

# Citizens Advice Scotland

Scottish Association of Citizens Advice Bureaux  
www.cas.org.uk



## **Personal Independence Payment Assessment – Independent Review**

### **Response from Citizens Advice Scotland**

September 2014

- Citizens Advice Scotland and its member bureaux form Scotland's largest independent advice network. CAB advice services are delivered using service points throughout Scotland, from the islands to city centres.
- Citizens advice bureaux in Scotland helped clients with over 500,000 new issues in 2011/12 – more than 1,400 new issues for every day of the year. Nearly 200,000 clients brought new issues to a bureau over the year.
- In 2011/12, Scottish bureaux achieved a financial gain of almost £140million for clients based on funding of £16.9million.

*“In some cases the support [the CAB] offers is the only thing that stops the client going ‘over the edge’, as they feel so vulnerable and victimised. The added wait increases this negative feeling.”* Bureau adviser

## Introduction

Citizens Advice Scotland (CAS) welcomes this Independent Review of Personal Independence Payment and the opportunity to respond to it. Personal Independence Payment (PIP) is a crucial benefit for many sick and disabled people. Its predecessor, Disability Living Allowance (DLA), has often been a mainstay for some of the most vulnerable clients attending citizens advice bureaux (CAB), particularly when there have been administrative problems with income-replacement benefits. It is critical that Personal Independence Payment works effectively so that sick and disabled claimants get the money they are entitled to as soon as they need it, and get access to the other benefits linked to it.

Scottish bureaux have been working with clients to claim PIP since the benefit was first introduced in Scotland in June 2013. Since January 2014, the process of PIP reassessment was rolled out to a large swathe of Scotland, amounting to around half of the DLA caseload in Scotland.

In order to inform this response, CAS carried out a survey of bureau advisers about their experiences of Personal Independence Payment so far. The survey run during August 2014 and received over 50 responses from advisers, primarily welfare rights specialists, across Scotland.

## Question 2: Claimant experience

CAS asked bureau advisers about the process for claiming PIP. The findings are set out in figure 1:

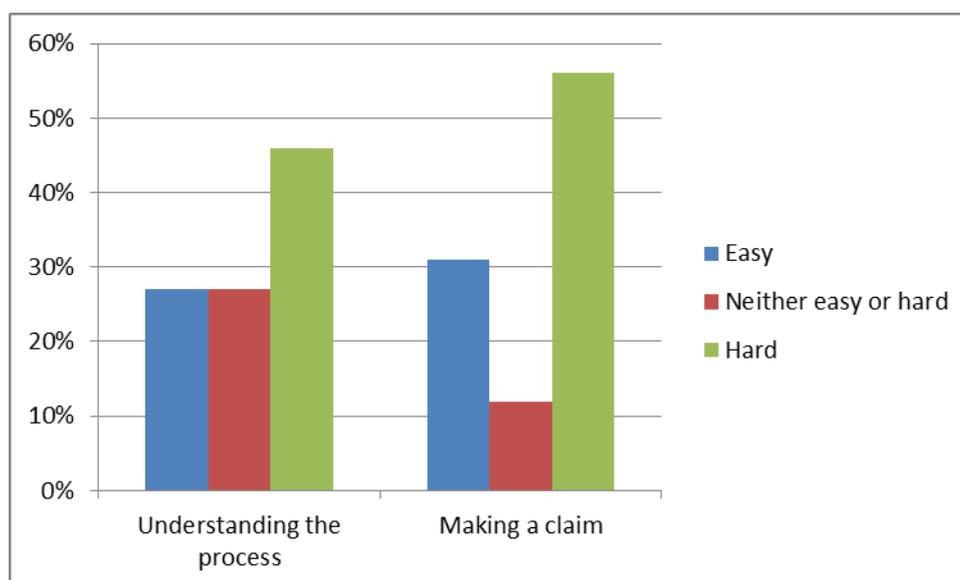


Fig 1: Claimants' experience of the PIP claim process

The consensus is that for claimants both understanding the claim process and making a claim is either quite or very hard. Particular issues highlighted by advisers include:

- the length of the initial phone call

- claimants' lack of knowledge about what information they will need to provide prior to the phone call
- the difficulties of obtaining an initial claim form, both for clients and for CAB
- the short timeframe for returning the PIP2 form, particularly if clients have difficulties affecting their ability to deal with correspondence, or when there are delays in receiving the form

*“CAB used to be able to request forms for DLA for those who could not do it themselves. This could be done with the client present. PIP will not accept CAB making the initial claim without the claimant being present regardless of the circumstances. This often means in our rural area clients have to travel up to 40 miles each way to just make the initial claim if they can't do it themselves.”<sup>1</sup>*

*“Being in a rural area, clients can live some miles away from our bureau but although this was explained to Atos they refused to accept any enquiries without the client being there in person or having given their authority. It is not practical for clients to have to travel miles to allow a query through a phone call or in fact for an adviser to have to travel to the client, and the client not always able to make a call to give authority.”*

There were mixed views on the initial phone call, with some advisers feeling that this was relatively smooth, while others said clients often experienced it as very stressful. The requirement for a telephone call is too much for some clients.

- ▶ A North of Scotland CAB reports of a client who has recently had a throat operation. He has had a tracheotomy and is unable to speak except in a whisper, and so unable to make the initial phone call for a PIP application. The CAB adviser phoned the DWP and was told the client would have to request the form in writing by sending the request to the mail centre in Wolverhampton. When the CAB adviser said that this should not be necessary he was advised that if he had any complaints he should raise it with his MP.
- ▶ An East of Scotland CAB reports of a Romanian client with limited English and no interpreter present. The client asked about an application for PIP for his wife. The client is illiterate and innumerate. The adviser called DWP to get a form for the client. He was referred back and forth between two telephone numbers before being told that the client would have to ring up himself and be put through to a Romanian interpreter, and that it was not possible to send out paper copies of the PIP application. The adviser comments: “It appears that the only way to receive a copy of the form is to write in to request it with no indication of timescale to get it. This seems to penalise clients who have language or learning difficulties.”
- ▶ An East of Scotland CAB reports of trying to help a client get a PIP postal application pack. The adviser phoned at least nine numbers and was continually passed on, sometimes to an automated response which told her to go online and

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<sup>1</sup> All quotes are from the bureau adviser survey unless stated otherwise.

then ended the call. She searched through at least 40 options, until eventually she got a number from a DWP leaflet another CAB adviser gave her. She had to then go through a further two options before she could get the information she needed.

The following cases suggests that the initial claim process is a particular problem for deaf clients. It appears DWP staff do not have clear processes for how to handle claims from deaf claimants.

- ▶ A South of Scotland CAB reports of a client who is deaf and mute and so unable to phone the PIP New Claims line. The CAB adviser phoned the line and explained the circumstances. The DWP staff member spoke to his superior and agreed that under the circumstances the PIP form would be sent out within the next two to three weeks.
- ▶ An East of Scotland CAB reports of a profoundly deaf client who needed to get a PIP claim form. This proved extremely difficult as the client was expected to be present for the first part of the claim form and the second part would be sent out to her. The CAB adviser explained that the client was profoundly deaf and non-speaking. The DWP adviser then said a home visit would be made to the client to determine if she needed an appointee, and a subsequent visit would be made to determine if the CAB adviser was an 'appropriate appointee'. The CAB adviser pointed out that she represented the bureau and could not be an appointee. Eventually a DWP manager came to the phone and said that they would get the client's permission to have a BSL interpreter present for the first part of the claim. The CAB pointed out that this would take a long time to arrange and the client would lose money in the interim. The CAB adviser comments: "there does not appear to be any guidelines as different DWP agents advise different processes for deaf clients."

There have been some problems as a result of the DWP or Atos not making it clear in correspondence which benefit they are referring to.

*"Confusion to the client as he did not know which benefit he was being sent for a medical assessment for – this was not detailed in the appointment letter.*

*"Clients unsure of what claim is being dealt with or what claim they are attending an assessment for."*

- ▶ An East of Scotland CAB reports of a client who had received a letter from Atos informing her of the date of her medical assessment. The letter did not state what benefit the assessment was for.

A small number of cases suggest that there may be some administrative problems within DWP in managing the change-over from DLA to PIP.

- ▶ An East of Scotland CAB reports of a client whose husband has applied for DLA. The client should have claimed PIP. When the CAB called the DWP in April they stated that the claim was being processed, but in another call a month later the DWP said there was nothing on the system. The client was advised to make a

new application for PIP which would 'find' the original application for DLA. When the client attempted to do this she was not able to proceed because the application on the system is 'awaiting a decision'. The adviser comments that they have seen a number of people claiming the wrong benefit recently which results in considerable confusion when the DWP are unable to find the application on their system.

- ▶ A West of Scotland CAB reports of a client who was sent a DLA form rather than a PIP form after reporting a change of circumstances.

### **Question 3: Face to face consultation**

When asked about the face to face consultation, of those advisers who had seen enough cases to comment, one in six (16 per cent) said the process was always or generally good, compared to 39 per cent who said it was neither good nor bad, and just under half (45 per cent) who said it was generally or always poor. The following quotes and cases highlighted the diversity of experience of assessments.

*"The medical assessments, in my opinion, have been of a much higher standard than we have encountered previously, with careful attention to the needs of the client, so the system is much fairer, but the decision making delays represents an unacceptable cost to the client financially and contributes to high levels of anxiety on the clients and their carers."*

*"I have accompanied a client and found the assessment was in-depth and considerate; this is what I have also been told by clients."*

*"I have attended an assessment with a client and the nurse was very good, however other clients have reported issues."*

- ▶ A North of Scotland CAB reports of a client who was contacted about a home visit for medical assessment for PIP. However, the client was an in-patient at hospital on the arranged date and phoned to advise ATOS. They told the client that it would affect any award of PIP if they did not attend. The client had to seek medical consent to leave hospital, pay £12 for a taxi and was then told by the Health Care Professional (HCP) that she couldn't carry out the assessment because the client was too ill. The client had a nasogastric tube in place and was using a wheeled walking frame. Eventually the HCP was given authority by her manager to carry out the assessment as long as the client agreed. The HCP was shocked at what the client had had to go through. After the assessment was carried out, the client had to pay a further £12 for a return fare to hospital.
- ▶ An East of Scotland CAB reports of a client who attended her PIP medical assessment after a seven month wait. Despite asking not to travel a long distance, she was sent to an assessment centre over 20 miles away. She struggled with the journey and it was difficult to park near the centre. The client was 'shocked and disgusted' to find that someone with binoculars was watching her as she struggled from her car to the building. She felt very uneasy during the interview and was

upset by the questioning which she felt was trying to make her out to be lying when she is in a lot of pain and genuinely ill.

We have begun to see some case evidence of problems with assessments themselves. Given previous experiences of Work Capability Assessments for Employment and Support Allowance (ESA), this is of concern.

- ▶ An East of Scotland CAB reports of a client who had been for his PIP medical assessment with Atos. He found it an upsetting experience as the woman interviewing him, who appeared to be a nurse, was aggressive and unpleasant, repeatedly asked the same questions and was unsympathetic to the pain the client was experiencing, as if she disbelieved him.
- ▶ An East of Scotland CAB reports of a client who came to bureau to make a complaint about Atos. She had waited in her home for two hours for the medical assessor to come, but no one came. When she phoned Atos she was told that the doctor saw there were work vans outside her property and did not attempt to go to her door, but went away without seeing her. The client was very upset as she has been waiting for seven months for her assessment.
- ▶ A North of Scotland CAB reports of a client who had a medical assessment but received no written notification of it. The client's partner received a phone call the previous night and was told the assessor would phone when she was about an hour away from the client's home. The appointment was for 1pm but the assessor did not arrive until after 2pm, resulting in the client's partner being unable to be present. The assessor did not have a copy of the client's PIP application and she said it would break confidentiality. She said she would remember the client's health conditions and would check them when she got back to the office. This was the third appointment made, the previous two having been cancelled by Atos.
- ▶ A South of Scotland CAB reports of a client who found when she arrived at her PIP assessment that the computers were 'down' and the assessor had no information in front of her. The client had to go through her whole claim from scratch and felt like she was being interrogated (her own word). The client was extremely distressed. The assessor had asked her if she 'felt like she didn't want to be here' and 'ending it all' – the client has had suicidal thoughts but is extremely nervous about voicing them in case someone decides she is not fit to look after her son. She felt worried that she had said too much and worried about the possible consequences. Telling the assessor everything already on form (which she had found distressing in the first place) was exhausting. She felt shivery, tearful and ill afterwards. Tactless questioning by the assessor added to an already stressful situation.

The main provider in Scotland is Atos, with some assessments subcontracted to other providers, notably Salus. Four fifths of advisers report Atos as the main assessment provider in their area. When looking specifically at satisfaction levels from this group of advisers, 61 per cent rate assessments as generally or always poor.

*“Time waiting for appointments is excessive. Waiting time for decisions after assessment is also excessive. When contacted Atos does not always give the same information relating to [the] claim, information [is] wrong and misleading.”*

Common problems identified by advisers with assessments were delays in arranging assessments, and the distance to assessment centre venues. This was particularly an issue raised by bureau advisers in more rural locations, and for those who needed home visits.

*“Assessment centres are too far away, often in Inverness, which is approximately an 80 mile round trip.”*

*“Length of time for clients to be assessed – many much longer than the 26 weeks being estimated by DWP. All assessments are being undertaken by home visit. [There have] only been three visits to the island since PIP was introduced. Many clients are without income and relying on foodbank etc.”*

*“We have over 100 miles’ travel to the assessment centre (2.5 – 3 hours travel). Home visits are rare and when they do come to [the island] they only seem to complete one visit at a time.”*

*“No assessment centre within 90 minutes travelling by public transport from many places in the catchment area. Some (few) home assessments taking place but often being advised the day before.”*

However this is not a problem confined to rural areas.

*“Location has been a problem with some clients being expected to travel well outwith the Glasgow central area (Ayr and Kilmarnock). This has been a particular concern for those who have mental health issues and struggle to venture outdoors.”*

*“One client who lived in the Hamilton area was advised that if he was prepared to travel to Kilmarnock [approximately 25 miles] they could offer an assessment the following week. If he was unable to attend then they had no idea when a local assessment could be arranged.”*

- ▶ An East of Scotland CAB reports of a client based in a city who has been offered a medical assessment 25 miles away in a rural town. This would be very difficult for her to do on public transport.

#### **Question 4: Further evidence**

The majority of advisers surveyed did not know about how evidence is being requested or used by assessment providers in their area. However, of those who did, more than half said evidence is not being requested: 39 per cent said it is not usually being requested, and 17 per cent said it is never being requested. 44 per cent said evidence is generally being requested by assessment providers. Responses were not significantly different between providers.

*“PIP assessors not aware of any evidence available, or of [their] role in requesting it.*

*“I am not aware of evidence having been requested; when the award has been wrong it would appear that no evidence has been sought as the evidence would have made it clear.”*

*“A client with heart failure was refused any component of PIP because she had walked from the car park to the assessment centre. I immediately submitted a mandatory reconsideration request on the grounds that the client suffered extreme fatigue on minimum exertion and could not repeatedly mobilise 20 yards. A decision maker contacted me and said that unless the client could come up with supporting medical evidence he would just go with the assessor’s report, even though we had noted specialist nurse, cardiologist, etc on the form. The decision maker’s attitude was “why should I request a report when I already have one?”. We supplied the evidence and the client got the award.”*

*“I have only seen approximately six decisions and they are evidenced and appropriate to client condition and evidence.”*

A number of advisers commented that there seems to be greater weight placed on evidence from the medical assessment than from evidence provided by the claimant, either in their form or in their own supporting medical evidence. There are also concerns about whether the evidence being gathered is the most appropriate for demonstrating the client’s needs.

*“Tend to contact GPs only and often not even them – most GPs know their patient’s condition but not how it affects them.”*

#### **Question 5: Assessment criteria**

##### **Special rules for terminally ill claimants**

A number of advisers commented on the special rules process. Overall comments were relatively positive.

*“Work for Macmillan CAB so many are Special Rules and are processed quite quickly. Normal rules application experience is always poor.”*

*“I have only had one PIP with special rules but found that this claim processing time was still a lot longer than for DLA.”*

*“DS1500 cases are the only ones, in my experience, who are receiving any acceptable level of service. This is a fairly new development.”*

*“We have found that a dedicated fast track claims process provides these vulnerable clients with a swift way to receive the vital help and support required. It has also been reassuring to note that the clients in this group are not expected to answer the lengthy questions expected in a standard claim.”*

- ▶ A North of Scotland CAB reports of a client who applied for PIP nearly eight months ago. A DS1500 special rules form was submitted four weeks ago, and the CAB has been advised that this should be processed in a couple or three weeks. The adviser comments: “If this takes this length of time, it will be well outwith the timescales indicated for DS1500 claims.”

### **Descriptors**

Some advisers made specific comments about the descriptors. One theme that began to emerge was the difficulties of building up a broad picture of the client’s needs.

*“The activities and descriptors are very specific and I feel too narrow, particularly as regards physical health. The form may be slightly easier to fill in (for an experienced adviser) compared to DLA but it does not allow you to build a picture of the client’s health concerns as was the case with the DLA form.”*

*“Descriptors do not cover a broad enough spectrum with regard to daily living and mobility.”*

*“Mental health conditions are not able to be highlighted in the PIP form. Evidence needs to be submitted to ensure the full extent of challenges is notified as the questions asked do not give this opportunity.”*

*“Clients with only one condition are unlikely to be awarded PIP. Easier with multiple conditions even if the one condition is severe.”*

*“Decision makers and assessors need to consider compounding effects (i.e. mental issues like depression affecting mobility issues like arthritis, M.E., especially) and remember ‘safely, reliably, repeatedly’ in particular. Most clients who can manage more than the 20 metres cannot manage this ‘safely, reliably, repeatedly’.”*

However other advisers found that severe fluctuating conditions were in some cases being appropriately recognised.

*“For clients who have fluctuating conditions (where they have more bad days than good) they are likely to be awarded the rate that they would be entitled to on a bad day.”*

One adviser highlighted the difficulties of identifying support needed at night.

*“Of significance is that there is now **no** help for clients who generally need help at night; describing how they would need help in bed or to assist with disturbed sleep – panic attacks, comfort in bed, etc, is challenging as you need to fit it in as best you can. Other clients suddenly rate highly because they need aids, e.g. hearing aids – which actually often means they get a higher award than someone with MS or a mental health issue!”*

## Questions 6 and 7: Reconsideration and appeals

In relation to the main reasons people are asking for PIP decisions to be looked at again, themes from advisers' responses include:

- failure to fully consider the impact of a client's condition(s) during the medical assessment
- inconsistencies in the information provided by DWP following a decision
- decisions regarding refusal of the mobility component

"The client seeking a mandatory reconsideration feel that either not enough weight has been given to the extent of their conditions during the Atos medical, or the Atos examiner has made a statement which the client has not disagreed with at the time which has then been detrimental to their claimant. For these clients mandatory reconsiderations are generally [met] with a reasonable degree of success. Most recent mandatory reconsiderations have been regarding the mobility component."

"Selective use of the evidence to make the decision not to award the benefit. Clients feel that not all of the circumstances have been considered or have been oversimplified."

- ▶ A South of Scotland CAB reports of a client who was requesting a mandatory reconsideration of her PIP decision. The medical assessment was carried out two months ago and a request has been made for a copy, but DWP are unable to say when this request might be processed. This means that this information cannot be used to inform the mandatory reconsideration. The mandatory reconsideration has been put in on the basis that the decision seems to have taken no notice of the information in the PIP2 form, and relies mainly on the medical report.

Some advisers commented on the usefulness of the decision letter in setting out the reasons for the decision. In some cases this has been useful in highlighting inconsistencies in the decision making process.

*"The award notice setting out all the reasoning is extremely useful as there are often glaring discrepancies that can be highlighted and challenged (e.g. 'can walk without any breathing problems' – then starting 'used inhaler when entered the room'...)"*

Some advisers commented that the stress of requesting reconsideration or appeal is too much for some clients, particularly if they already have a severe health condition, meaning they choose not to challenge.

*"One client has just been awarded PIP daily living standard rate. He could drop dead at any time due to a heart condition, and has a specialist cardiologist report from the beginning of last year stating this. This client is so traumatised by the wait and the hardship it has caused he can't face the appeal as he has been told to avoid stressful circumstances at all costs as this could end his life. As a result he cannot argue his ESA case to move him from Work-Related Activity Group to Support Group as his PIP award will not support it. He is stuck between a rock and a hard place with no way out."*

Some clients are so relieved to receive anything at all that they do not want to appeal, even if they have evidence to support such an appeal. One adviser stated that while reviewing cases which had recently received PIP decisions she had contacted five clients who had recently received a decision at the standard amount, three of whom decided not to appeal for the enhanced rate despite having relevant medical reports.

It is deeply concerning that the process of claiming the benefit is so stressful to some clients that they do not feel able to make use of the challenge processes available to them.

Another bureau commented that they are managing a large number of open, inactive cases, and having to contact clients at least once a month as clients have to request a mandatory reconsideration within a month of a decision letter, and those with mental health issues may not contact the bureau if an award is lower than expected. In the vast majority of cases DWP are not informing the bureau of the outcome of decisions, despite requests to do so.

### **Question 8 and 9: Delays**

Since its introduction, delays during the PIP claim process have been a major feature in the issues citizens advice bureaux face while supporting PIP claimants.

We asked bureau advisers what the length of a typical delay is in their area. Responses varied considerably from a minimum of two to three months, up to ten months. There also appear to be variations within a particular area.

*“Current decision making time in [this area] is on average ten months plus.”*

*“The length of time is growing so it's currently hard to say [what the length of a typical delay is]. We have taken to referring clients to the local MP who raised each case with Atos, which sped things up. They have now told us that they cannot intervene unless the client has been waiting more than 26 weeks for an assessment.”*

Several bureau advisers wrote of seeing cases delayed by 13, 14 or 15 months.

The delays are leading some claimants to lose faith in the system.

- ▶ A West of Scotland CAB reports of a client who came to bureau to find out if it would be worth applying for high rate mobility for her DLA and she has recently had a heart attack which has affected her mobility. The bureau explained that if she wanted to make the change she would no longer be in receipt of DLA but would have to apply for PIP. The adviser explained the criteria and the timescale, and also about the timetable for reassessment. The client was reluctant to report the deterioration in her health and decided to wait until her fixed term award ends.

### ***Impact of delays on claimants***

These delays are having a very severe impact on clients. Figure 2 sets out the impact advisers say that the delays are having on clients.

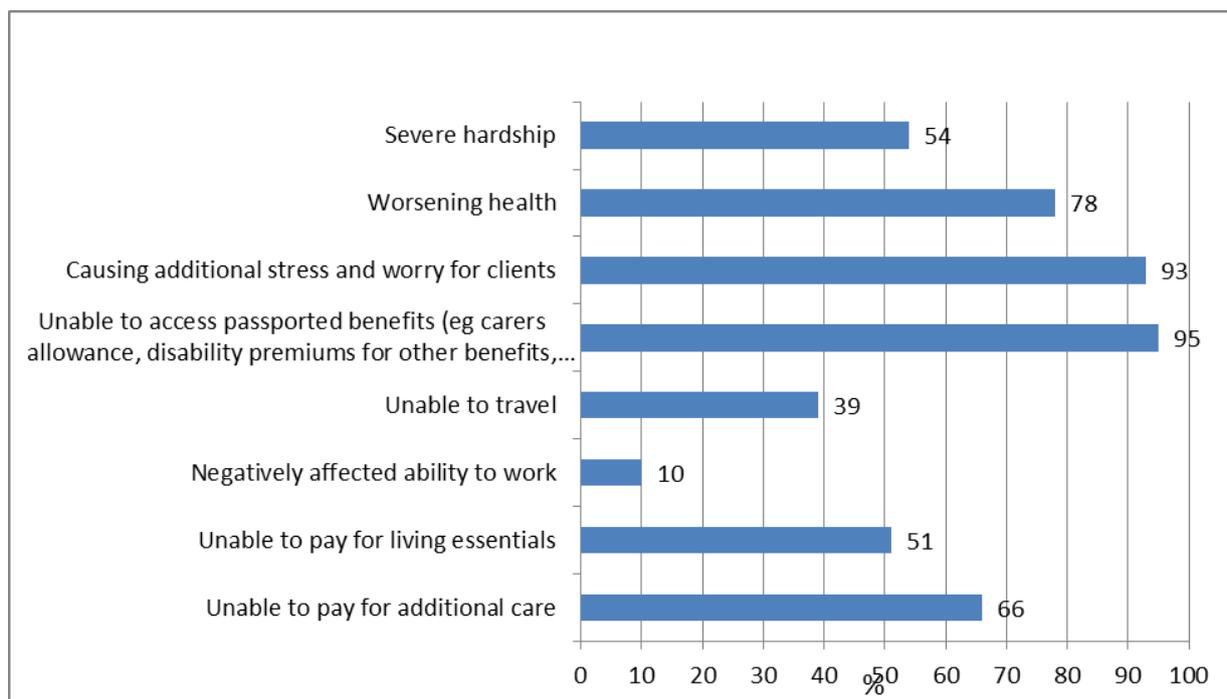


Fig 2: What impact are PIP delays having on clients?

Over half of advisers believe the delays are leaving clients in severe hardship and unable to pay for living essentials. There is evidence of clients having to give up cars and other necessities as a result of the delays. Although advisers were not asked about whether clients are getting into debt as a result of the delays, comments and case evidence make it clear that this is the case.

*“The most significant impact is the fact that the client does not have access to any income from PIP until the decision is made and then the funds are backdated. This is especially difficult for clients who are experiencing immediate and significant financial hardship.”*

*“Debt due to lack of funds from delays in benefit awards.”*

*“Although the benefit is not designed to support living costs it does in practice both directly and through passporting, this is the greatest impact.”*

*“Financial [impact], especially for working age clients with no contractual sick pay entitlement who have been unable to return to work in the long term after a stroke, etc.”*

- ▶ An East of Scotland CAB reports of a client who has serious health issues and last year was diagnosed with throat cancer. The client has been waiting for over ten months for an appointment for assessment for PIP with ATOS. As a result of

waiting for this length of time the client is now in financial difficulty, with rent and Council Tax arrears of almost £2,600, despite his wife working full time.

- ▶ A West of Scotland CAB reports of a client who came into the foodbank. He is now in receipt of ESA but is still waiting to hear about PIP. He is finding it hard to manage in the meantime. The CAB advised that PIP claims are taking about six months at present. This was his fourth foodbank referral.

Some claimants are unable to afford travel, making it difficult to manage daily activities, and limiting access to treatment.

- ▶ A North of Scotland CAB reports of a client who had a stroke several months ago and is severely disabled in speech and with all forms of movement. He applied for PIP six months ago but has not received a payment or been told if he would qualify. He and his wife are suffering a lot of stress due to their financial worries, the problems of his health and the recent death of his mother. They have also had to give up their car due to his lack of income.
- ▶ An Island CAB reports of a client who called to update the CAB on her PIP application. She called Atos again yesterday, having had no response previously, and 'lost it' slightly. She is still no nearer to getting an appointment for a home visit. She is waiting to get a suitable car to take the wheelchair. She is unable to arrange this until her PIP award is finalised, and has now been waiting six months, with no indication that she will receive an assessment soon. She lives in a remote area and has no access to any other form of transport.

Nearly four in five say the delays are causing worsening health, and nine out of ten additional stress and anxiety.

*“The frustration, hopelessness and despondency that the delays are causing.”*

*“The delays cause clients to be in a state of limbo during the claiming process – neither receiving PIP nor not receiving PIP. Clients feel both stressed and uncertain throughout the claiming process.”*

*“Especially with [DLA] migration cases, due to the length of time involved clients are worrying about the DLA ending and they don't know if they will be awarded PIP.”*

*“In some cases the support [the CAB] offers is the only thing that stops the client going 'over the edge', as they feel so vulnerable and victimised. The added wait increases this negative feeling.”*

The delays can result in substantial backpayments. While for some clients this means they can pay back debts built up in the meantime, for clients with substance misuse issues, there is a danger that a significant backpayment can compound their difficulties by providing money to feed their habit.

- ▶ A West of Scotland CAB reports of a client who applied for PIP in August 2013 and received a decision in May 2014. He received a backpayment of nearly £5,300 as a result.

### **Impact on passported benefits**

PIP is a passport to many other benefits, including Carers Allowance, disability premiums for other benefits, the motability scheme, concessionary travel schemes, etc. The delays in PIP mean that not only are claimants missing out on the financial support of this benefit, but potentially also of many other forms of support. Although PIP can be backdated, some of these other benefits cannot be backdated.

*“Partner having to give up work to care for someone and unable to claim carers allowance due to delay in awarding PIP. This is putting a very great strain on the family.”*

*“Mental health conditions – [delays] cause increased anxiety and distress, worry while waiting for the assessment. Physical conditions – the inability to pay for care or access blue badge easily does cause hardship as they are paying for these services out of income/ESA. We have another client who is undergoing cancer treatment. He does not qualify for special rules but has a huge amount of difficulty funding his transport to appointments for treatment, which will be eased significantly once his PIP claim is resolved. The client is having to use credit cards that are just about maxed out to fund his care needs. He has additional heating costs as well.”*

*“Delays in receiving passported benefits continuing their financial hardship and making it difficult for clients to make the right and affordable choices in terms of their care and mobility needs.”*

*“Delays in applying for Blue Badge or exemption from vehicle excise duty. Clients struggle to get disabled parking close by to where they want to be and often avoid going out at all.”*

- ▶ A South of Scotland CAB reports of a client who applied for PIP seven months ago and received a backdated award one month ago. He is eligible for 50% off road tax but this cannot be backdated. As a result of the PIP delay, he has lost seven months' discount.

Delays can also cause problems for bureaux who have to manage a large number of open, inactive cases.

### **Cumulative impact of disability benefit chaos**

In addition to the delays clients are experiencing with PIP, many clients are experiencing simultaneous delays with ESA, the income-replacement benefit for people who are sick or disabled. Nine out of ten advisers have seen clients affected by delays to both benefits at the same time, and a third of advisers have seen a lot of clients affected. In some cases this is leading vulnerable clients who have no source of income into debt.

*“Thankfully I have only seen a few [cases of clients affected by both delays], but in these cases it has caused extreme hardship, with clients relying on food banks, hand-outs from friends, etc, to try to sustain themselves. The amount of debt increases to an unmanageable degree and clients feel victimised and treated worse than criminals. The clients that I have seen have genuine health conditions verified by medical professionals and cannot work and are crippled by the idea that they can’t work – they want to but are unable.”*

*“Have one client who has been waiting for main phases assessment since November 2013. His income is so reduced that he can’t access appointments – if he pays for transport he can’t feed his electricity meter or himself, and is reliant on crisis grants, of which he has had the maximum allowed. The client has PTSD and other mental health problems. [This] results in him becoming more withdrawn and reluctant to request help, mental health deteriorates relying on charity. This is a client who has always worked and is a first time claimant in his 50s.”*

**When delays are occurring**

We asked advisers at what stage of the process delays are occurring. The findings are set out in figure 3. Delays are particularly acute around the assessment, but are occurring at all stages of the claim process.

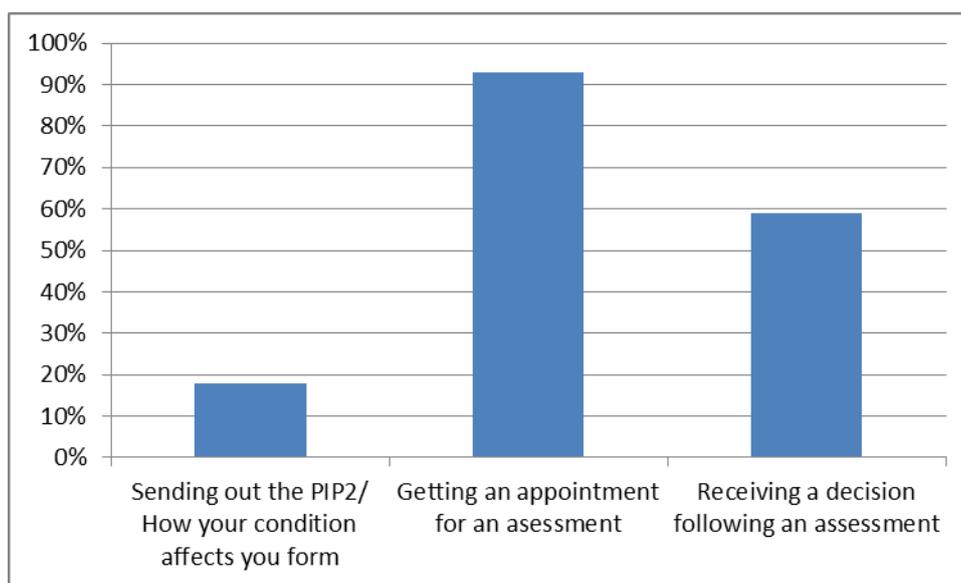


Figure 3: At what stage of the claims process are delays occurring?

*“One client waited three months for a PIP2 form to be sent out.”*

*“One client was sent a PIP1 form [instead of a PIP2], some clients have waited three weeks for their form.”*

- ▶ A West of Scotland CAB reports of a client who was told at the initial phone call that a PIP2 form would be sent out to her in three weeks’ time.

*“Have resorted to complaining direct to Atos before an appointment was offered and in two cases the local MP had to step in before the clients received an appointment.”*

- ▶ An East of Scotland CAB reports of a client who applied for PIP six months ago and attended a medical four months ago. She still awaits a decision. DWP are blaming Atos for not sending a hard copy of medical report. The client is now struggling financially and still does not know when a decision might be made.

Claimants do not receive an acknowledgement of receipt of the form from the claimant, and this compounds anxiety about the process of claiming the benefit.

*“Clients state that they are not adequately kept up to date on the process of their claim and that instead they go for months without even receiving an acknowledgement.”*

### **Question 10: Improvements**

The primary focus of advisers' comments about how to improve the PIP process focused on addressing delays and having clear timescales for dealing with claims. The DWP have now put a message on their phone lines to tell claimants that they should not expect to hear back about their claim within 26 weeks. This is unacceptable for claimants who are facing serious health issues, and more needs to be done to address this and support claimants in the meantime.

Suggestions include having an assessment phase for the benefit, similar to ESA and introducing a time limit on the length of the claim process.

*“Streamline the decision making process. Consider having a two-tiered award system with assessment phase amount paid to the client then the actual decision with additional amount awarded being backdated to the client where a successful decision is made. The assessment phase could even start once the PIP form has been completed and a decision maker could make a decision on whether the client would be placed on assessment phase pending medical. This would give the client a sense that their claim was progressing, where appropriate the client would receive some financial assistance for the duration of the decision making process and this would take some of the financial pressure off the client.”*

A number of advisers suggested that **making more effort to collect supporting medical evidence, and making greater use of this in the decision making process would be helpful. In order to clear the backlog, it was suggested that face-to-face assessments should be used as a last resort where there is appropriate supporting evidence.**

*“One department dealing with the application process from start to finish and each applicant is allocated a case worker with regard to their application so if applications have any queries they speak with the same DWP adviser and the application can be better controlled and processed.”*

*“Ensuring that decisions are reached on the claim form and securing supportive evidence first, and face-to-face medical a last resort as this delays process significantly.”*

In relation to the initial claim, **allowing bureaux to obtain forms without the client needing to be present** was identified by several advisers as an area for improvement. Some bureau advisers suggested **allowing more time to complete the PIP2 form** would help claimants who needed help from bureaux to fill out the form. One adviser commented that “The two part process does not appear to serve any process other than lengthen the claim.”

Further details of recommendations for improvement are set out in the final section of this response.

### Question 11: Claimant satisfaction

We asked bureau advisers how satisfied they are with the overall process for claiming PIP (figure 4). 70 per cent said they are either somewhat dissatisfied or very dissatisfied, with the main focus of comments being on the unacceptable level of delays.

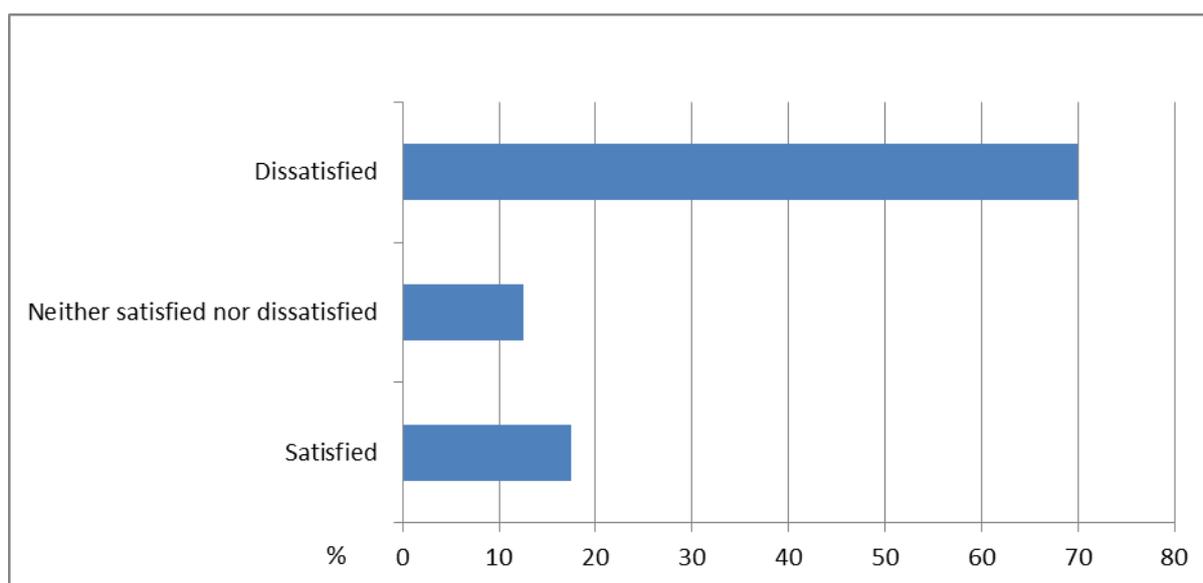


Fig 4: How satisfied are you with the overall process of claiming PIP (excluding don't knows)

### Question 12: Appropriateness and fairness of decisions

On the whole, advisers are reasonably satisfied with the appropriateness of decisions for their clients. 59 per cent of respondents said that the decisions they have seen are somewhat or definitely appropriate for their clients. However, nearly a quarter (24 per cent) said decisions are not appropriate, and 16 per cent had no opinion.

*“Most of the decision making from DWP has in my opinion overall been fair and consistent. Clients with clear medical evidence which matches the findings of the Atos medical have been successful at a positive rate with many receiving the enhanced rate. It does appear however as in the past with ESA the Atos*

*medical is given greater evidential weight than the client's PIP form and medical evidence when the initial decision is being made."*

*"The effect of compounding conditions is not adequately considered, in particular for mobility – i.e. how that person walked into the assessment on that day seems to be the only measure – and the distance is always exaggerated (i.e. over 20 meters into the assessment room when it is less than 15.) Errors seem to be most evident where mobility is assessed and 'safely, reliably, repeatedly would appear to not be considered (effectively!) at all."*

One adviser commented that it was difficult to comment on this question as they have not seen enough decisions to form an opinion yet.

Views on the consistency of decisions were also very mixed. Some advisers commented that they feel surprised at how positive the outcomes have been for some clients.

*"Very mixed decisions. Some [clients] received higher awards than I thought they would, which has surprised me, as well as some receiving less."*

*"We have been surprised by the number of successful PIP awards made so far and as a result we question whether this is simply a 'honeymoon period', deployed to avoid further negative publicity."*

## **Recommendations**

It is deeply disappointing and worrying that so many problems have already emerged with Personal Independence Payment at such an early stage. Some of these are problems that were previously experienced with ESA, and it appears that lessons have not been learnt. The Government must take these problems seriously and address them urgently: they are causing great detriment to very vulnerable citizens.

There are a number of clear recommendations which emerge from the evidence presented from Scottish bureaux.

These include:

- Identify and take urgent measures to address the significant delays in the claim process
- Re-examine the initial phone call process, particularly for clients who have difficulties with phone calls because of their health condition or disability, or because of language barriers
- Bureaux should be able to request forms without the client being present
- The timescale for returning the PIP2 form should be re-examined, particularly where clients need support to complete the form. DWP should establish a maximum timescale for issuing these forms following the claimant's initial call
- Letters issued by DWP and Atos must be clear about which benefit they are referring to
- Claimants should be provided with more information about the claim process, including an overview of the process, and information about what information they will need to provide at each stage of the process

- There should be more information available to claimants about the progress of their claim. DWP should acknowledge receipt of forms so that claimants and bureaux know that they have not been lost.
- Medical evidence should be collected at an early stage and used to inform the assessment process
- A more appropriate balance should be found between use of medical evidence and the findings of the medical assessment
- Further roll out of PIP reassessment should be delayed until current problems in the system are rectified and in particular the backlog of assessments is dealt with
- DWP should commission an urgent independent review of the impact of benefits delays on sick and disabled claimants and take appropriate action on the conclusion of the review.

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