

Citizens Advice response to the House of Commons Work and Pensions Select Committee inquiry on health assessments for benefits

November 2021

About Citizens Advice

Citizens Advice provides free, confidential and independent advice to help people overcome their problems. In 2020-21, we helped 1.4 million people over the phone, 624,000 by email and web chat, and there were 40 million visits to our self help website¹. 36% of the people we help are disabled, have a long term health condition or both².

Disability benefits are one of our largest advice areas. Last year we helped people with over 200,000 disability benefit problems, ranging from issues relating to initial eligibility through to appeal processes, across Personal Independence Payments (PIP), Disability Living Allowance (DLA), Employment Support Allowance (ESA) and Universal Credit (Limited Capability for Work Element).

The geographical scope of this response covers England and Wales.

Introduction

“The current disability benefit system makes accurate decisions” ³



¹ Citizens Advice [Impact Report 2020-21](#).

² Citizens Advice data from 1/4/2020-31/3/2021.

³ A nationally representative survey of 6,012 people (including 1,442 people who identify as having a disability/long-term health condition) conducted by ICM Unlimited on behalf of Citizens Advice between 15 July and 2 August 2021 and a survey of 400 Citizens Advice local staff conducted in June 2021.

The current disability benefit system needs urgent improvement. Applying for disability benefits is too often complicated, distressing and it's not uncommon for initial decisions, following health assessments about the support people need, to be wrong. As a result of this trust in the system is incredibly low. 43% of the general population disagree that the current system makes accurate decisions (compared to 32% who agree), rising to 56% of all disabled people (30% agree)⁴. Over 85% of our advisers do not believe the current benefits system makes accurate decisions about who should get disability benefits (only 7% agree)⁵.

Advice on benefits is our biggest enquiry area. For disability benefits, we provide advice at every stage of the process - from helping people with eligibility right through to appeals. This gives us a unique insight into the way the two assessment processes are currently working, and it's clear the system isn't always matching claimants with the support they need. Instead it is a drain on people's time and sometimes an active harm to their health.

Methodology

This response is based on several evidence sources:

- Evidence forms (EF) submitted by our advisers in 270 Local Citizens Advice across England and Wales. These forms allow advisers to highlight cases they think can inform wider policy understanding.
- Focus groups conducted with advisers during summer 2020 (on the impact of the pandemic), and interviews in 2021 (on how to ensure that assessments are more accurate).
- The results of a survey of 400 Citizens Advice local staff conducted in June 2021.
- A survey of 1,133 GB adults aged 15+ with a disability or long term health condition (including 475 who were claiming a disability benefit), nationally representative of the disabled population. Carried out by Ipsos MORI on behalf of Citizens Advice between February and March 2019.
- A nationally representative survey of 6,012 people (including 1,442 people who identify as having a disability/long-term health condition) conducted by ICM Unlimited on behalf of Citizens Advice between 15 July and 2 August 2021.

⁴ Overall population (n=6,012) / Identify as having disability/LTHC (n=1,442)

⁵ 7% of advisers agree that the disability benefits system makes accurate decisions.

1. How could DWP improve the quality of assessments for health-related benefits?

Advisers⁶ feel strongly that poor quality assessments are one of the main contributors to inaccurate decision making. The majority of issues identified are not unique to face to face assessments, with virtual and telephone assessments subject to the same problems.

Contrary to DWP guidance⁷ for Healthcare Professionals (HCPs) advisers found that:

- Some Assessors rush the assessment and regularly default to closed questions that don't allow clients to adequately explain their situations, such as "Can?" rather than "How?".
- Assessors don't seek examples or in-depth explanations to understand how a claimant completes daily tasks and what it takes to recover from doing them.

DWP guidance⁸ encourages HCPs to rely on informal observations or 'soft tells' to attempt to determine a claimant's state of mind, levels of anxiety or severity of mental health problems. Advisers see this as unfair as claimants will go the extra mile to present as calm and smart during their assessment, when their conditions may make this very difficult to maintain on a daily basis.

"They make judgements that are on the surface level.. the one that always gets me, say you've got a client with a mental health condition, say depression, and they turn up to the assessment looking 'completely normal' – makeup, all of that. Quite often a lot of my clients will say "well I make an extra special effort, I know this is a big thing".

So they put themselves out, but that has a knock on effect, that is used in the assessment, it's like an instant fail. It's like a trap. You see clients falling into that trap. It's heartbreaking. You just know the effort that that client has gone to but you know it will have a worse effect. No one wants to show what they're like on their worst day".⁹

⁶ Adviser interviews between 15 July and 2 August 2021 and a survey of 400 Citizens Advice local staff conducted in June 2021.

⁷ Gov.uk (2020) [Revised ESA Handbook](#). Effective Questioning Page 28 [accessed September 2021] and Gov.uk (2021) [PIP assessment guide part 1: the assessment process](#). 1.6.8 and 1.6.9 [accessed September 2021].

⁸ Gov.uk (2020) [Revised ESA Handbook](#). Interview Technique 3.1.3.2 Page 57

⁹ Citizens Advice adviser interviews July 2021.

Advisers note that **assessment reports written by HCPs are regularly poor** and formulaic and appear to be largely pieced together from 'drop down / tick box / cut and paste' processes. The reports appear to be partially completed on laptops during the assessment which can make claimants feel like they are not being properly engaged with. Advisers also tell us that it is not uncommon for reports to appear to refer to different people (wrong name, wrong pronoun, incorrect aids listed), or to not reflect what the claimant talked about. Receiving an inaccurate assessment report that doesn't get basic details correct makes people feel like they have been mixed up with someone else, and that they haven't been listened to by the assessor or the DWP as a whole.

*"They use a lot of cut and paste statements. I come across the same statements again and again. When the client reads it out to me they think it's personal, and I have to say 'That's a cut and paste statement, what did they ask you that they could have based that on?' and we have to try and unpick it. They will refer to what the person has said they have difficulties with, but then they will dismiss each one in turn, by making assumptions about what they said they can do for another one."*¹⁰

As a result of the poor questioning, rushing through the forms and using 'soft tells', the **assessment reports regularly contain incorrect assumptions** about what a person can or can't do, and how their conditions affect their daily lives. This goes on to poorly inform the decision-maker and leads to confusion and inaccuracy in decisions, as well as a breakdown of trust in the system for claimants.

Paul's story¹¹

Paul* left his office job after a period of extended sick leave following a brain injury. He applied for PIP and Universal Credit, but was refused PIP following a poor telephone assessment, scoring zero points for both components.

In their reasons for the refusal the DWP stated that, following the brain injury, Paul was able to return to work as a roofer thus demonstrating balance, and dexterity. Paul has never worked as a roofer. The DWP also argued he is able to drive, but since his brain injury Paul has not been able to drive. The decision letter also contained a number of other inaccuracies.

Paul is waiting for his Work Capability Assessment and is now worried that it will have the same outcome. Paul told us that without our support and assistance he would not

¹⁰ Ibid.

¹¹ Adviser Evidence Form submitted October 2021.

have been able to challenge the PIP decision.

*all names in this submission have been changed to protect anonymity

The DWP should share the HCP report with claimants automatically, allowing individuals to ask for corrections and amendments before the decision-making process is complete. DWP must also make recording assessments more accessible and routine practice for those that want them, and let claimants choose the format (audio only or video). This will provide a helpful record for the assessor or decision-maker, would allow Assessors to be more present and engaged with individuals during the assessment, and will reassure claimants.

Recommendations:

- Assessors must be able to take the time needed to complete a good quality assessment.
- Assessors should not use informal observations to make assumptions about a claimant's mental health or ability to manage daily tasks.
- The DWP should make sure open-ended questions are used ('How' not 'Can') to obtain a full answer and a better idea of someone's needs.
- The DWP / Assessment Providers should automatically share a copy of the HCP report and allow claimants to request corrections.
- The DWP needs to make recording (audio/video) assessments more accessible for those that want them.

1 a. Have you seen any specific improvements in the process since the Committee last reported on PIP and ESA assessments, in 2018?

The introduction of remote assessments (either by phone or video) at the beginning of the pandemic was a leap forward in accessibility for many claimants. Removing the need to travel to assessments reduced the financial cost and energy needed to attend, helping those with mobility difficulties especially.

However, advisers explained that some claimants have struggled with telephone communication due to their impairment, whilst others have found it difficult to explain their support needs over the phone. Other claimants have felt disadvantaged by the lack of physical observation. For example, people with impaired mobility or some mental health conditions such as anxiety. In other examples, advisers have mentioned

cases where claimants may appear more confident than they would in person and they felt this led to a less accurate outcome.¹²

Video assessments help to overcome some of the limitations of telephone assessments, such as the lack of a physical observation. One client with autism who had a telephone assessment during the pandemic said they would have preferred a video assessment if it was on offer at the time:

*"I don't believe that I can put through the difficulties I have over the phone. It just doesn't paint a full picture. It just shows one strength I've got, which is variable communication. Non-verbal communication, that goes amiss."*¹³

However, this method isn't appropriate for everyone. 40% of disabled people we surveyed in 2019 told us that they find speaking over video chat difficult.¹⁴

Establishing the required 'explicit consent' within Universal Credit guidelines has also proved challenging for our advisers, particularly when providing support remotely. As a result we've seen examples of DWP helpline advisers refusing to deal with Citizens Advice advisers as 3rd party representatives, meaning that claimants who require additional support could miss important deadlines or may not be able to submit evidence.¹⁵

Remote assessments can improve accessibility for some and provide a more flexible and person-centred approach, which is why we are pleased that the Department is looking to retain telephone and video assessments in some way going forward. However it's vital that claimants are able to select the assessment channel that best meets their needs and enables them to effectively explain the impact of their condition or impairment on their day-to-day life. In doing so, this could help to improve the accuracy of decision-making at the initial assessment and improve claimant trust in the system.

Recommendations:

- The DWP should allow claimants to choose their claim and assessment channel.

¹² Survey with 279 local Citizens Advice staff. August 2020.

¹³ In October 2020 Citizens Advice conducted 11 depth interviews with clients who had experience of applying for disability benefits during the coronavirus pandemic.

¹⁴ Survey of 1,133 GB adults aged 15+ with a disability or long term health condition (including 475 who were claiming a disability benefit), nationally representative of the disabled population. Carried out by Ipsos MORI on behalf of Citizens Advice between February and March 2019.

¹⁵ Survey with 279 local Citizens Advice staff. August 2020.

- The DWP should ensure non-digital access is maintained and receives the appropriate investment.

3. Do the descriptors for PIP accurately assess functional impairment? If not, how should they be changed? 4. Do the descriptors for ESA accurately assess claimants' ability to work? If not, how should they be changed?

Advisers find that the PIP and WCA activities and descriptors are not always appropriate for people with mental health conditions. Claimants find it difficult to relate how their experiences measure against them, as they are centered around many activities that they may be physically able to complete, but instead are lacking the energy or motivation to take on reliably, or everyday. The activities and descriptors do not always allow people to accurately portray how variable conditions affect their ability to undertake daily activities, because there is no true typical day when it comes to the impacts of their health conditions.

Gary's story¹⁶

Gary has both physical and mental health conditions. During his PIP assessment, Gary found that the questions asked were very restrictive and that the assessor was focused on getting answers that neatly fit the questions asked, which did not feel relevant to the mental health conditions he has.

The assessor kept asking Gary for information about dates and names of consultants, but Gary explained he has memory loss and was struggling to answer, and did not feel the assessor took this into account. The assessor also asked Gary how often he experiences depressive cycles per week, when this varies hugely, with some depressive cycles lasting a few hours and some spanning multiple weeks. This made it very difficult to give an answer to the question asked.

Gary had taken a lot of convincing from family and friends that he would be eligible for PIP and felt the questions asked were unfair, aggressive and would not allow for an accurate assessment of his situation. Gary scored 0 points for both elements, and will now have to go through the Mandatory Reconsideration process.

¹⁶ Adviser Evidence Form submitted September 2021.

Advisers stated that the guidance for understanding the descriptors and activities could be improved, as it is too vague and lacking in the detail necessary to help people complete their application forms well.

It is also important to review whether the descriptors still accurately reflect barriers to work or independence given the changes in the labour market, the use of technology at work and the availability of aids/support in work or at home.

7. Appeals data shows that, for some health-related benefits, up to 76% of tribunals find in favour of the claimant. Why is that? & 7 a. What could DWP change earlier in the process to ensure that fewer cases go to appeal?

Improving key processes earlier in the disability benefit system would mean more accurate decisions are made first time, and fewer cases need to go to appeal. Research carried out with experienced advisers in summer 2021 highlighted several explanations for why such a high proportion of tribunals are found in favour of the claimant, and what lessons could be learned from tribunals and applied to the initial stages.

In our response to question 1 we set out how assessments and assessment reports can be improved. Here we'll set out how tribunal panels are enabled to make more accurate assessments of individuals' support needs, and what improvements could be applied to the stages on either side of assessments (obtaining medical evidence and decision making).

Tribunal panels are made up of highly skilled and knowledgeable professionals (a judge, an experienced medical professional, plus disability specialists for PIP cases.) They understand the case law, medical evidence submitted, how conditions are likely to impact on a claimant's abilities to carry out daily activities, and how medications may interact with each other. Advisers felt having more than one person involved in the exploratory and decision-making process was helpful, as it meant there was more chance of all of the evidence being considered and reflected on.

As discussed in our response to Question 1, advisers believe that **HCPs do not have specialist knowledge and don't have the same level of medical experience as panel members**. This makes it harder for them to understand the impact that people's health conditions have on them, or how their medication might affect them. Advisers also believe that **decision-makers who are not medically trained also find it difficult** to understand all the evidence presented to them and this factors into incorrect

decisions being made. Decision-makers never meet the claimant. They are reliant on a comprehensive and accurate report from the HCP who carried out the assessment, and good quality supporting medical evidence.

We support DWP's Green Paper plans to bring in access to specialist support for decision-makers so they are better able to understand all the evidence supplied and come to an accurate decision. We agree that this would improve outcomes and increase people's trust and confidence in the decision being made.

The tribunal panel explores all of the evidence submitted (the original form, and medical and supporting evidence), and how it intersects with the spoken evidence provided by the claimant. People attending in support of the claimant are also able to speak briefly at the end of the session to supplement the other evidence provided. Advisers report that in poor assessments, it is common for Assessors to not allow support workers / carers / family or friends to advocate for the claimant.

Advisers feel that **DWP decision-makers generally place an over emphasis on the HCP assessment report**, and do not explore or discuss the additional evidence supplied, despite this evidence often coming from consultants, GPs or specialists who have known the claimant for a number of years. Relying solely on the HCP report when, as evidenced above, there are often issues with the assessments and the quality of the reporting, can lead to incorrect decisions being made, and unacceptable delays getting the right level of support to people.

DWP decision-makers should fairly and transparently assess all sources of evidence, and ensure they consider the opinion or insights of medical professionals that specialise in particular conditions and/or know the client well, as well as the information provided by individuals themselves and those who support them and understand best how they manage day to day. DWP should ensure claimants understand how the form, HCP report, and medical evidence has been used in the decision-making process, and provide copies of the HCP report to claimants so that they can ask for any necessary amendments prior to the decision-making stage.

Advisers described the tribunal panel as 'forensic'. **The panel asks open and exploratory questions, asking "how?" vs "can?"**, and seeks examples from claimants so as to obtain a full explanation and understanding of the needs of the individual. This prevents gaps in their understanding, and minimises the chance of the panel making incorrect assumptions (which feature heavily in poor HCP reports). As discussed in our response to Question 1, we believe if HCPs ask open ended questions and seek proper

examples and explanations at the assessment stage, more information will be gathered leading to an increased number of better decisions following assessments.

Tribunals will take the necessary time to arrive at a proper conclusion, and will adjourn if necessary. Advisers report that poor assessments are rushed (with some only taking 10 minutes). When assessments do make full use of the time allocated, distressed claimants aren't always made aware they can take a break, and may provide shorter, less rich answers so as to end the assessment sooner.

HCPs should not rush claimants through the assessment process and ensure people are as comfortable as possible discussing highly personal topics, and take breaks if needed. Making time to get all the relevant evidence and ensure the claimant has the best chance of explaining their situation at this stage will prevent more cases from going to Mandatory Reconsideration and tribunal.

By the time claimants reach the tribunal stage in their disability benefit journey, they will have had a lot more time to source quality medical evidence, and supporting information from care workers or family members. Bearing in mind the length of time between submitting forms and evidence and actually attending an assessment (average median time between form submission and PIP assessment is 19 weeks as of July 2021), DWP should consider explicitly extending deadlines for medical evidence so people have more time to gather quality evidence to support their applications and improve the accuracy of decision making earlier.

Initially claimants have one month to gather and submit suitable medical evidence. This short deadline can pose problems, as GPs and health services are often very busy. Even at the Mandatory Reconsideration stage, another 30-day deadline to submit extra evidence can present a barrier for claimants (even when they are advised they do have the option to send on additional Medical Evidence outside this timeframe if they need to).

Advisers told us **there is widespread confusion over who is responsible for gathering the evidence**, as PIP2 and ESA50/UC50 forms request contact information for GPs and relevant medical professionals, but advisers believe Assessment Providers or DWP don't always contact these professionals proactively. Because of this, initial claim forms are often sent off with very little or no supporting evidence, as claimants expect the DWP to seek it out if they require it to make their decisions.

When claimants *are* aware they need supporting evidence they are subject to a 'postcode lottery', with no standardised process for securing medical evidence. Claimants can be asked to pay a considerable fee to have GPs produce supporting

evidence (which isn't always helpful or appropriate) depending on which surgery they are registered with.

Claimants shouldn't be burdened with the costs of securing evidence that is necessary for the process of checking eligibility. **It is also understandable that GPs and other medical professionals do not have the time or knowledge of benefits to provide this evidence.** Given this tension, the DWP and Department of Health and Social Care either need to act to resolve these problems or think again about the role of medical evidence in the claims process. DWP should consider whether a discretionary fund should be created to help GP surgeries bear the cost, so that clients are not prevented from accessing the proper documentation in the first instance, and GPs and support staff are compensated for the additional work they undertake.

Recommendations:

- The DWP should explicitly extend deadlines for medical evidence submission.
- The DWP should conduct a full review of the role and process for obtaining medical evidence.

8. Is there a case for combining the assessment processes for different benefits? If not, how else could the Department streamline the application processes for people claiming more than one benefit (eg. PIP and ESA)? 9. What are your views on the Department's "Health Transformation Programme"? What changes would you like to see under the programme?

A key objective of the Health Transformation Programme is to improve the trust and transparency in the assessment process¹⁷. We support the aims of the DWP Health Transformation Programme to make the process of claiming disability benefits more efficient, transparent and to make better decisions earlier on in the process for claimants.

We particularly welcome the ambitions of the Integrated Health Assessment Service in creating a single, digital platform that would make it simpler and easier for claimants to submit, and use relevant medical evidence more than once when claiming multiple health and disability benefits. Advisers have highlighted how currently DWP will not collect or use medical evidence from previous DLA/PIP/ESA claims or renewals, even when the claimant had been receiving an enhanced award (they noted that when submitting Tribunal bundles DWP will pull evidence from previous claims, or different benefit claims to support their position but not routinely use it in initial decisions).

¹⁷ DWP [Written Statement](#), 9th July 2020.

However, it is important that the evidence submitted by individuals is only shared across different benefit applications with the individual's consent, and that improvements are made for people to more easily share, and also have their evidence stored, via non-digital means.

However, **combining assessments for different benefits raises some concerns**. As the different benefits assess different support needs (the extra costs people face and work capability) there is a risk that bringing the assessments together could result in untenably long and arduous sessions that could be difficult for people to cope with and understand. Being incorrectly turned down for more than one benefit following a combined assessment could also leave people without any financial support at all, and could expose more vulnerable people to severe hardship that will impact negatively on their health.

Systemic redesign may be necessary. With several past reviews and green papers relating to improving disability benefits it is clear that there is a shared view that change is needed. As with any change relating to benefits that provide essential income to people it is important that the potential impact of adjustments or any radical change is understood. It is therefore welcome that DWP is conducting a Health Transformation Area pilot, and that throughout the Green Paper there was a commitment to further research and testing and learning before fully implementing changes. However, the DWP should implement positive changes now, and tackle some of the key problems disabled people face when interacting with disability benefits. These issues will need to be resolved for any successful future benefit system that correctly matches people with the support they need.

Recommendation:

- The DWP should ensure evidence is only shared across multiple benefit applications with claimant's consent.

10. What lessons should the Department learn from the way that it handled claims for health-related benefit claims during the pandemic: for example, relying to a greater extent on paper-based assessments, or using remote/telephone assessments?

As discussed in our response to Question 1a, The pandemic has shown that DWP can implement significant changes at speed. Remote services were introduced practically overnight, and are a huge step forward in increasing accessibility for some disabled people.

Another innovation brought about by the pandemic was DWP making PIP2 and UC50 forms available digitally. For many claimants this can make the process of submitting substantially easier: avoiding the need to visit post offices, making it easier to get remote assistance on the form rather than attending an in-person meeting, and allowing the use of screen readers and other assistive technology. It is to be welcomed that the government is planning to continue to move these services online through plans to create a single digital platform for PIP assessments and the ESA and Universal Credit Work Capability Assessment (WCA).

However, online services only improve accessibility for some claimants. Many disabled people do not have either the technology or the skills needed to confidently access online services. A survey of 1015 Disabled People conducted for Citizens Advice in 2019 by Ipsos MORI, found that 50% of disability benefit claimants said they would have difficulty filling in an online form, and 46% would have difficulty responding to emails.

10 a. Is there a case for making some of the changes permanent?

There is a case for making some of the changes permanent however, DWP should ensure non-digital access is maintained and receives the appropriate investment. Local Citizens Advice offices experience issues with forms and evidence sent through the post, so recommend claimants send forms and evidence through the post using more costly Special Delivery options. However, despite being signed for by DWP staff, advisers tell us that sometimes these documents are reported lost by the DWP. Claimants must then resend information with an additional cost, resulting in their claims being subject to delays. DWP must make sure that both digital and non-digital processes are functional and do not disadvantage claimants.

Recommendations:

- The DWP and Assessment Providers should allow claimants to choose their claim and assessment channel.
- The DWP should ensure non-digital access is maintained and receives the appropriate investment.

12. DWP believes that applications for some benefits dropped sharply at the start of the pandemic because claimants weren't able to access support (for example, from third sector organisations) to complete their applications. What are the implications of this for how the Department ensures people are able to access health-related benefits consistently?

Citizens Advice offices quickly adapted to deliver more advice digitally and over the telephone in response to the pandemic, but we know that some people still struggle to access remote services or to get all the support they need when face to face is not a safe option. DWP must make sure the benefits system is accessible to all claimants, even in unprecedented and emergency situations. Part of this will involve testing and implementing proper independent advocacy services to help claimants access the benefits they're entitled to. Citizens Advice is open to further conversations with DWP as to how we can continue to provide support with disability and other benefits. We believe face to face is a crucial element of this offer.

12 a. How can the Department best help the third sector to support claimants in their applications?

Making a disability benefits claim is a big undertaking. It has complex and detailed eligibility criteria, requires upfront consideration of eligibility and the completion of an application that includes the provision of information to evidence the impact of someone's disability or health problem. People often need help to formulate and express their needs in ways which accurately reflect the challenges that they face living with a disability or a long-term health condition to successfully claim disability benefits. This complexity is often worse for people applying for these benefits because they have high support needs.

Advocacy is a crucial part of being able to help people achieve more independence, move closer to employment where appropriate and to support people in having a smoother experience of the benefits system. Through the Green Paper, the Government is rightly creating a strategy for advocacy provision in relation not only to disability benefits but all those who need extra support to navigate the benefits system. It has recognised the importance of testing any potential service. At the moment the need for advice and support services for those who claim disability benefits is clear.

Recommendation:

- The DWP should work with the third sector and claimants to develop an independent advocacy service that is available to all who need it in order to access and maintain their benefit claims. Claimants must be able to access advocacy in a way that suits them, with face to face, telephone and video access being available to all.

13. DWP recently published research on the impact of applying for PIP or ESA on claimants' mental and physical health. What would be the best way of addressing this?

DWP can limit some of the negative impacts on claimants' mental and physical health by doing more to **limit unnecessary reassessments**. We welcome the Severe Conditions Criteria the DWP has implemented to reduce the number of unnecessary repeat reassessments for ESA/UC claimants with the most severe and lifelong conditions. We also support ongoing awards with 10 year 'light touch' reviews for PIP claimants receiving the highest level of support and whose conditions will not improve, and most people over State Pension Age.

Being assessed for disability benefits can be a time consuming and stressful experience. Most claimants will go through this process multiple times (1.6 million claimants receive both PIP and ESA/UC). Others have to be reassessed when they move to different age related benefits, e.g. from DLA, which is paid to children under 16, to PIP. In addition, the **majority of claimants will be frequently reassessed** in order to ensure that they are still entitled to the award they previously received. Taken together these multiple assessments can leave claimants spending substantial periods of time both dealing with the considerable administrative burden of reassessment, and the fear that they will have their income removed. This is even before we consider the wider picture of the other assessments that people may be experiencing to access support or services like occupational health, social care and health services.

DWP should make sure claimants can inform them during the application form process if they have had any prognosis or advice from medical professionals about whether their condition and needs are likely to change (for the better or worse) in the future, and if the claimant themselves feel they'll need reassessing moving forward. Renewals and reassessments are seen as unnecessary by advisers for people whose condition will not improve. **Auto-renewals/life-long awards need to be applied more often.**

DWP should conduct more paper assessments based on existing medical evidence. Advisers told us that claimants are routinely called to assessments even when they have submitted extremely strong claims with high quality medical evidence, or had been in receipt of a long term enhanced award previously. Our advisers tell us that for many years the default appears to have been to require a face-to-face assessment for all claims.

“[I helped] a lady who was turned down for PIP. She has epilepsy which she had under control with a high dose of drugs, but she’s started having seizures again, because they wiped the best part of £200 a week off her income. She doesn’t know how she’s going to cope, she doesn’t know what she did wrong, and she’d had previous awards so it’s not like they don’t know about it, but it seems silly that even when they review PIP awards they don’t look at former evidence.”¹⁸

Recommendations:

- The DWP should do more to limit unnecessary reassessments.
- The DWP should seek information via application forms to understand if people’s conditions are likely to improve or worsen, and if they feel they’ll need to be reassessed in the future.
- The DWP should apply auto-renewals/life-long awards more often.
- Where claimants have strong medical evidence and a history of past awards, more paper based assessments and reviews should be conducted.

14. What could the Department do to shorten waits for health-related benefit assessments—especially for ESA/UC?

To ensure people get the support they need in a timely manner, the DWP should focus on improving the pain points in the Disability Benefit claim journey (obtaining medical evidence, assessments, decision-making) to ensure people are awarded accurate levels of support when they are first assessed, thus avoiding having to go to Mandatory Reconsideration and potentially on to Appeal. As evidenced below, applying for disability benefits takes a long time, but correcting a wrong decision following assessment takes even longer. DWP should balance quicker decisions with increased accuracy and make sure people are supported throughout the claiming process.

Illustrative example of the cost of waiting for a new decision

Piotr lives with his wife, Mary, and two children aged 12 and 16. Piotr is self-employed and Mary is employed part time, working 14 hours per week at national minimum wage. They live in a home which they own with a mortgage and claim child tax credits and working tax credits.

After Piotr was diagnosed with Multiple Sclerosis (MS), he applied for PIP. At this point

¹⁸ Citizens Advice adviser interviews July 2021.

he was struggling to keep up with the physical demands of work which had led to loss of income and accumulation of debt. Additionally, Mary began to take on increased caring responsibility for Piotr.

He received a decision on the claim 23 weeks later saying he was not entitled to any PIP. After requesting a Mandatory Reconsideration, the DWP responded 8 weeks later to say they were upholding the original decision.

Piotr appealed this decision, but by now he had started to fall behind on his mortgage and was unable to afford his energy bills, despite maxing out bank overdrafts and credit cards. He also started to experience depression and stress as a result of these financial troubles. This placed a lot of strain on his relationship with Mary, who was already finding it difficult to adjust to being Piotr's carer alongside her part-time work.

27 weeks after lodging an appeal, and 58 weeks¹⁹ after first claiming, Piotr's case was heard at a tribunal and he was awarded the daily living and mobility components of PIP, both at the enhanced rate, for 5 years.

The backdated payment is welcome relief for the family but Piotr's mental health issues will not disappear overnight, nor will the damage caused to his relationship with Mary. They can start to repay their debts but interest fees and late payment charges mean they're paying back more than they would have.

Approximately £8,824.70²⁰ - How much Piotr is owed in backdated PIP entitlement, after waiting around 58 weeks since his initial application.

Approximately £3,920.80²¹ - How much Mary could have received in Carer's Allowance over this 58 week period due to her caring responsibilities for Piotr, had he received the correct award following his initial application. This will be backdated, but still represents a large amount of financial support Piotr and Mary were delayed in getting.

Approximately £12,745.50 - In the year following his MS diagnosis Piotr and his fami

¹⁹ As of July 2021 the PIP median end-to-end clearance time from registration to DWP decision was 23 weeks, and the PIP median mandatory reconsideration clearance time was 59 days. DWP (2021) [Personal Independence Payment statistics to July 2021](#). Between April and June 2021 the mean age of case at clearance for PIP tribunals was 27 weeks. HMCTS (2021) [Tribunal Statistics Quarterly: April to June 2021](#).

²⁰ Based on the 2021/22 benefit rates for PIP enhanced rate daily living component (£89.60 per week) and enhanced rate mobility component (£62.55 per week). DWP (2021) [Benefit and pension rates 2021 to 2022](#). The amount Piotr will be paid as a backdate will be less than this as some of the 58 weeks will have fallen in the financial year 2019/20.

²¹ Based on the 2021/22 benefit rates for Carer's Allowance (£67.60 per week). DWP (2021) [Benefit and pension rates 2021 to 2022](#).

have had to adjust to some significant life changes including loss of employment, ill health and financial hardship. Instead of receiving the support they should have been entitled to, the family have had to endure this difficult period with a household income **nearly £13,000** less than what it should have been.

14 a. How effectively does the “assessment rate” for ESA cover disabled peoples’ living costs while they wait for an assessment? Is there a case for introducing an assessment rate for other health-related benefits?

The assessment rate for ESA is a positive fixture of ESA because it means claimants do not have to claim unsuitable benefits whilst they wait for their Health Assessment, and are therefore not subject to inappropriate levels of conditionality or work expectations.

Poorly applied conditionality can be counter-productive, especially for disabled people. A 2016 National Audit Office report into benefit sanctions showed that though they can lead to people moving into work in the short term, they often lead to negative labour market outcomes in the long term. Sanctions can force people to take inappropriate work which isn't sustainable, leading to short spells of low paid work. They can also cause financial hardship which can worsen mental health, making it even harder to find and sustain work. In some cases they even lead to people disengaging from the benefit system entirely - both risking destitution and cutting them off from access to employment support.²²

Whilst PIP is not a means tested benefit, PIP income can be vital to supporting disabled people to live independently. Not providing any income at an earlier stage can push people further away from independence and cause additional challenges for people to overcome. DWP should consider how financial support can be provided earlier in the lengthy PIP claim journey. An assessment rate similar to that built into ESA/UC that is paid prior to the assessment could help.

Recommendation:

- The DWP should consider how financial support can be provided earlier in the PIP claim journey.

²² NAO (2016) Benefit Sanctions. See also University of York et al, Welfare Conditionality: Sanctions, Support and Behaviour Change May 2018.