

VOICES FROM THE FRONTLINE

Personal Independence Payments: The impact of delays



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Citizens Advice Scotland (CAS), our 61 member bureaux and the Citizen Advice Consumer Service helpline form Scotland's largest independent advice network. Advice provided by the Scottish CAB Service is free, independent, confidential, impartial and available to everyone. Our website, Adviceguide, also provides the public with up-to-date information on a range of topics. We are champions for both citizens and consumers and in 2012/13 we helped over 314,000 people deal with over a million issues.

Our series of briefings '**Voices from the Frontline**' show the reality of the impact of current welfare changes on the people of Scotland. We highlight the experiences of the thousands of clients advised by CAB in Scotland and make recommendations for change.

Introduction

Personal Independence Payment (PIP) is a crucial benefit for many sick and disabled people. It is designed to help with the extra costs of being sick or having a disability, such as additional heating, additional travel costs, special diets, or specialist equipment. 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.

Scottish bureaux have been supporting 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. CAS carried out a survey of bureau advisers in August 2014¹ to find out the experiences of those making applications for Personal Independent Payment.

Delays

Since its introduction, delays during the PIP claim process have been a major feature in the experience of claimants when making an application. Typically clients are waiting around six months for a decision about their benefit, but waiting times vary considerably.

- ▶ A West of Scotland CAB reports of a client who applied for PIP in August 2013 and received a decision in May 2014.
- ▶ A North of Scotland CAB reports of a client who applied for PIP in August 2013. He received a face-to-face assessment in May 2014, and finally got a decision in July 2014, 47 weeks after first applying.

¹ The survey received over 50 responses, primarily from welfare rights advisers. All quotes are from the survey of bureau advisers unless stated otherwise.

- ▶ A North of Scotland CAB reports of a client who applied for PIP in November 2013. As of August 2014 he has heard nothing about having a face-to-face assessment or getting a decision about his benefit.
- ▶ An East of Scotland CAB reports of a client who submitted her PIP claim eight months ago. She had made two follow up calls to find out what is happening but has heard nothing. She now has to consider returning to work early despite having had two operations because she cannot afford to live on half pay.

In our survey, several bureau advisers wrote of seeing cases delayed by 13, 14 or 15 months. Seven out of ten advisers surveyed are dissatisfied with the PIP claim process, particularly as a result of these delays.

The most significant delays are in the arrangement of a face-to-face medical assessment, but bureaux are also seeing delays in making a decision after the assessment, and even in sending out forms to claimants after the initial application phone call. One bureau reports of a client waiting three months for a form to be sent out.

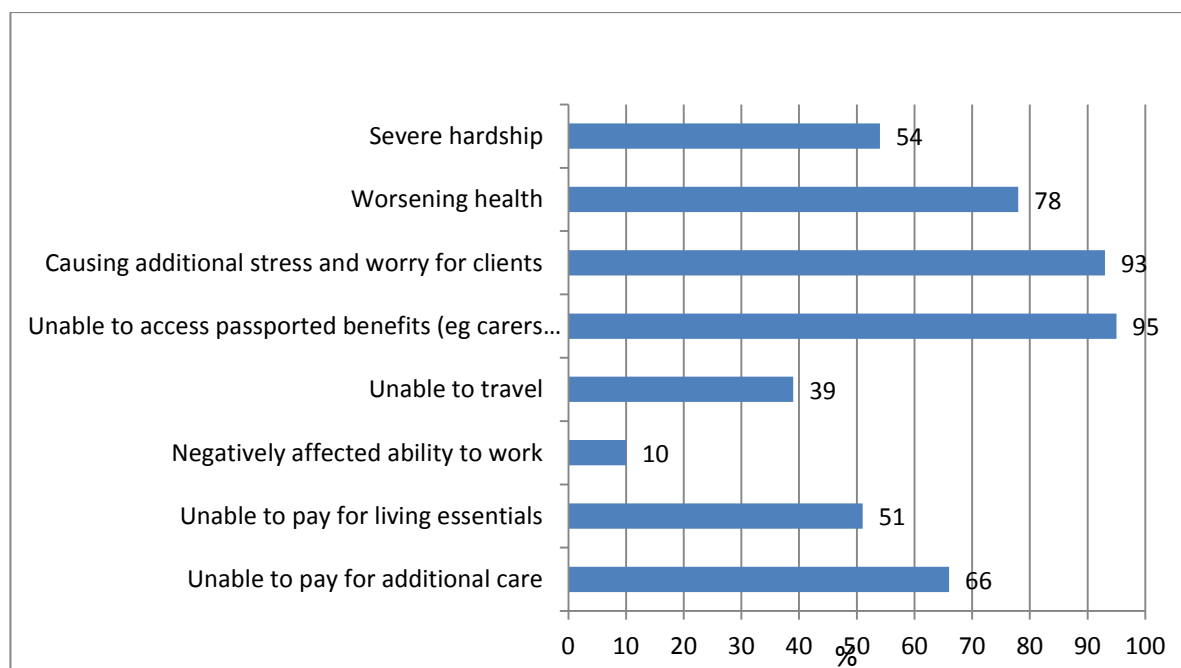
“Current decision making time in [this area] is on average ten months plus.”

“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 speed things up. They have now told us that they cannot intervene unless the client has been waiting more than 26 weeks for an assessment.”

Impact of delays on claimants

These delays are having a very severe impact on clients. The chart below sets out the impact advisers say that the delays are having on clients.

Chart 1: Impact bureau advisers believe delays in PIP claims have on bureau clients



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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.

“We have [a] client who is undergoing cancer treatment. He 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.”

“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 an 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.

Nine out of ten advisers say the delays are causing additional stress and anxiety for clients, and nearly four in five advisers say clients’ health is getting worse.

“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 are causing frustration, hopelessness and despondency.”

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“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.”

Impact on passported benefits

PIP is a passport to many other benefits, including Carers Allowance, disability premiums for other benefits, the motability car 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.

▶ 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.

“Partner of client 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.”

“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.”

Medical assessments

Applicants for PIP now have to undergo a face-to-face assessment (often called a medical assessment), unlike most claimants for DLA in the past. In Scotland, these assessments are primarily being carried out by Atos, the provider of the much criticised assessments for the Employment and Support Allowance (ESA) benefit, although some are subcontracted to other providers.

Because of the delays some advisers have not seen enough clients who have gone through a face-to-face assessment. But of those who had, just under half (45%) who said the process is generally or always poor. One in six (16%) said it is always or generally good, and 39% who said it is neither good nor bad. The following quotes and cases highlight 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 represent 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.”

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- ▶ A North of Scotland CAB reports of a client who was contacted about a home visit for an 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 had been for his PIP medical assessment with Atos. He found it an upsetting experience as the woman interviewing him, who he believed 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.

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

- ▶ 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 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. 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 was extremely distressed and 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.

For some clients, particularly in rural areas, the distance from the assessment centre is a real problem.

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

“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.” However this is not a problem confined to rural areas.

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“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.”

► 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.

Appropriateness of decisions

On the whole, advisers are reasonably satisfied with the appropriateness of decisions for their clients. 59% of respondents said that the decisions they have seen are somewhat or definitely appropriate for their clients. However, nearly a quarter (24%) said decisions are not appropriate.

“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.”

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.”

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 benefit for people who are too sick or disabled to work. 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.

“In these cases [of clients affected by both PIP and ESA delays] 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 an ESA assessment since November 2013 [nine months]. 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 [Post Traumatic Stress Disorder] and other mental health problems. [His] mental health deteriorates relying on charity. This is a client who has always worked and is a first time claimant in his 50s.”

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Conclusion

We welcome initial evidence that many decisions regarding PIP are appropriate for clients. We hope that this level of consistency is sustained and increased.

But 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.

Recommendations

- Identify and take urgent measures to address the significant delays in the claim process.
- The timescale for returning the PIP “how your disability affects you” 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.
- 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.