

Written evidence from Citizens Advice¹(PEA0369)

Summary

Citizens Advice is a charity that provides free, confidential, impartial and independent advice to help people overcome their problems. Last year we helped over 2.6 million people with 6.1 million issues face to face and people visited our website 43 million times. We provide advice over 2,680 locations across England and Wales.

In the past year we have helped an average of 104,000 people each quarter with Personal Independence Payments (PIP) and 81,000 with Employment and Support Allowance (ESA). PIP and ESA are the two largest inquiry areas across Citizens Advice. This gives us a unique insight into the way the two assessment processes are currently working.

Evidence from our clients suggests timeliness and some administration issues have improved. But high appeal success rates support claims from our advisers that reports and decisions are regularly inaccurate. The design and administration of the assessments, evidence collection and decision making process are not consistently effective.

All this is costly to taxpayer. It is stressful, time consuming and drawn out for claimants, and means people do not have security of income, and cannot focus on work where that is relevant.

Assessments - Assessment reports are often contentious. 92% and 81% of advisors report seeing inaccuracies in PIP assessments and Work Capability Assessments (WCAs) respectively.² Many advisors cite inaccurate assessment report conclusions ranging from unjustified extrapolations from assessors' observations to wholly contested versions of events. Clients often tell our advisors that these inaccuracies tend to overstate their capabilities.

Many find the process of evidence collection poor. While applicants broadly understand the purpose of assessments, they are not always sufficiently assisted to navigate the process or understand what evidence they need to provide. Supporting evidence from GPs can be inconsistent; occasionally refused, often expensive and rarely tailored to the assessment descriptors. *'The continuing widespread misperception that PIP [and WCA] is a medical test rather than an assessment of functional impact'* identified in the Second Independent Review³ is consistently reported by our clients and advisors.

¹ A full response including case studies and answers to the Select Committee's questions can be found in a reference document also available to the Committee

² From our Network Panel: a survey of 393 staff and volunteers in the Citizens Advice network from 01/11/2017 to 08/11/2017. The Citizens Advice Network Panel is a monthly survey sent to over 800 staff and volunteers across England and Wales, asking about their experiences of and views on policy issues.

Advisors tell us that assessments are consistently failing on mental health, as well as less visible and fluctuating conditions. Assessments can be too formulaic to capture the full extent to which a claimant's condition affects their day-to-day living or capacity for work. They tell us that applicants and even GPs tend to believe that the primary challenge is proving their diagnosis and exploring the consequences that has for their lives and capabilities. Advisors tell us that assessors tend to approach things differently, applying the same questions and exercises for each of 12 or 17 descriptors to every applicant regardless of condition, often without explanation or asking people to describe their conditions and capabilities.

Appeals - For all but a minority of applicants, Mandatory Reconsideration (MR) confirms the initial decision. For claimants who have been wrongly assessed or later have decisions overturned at tribunal, this prolongs an already difficult and stressful process. 85% of PIP cases⁴ and 87% of WCAs⁵ are unchanged at MR. Our advisors report supporting claimants to collect additional evidence wherever possible, but that this rarely seems to make a difference unless claimants take it to tribunal.

Our offices report that between 60% and 99% of appeals we assist with are successful⁶, often resulting in radically different scores and awards. This is in line with official statistics showing 68% of ESA appeals and 65% of PIP appeals result in a changed award.⁷ Tribunals bring a complete change in approach and client experience. Where initial assessments can be rigid, narrow and do not start with an exploration of the applicant's condition, tribunals are holistic, inquisitive, and more open to medical evidence and the applicant's' testimony. Clients often report feeling that the appeal hearing is the 'first time they are listened to'. Advisors report very few complaints about tribunals, even where appeals are unsuccessful.

Experience - Applicant experiences are variable. There are people who go through the process without issue and view it positively. For many claimants we support, however, the overwhelming experience is confusing, burdensome, prolonged and stressful.

Waiting times have been reduced, but remain inconsistent. But 44% of advisors still see clients experience waits of more than two weeks for PIP assessment forms, and around for fifths see appeals last more than three months for both benefits.⁸ Communications during these waiting times can be sparse, too often restricted to post and occasionally unreliable. Contradictory communications, particularly between what is said to clients in person and what later arrives by post, are often reported. And clients do not adequately understand the evidence requirements or assessment methods.

³[Second Review of Personal Independence Payment](#), March 2017

⁴[Personal Independence Payment: Official Statistics](#): September 2017

⁵[Employment and Support Allowance: Work Capability Assessments, Mandatory Reconsiderations and Appeals](#), June 2017

⁶ From a qualitative survey of 89 Citizens Advice staff and volunteers in November 2017

⁷[Tribunals and Gender Recognition Statistics Quarterly, April to June 2017](#), September 2017

⁸ From a survey of 393 staff and volunteers in the Citizens Advice network from 01/11/2017 to 08/11/2017

Assessments themselves can be extremely variable in length (10-70 minutes). Advisors tell us they vary in tone, confuse some clients and are felt to contain questions and exercises that are irrelevant to clients' conditions. Advisors believe these inconsistencies are largely down to the the varying quality of assessors.

Clients usually don't understand that many conclusions in assessment reports are drawn from observation, rather than questioning. Many feel that they are simply not listened to and that this results in conclusions they believe to be surprisingly inaccurate.

Recommendations

PIP assessments and WCAs are in need of significant reform. When two thirds of cases taken to appeal are seeing decisions overturned, it suggests that the administration of the current system is clearly failing a significant number of applicants. Concrete short term steps can be taken, particularly with the recommissioning of providers next year, that will improve outcomes and client experience.

We generally support the recommendations set out in the Second Independent Review.⁹ Improvements in communication, gathering 'functional,' rather than medical evidence and valuing evidence provided by carers in particular could go a long way to solving the problems our research finds. We would also like to see more of the responsibility for evidence collection shifted towards providers rather than claimants.

There are, however, longer term, systemic flaws that cannot be addressed within the current structure. The Department of Work and Pensions (DWP) should undertake a full review of assessment and decision making for PIP and ESA. We outline both short term steps to improve the process in the coming months and longer term recommendations below.

Short term recommendations

- **Clear up-front guidance on what evidence is most appropriate** at each stage of the application, including real-world examples showing clearly how assessments test functional impact rather than diagnose conditions.
- **Improving communication channels** not limited to post: email, text, post across both assessment processes.
- Assessments and Decision Makers should place greater weight on **applicants' descriptions of their conditions and medical evidence.**
- **The creation of a discretionary fund for GPs** to cover costs of producing evidence for assessments and therefore prevent cost to claimants, together with improved guidance and examples of how GPs should present evidence.
- **Video records of assessments** should be available to both parties upon request.

⁹[Second Review of Personal Independence Payment](#), March 2017

- **More tailored assessments for conditions** by matching assessor expertise to the dominant condition outlined in assessment forms.
- **Some level of ESA payment should be made during MR** without claimants having to claim Jobseekers Allowance (JSA), or Universal Credit (UC) in a full service area, both of which can be subject to similar work requirements.
- Clear rules for **claw back and fines for proven inaccuracies** should be built into future contracts.

Long term recommendations

- Review the evidence collection process with a view to the **government directly collecting or commissioning the collection of appropriate medical evidence**. We disagree with the Second Independent Review on this as claimants often do not have the resources and relationships to ensure the right evidence, including on functional impact, is collected.
- **Review how the process is working for mental health conditions** and consider different assessment processes for applicants with mental health conditions.
- **Review the Mandatory Reconsideration process for ESA and PIP** to bring them closer in line with the the practice and acceptance of additional evidence seen at tribunals.
- Consider **bringing assessments in-house** utilising expertise and skills Government already hold in the health service or occupational health and occupational therapy provision.
- Over the longer term, the government should consider integrating assessments for these disability and sickness benefits into a larger system of **occupational health and occupational therapy services accessible to all**. Progress towards this could begin with the upcoming response to the Work, health and disability green paper consultation.

Background

Personal Independence Payments and Employment and Support Allowance are the two largest inquiry areas across Citizens Advice. In the past year we have helped an average of 104,000 people each quarter with PIP and 81,000 with ESA.

Figure 1: ESA and PIP issues by year

ESA and PIP issues by quarter

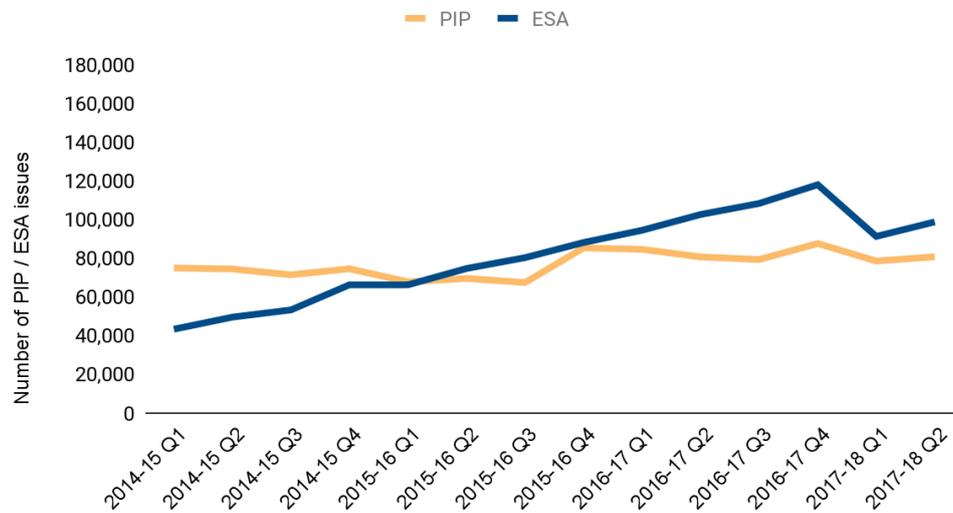
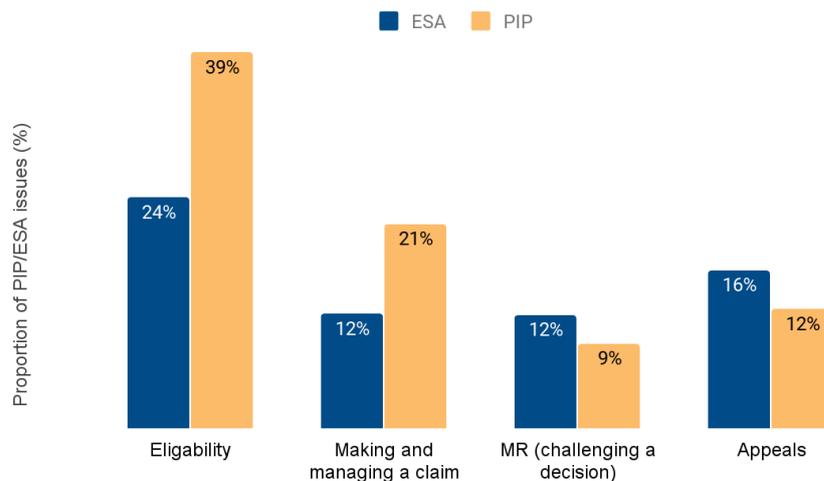


Figure 2: ESA and PIP issues by stage

ESA and PIP issues by stage (year to September 2017)

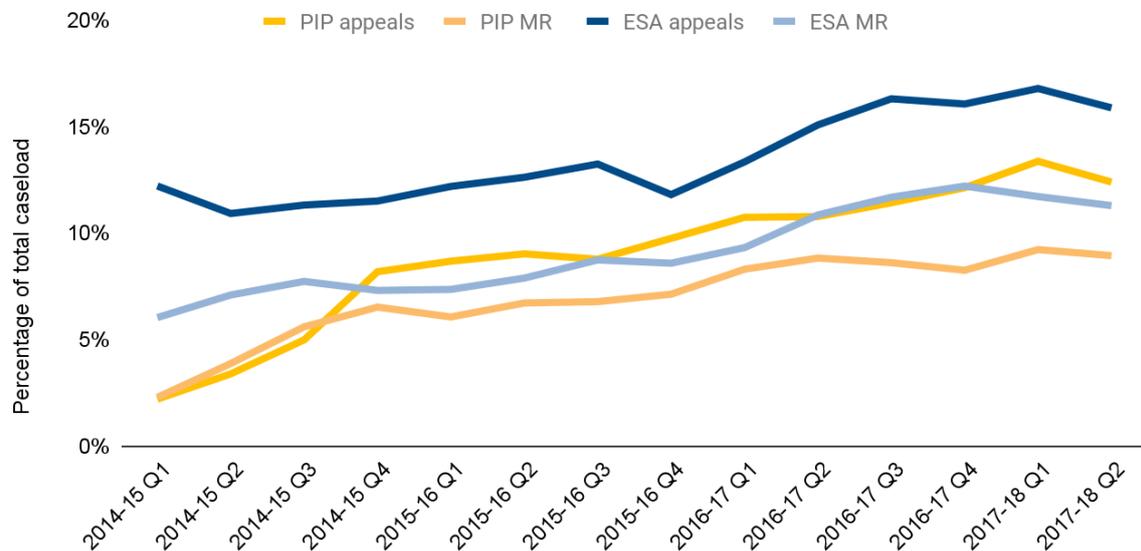


We work with clients throughout ESA and PIP claims, from identifying eligibility to the appeals process. For both benefits, eligibility issues are the largest category of advice we deal with, but significant numbers of people come to us throughout the process.

Over the past three years, the proportion of of our PIP and ESA caseload taken up by MRs and appeals has grown steadily and now accounts for around a quarter of the cases our advisors help with.

Figure 3: ESA and PIP appeals and MR cases, as percentage of total Citizens Advice caseload

ESA and PIP appeals and MR cases, as percentage of total caseload



We do not collect appeals success statistics systematically, but local offices have given us estimates between 60% and 99% for the percentage of appeals we advise on which see decisions overturned.¹⁰

While issues with PIP assessments and WCAs are not identical, themes emerge across both, and clients who come to us have broadly similar conditions at comparable rates. This finding is borne out through both quantitative and qualitative data we have collected for this response and as a result, general claims we make about assessments are applicable to both.

Figure 4: Clients helped with PIP and ESA by main health condition (October 2016 - September 2017)

Health condition	All ESA clients	All PIP clients
Long-Term Health Condition	27.7%	31.8%
Mental Health	19.5%	17.2%
Physical Impairment (non-sensory)	12.3%	14.0%
Multiple Impairments	6.1%	7.5%
Other Disability or Type Not Given	4.9%	4.8%
Learning Difficulty	1.2%	1.4%
Visual Impairment	0.6%	0.8%
Cognitive Impairment	0.4%	0.5%
Hearing Impairment	0.4%	0.5%
Deaf	0.2%	0.3%

¹⁰ From a qualitative survey of 89 Citizens Advice staff and volunteers in November 2017

Hard of hearing	0.1%	0.1%
Not recorded/not applicable	26.7%	21.2%

The common issues advisors cite are inaccuracies on reports, inconsistencies in awards between different assessments and barriers to collecting appropriate evidence.¹¹ Problems with the claimant experience, such as travelling long distances to appointments, waiting months during appeals and being rushed during assessments, are also common.

¹¹ From a survey of 393 staff and volunteers in the Citizens Advice network from 01/11/2017 to 08/11/2017

Figure 5: Issues with PIP¹²

Have you seen or been made aware of clients who have experienced the following issues with PIP in the last few months? (percent stating many or some)

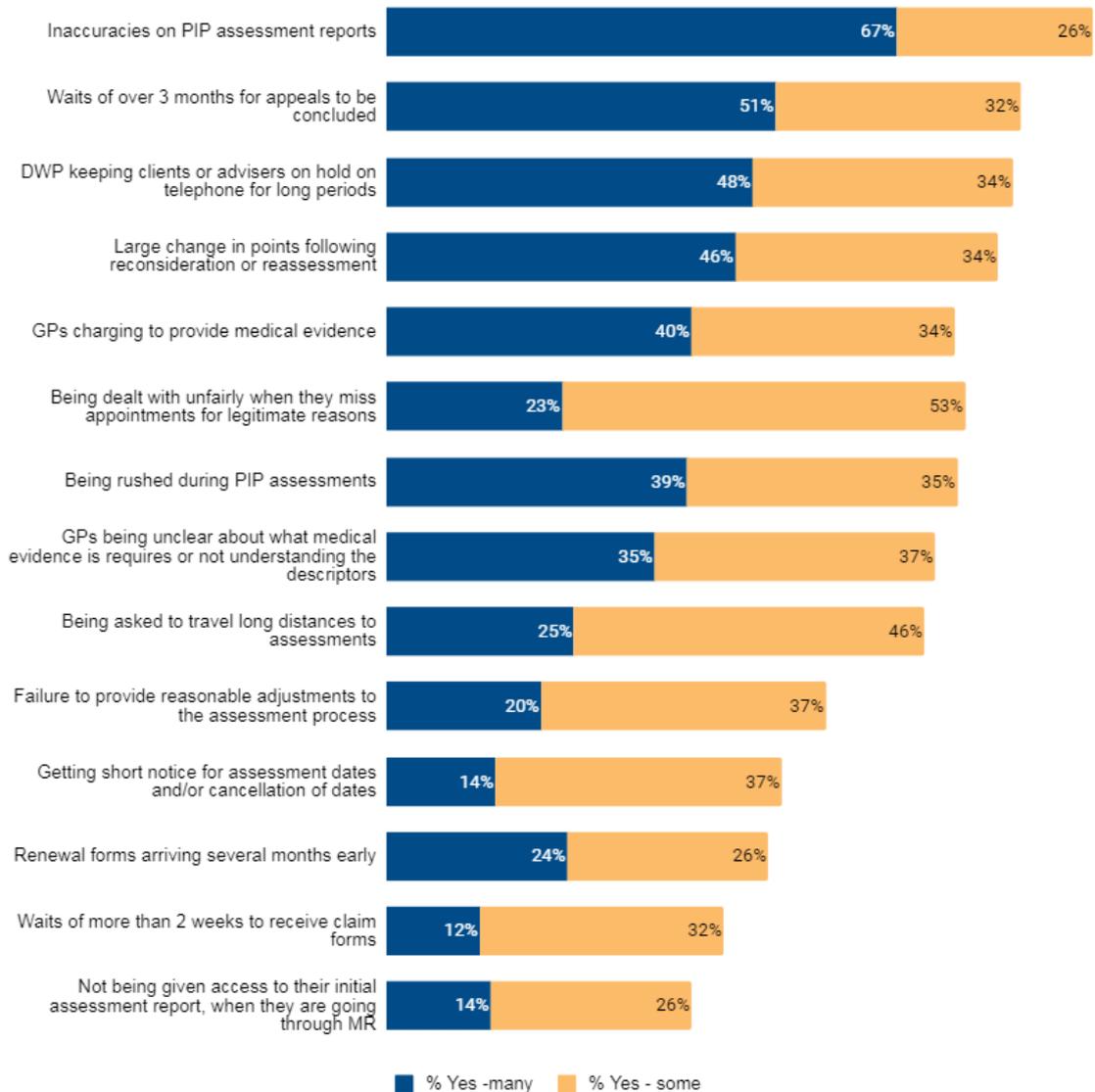
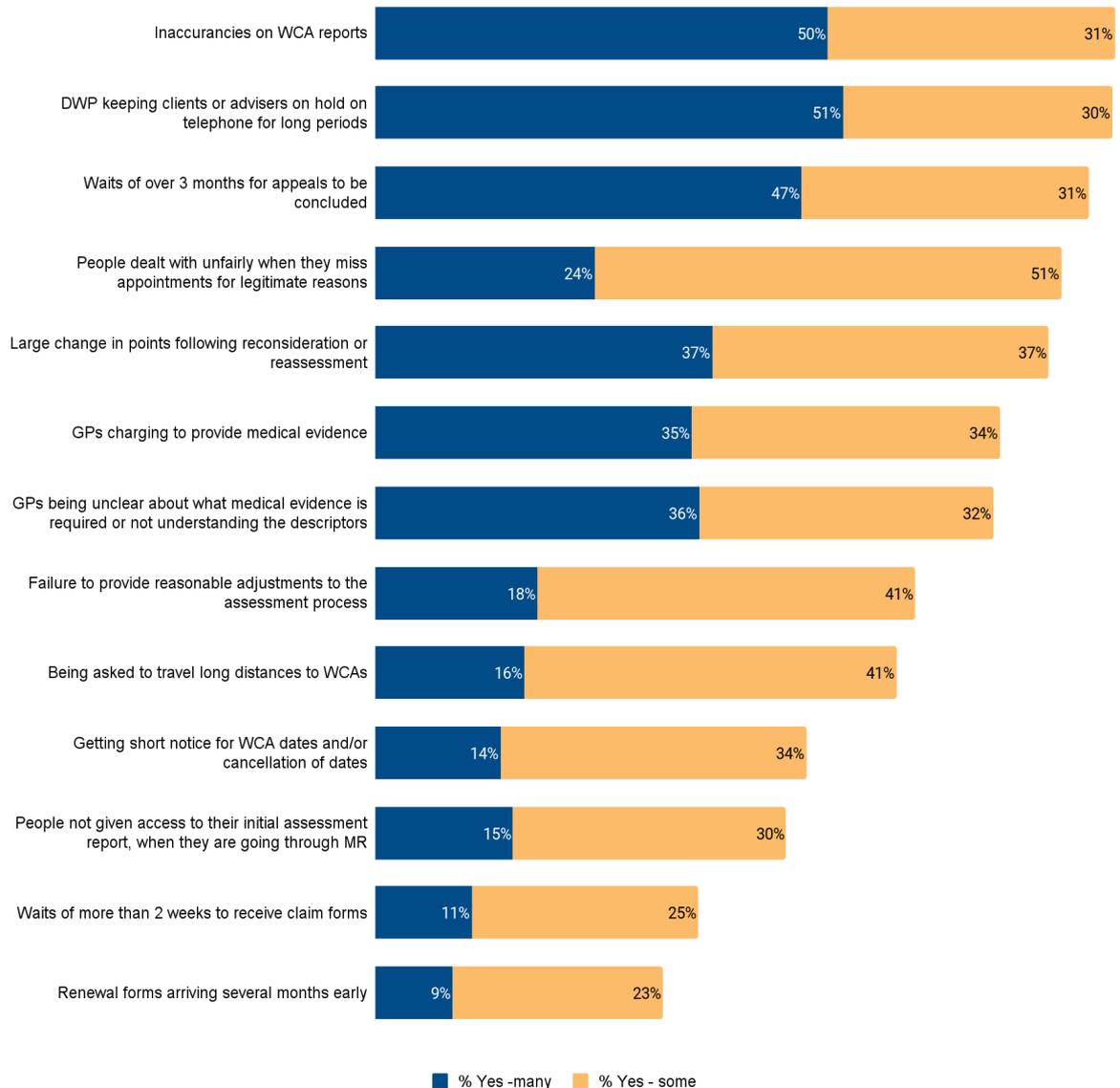


Figure 6: Issues with ESA¹³

¹² From a survey of 393 staff and volunteers in the Citizens Advice network from 01/11/2017 to 08/11/2017

¹³ From a survey of 393 staff and volunteers in the Citizens Advice network from 01/11/2017 to 08/11/2017

Have you seen or been made aware of clients who have experienced the following issues with the Work Capability Assessment (WCA) for ESA or UC in the last few months? (percent stating many or some)



A full response, including case studies and quotes from advisors has been submitted and is available as a reference document.

November 2017