

**WRITTEN QUESTION TO THE MINISTER FOR SOCIAL SECURITY  
BY DEPUTY C.S. ALVES OF ST. HELIER  
ANSWER TO BE TABLED ON TUESDAY 12th MARCH 2019**

**Question**

Will the Minister, with reference to pages 50, 53, 59 and 61 of the Annual Report and Accounts for 2012 and 2017, also provide an explanation for the reduction, of approximately 25%, from 2012 to 2017 in the numbers of claimants for the clinical cost components in income support and for the reduction, of almost one third, over the same time period in the numbers of those claiming Personal Care components; and will she also explain why, at the same time, there has been a large reduction in both the number and size of claims for medical expenses under special payments?

**Answer**

For the benefit of Members, the figures referred to in the question are reproduced below.

| category   | 2012                        | 2017           |
|--|-----------------------------|----------------|
| Total number of income support claimants                   | 11,908                      | 10,472         |
| Number of claimants receiving clinical cost component      | 2,088                       | 1,594          |
| Number of claimants receiving personal care components     | 1,381 (adults and children) | 1238 (adults)  |
| Number of children receiving child personal care component | Not applicable              | 173 (children) |
| Total number of personal care components                   | 1,382                       | 1,411          |

Between 2012 and 2017 there has been a drop of 12% in the number of income support claimants, reflecting the general improvement in the economy since 2017 and the very significant drop in the level of unemployment.

At the same time, there have been a series of changes to the Income Support benefit.

When Income Support was first introduced there were a number of people receiving legacy health related benefits who did not qualify for Income Support due to a high household income. In order to manage the transition into a single means-tested benefit system, these households were tapered off their previous benefits over a number of years. In 2012 there were still significant numbers of these 'transition' claims.

At the same time, in order to facilitate the introduction of Income Support, many households who were in receipt of legacy health related benefits were transferred to the new income support system and automatically allocated personal care and clinical cost components based on their previous entitlement. The criteria for these historic benefits were not as well-targeted as the criteria agreed for Income Support's health related components and as these claims came up for review in subsequent years some entitlement has fallen away. In other cases, extra components have been awarded where a person's overall medical

condition has deteriorated. Wherever a component is reviewed, the household is given the opportunity to request that the decision is reconsidered, and can appeal to an independent tribunal if they still don't agree with that decision.

The clinical costs component relates to an individual who requires additional support with GP costs. All income support claimants receive some support with GP costs through the weekly adult and child components. The overall change between 2012 and 2017 has been a decrease of 13% in the proportion of claimants receiving a clinical costs component. As noted above, this is primarily a consequence of the improved targeting of health related benefits within the income support system.

The 2012 annual report shows a single value for personal care components including both adults and children. In 2014 a separate Child Personal Care benefit was introduced, which allowed households to claim the higher level Personal Care components in respect of a child outside of the main income support system. These claims are reported separately in the 2017 report (on page 63) and as shown above there has been a small increase (2%) in the overall number of personal care components in payment (adults and children) between 2012 and 2017.

The figures reported for medical expenses under special payments (one-off payments to support specific costs) includes support for GP, dental and optical costs. Special payments in respect of dental treatments have decreased due to policy changes. Initially households could request assistance in the form of an unlimited grant; in response to the requirement to limit the overall budget under the last Medium Term Financial Plan the Department's policy was changed so that these items were offered as loans recovered from weekly benefit. There is an exception in that people can still apply for assistance with up to £500 of essential dental treatment as a grant within a two-year period, with any amount in excess of that offered as a loan. People with serious disabilities and people in receipt of an old-age pension can still receive unlimited grants.

Support for GP costs, over and above that provided by the clinical cost component can be provided through special payments. Support for the management of GP costs has been strengthened since 2012 and the need for additional support has decreased. The 2012 figures also include costs associated with low income individuals living in care homes whereas in 2017 these claimants had been transferred to the long-term care scheme.