

PIP and ESA inquiry Turn2us written submission

Introduction

Turn2us is a national charity providing financial help and support to those struggling to make ends meet. We want to stop people spiralling into crisis or long term debt. Last year we gave £3.1m to households living in financial difficulty and helped over 5.1m people towards greater financial stability through our website.

As such, we've helped many people on both Personal Independence Payment (PIP) and Employment Support Allowance (ESA). Our evidence has been gathered through the following networks:

- Helpline – Talking to people about welfare benefits through our helpline, which handled 76,000 enquiries last year
- Website enquiry and surveys – Feedback from surveys and insight received through our website enquiry systems
- Case studies – In-depth interviews with PIP and ESA claimants who have used our services
- Social media – Through our social media communities, reaching over 280,000 people on Facebook and 274,000 on Twitter this October

The evidence we have received highlights that the people we help are facing serious issues with PIP and ESA. The issues we have highlighted are not anomalies. We are not calling for a costly overhaul of the system. We are calling for fairly simple, often technical, changes to parts of the system that will improve both benefits for the claimant.

Key Issues

We have identified the main issues that people face when claiming PIP or ESA, being assessed for PIP or ESA, or appealing a PIP or ESA decision:

- a) Insufficient expertise of assessors
- b) Problems with re-assessments
- c) Complexity of form filling
- d) Complexity of appeals
- e) Long waiting times
- f) Lack of trust in the process

Key Recommendations

- a) Better training of assessors
- b) Tapering payments for those who lose money after being reassessed
- c) Improvement of communication channels
- d) Restructuring of the appeal process
- e) Clearer transparency in the decision making process

a) Insufficient expertise of assessors

Critiques of assessors, and their parent companies such as Atos and Capita, are well covered in the national news. Countless individuals contact us and claim that their assessment report does not match reality. We are seeing a pattern that many believe that they were on the end of an incorrect judgement:

- *“My words were totally twisted and she [the assessor] lied about everything”*
- *“My assessment report was totally made up, made me feel like a fool”*
- *“Had two assessments for PIP, lies told both times”*
- *“My mum is disabled... [the assessor] put down that her condition has improved when in fact it is worse; she is incontinent and awaiting another operation on her spine, she can't move around her house without crutches and has had two falls, breaking her wrist and nose.”*
- *“The medical assessor told blatant lies”*
- *“Down right degrading and the report was lie after lie”*
- *“Totally unfair assessments”*

People felt there also seems to be an unsympathetic and accusatory attitude from the assessors during assessments. There is a belief assessors produce inaccurate reports on purpose in order to deny them money. Many claimants say their assessor was demeaning, negative, and denied them dignity:

- *“I had a PIP assessment yesterday and it was awful, the assessor was vile”*
- *“The majority of assessors are cold and compassionless as well as unfit for purpose”*

Many of the problems seem to centre on the expertise and experience of the assessors. A number of who are accused of having no knowledge of the condition they are assessing:

- *“Had to be assessed by an unqualified apparent ‘health person’, who just read questions from the laptop in front of her”*
- *“Assessments carried out by unqualified medical staff”*
- *“Untrained assessors that are clueless about health”*
- *“Barely health professionals”*
- *“Far too often, the assessors have no expertise in the medical conditions of the claimant”*

Additionally, there appears to be a concerning lack of training in regards to mental health issues. Claimants are saying that their assessor was not very thorough, asked irrelevant questions and had insufficient expertise to understand the issues.

b) Problems with re-assessments

We have heard from many claimants who had been awarded Disability Living Allowance (DLA) for life and have lost out significantly in the move to PIP. There is confusion over the purpose of being re-assessed and a significant belief that it is cruel and unreasonable. Additionally, some find it humiliating, as if they have to prove they are 'ill enough':

- *“Having to prove it [his illness] every few years is just so unnecessary and just adds stress, anxiety and depression related conditions on top”*
- *“Re-assessments are not necessary”*
- *“Horrific, inhumane, physically and psychologically massively damaging”*

We were also contacted by parents who applied for PIP on behalf of their daughter who has received psychiatric support for over 20 years, suffering from a personality disorder, OCD, anorexia nervosa and issues with anxiety. She previously has been in receipt of maximum DLA rate, however in her re-assessment for PIP she was awarded a score of 0. After a mandatory reconsideration this was upped to 11 points, one point below the higher rate of PIP. Tellingly, the family did not go further into the appeal process as the ordeal caused her a great deal of stress which subsequently resulted in triggering and exacerbating her mental illnesses.

There can be a devastating impact of having benefits stopped or reduced suddenly after a re-assessment. We hear from many people who are dragged into severe poverty because of their benefits being stopped, often forcing them into debt which they then find hard to catch up from.

c) Complexity of form filling

There are a range of issues claimants have with the relevant forms, the most palpable being the difficulty of the PIP form itself. Many claimants with learning difficulties see the form as inaccessible to fill in and are frustrated with the lack of advice and signposting available in the process:

- *“Filling in the form is not only confusing but can cause a great deal of mental and emotional stress”*
- *“Speaking from a CAB advisers perspective, the form filling itself is stressful enough”*
- *“The form for PIP is hard work”*
- *“It made me ill just filling in the form, it made me worse. I am thinking should I even bother? I could sell something like my kidney, it would be far easier”*

Research through our surveys of 1,032 people we helped showed 16% of people didn't pursue their claim of PIP due to the complexity of the process. A further 16% didn't claim because they needed additional support.

There are further concerns relating to accessing the form and contacting the DWP with questions and issues. The process has been described as draining, depressing and upsetting.

d) Complexity of appeals

The majority of those asking for a Mandatory Reconsideration (MR) or appealing seem to do so because they believe the assessor passed on an inaccurate assessment to the DWP, and 'the system' doesn't want them to be eligible for the benefit. This belief is exacerbated by the complexity of the appealing process. Many people contact us as a first point of call in finding out how to appeal. They are left with nobody helping them through this difficult and complex process and have no idea how to appeal:

- *"I have been very ill with schizophrenia since my teens... For many years I didn't go out of the house and lived with my parents who are now dead... I had benefit for many years and it has been stopped... I want to appeal if I can... Please can you tell me if I can appeal"*
- *I have Bipolar Affective Disorder and was denied PIP in 2016... I understand the next stage is the appeal stage. I do not feel I can do this independently and am looking for support"*
- *"I tried to appeal, but have dyslexia so I felt overwhelmed and couldn't continue. Please advise me how to help"*

The procedure for MR and appeals are a source of confusion, anxiety and stress for many claimants. The lack of advice, tight deadlines, and length of the process all contribute to the fears and concerns around MR and appeals:

- *"Tribunal was appalling and made me ill for months"*
- *"The process is like torture, it creates fear and anxiety"*

The high success rate of appealing PIP and ESA decisions (65%) suggests something is wrong with the methodology in the original decision making. The length of the process can often lead to worsening health and cause serious financial hardship while claimants are left with nothing during their wait for a decision.

e) Long waiting times

The waiting times throughout the process are a cause for concern for many claimants. One key issue is that ESA claimants no longer get payments while their MR is being considered, which can take anywhere between two and six weeks. Furthermore, the strict 40 day period to return the PIP form is often not convenient for claimants who want to hand in all their

evidence at the same time. Trying to get in contact with the DWP during this period has been described as difficult:

- *“I find the DWP letters really confusing and struggle to make phone calls”*
- *“No one seems to give you any information at all”*
- *“Nobody really knew what was going on”*

There have also been concerns over the phone call received by claimants before their official result. This has been interpreted by some as dissuading the claimant from continuing their pursuit of the benefit.

Issues surrounding with payment problems and delays in payment were also raised by claimants. As were rescheduled assessment appointments and long waiting times before assessments.

Additionally, further concerns are raised that claimants are advised to move over to JSA while waiting for their ESA MR, consequently they would be permanently moved over to Universal Credit in certain areas.

f) Lack of trust in the process

The people we help have a deep distrust in both benefits, however worryingly so with PIP. There appears to be an almost universal belief that PIP has replaced DLA with the sole purpose of reducing the benefits bills. This lack of trust in the system manifests itself in fear and confusion. While this can create hostilities in jobcentres it appears to be most of a problem during the assessment process.

In addition to this troubling belief that claimants feel they are not being represented fairly by the medical assessors, many claimants also believe that assessors receive bonuses for denying claims:

- *“They are paid to make people fail the assessment”*
- *“Stop giving them a bonus for each one declined”*
- *“I think the people who come out to do a face-to-face are there to get their big bonus at the end of the month for getting as many people off PIP as they can”*

This crippling lack of trust in the process is damaging to the welfare system as a whole and fundamental to many of the problems claimants have with both PIP and ESA.

Recommendations

Our recommendations are based on solutions to the aforementioned issues. Our suggestions are not calling for a dramatic overhaul of the entire system, rather small and practical changes that will provide a better experience for the claimant:

- a) **Better training of assessors** especially on mental health issues is vital to restoring claimant confidence as well reduce the number of appeals. It can't be underestimated how important it is to have the right assessor for the right claimant.
- b) **Tapering payments for those who lose money after being re-assessed** is essential to reducing the financial hardship faced by those who suddenly lose a large proportion of their income. For those who lose money switching from DLA to PIP, or those who lose money after a PIP or ESA re-assessment, we recommend a 3 month period where the claimant would receive an amount somewhere in-between their original entitlement and their reduced entitlement.
- c) **Improvement of communication channels** could take many shapes or form however we recommend an online dashboard to help you through the process. Being able to download the form or fill in the form online would aid those with certain impairments. Additionally an online dashboard showing your estimated timescale would ease particular anxieties. More updates throughout the process to keep the claimant informed on what is happening or changes to the schedule would be appreciated by claimants. It would also be good to have a clear and understandable overview of the assessment process before it begins, or a standardisation of behaviour or regulator to govern complaints. Furthermore, clearer criteria, signposting and support would not only reduce unnecessary claims but also speed up the process where applicable. Further difficulties relating to the form could be eased with the provision of face-to-face help and support.
- d) **Restructuring of the appeal process** would ease the financial burden placed on those stuck in no mans land. Our primary recommendation would be to remove entirely the MR process, whilst keeping the independent tribunal procedures. The main purpose of this is to speed up the appealing process to minimise anxieties and waiting times. Failing this, currently you can receive assessment phase rate of ESA during an appeal on a limited capability for work decision, however you can't receive it during a MR, so our secondary recommendation would be to extend this to the MR process as well.
- e) **Clearer transparency in the decision making process** should ease concerns around fear and lack of trust in the decision making process. Recordings and transcripts of the assessments being made available to all parties would go a long way to easing suspicions. Failing that, a more formalised recording of all assessments, so that there is clear evidence, would help be a reference point to draw conclusions from and aid reducing disputes.