



Department
for Work &
Pensions

Mortality Statistics: Employment and Support Allowance, Incapacity Benefit or Severe Disablement Allowance

Additional information on those who have died after claiming Employment and Support Allowance (ESA), Incapacity Benefit (IB) or Severe Disablement Allowance (SDA).

August 2015

Introduction

This statistical release provides information on those who have died after claiming Employment and Support Allowance (ESA), Incapacity Benefit (IB) or Severe Disablement Allowance (SDA) in Great Britain in response to a number of Freedom of Information requests. This publication supplies the exact figures asked for in those requests, as well as further commentary on the appropriate use of this information.

The figures in this release are derived from administrative data held by the Department for Work and Pensions (DWP) and the analysis only applies to working age recipients. Some of the figures supplied are derived from unpublished information and have not been quality assured to National Statistics or Official Statistics publication standard. They should therefore be treated with caution.

Any causal effect between benefits and mortality cannot be assumed from these statistics.

Additionally, these isolated figures provide limited scope for analysis and nothing can be gained from this publication that would allow the reader to form any judgement as to the effects or impacts of the Work Capability Assessment. However, the combination of an historical time series and comparable rates in the related statistical publication on mortality rates for out-of-work working age benefit claimants¹ allows users to analyse the information more easily and look at the longer term trends.

The data used in the analysis below uses the benefit off-flows data for IB/SDA and ESA and the mortality data relating to those off-flows. The data for ESA includes information on the phase of the ESA claim at the time of off-flow. Please note that most ESA phases do not apply to those who flow off IB/SDA. A background note on the various ESA groups and phases is provided at [Annex 1](#) of this publication.

This information, which is being released in response to the Freedom of Information requests, follows the release of more detailed experimental statistics on mortality rates for out-of-work working age benefit claimants, which uses an internationally recognised measure of age-standardised mortality rates (ASMR)². The Office for National Statistics (ONS) use this measure in their mortality statistics as age-standardised rates allow for differences in the age structure of populations and allow valid comparisons to be made between different groups and over time.

As evidenced in those statistics, the mortality rate for out-of-work working age benefit claimants in Great Britain has fallen between 2003 and 2013 in line with the general working age population. Whilst there have been changes to the benefit system and economic climate since 2003, the mortality rate has remained around three times higher than for the general population. There are a higher proportion of people who are sick or disabled amongst those on benefits than in the general population.

¹ Mortality Statistics: Out-of-Work Working Age benefit claimants, DWP August 2015

² Age-standardised mortality rates (ASMR) allow for differences in the age structure of populations and allow valid comparisons to be made between different groups and over time. ASMR is an internationally recognised measure used by the Office for National Statistics. These are presented as the number of deaths per 100 thousand people. So a figure of 1,000 is equivalent to 1 in every 100 people.

Information request 1

The total number of people who have died within a year of their work capability assessment since May 2010

The information requested is shown in Table 1. Please note that the Work Capability Assessment (WCA) has been interpreted as the full end-to-end assessment in line with the published Official Statistics on ESA WCA. Therefore the date of the WCA decision has been used as the base.

It should also be noted that to ensure that all deaths within one year of WCA are captured accurately in relation to a measureable base, the data provided below includes WCA decisions up to 28 February 2013. This is because information relating to date of death is currently available up to 28 February 2014.

For instance, if someone received a WCA decision in January 2014 and then died in March 2014, their death would not be included in the number of deaths published below. Accordingly, so as to ensure accuracy in relation to the request, that person would not be included in the total number of individuals in receipt of a WCA decision published below.

Table 1: Total number of individuals with a Work Capability Assessment (WCA) decision between 1 May 2010 and 28 February 2013 and of those the number who died within a year of that decision, Great Britain: May 2010 to February 2014

Total number of individuals with a WCA decision between 1 May 2010 and 28 February 2013	2,017,070
of which:	
Number who died within a year of that decision.	40,680

Source: DWP WPLS and data derived from administrative data held by the DWP and assessment data provided by Atos Healthcare.

Notes:

1. All figures are rounded to the nearest 10.
2. Deaths are up to 28 February 2014 which is the latest data available therefore WCAs up to 28 February 2013 are included in the figure to allow a full year for deaths.
3. **Year:** a year is measured as 365 days after the WCA decision was made.
4. **WCA decision:** The final DWP Decision Maker's or appeal tribunal's decision or the recommendation made by the Atos Healthcare Professional where the Decision Maker's decision is not available.
5. **The figures supplied are derived from unpublished information and have not been quality assured to National Statistics or Official Statistics publication standard. They should therefore be treated with caution.**

DWP does not hold information on the reason for death, therefore no causal effect between the WCA decision and the number of people who died within a year of that decision should be assumed from these figures.

WCAs are conducted for all those individuals newly claiming ESA, current claimants requiring subsequent assessments after a prognosis period, or existing IB/SDA claimants being reassessed for ESA. This will include terminally ill claimants, and those having claimed Incapacity Benefits due to illness or disability. The number of people who died within a year of a WCA decision will therefore also include all of those categories.

Following a WCA claimants can:

- be found “fit for work” and leave the ESA benefit. These individuals may go on to claim other out-of-work benefits or be part of the general working age population not claiming benefits;
- have limited capability for work, and be placed in the ESA Work Related Activity Group; or
- have limited capability for work and in addition, limited capability for work related activity, and be placed in the Support Group.

The related age-standardised mortality rates statistical publication³ gives more details on the population, deaths and age-standardised mortality rates⁴ for ESA by phase at off-flow. It shows that the mortality rates for both out-of-work working age benefit claimants and the general working age population have fallen between 2003 and 2013.

³ Mortality Statistics: Out-of-Work Working Age benefit claimants, DWP August 2015

⁴ Age-standardised mortality rates (ASMR) allow for differences in the age structure of populations and allow valid comparisons to be made between different groups and over time. ASMR is an internationally recognised measure used by the Office for National Statistics. These are presented as the number of deaths per 100 thousand people. So a figure of 1,000 is equivalent to 1 in every 100 people.

Information request 2

The number of IB and ESA claimants who have died since Nov 2011.

Please break that figure down into the following categories:

- a) Those that are in the assessment phase
- b) Those that were found fit for work
- c) Those that were placed in the work-related activity group
- d) Those that were placed in the support group
- e) Those who have had an appeal completed after a Fit for Work decision

The information requested for the number of IB/SDA and ESA claimants who have died is shown in table 2.1. Please note that these figures show those whose benefit claim ended as a result of their death.

Table 2.1 Total number of individuals who have flowed off IB/SDA and ESA and whose date of death was at the same time⁽³⁾, Great Britain: December 2011 to February 2014

Total number of IB/SDA and ESA off-flows with date of death at the same time⁽³⁾	81,140
of which:	
ESA	50,580
IB/SDA	30,560

Source: DWP Work and Pensions Longitudinal Study (WPLS)

Notes:

1. All figures are rounded to the nearest 10. Totals may sum due to rounding
2. Deaths are up to 28 February 2014 which is the latest data available.
3. **Date of death:** The WPLS records all claimants and uses information from a series of regular scans from the benefit payment systems, fortnightly for ESA and six-weekly for IB/SDA. The claim end date is sometimes missing and has to be estimated as a date between the scans and to account for this we have identified those whose date of death is up to 14 days after the estimated claim end date for ESA and up to 42 days for IB/SDA.

The Department does not hold information on the reason for death, therefore no causal effect between the benefit and the number of people who died should be assumed from these figures.

ESA was introduced in October 2008. At that time short term claims including terminally ill claimants made up a large proportion of the ESA caseload. The number of people claiming ESA increased and, following early pilots, in 2011 existing IB/SDA claimants started to be reassessed for eligibility to ESA nationwide.

The related age-standardised mortality rates statistical publication⁵ details these changes to the annual benefit population, and changes in the composition of the population over time, along with the number of deaths, and the age-standardised mortality rates⁶, a recognised statistical measure, between 2003 and 2013.

This shows that between 2003 and 2013, the age-standardised mortality rate for those on incapacity benefits (IB/SDA and ESA) fell from 1,111 deaths per 100,000 people to 1,032 deaths per 100,000 people.

The terms requested at parts (a), (c), and (d) only apply to ESA and the relevant information is shown in table 2.2.

Table 2.2 Total number of individuals who flowed off ESA and whose date of death was at the same time⁽³⁾, by ESA phase at time of latest off-flow, Great Britain: December 2011 to February 2014

Total number of ESA off-flows with date of death at the same time⁽³⁾	50,580
of which,	
Assessment Phase	7,540
Work Related Activity Group	7,200
Support Group	32,530
Unknown ⁽⁴⁾	3,320

Source: DWP Work and Pensions Longitudinal Study (WPLS)

Notes:

1. All figures are rounded to the nearest 10. Totals may not sum due to rounding
2. Deaths are up to 28 February 2014 which is the latest data available.
3. **Date of death:** The WPLS records all claimants and uses information from a series of regular scans from the benefit payment systems, fortnightly for ESA and six-weekly for IB/SDA. The claim end date is sometimes missing and has to be estimated as a date between the scans and to account for this we have identified those whose date of death is up to 14 days after the claim end date for ESA and up to 42 days for IB/SDA.
4. **Phase of ESA claim at off-flow** is only available consistently from December 2011 onwards. The phase is derived from payment details held on the source system. Where the claimant is not in receipt of any benefit payment, such as ESA (Credits only), then the phase is shown as unknown.

The Department does not hold information on the reason for death, therefore no causal effect between the benefit and the number of people who died should be assumed from these figures.

⁵ Mortality Statistics: Out-of-Work Working Age benefit claimants, DWP August 2015

⁶ Age-standardised mortality rates (ASMR) allow for differences in the age structure of populations and allow valid comparisons to be made between different groups and over time. ASMR is an internationally recognised measure used by the Office for National Statistics. These are presented as the number of deaths per 100 thousand people. So a figure of 1,000 is equivalent to 1 in every 100 people.

ESA was introduced in October 2008. At that time short term claims including terminally ill claimants made up a large proportion of the ESA caseload. The number of people claiming ESA increased and, following early pilots, in 2011 existing IB/SDA claimants started to be reassessed for eligibility to ESA nationwide.

The related age-standardised mortality rates statistical publication⁷ details these changes to the annual benefit population, and changes in the composition of the population over time, along with the number of deaths, and the age-standardised mortality rates⁸, a recognised statistical measure, between 2003 and 2013.

This shows that between 2012 and 2013, the population in the ESA Support Group rose by over 80% from around 537,000 in 2012 to 971,000 in 2013.

Relevant statistics on those leaving ESA by ESA phase is only consistently available from December 2011. Whilst it is not possible to infer a trend from the two data points of 2012 and 2013, the publication shows that between 2008, when ESA was introduced, and 2013, the age-standardised mortality rate for those on incapacity benefits (IB/SDA and ESA) fell from 1,043 deaths per 100,000 people to 1,032 deaths per 100,000 people.

⁷ Mortality Statistics: Out-of-Work Working Age benefit claimants, DWP August 2015

⁸ Age-standardised mortality rates (ASMR) allow for differences in the age structure of populations and allow valid comparisons to be made between different groups and over time. ASMR is an internationally recognised measure used by the Office for National Statistics. These are presented as the number of deaths per 100 thousand people. So a figure of 1,000 is equivalent to 1 in every 100 people.

The terms requested at parts (b) and (e) apply to ESA and IB/SDA cases which have been reassessed for ESA and the relevant information is shown in tables 2.3, 2.4, 2.5, and 2.6.

Table 2.3 Total number of individuals who flowed off ESA whose date of death was at the same time⁽³⁾ and of those the number with a WCA decision of “fit for work”, Great Britain: December 2011 to February 2014

Total number of ESA off-flows with date of death at the same time ⁽³⁾	50,580
of which:	
Total with a WCA decision of “fit for work”	2,380

Table 2.4 Total number of individuals who flowed off IB/SDA whose date of death was at the same time⁽³⁾ and of those the number with a WCA decision of “fit for work”, Great Britain: December 2011 to February 2014

Total number of IB/SDA off-flows with date of death at the same time ⁽³⁾	30,560
of which:	
Total with a WCA decision of “fit for work”	270

Table 2.5: Total number of individuals who flowed off ESA whose date of death was at the same time⁽³⁾ with a completed appeal following a WCA decision of “fit for work”, Great Britain: December 2011 to February 2014

Total number of ESA off-flows with date of death at the same time ⁽³⁾	50,580
of which:	
Total with a completed appeal following a WCA decision of “fit for work”	1,340

Table 2.6: Total number of individuals who flowed off IB/SDA whose date of death was at the same time⁽³⁾ with a completed appeal following a WCA decision of “fit for work”, Great Britain: December 2011 to February 2014

Total number of IB/SDA off-flows with date of death at the same time ⁽³⁾	30,560
of which:	
Total with a completed appeal following a WCA decision of “fit for work”	20

Source (Table 2.3 and Table 2.4 and Table 2.5 and Table 2.6): DWP WPLS and data derived from administrative data held by the DWP and assessment data provided by Atos Healthcare and appeals data from HMCTS.

Notes (Table 2.3 and Table 2.4 and Table 2.5 and Table 2.6):

1. All figures are rounded to the nearest 10.

2. Deaths are up to 28 February 2014 which is the latest data available.
3. **Date of death:** The WPLS records all claimants and uses information from a series of regular scans from the benefit payment systems, fortnightly for ESA and six-weekly for IB/SDA. The claim end date is sometimes missing and has to be estimated as a date between the scans and to account for this we have identified those whose date of death is up to 14 days after the claim end date for ESA and up to 42 days for IB/SDA.
4. **WCA decision:** The final DWP Decision Maker's or appeal tribunal's decision or the recommendation made by the Atos Healthcare Professional where the Decision Maker's decision is not available.
5. **Completed appeal:** those where an appeal case has been heard by the Tribunal Service (HMCTS) and the appeal decision has been recorded.
6. The figures in tables 2.3 and 2.5 are subsets of those in table 2.2.
7. **The figures supplied are derived from unpublished information and have not been quality assured to National Statistics or Official Statistics publication standard. They should therefore be treated with caution.**

DWP does not hold information on the reason for death, therefore no causal effect between the benefit and the number of people who died should be assumed from these figures.

When individuals are found "fit for work" their IB/SDA or ESA claim closes, however an ESA payment may be instated whilst an appeal is on-going. It is also possible that there may be differences in the data presented in the tables above due to marginal differences in the data sources used, a degree of difference in retrospection and exclusion rules.

The related age-standardised mortality rates statistical publication⁹ details these changes to the annual benefit population, and changes in the composition of the population over time, along with the number of deaths, and the age-standardised mortality rates¹⁰, a recognised statistical measure, between 2003 and 2013.

When individuals are found "fit for work" and leave IB/SDA or ESA they can go on to claim Jobseeker's Allowance (JSA). Between 2003 and 2013, the age-standardised mortality rate for JSA, which includes some of those found "fit for work", was consistently lower than the general working age population and fell from 218 deaths per 100,000 people to 138 deaths per 100,000 people.

⁹ Mortality Statistics: Out-of-Work Working Age benefit claimants, DWP August 2015

¹⁰ Age-standardised mortality rates (ASMR) allow for differences in the age structure of populations and allow valid comparisons to be made between different groups and over time. ASMR is an internationally recognised measure used by the Office for National Statistics. These are presented as the number of deaths per 100 thousand people. So a figure of 1,000 is equivalent to 1 in every 100 people.

Annex 1: Employment and Support Allowance (ESA) groups and phases information

In October 2008, ESA replaced the existing benefits of IB and SDA for all new claimants. Starting from October 2010 claimants who received IB/SDA were assessed to see if they qualify for ESA.

A key part of the ESA regime is the WCA process, which is used to assess capability for work and eligibility for benefit. Those claiming ESA are initially put in the assessment phase. Following the **assessment phase** the claimant can have three possible outcomes:

Individuals can be found “fit for work” – in this case their award is closed and the claimant can move to Jobseeker’s Allowance (JSA). They are able to seek a reconsideration of the decision from DWP and appeal to Her Majesty’s Courts and Tribunal Service (HMCTS).

Individuals can be found to have limited capability for work – in this instance they are entitled to the benefit and placed in the **Work Related Activity Group**. Those in this group are not expected to work, but are provided with help and support to prepare for work where possible. They receive a higher payment than those on JSA; and

Individuals can be found to have limited capability for work and in addition, limited capability for work related activity – in this situation they are entitled to the benefit and placed in the **Support Group**. Those in this group have the most severe functional impairments and so are provided with unconditional support and receive a higher premium than those in the Work Related Activity Group.

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