent months, we will review the policy in light of continued consultation with stakeholders to develop workable and sustainable solutions. I consider it important to have evidence to support any decisions made, before determining the level of any protections for supported accommodation beyond April 2017.

This Department and the Department for Communities and Local Government will continue to work closely together to make sure that the right protections are put in place. That is also why we are putting in place a year-long exception for all supported accommodation from the 1 per cent rent reduction.

Turning now to your other concerns, we are committed to supporting people with learning difficulties to access the right benefits and the right support. This is why all Healthcare Professionals conducting Work Capability Assessments receive training regarding Autistic Spectrum Disorders. The training is tailored to individual need but includes as a minimum for all Healthcare Professional information about Autistic Spectrum Disorders and a distance learning module on Learning Disabilities and Autism Spectrum Disorder Awareness which was quality assured by external stakeholders. All trainers draw from their personal experience to illustrate, explore and discuss cases of people with a wide range of conditions, including learning disabilities. This means that healthcare professionals can share best practice and learn from colleagues.

The information sent to claimants before the assessment specifies that they may bring a relative, carer or friend to the assessment which should help reduce anxiety for claimants with developmental disorders such as autism. In addition, the guidance for Healthcare Professional advises that in such cases the role of the carer may be essential particularly where the claimant may lack insight into their condition, understate the challenges they face or have difficulty communicating.

We recognise that for some people, including those with learning disabilities, attending a consultation at an unfamiliar location could be stressful. Therefore individuals are encouraged to bring somebody to the consultation to help them manage any anxiety they may feel. Information given by the companion could be helpful, particularly in cases where the claimant may lack insight into their condition or understate the challenges they face. Claimants who cannot manage their own affairs can also have someone they trust – an appointee – to manage their affairs and contact the Department on their behalf.



Where claimants have appointees all contact goes through that appointee. Should there be a need for a face-to-face assessment an appointment is made which is mutually agreed with the appointee, the claimant and the Healthcare Professional. The appointee would be expected to attend with the claimant. However, not all claimants are asked to attend a Work Capability Assessment; where possible, a Healthcare Professional will make a recommendation on paper based evidence. Healthcare Professionals review all of the evidence provided with the claim, and request any further evidence they feel might help in providing advice to the DWP decision maker. Only where the Healthcare Professional cannot provide advice to the DWP at this stage, will an individual be asked to attend a face-to-face assessment.

The inclusion of activities within the Personal Independence Payment assessment such as 'Making budgeting decisions' and 'Engaging with other people face to face' ensures that consideration is given to the impact of mental, developmental or cognitive impairments on people's daily living needs. Face to face consultations may be carried out at a range of locations, including an assessment centre, local healthcare centre or the claimant's own home.

We are introducing an expanded package of support to help disabled claimants and those with a health condition. This includes:

- providing Universal Credit claimants with health conditions early support from a dedicated Work Coach and health professionals to ensure they receive personalised integrated support;
- the creation of the Work and Health Unit with at least £115 million in funding to help support people with health conditions and disabled people back into employment;
- investing £43 million over the next three years trialling ways to provide specialist support for people with mental health conditions; and,
- promoting positive attitudes towards employing disabled people through the Disability Confident campaign.

These reforms will improve the quality of life of those in greatest need. We already spend around £50 billion every year on benefits to support disabled people and people with health conditions; this is over 6 per cent of all Government spending. The Government can be proud of that and is determined to make sure that those in need get the support they require.

From 2017/2018 there will be additional funding worth £60 million rising to £100 million in 2020/21. It will support those with limited capability for work to take steps to move closer to the labour market, and when they are able, back to work. This additional practical support is part of a real terms increase that was announced at the Autumn Statement. How the support will be spent is going to be influenced by a Taskforce of representatives from disability charities, disabled people's user-led organisations, employers, think tanks, provider representatives and local authorities.

Against that backdrop, we want to build on the progress we have made in supporting disabled people. We made a manifesto commitment to halve the gap between the proportion of disabled people in work compared with the rest of the labour market. This will require us to work in a way we have not done before and to think beyond the artificial boundaries of organisations, sectors and Government Departments to an approach that is truly collaborative. That is why I want to start a new conversation with

disabled people, their representatives, healthcare professionals and employers. I want the welfare system to work better with the health and social care systems. Together we can do so much better for disabled people.

This is a hugely complex but hugely important area of policy to get right. Disabled people themselves can provide the best insight into how support works best for them. I am determined, therefore, that all views will be listened to in the right way in the weeks and months ahead. We need to take time to reflect on how best we support and help transform people's lives.

Kind regards,  
*Stephen*

**The Rt Hon Stephen Crabb MP**

**SECRETARY OF STATE FOR WORK AND PENSIONS**