



Designing a Social Security System for Scotland:
Disability and Carers' Benefits

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About the Citizens Advice Service

Citizens Advice Scotland (CAS), our 61 member Citizen Advice Bureaux (CAB), the Citizen Advice consumer helpline, and the Extra Help Unit, form Scotland's largest independent advice network. Advice provided by our service is free, independent, confidential, impartial and available to everyone. Our self-help website Adviceguide provides information on rights and helps people solve their problems.

In 2014-15 the Citizens Advice Service network helped over 323,000 clients in Scotland alone and dealt with over one million advice issues. With support from the network clients had financial gains of over £124 million and the Scottish zone of our self-help website Adviceguide received approximately 5.4 million unique page views.

Summary

The CAB service has a unique role in Scotland. No other charity offers direct help to so many people over such a wide variety of problems and across the whole of Scotland. Our on-the-ground experience and extensive evidence base puts us in an ideal position to set out a vision for how Scotland should use its new social security powers.

To inform the development of a distinct Scottish approach to disability and carers' benefits, Citizens Advice Scotland gathered views from bureau advisers and clients across Scotland on how they would want the new powers to be used. This included focus groups and interviews, as well as an online adviser survey.

Overall, most participants did not think that, when the relevant powers are devolved to the Scottish Parliament, there should be a complete overhaul of the current system. However, there was clear dissatisfaction with a number of aspects of the current system, particularly the way in which Personal Independence Payment (PIP) has been implemented.

Based on the views of participants and the evidence gathered for this report, **CAS makes the following recommendations:**

1. The purpose of disability benefits should be to help with the extra costs associated with the disability or health condition. The level of benefit should be sufficient to enable people to participate in society and to live as independently as possible.
2. The language around disability benefits should be positive and inclusive. The focus should be on helping people get the support they are entitled to, and the system should be built on principles of trust, dignity and respect.
3. There should be a targeted effort to raise awareness of entitlement to disability and carers' benefits, with appropriate information available in a variety of formats and from multiple sources

4. Any changes should be effectively communicated to potential/existing claimants, carers, health professionals and other relevant people/groups who support disabled people and carers.
5. Disability benefits should not have to be used to 'plug gaps' in other benefits and services. Links between services for disabled people should be strengthened to ensure that people get all available support. Improvements to other services, particularly social care, should be a priority.
6. Entitlement to disability benefits should remain universal.
7. An independent panel should be set up to monitor and review the eligibility criteria for disability benefits. This panel should include disabled people and representative organisations.
8. The criteria for entitlement to the enhanced mobility component should be changed so that the relevant distance is increased from 20 metres to at least 50 metres.
9. All people entitled to disability benefits should be able to use their benefit to access the Motability scheme.
10. A lower rate for the daily living component under PIP should be introduced.
11. Claimants should have a choice about how they apply for disability benefits. This should include online, by telephone, on paper and in person.
12. The application form needs to be shorter and easier for claimants to understand. It should enable claimants to fully explain the impact of their condition(s), and be framed in as positive a way as possible.
13. Support needs to be widely available to help people make a claim for disability benefits. This support should be available from multiple sources, and preferably independent from the decision-making process.
14. Lessons must be learnt from the roll-out of PIP to prevent excessive delays in any future assessment process. There should be a specific time limit within which a decision on entitlement must be made.
15. In assessing people's eligibility for disability benefits, much greater emphasis should be given to evidence from people who know the claimant, including health and other relevant professionals, carers and family members.

16. The agency determining eligibility for disability benefits should be responsible for gathering this information and covering any associated costs.
17. There should be a tiered approach to assessment, with a face-to-face assessment only carried out in a small number of cases either when a claimant requests one or it has not been possible to gather enough information to make a decision.
18. Face-to-face assessment should only be carried out by a suitably qualified professional with knowledge and experience of the particular claimant's condition(s). They should take place at a location that is local and accessible to the claimant. Claimants should be treated with dignity and respect at all times.
19. While assessment for disability benefits should not necessarily be combined with assessment for other benefits or services, there should be improvements to information sharing arrangements between services which would reduce the need for claimants to provide the same information more than once.
20. The timing of reassessments should be appropriate to the claimant's condition(s) and circumstances.
21. The mandatory reconsideration process should be removed and an automatic right to appeal to an independent tribunal reinstated.
22. The rate of Carer's Allowance should be increased and eligibility criteria reviewed, in particular the number of hours of care that need to be provided and the restriction on weekly earnings.

Introduction

Scottish Citizens Advice Bureaux deliver frontline advice services through more than 200 service points across the country, from city centres to island communities. Benefits advice is the biggest area of work for the Scottish CAB network. In 2014/15 bureaux dealt with nearly 220,000 new benefits issues, representing 37% of all bureau work.

In 2010, the UK Government announced its intention to replace Disability Living Allowance (DLA) with Personal Independence Payment (PIP) for people aged 16-64. The rationale for this was explained as follows:

“Disability Living Allowance (DLA) has become confusing and complex. The rising caseload and expenditure is unsustainable, the benefit is not well understood and there is no process to check that awards remain correct. That is why the Government will reform DLA, to create a new benefit, Personal Independence Payment, which is easier to understand, more efficient and will support disabled people who face the greatest challenges to remaining independent and leading full and active lives”.¹

PIP was introduced in Scotland in June 2013 for all new claims for people aged 16-64. In January 2014, the process of reassessment for certain existing DLA claimants began in some areas of Scotland. This process is still continuing, with all existing DLA claimants expected to be contacted about migrating to PIP by September 2017.²

Both PIP and its predecessor DLA are crucial benefits for many sick and disabled people. They aim 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.

Citizens Advice Scotland (CAS) supports the UK Government's commitment “to supporting disabled people to exercise choice and control and lead independent lives”³. However, our evidence shows that, despite this policy intention, the introduction of PIP has caused significant problems for some of the most vulnerable people in Scotland.

PIP is one of the fastest rising issues for bureaux in Scotland. In 2014/15, bureaux dealt with 30,000 new issues relating to PIP; an increase of 90% on the previous

¹ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/181633/dla-reform-consultation.pdf page 3, para 2

² https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/455684/timetable-for-pip-replacing-dla.pdf

³ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/181633/dla-reform-consultation.pdf page 5, para 1

year. The most significant issue for clients has been considerable delays in the assessment process. Bureaux have also seen other issues such as clients being required to travel long distances for an assessment, and difficulties in completing the 'How your disability affects you' (PIP2) form within the time limit (one month).

We are also now beginning to see a number of cases where people who have been receiving DLA are losing out when transferred to PIP. In particular, a number of clients who were previously on higher rate mobility component under DLA are only receiving the standard rate mobility component under PIP. This means that they lose their entitlement to the Motability scheme.

These problems have caused considerable distress for many sick and disabled people in Scotland, often leaving them facing hardship and unable to meet basic living costs. When surveyed in August 2014, nine out of ten advisers thought that the PIP assessment process was causing additional stress and anxiety for clients; nearly four in five advisers said they had seen clients' health worsening as a result of the process.

In November 2014, the Smith Commission Report proposed that powers over benefits for carers, disabled people and those who are ill should be devolved to the Scottish Parliament.⁴ CAS welcomed this proposal as an opportunity to create a distinct Scottish system of disability and carers' benefits which is fair, equal and responsive to the needs of Scotland's citizens.

To inform the development of a distinct Scottish approach to disability and carers' benefits, CAS gathered views from bureau advisers and clients across Scotland on how they would want the new powers to be used.

⁴ https://www.smith-commission.scot/wp-content/uploads/2014/11/The_Smith_Commission_Report-1.pdf

Methodology

A summary of the activities undertaken can be found in Figure 1 below. Details of bureaux conducting focus groups and client interviews can be found in Appendix 1.

This report presents the findings of these focus groups, interviews and survey; all quotes are from participants unless otherwise stated. We will continue to analyse the results, as well as monitor the ongoing roll-out of PIP, and will publish a public report in the coming months.

Figure 1: Methodology

Activity	Detail
Benefits Advisers focus group 23 July 2015	A full-day focus group was held at CAS with 14 benefits advisers from different bureaux.
Focus groups run by bureaux September 2015	Bureaux were offered a small grant to conduct a focus group with clients with a disability or health condition, advisers and/or representatives from local agencies. 10 bureaux organised a focus group.
Client interviews September 2015	Bureaux were offered a small grant to conduct 10 telephone or face-to-face interviews with clients with a disability or health condition. 7 bureaux conducted these interviews.
Additional interviews September – October 2015	Participating bureaux were offered a small grant to carry out a further 8 telephone or face-to-face interviews with clients. 9 bureaux conducted these additional interviews.
Online adviser survey 18 th September – 9 October 2015	Bureaux advisers were invited to respond to an online survey (via SurveyMonkey). 37 advisers responded.

The focus groups and client interviews focused on the following key topics:

- The purpose of disability benefits
- Who should be eligible for disability benefits
- The application process
- Assessment for disability benefits
- Priorities for change.

We provided bureaux with prompt sheets for both the focus groups and client interviews (see Appendix 2) and asked them feedback the comments. The online adviser survey covered similar topics, as well as specific questions on Carer's Allowance.

CAS would like to thank the bureaux listed in Appendix 1 for conducting focus groups and interviews with clients and advisers. We would also like to thank all advisers who attended the CAS focus group in July and those who responded to the online survey. Without the ongoing feedback and assistance from bureaux, this report would not be possible.

Disability benefits

“Disability benefits are crucial for the wellbeing of individuals who suffer from illness and give an insight into the attitude of governments”.

The purpose of disability benefits

The first issue we wanted to gather views on was what advisers and clients thought the purpose of disability benefits should be, and whether the current DLA/PIP system meets the needs of disabled people.

The underlying purpose of both DLA and PIP is to meet the extra costs that people with a disability or health condition face. In introducing PIP, the UK Government emphasised that PIP would continue to be an ‘extra-costs’ benefit which would aim to help people overcome the barriers they faced to lead independent and active lives.

However, the UK Government also believed that the DLA caseload and associated expenditure had increased ‘at a rate never envisaged’. As such, it proposed to focus PIP on those that ‘need the greatest help to live independently’.⁵

A central assumption behind the introduction of PIP was that it would reduce forecast working-age DLA expenditure by 20%.⁶ This would be achieved by changes to eligibility criteria and the introduction of a face-to-face assessment to ensure that the benefit was awarded only to those with the greatest need.

What should the purpose of disability benefits be?

The overwhelming response from focus groups, client interviews and the online survey was that the main purpose of disability benefits should be **to help people with the extra costs of having an impairment or health condition**. In the online adviser survey, **92% of advisers** thought that this should be the main purpose of disability benefits.

“I have to rely on people to help me and want to be able to give them some money to make sure that they are not out of pocket. I need to be able to give them money for things like petrol or if someone takes me out for fresh air I want to be able to buy them a cup of tea and a cake”.

“I have a wheelchair and two artificial legs. I need to use disability benefits for mobility car and taxis. I also need to use a lot of money to pay for things like artificial shoes that cost about £100 a pair”.

⁵ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/181633/dla-reform-consultation.pdf page 7 para 14 and 15

⁶ HM Treasury Budget June 2010 policy costings

“This additional money is essential and can keep an individual just above the poverty line due to additional costs with heating, clothing, mobility and diets that can come with having a health issue”.

Travel was the most common extra cost identified by participants. Additional money was needed to help people travel to medical appointments, support services, work or to visit friends and family, as well as to generally ‘get out and about’ in their local communities. The key extra costs identified by participants can be seen in Figure 2.

Figure 2: Extra costs identified by participants

Extra costs
<ul style="list-style-type: none">• Travel, including transport fares for people helping you• Aids and equipment• Adaptations• Additional heating and electricity costs• Paying for people to help you with day-to-day living e.g. shopping, housework and collecting prescriptions• Taking part in activities that help with their disability or health condition• Special food/diet• Special clothing• Higher insurance premiums

The majority of participants thought that helping with these extra costs was crucial to **enabling disabled people to participate in society and to live independently.**

“Without such financial support, there would be greater likelihood that people with health conditions would become more isolated from/within their communities – accordingly, such benefits also help to address barriers in society”.

Participants also emphasised the importance of **equality**, in that disabled people should have the same opportunities and quality of life as non-disabled people.

Figure 3 shows some of the key comments from participants that highlight how they view the purpose of disability benefits.

Figure 3: Comments on the purpose of disability benefits



Most participants did not think that the purpose of disability benefits should be to compensate people. They emphasised that 'it was not a person's fault' that they have extra needs and that the focus should be on supporting people, rather than compensating them for having a disability.

From participants' responses on the purpose of disability benefits, it was clear that many thought that the income from such benefits was crucial for them to maintain a better quality of life. However, many felt that the current system did not treat them with **dignity and respect**.

In particular, the **language** around disability benefits was a key issue for participants. A recurring theme was that claimants felt as though they were treated as 'liars' and had to 'beg' for help.

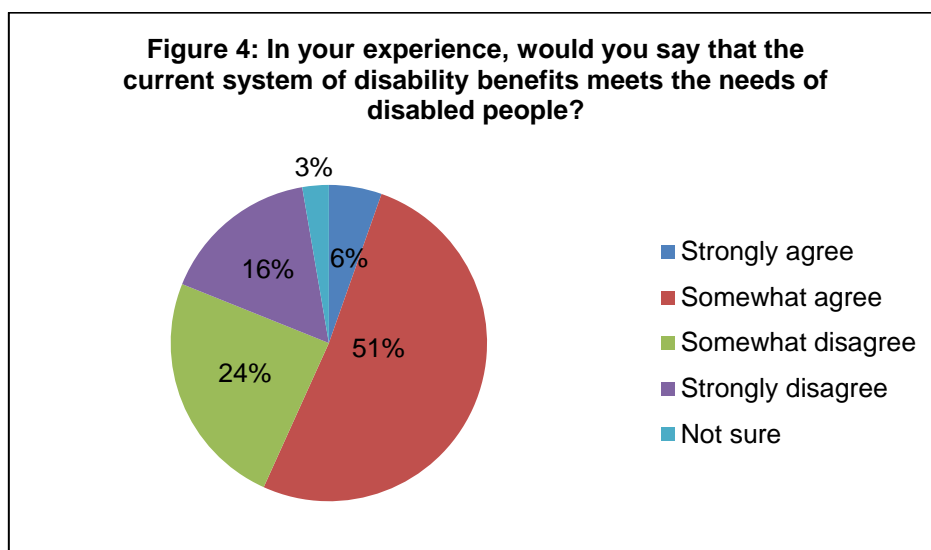
"[The system] should help me access the benefits I am entitled to, not make me feel guilty for being disabled".

Many felt that there needs to be a concerted effort by the Government to use more inclusive, positive language and to challenge misperceptions about people claiming disability benefits. The Government should emphasise that disabled people do face extra costs and they are entitled to additional support.

"There needs to be a positive attitude to people with disabilities treating them with trust, dignity and believe in those claiming".

Does the current system meet the needs of disabled people?

The majority of advisers responding to the online survey (51%) somewhat agreed that the current system of disability benefits meets the needs of disabled people. However, 24% somewhat disagreed and 16% strongly disagreed. Only 5% strongly agreed that the current system meets the needs of disabled people. These results are shown in Figure 4 below.



Those who thought the current system did not meet the needs of disabled people emphasised its complexity, the distress experienced by claimants, discrimination and stigma surrounding disability benefits, and the particular difficulties for people with mental health problems in claiming.

A recurring theme was that DLA and PIP were not intended to be income replacement benefits, but were often used as such to top-up a lack of sufficient income from other benefits such as Employment and Support Allowance (ESA).

Many thought that a person's DLA/PIP was too often used 'to plug gaps' that should be filled by other services and benefits. While the purpose of the benefits was to meet extra costs, *"for most people the current level of disability benefits doesn't meet these costs and disabled people generally have a lower than average standard of living"*. Further, *"as income replacement benefits are too low to cover living costs"*, a person's DLA/PIP is often used for basic living costs rather than to meet the extra costs associated with their disability or health condition.

How can we better meet the needs of disabled people?

We asked participants to consider whether changes could be made to other benefits or services that would help to better meet the needs of disabled people. Participants considered that this was an **important opportunity to review overall provision for disabled people and carers**. 76% of advisers responding to the online survey thought that changes could be made to other parts of the system, such as social care.

Three key themes emerged.

1. Establishing a joined-up approach

A number of participants thought that there could be better links between services that support disabled people. This could be achieved, for example, through improved signposting to other support services.

Specifically, participants thought there should be clear links between services dealing with disability benefits and other services for disabled people, so that those services could advise about entitlement to benefits and vice versa. Some thought there should be a specific person responsible for identifying and putting together a package of support for a disabled person.

"The system should be more focused on helping people ... once you are given a disability benefit you should be also offered support by other agencies, someone to talk to and help you manage your condition".

"Ensure that disabled people have access to all forms of assistance by joining up local services to meet the needs of the individual".

“There needs to be improved integration of voluntary and statutory bodies to provide enhanced support e.g. befriending schemes, lifts to appointments, free advice/representation, advocacy services etc.”.

“Each claim for a disability benefit should ‘trigger’ an offer from the local authority to carry out a care needs assessment – this would entail the sharing of information by the DWP and local authority”.

“There could be disability assessment officers in place to determine what type of assistance is needed to support a disabled person”.

2. Improving social care provision

A recurring issue was that participants felt that a person's DLA/PIP was too often used to plug gaps in social care provision.

“Disability benefits should not be used to shore up the inadequacies in other statutory services, particularly social care”.

“I need to be able to buy in care because social services are not able to put in the level of care I need – their resources are so limited”.

3. Providing more aids and adaptations

Participants thought that more could be done to offer appropriate aids and adaptations, which would reduce the extra costs associated with a person's disability or health condition.

The key point emerging from our consultation on this issue was that there was ‘no one size fits all’ and too often disabled people were offered aids or adaptations that were inappropriate for their needs. For example, one participant who was unable to stand had a shower fitted with a shower seat. However, the shower cubicle itself was too small for that person to use.

Participants also thought that the Scottish Government could do more to make improvements to disabled people's homes, which would reduce extra costs. In particular, they thought a focus on improving energy efficiency would be beneficial. Some also thought there should be reduced energy tariffs for disabled people.

In addition to these three key themes, a number of participants suggested that there be more travel concessions or more accessible public transport for disabled people. Participants also highlighted the importance of a disabled person being able to boost their own income, and therefore the need for better support into employment.

Eligibility for disability benefits

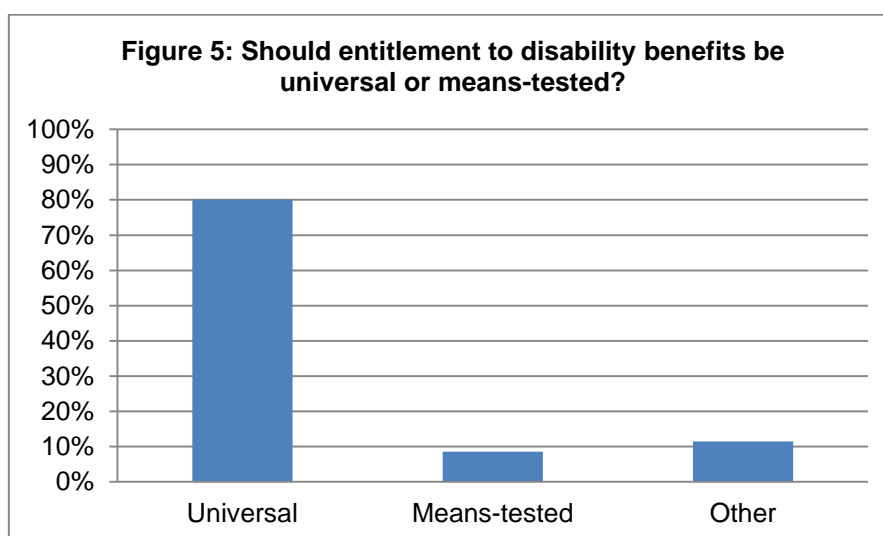
As discussed above, one of the policy intentions behind PIP was to ensure that the benefit focused on disabled people with the greatest need. Instead of using 'care' and 'mobility' needs as proxies of extra costs, PIP determines need based on the impact of a person's disability or condition on their ability to carry out a range of activities key to everyday life.

It is worth stating at the outset that, on the whole, participants were positive about these policy intentions. **Many felt that the introduction of PIP was a 'step in the right direction', and their problems had been with its implementation rather than the policy itself.** Participants thought that too many changes just made the system more and more complicated.

However, as discussed below, participants had significant concerns about aspects of the PIP eligibility criteria, particularly the more restrictive mobility criteria. Therefore, while overall participants did not want to scrap the PIP eligibility criteria entirely, they did think that improvements should be made gradually.

Who should be eligible for disability benefits?

The majority of participants thought that **disability benefits should remain universal**. 80% of advisers responding to the online survey thought that entitlement to disability should be universal, whereas only 9% thought it would be means-tested (see Figure 5).



Participants saw universality as important for the message it sent to society; one of inclusion, equality, dignity and non-discrimination.

“It ensures that all are treated with the same respect and not to be able to pick out individuals and stigmatise poverty”.

“All people with disability should be treated equally and helped to improve their quality of life”.

“As soon as you means-test, you create a barrier and those closest to the barrier gain most and those just above lose most”.

A small number of participants did think that disability benefits should not be available to people with a high level of income or savings (£60,000 or more). Others thought there should be some sort of ‘opt-out’ option, where eligibility would remain universal but there was a mechanism to give the money back to the Government or to an identified charity.

Participants’ responses on eligibility criteria largely reflected the current DLA/PIP model. They emphasised that the benefit should be available to people with a physical and/or mental health condition. While some participants thought that the benefit should be available to *all* disabled people, most suggested some limitations. These included that the condition:

- Is ‘long-lasting’ or likely to persist for a certain amount of time (there appeared to be a general consensus of around 6 months)
- Has an impact on their daily living or impairs their quality of life
- Results in extra costs for the disabled person.

Some participants thought there should be one benefit regardless of age. In particular, DLA/PIP should not stop when a person turns 65.

Some also thought that there should be automatic eligibility for certain conditions, as was the case with DLA.

What about the current disability benefits system needs to be changed?

It became clear through our consultation with bureaux and clients that the vast majority did not want a complete overhaul of PIP. However, most did think improvements could be made to the PIP descriptors and points system. Participants stressed that this should be done gradually so as to minimise distress for claimants. Some suggested that there should be a built-in mechanism for yearly independent review of the criteria used to determine eligibility.

There were four areas identified as priorities for change.

1. Changing the mobility descriptors under PIP

Participants thought restricting eligibility for the enhanced mobility component to those who could walk less than 20 metres was resulting in significant hardship for many disabled people. Most wanted to see the distance increased to at least 50 metres (as under DLA).

CAS is beginning to see a number of cases where people who were in receipt of the higher mobility rate under DLA are not qualifying for the enhanced rate under PIP. This is particularly detrimental as people can lose their entitlement to the Motability Scheme.

- A North of Scotland CAB reports of a client who was in receipt of the higher mobility rate under DLA and had a Motability car. She was migrated to PIP and only awarded the standard mobility rate. She now has to return her car, even though she has requested a mandatory reconsideration. If the mandatory reconsideration is successful, she will need to reapply for the Motability Scheme and pay another deposit. The client was extremely anxious and upset about having to return the car.
- A West of Scotland CAB reports of a client who had been receiving the higher mobility rate under DLA but only awarded the standard rate under PIP. The client had had to return her Motability car and she was extremely upset as she did not know how she would get out now. She will have to rely on other people and cannot afford taxis all the time. She cannot use public transport because she becomes anxious and has panic attacks.

Some participants thought that, rather than enhanced mobility being a passport to the Motability Scheme, all claimants should be able to use their PIP award to access Motability.

2. Lower rate for care/daily living

Under DLA, there were three rates for the care component – lowest, middle or highest. Under PIP, there are only two rates for the daily living component – standard and enhanced.

Many participants thought that a lower rate for daily living should be reintroduced to PIP. They thought that removing this rate was excluding people who face additional costs. People perceived to have lower level support needs may now get no support from PIP, which could lead to higher health and social care costs in the long term. The preventative and supportive role played by the lowest rate of the care component under DLA is lost under PIP.

3. Mental health

From our consultation it appeared that, while participants recognised that improvements had been made in PIP to ensure people with mental health conditions received the benefit, much more still needed to be done. The **PIP descriptors were seen as still geared towards physical conditions**, and it was more difficult for people with mental health conditions to 'fit' their conditions into the descriptors.

“Physical conditions are relatively easy to match with descriptors/criteria of the benefit. As such, claimants with physical conditions are more likely to garner

sufficient points to meet the qualifying threshold. However, it is more difficult to match mental health conditions to relate descriptors/criteria... Accordingly, those with mental health conditions are less likely than their counterparts with physical conditions to garner sufficient points to meet the threshold”.

4. Flexibility

Although overall participants seemed to view PIP eligibility criteria as an improvement, a significant number raised concerns that the current descriptors and points system was too rigid and arbitrary. This could mean that people with significant needs but who struggled to fit neatly into the descriptors ‘lost out’. There appeared to be a general consensus that the PIP descriptors and point system needed to be reviewed so that it could operate more flexibly and be suitable for all disabilities and health conditions, particularly fluctuating conditions.

“The PIP points system is artificial and arbitrary”.

“The descriptors are too narrow – they do not fit all health conditions and disabilities”.

“PIP is too prescriptive for clients to obtain points”.

The application process

“Any system should take account of the fact that it will be used by the most vulnerable people in society so ease of use should be built in. It should not be so difficult that it deters people from applying or exacerbates their conditions”.

Since PIP was introduced in Scotland in June 2013, bureaux have been helping clients to apply for PIP. Bureaux have helped clients throughout the process – from the initial telephone call to make a claim, to appealing an adverse decision.

Responses from participants, as well as case evidence from bureaux, emphasised that the application process is currently difficult to navigate for many claimants. Claimants experience the process as confusing and distressing. Too often, the process leads to the claimant's condition deteriorating and their quality of life suffering.

The most significant issue for bureaux and clients has been the introduction of the face-to-face assessment, which is dealt with in more detail below. However, there are a number of problems with the application process itself which could be addressed when the new powers over disability benefits are devolved.

The current application process

The process for making an application for PIP is as follows:

- (1) A claimant makes their claim by telephone call or textphone. At this stage a claimant will be asked for basic information including contact details, relevant periods in hospital or residential care, payment details and their main illnesses and disabilities.
- (2) A 'How your disability affects you' (PIP2) form is sent to the claimant. The claimant has 4 weeks to complete and return this form.

Bureaux have seen a number of clients struggling to make a claim in this way. In particular, some clients do not want to make the initial telephone call. Although a paper form to make the initial claim can be sent in exceptional circumstances, this can lead to delays and therefore disadvantage that person.

Many participants thought that **the PIP2 form was too long and complex**. They also thought that the **form was too rigid**, based on a 'tick box' approach that made it difficult for many people to fit their conditions into the descriptors. The fact that the form was focused on what people could not do could also make the process more distressing for claimants. The result was that people were often put off making a claim, or found the whole process detrimental to their health and wellbeing.

“Individuals often struggle to see how their illness will fit into the descriptors and this leaves them unable to complete the forms”.

“The forms are awful and take a lot of energy to complete. It is the last thing you want to face when you are feeling ill. It is difficult to know what to put down and how to explain what life is like”.

“The forms are so long and complex that people are overwhelmed before they start”.

Claimants also felt that the current application form is designed to ‘catch you out’ and that it made them feel like ‘liars or scroungers’. Responses reflected **a significant lack of trust in the current system**.

Another key issue for bureaux has been the time limit for returning the PIP2 form. Claimants only have one month to return this form, which can make it difficult for them to obtain the support they need.

- An East of Scotland CAB reports of a client who required assistance to complete her PIP application. She suffers from anxiety and depression but the bureau weren’t able to offer her an appointment within the time limit on the form. The client therefore had to either request to return the form late or try to complete the form herself, which could put her at a disadvantage.

Improving the application process

Two key themes emerged from participants’ responses on how the application process could be improved so as to be more accessible, and less distressing, for claimants.

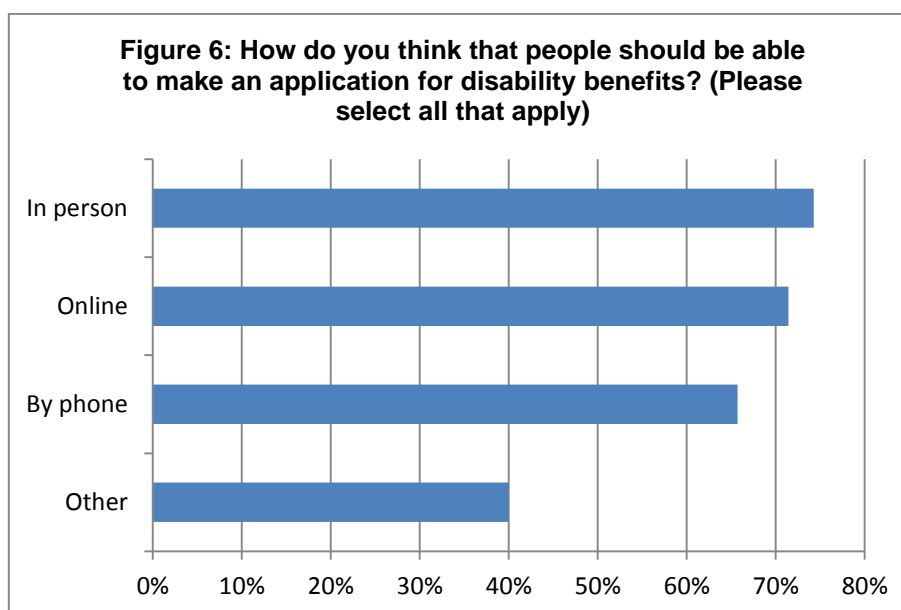
1. Claimants should have a choice about how they apply for disability benefits

The majority of participants thought there should be several different methods of applying for disability benefits, including online, by telephone, on paper and in person.

“There should be as many different means of application as necessary to ensure that all who are likely to be eligible can apply”.

Participants emphasised that every claimant is different and will have their own needs and preferences, so should be able to choose the method that is most appropriate for them. All options should be as accessible as possible; for example, paper forms should be easily available from different locations such as GP surgeries and local benefit offices.

Figure 6 shows that the majority of advisers responding to the online survey selected a number of methods that should be available.



Although most thought there should be the option to apply online, this should not be the only method given that many claimants may not have access to a computer or may not be confident in using a computer or the internet.

In August 2015 CAS conducted a survey of 601 CAB clients across the country, most of whom were seeking advice about a benefits issue. Part of this survey asked clients about their ability to use the internet. The results of this survey are yet to be published publicly, but Figures 7-10 below suggested that claimants of disability benefits find it harder to use a computer and the internet when compared with all benefit claimants. For example, 35% of DLA and PIP claimants said that they could not use a computer at all, compared with 19% of all respondents. 52% of DLA and PIP claimants said that they could not make an application for benefits online, compared with 30% of all respondents.

Figure 7: Can you use a computer?

	All respondents		DLA & PIP claimants	
Very well	177	30%	16	16%
I can get by	223	37%	29	29%
With difficulty	88	15%	21	21%
I can't use one at all	111	19%	35	35%
Total	599	100%	101	100%

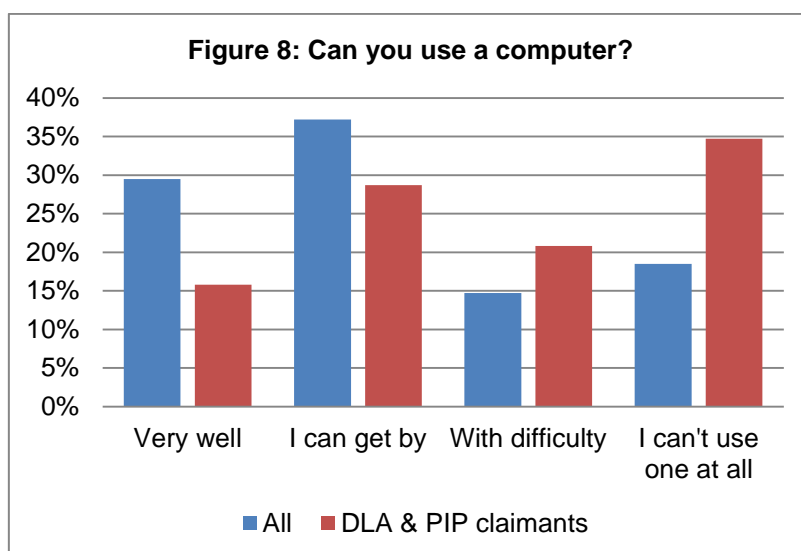
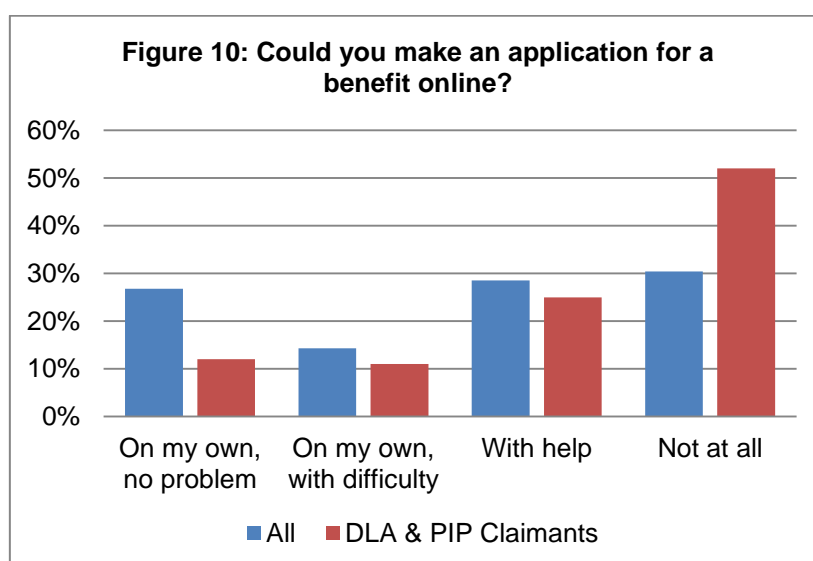


Figure 9: Could you make an application for a benefit online?

	All respondents		DLA & PIP claimants	
On my own, no problem	160	27%	12	12%
On my own, with difficulty	85	14%	11	11%
With help	170	29%	25	25%
Not at all	181	30%	52	52%
Total	596	100%	101	100%



Many liked the option of applying in person for disability benefits. Some thought this could be at a local Jobcentre or benefits office. However, some expressed concern that because of negative perceptions of the DWP/Jobcentre, people may be put off going to make a claim in person.

“Local benefit centres should be more customer-friendly and help applicants complete their forms”.

“You could have a face-to-face appointment at a local office to discuss application (rather than initial PIP phone call at the moment)”.

“Face to face contact from an actual employee of the DWP could prevent the inaccurate decisions made by the decision makers”.

“Applying in person could make the process easier to understand and questions can be explained”.

Some participants also thought that applications for disability benefits should be able to be triggered by other services, particularly GPs or hospital consultants. Some thought GPs should be able to refer someone directly to make an application; others suggested that a benefits officer should be based at a local GP surgery who could help people to make a claim.

2. Support needs to be widely available to help people make a claim for disability benefits

It was clear from participants' responses that claimants want appropriate support to be available as widely as possible, regardless of the method of application.

“I think whatever method you use support should be available from people like Citizens Advice or Welfare Rights”.

“It's best to have assistance, no matter what the claim method. It helps to have someone explain the questions to you. I don't always know how to answer them”.

“Many people need help applying so that help should be available and all applicants should know where to go for help”.

From participants' responses, it was clear that support was needed for a range of reasons throughout the application process including help to: understand the process and what is required; make the initial telephone call for PIP; fill in forms; gather evidence; request a mandatory reconsideration; appeal a decision.

“I'm not very good at explaining my problems in everyday life and it was really helpful to have somebody else to ask me the right questions. I didn't understand the way the questions on the forms were worded”.

Support can come from a range of different sources, including bureaux, welfare rights officers, support workers and should be available at multiple locations. Many thought having this support available at local GP surgeries or hospitals would be particularly helpful.

On the whole, participants thought that this support should be independent from the DWP, again reflecting a lack of trust in the current system.

"I wouldn't trust staff from the DWP to complete my application forms properly".

"All claimants should be directed to independent assistance with the application".

Changes to the application form

A number of participants suggested changes that could be made to the application form which would make it easier for claimants. These changes included:

- Ensuring that disabled people and representative organisations are involved in the design of any application form, and that design is kept under review
- Shortening the form.
- Reducing repetitive questions.
- The application form could be more like a diary of the person's daily life and any problems they encounter.
- The form should include descriptions of different scenarios which illustrate how a person's disability or health condition may impact on their daily living or mobility.
- The form should allow people to fully explain their condition and its impact.
- The form should be less rigid and not simply a 'tick box' approach.
- The language of questions needs to be much clearer.
- The form should be more focused on what a person can do, and what support they need to do that.

Assessment for disability benefits

The current assessment process

By far the most common complaint about the current system of disability benefits was the assessment process for PIP. One of the key changes in the move from DLA to PIP is the introduction of a face-to-face assessment with an independent healthcare professional.

Evidence from bureaux since the introduction of PIP in Scotland has highlighted a number of problems with the face-to-face assessment. Initially, bureau clients experienced **considerable delays in arranging this face-to-face assessment**.

Data from the DWP shows that the median clearance time for a PIP claim peaked in June-July 2014 at 30 weeks. Although national data shows that this has fallen to 11 weeks for cases in July 2015, the detriment to clients because of these delays has been significant.

When surveyed in August 2014, over half of bureau advisers believed that the delays were leaving clients in severe hardship and unable to pay for living essentials.⁷ Nine out of ten advisers said that the delays are causing additional stress and anxiety for clients, and nearly four in five advisers thought that clients' health was getting worse as a result.

- 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 a face-to-face assessment. As a result of waiting for this length of time the client is now in significant financial difficulty, with rent and Council Tax arrears of almost £2,600.

Lessons must be learnt from the roll-out of PIP to prevent excessive delays in any future assessment process. **There should be a specific time limit within which a decision on entitlement must be made.**

Another significant issue has been clients being asked to **travel inappropriate distances for an assessment**. Claimants are not supposed to be required to undertake a journey of more than 90 minutes; however, bureaux regularly see cases within that time limit where the journey would still be inappropriate for the claimant to make.

This appears to be a particular problem in Glasgow, where claimants are often asked to travel to Edinburgh for an assessment. Although bureau advisers are usually able to rearrange a more suitable appointment, this will mean further delays in getting an assessment. In some cases, the assessment provider has been unwilling or unable

⁷ [Voices from the frontline – Personal Independence Payment](#) (CAS, October 2014)

to offer an alternative appointment, causing significant distress for vulnerable claimants.

- A West of Scotland CAB reports of a client who lives in the North Lanarkshire area being asked to attend an assessment at 9am in Edinburgh. The client has bi-polar disorder and is extremely anxious about having to make the journey. On contacting ATOS, the bureau adviser was told that the only available appointments were in Edinburgh and that the client would be able to make the journey within 90 minutes. Using Traveline Scotland, the adviser calculated that the journey would take just under 90 minutes. However, it would involve a 9 minute walk, 19 minute bus journey, 4 minute walk, 44 minute train journey, and finally a 6 minute walk.
- A West of Scotland CAB reports of numerous difficulties for vulnerable clients attending PIP assessments. For example, one homeless client in Glasgow was given a 9am appointment in Stirling. The client had learning difficulties and would require help getting to and from the assessment centre. The client would have to purchase peak rate train tickets for themselves and their helper, as well as taxi fares to and from the assessment centre. Although this money can be reclaimed, the client would have been funding this from their benefits which would cause them hardship until the fares were repaid.

We are also concerned that we have seen cases where **clients being assessed for PIP have been treated unfairly and without dignity or respect.**

- A South of Scotland CAB reports of a client who attended a PIP assessment and was left sitting during the assessment for 25 minutes in their own urine following a bladder accident. The medical assessor was aware of the medical condition which affects the client's bladder control (as stated on PIP form) and despite seeing wetness on floor the client was kept in the assessment room for a further 25 minutes before being allowed to leave. The client felt humiliated but too embarrassed to take the matter further.
- An East of Scotland CAB reports of a client with substantial hearing loss who attended a face-to-face assessment with her son. When he tried to explain his mother's problems, he was told to 'shut up' by the assessor.

How should people be assessed for disability benefits?

The key message that emerged from participants was that, in assessing people's eligibility for disability benefits, **much greater emphasis should be given to evidence from people who know the claimant**, particularly GPs but also carers, family and friends, support workers, social workers, occupational therapists, community psychiatric nurses, employers etc. It was widely thought that evidence

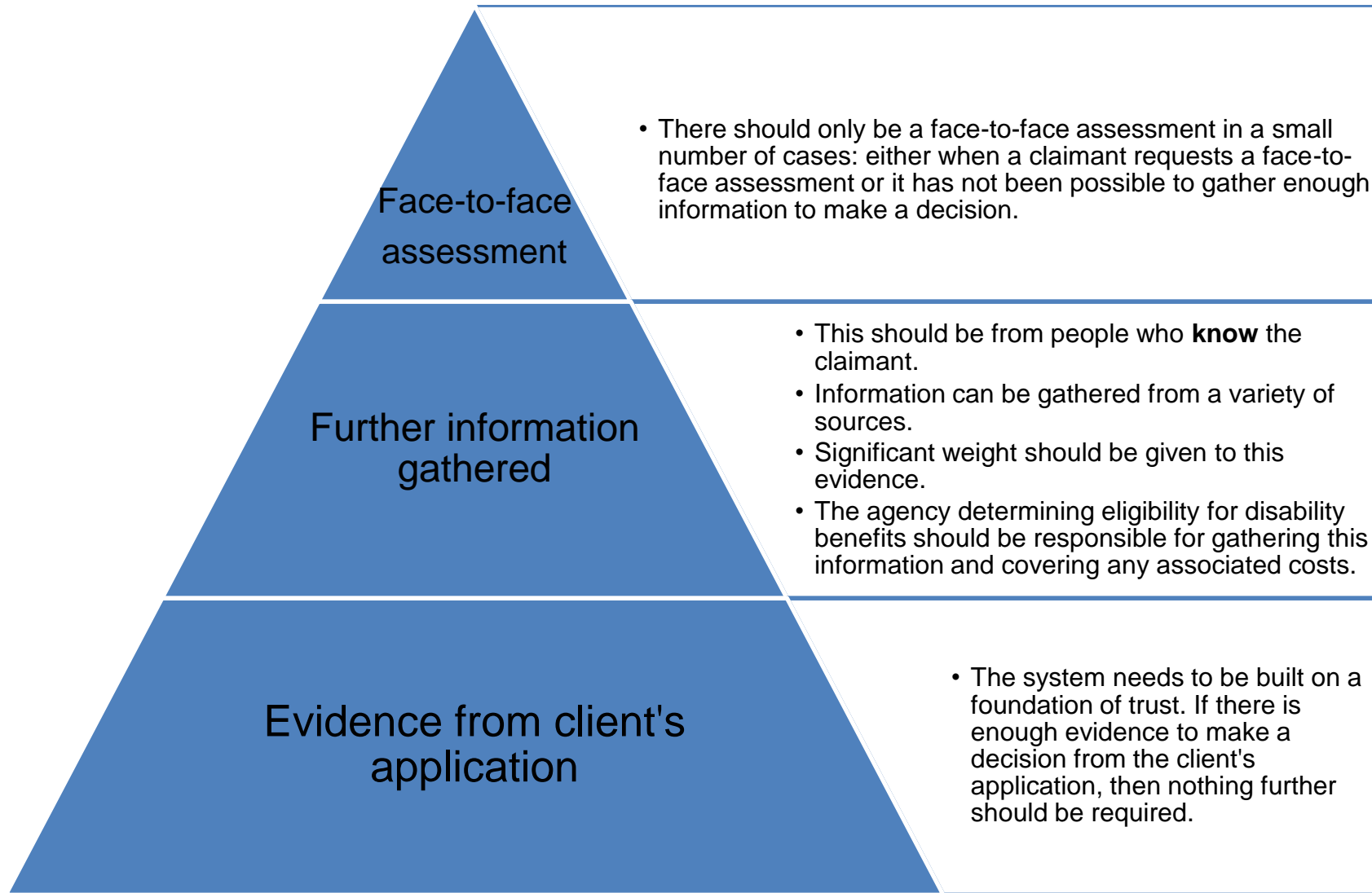
from such sources gave a much better insight into how a person's disability or health condition affects them than a one-off face-to-face assessment.

Overall, participants thought there should be a tiered approach to assessment, with a face-to-face assessment only carried out in a small number of cases.

“The starting point should always be the client's own evidence; you need to accept what people say as prima facie truthful. In some circumstances, there will be a need for further investigation and gathering further evidence. A face-to-face assessment should be rare”.

This tiered approach is illustrated in Figure 11 below.

Figure 11: A tiered approach to assessment



Obtaining supporting evidence

One of the emerging issues with PIP has been the difficulties claimants can face in obtaining evidence to support their claim, particularly as a result of health professionals charging claimants for providing this evidence.

- An East of Scotland CAB reports of a client who handed in a report from her GP to substantiate her PIP application. Her partner had had to pay £75 to obtain this medical report.

Under current guidance to both health professionals and claimants it is clear that, during the assessment phase, claimants should not be approaching their GP to gather further evidence.

Guidance on the PIP claimant journey states that, at the stage the claimant is sending in their 'How your disability affects you' form they should also send any supporting evidence, but that should only be things that the claimant already has available. It advises claimants: 'Don't ask for other documents which might slow down your claim or for which you might be charged a fee – for example, from your GP. If we need this we'll ask for it ourselves using the contact details you provide on your form'.

Guidance for health professionals similarly states: 'Claimants are only required to send in evidence they already hold, such as copies of clinic letters, they are not told to contact their GP or health professional to obtain further evidence'.

On receiving the claimant's PIP2 form, it is for the Assessment Provider to request further information from a claimant's GP or other health professional. This is done by sending a Factual Report for completion. The GP/health professional will receive a payment for completing this report from the Assessment Provider.

However, case evidence from bureaux as well as the views gathered for this report, strongly suggests that the DWP/Assessment Provider do not seek information from a claimant's GP or other relevant professional, and instead decisions are too often based solely or primarily on the report from the face-to-face assessment.

“Many decisions for PIP are made purely on medical assessment report and the DWP state that this is sufficient information, and will not seek a report from other professionals who have possibly known and treated the claimant for many years. It is difficult to see how this can possibly be the best approach to deciding a person's eligibility”.

- A West of Scotland CAB reports of a client with schizophrenia who had been receiving the higher rate care component for DLA. His DLA award was about to expire so the client completed an application form for PIP, but did not include any details about his condition apart from contact details for his psychiatrist. His PIP

claim was refused on the basis of the Assessment Provider's report; no attempt had been made to contact the client's psychiatrist for further information.

- A South of Scotland CAB reports of a client who on his form stated he found it difficult to discuss his condition and requested that his GP and consultant should be contacted. However, no contact was made and a DWP Decision Maker suggested to the bureau adviser that the responsibility for getting such evidence lies with the client. This was despite the fact that DWP guidance to claimants specifically states that new medical evidence should not be sought.

Participants were clear **that much more weight should be given to evidence from people who know the claimant.**

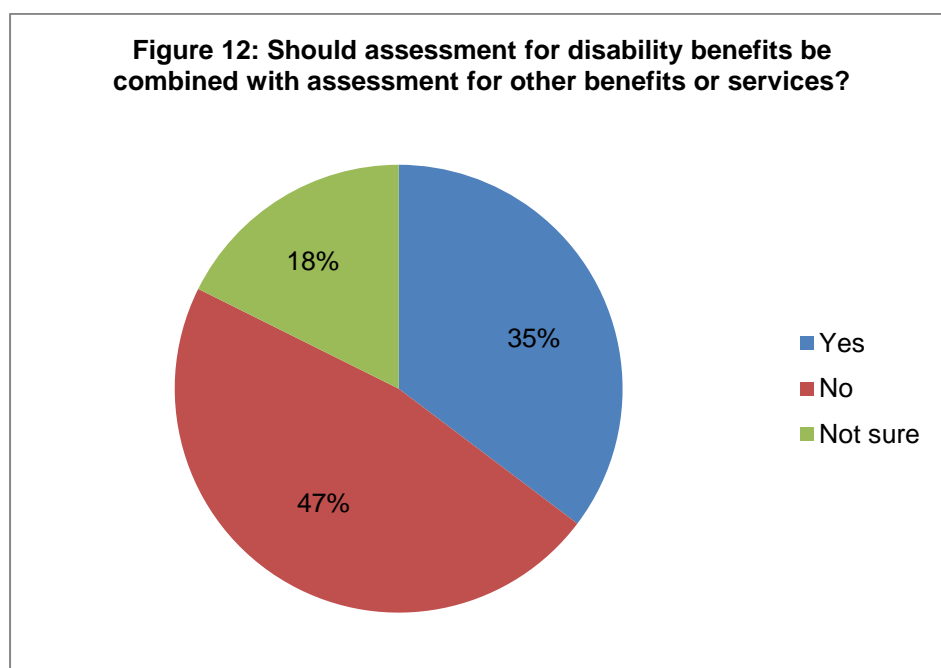
“Evidence provided by medical experts who the claimant has been dealing with should be weighted more than the medical assessment as they will know how the client's condition affects them more than a short medical assessment will determine”.

Most participants thought that **the agency making a decision on eligibility should be responsible for gathering further information**, and it should be that agency, not the claimant, who bears any associated costs.

“The onus on the applicant to provide the evidence and information for the claim is just putting pressure on people who are already struggling”.

Sharing information and combining assessments

Overall, **participants did not think that assessment for disability benefits should be combined with assessment for other services or benefits**. 47% of advisers responding to the online survey did not think such assessments should be combined. The major reason for this appears to be that there are different eligibility criteria for different benefits and services, and therefore it may be difficult for one assessment to cover all necessary issues to assess eligibility across a range of services and benefits.



Some participants identified both advantages and disadvantages in combining assessments: while it could reduce distress to the claimant, an assessment for one purpose may not be appropriate for another purpose and one unfavourable assessment could remove entitlement to any assistance.

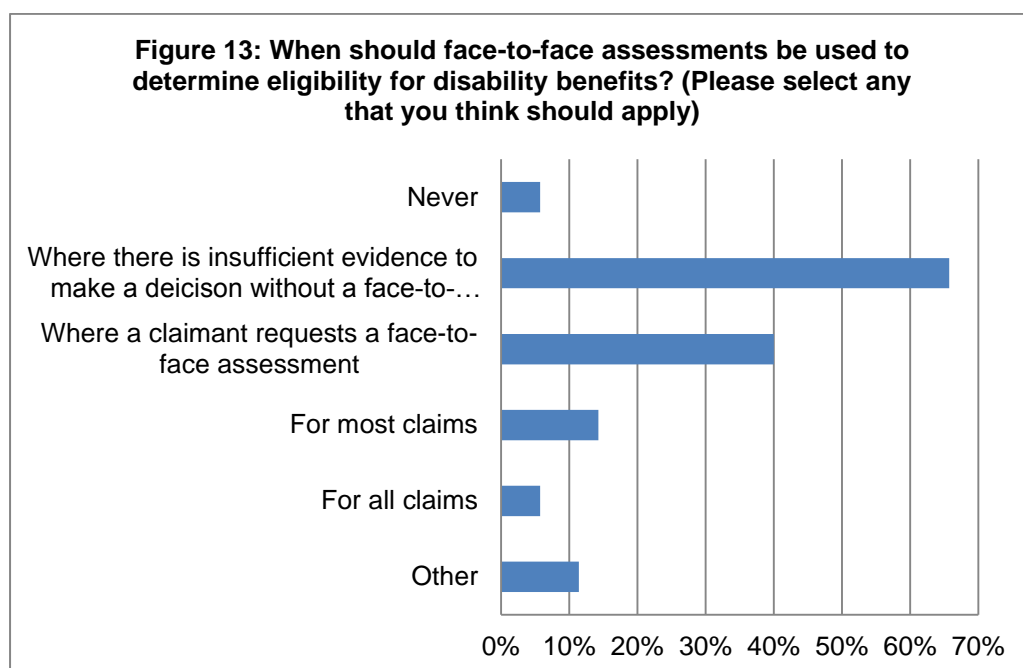
However, most participants thought that **there could be improvements to information sharing between services which would reduce the need for claimants to provide the same information more than once**. For example, links with GPs and hospitals could be improved. Some suggested a central system which would hold information on claimants from a variety of sources – e.g. GPs, social workers and occupational health – which could then be accessed by the agency making a decision on disability benefits. Participants emphasised that obtaining client consent for information sharing was essential.

When should face-to-face assessments be used?

As discussed above, overall participants thought that face-to-face assessments should only be used in a small number of cases.

66% of advisers responding to the online survey thought that a face-to-face assessment should be used where there is otherwise insufficient evidence to make a decision. However, every effort should be made to obtain further evidence before a face-to-face assessment is conducted.

“With PIP the default position seems to be a face-to-face assessment must take place. There must surely be many cases where there is sufficient evidence in the claim pack for a decision to be made, I believe the DWP should seek evidence from people named on the claim pack e.g. GP, consultant. There seems to be a reluctance to do this”.



40% of advisers thought a face-to-face assessment should be available for claimants who request it. In some cases, a claimant may prefer to have a face-to-face assessment and therefore that choice should be available.

“Some claimants may be able to describe their condition better verbally than on paper”

“As everyone is not able to express their situation in writing, a face-to-face would be useful”

If face-to-face assessments remain part of the system, albeit used in a much smaller number of cases as we would recommend, then there are a number of changes that should be made to the current approach for PIP.

Four key issues emerged from participants’ responses as to what changes would be necessary.

1. Who carries out a face-to-face assessment

- A recurring theme was that participants did not think the assessment should be carried out by a private company. One suggestion was to use a pool of NHS employees.
- Many thought that any assessment should be conducted by a health professional already known to the claimant, such as a GP.
- Participants stressed the importance of assessors being properly trained and qualified. Some thought assessments should only be done by doctors. Overall, participants’ key concern was that the assessor should have knowledge and understanding of the claimant’s specific condition. This point was frequently raised in relation to mental health conditions.

- The assessment must be based on principles of dignity and respect. Claimants should not be made to feel they are 'lying'; the emphasis should be on helping them to fully express their needs so as to get appropriate support.

2. Where the face-to-face assessment takes place

- The assessment should be at a local venue, and claimants should never have to make long or difficult journeys.
- Assessment venues must be accessible for disabled people.
- Some thought the assessment could take place at the claimant's local GP surgery. Others suggested more should take place at home.

3. Content of the assessment

- There should be a more flexible approach and a focus on asking questions appropriate to the claimant's condition and circumstances.
- There should be less of a focus on box ticking and criteria which do not apply in every case.

"[Face-to-face assessments] could be improved by getting rid of pre-programmed questions and tests. This information should be on the form and face-to-face assessments should be about an expert using their judgement. This can only be done properly if the assessor is free to conduct the assessment by way of getting to know the claimant".

4. Support

- Appropriate support should be available for people attending a face-to-face assessment, including advocacy and advice services. People should be given a clear picture of what to expect during a face-to-face assessment.

When should people's entitlement to disability benefit be reassessed?

Overall, participants were of the view that reassessments under PIP were too frequent and resulted in additional distress for clients as well as a waste of public resources.

"Some of the reassessment timetables are ridiculous – we see people who have a degenerative illness or disability who are reassessed far too quickly".

"PIP is often awarded for a very short period, even when someone has a lifelong condition that is not expected to change. Then the DWP will also send out a new PIP2 form a full year before the end of the award period".

The majority of advisers (79%) thought that **the timing of any reassessment should depend on the claimant's impairment or health condition.**

"A sensible balance has to be struck between open-ended awards which could result in overpayments/fraud etc. versus claimants having to go through

the process every few years. The claimant's condition and age should be the key factors in determining the length of award".

Mandatory Reconsideration and appeals

From April 2013, a person who wants to challenge a decision about their entitlement to PIP must first request a 'mandatory reconsideration' from the DWP before they can appeal to the First-tier Tribunal.

Participants emphasised that an independent appeal process was one of the key things they would want to keep about the current system. However, many expressed concern about the detrimental impact that the mandatory reconsideration process has had.

CAS has a number of concerns about the mandatory reconsideration based on evidence from bureaux. In particular, the absence of any time limit within which the DWP must make a decision on a mandatory reconsideration has left clients without support for significant lengths of time, causing hardship and distress. Bureaux have seen people having to go to food banks to survive. This financial hardship is compounded by claimants not knowing how long it will take for a decision on mandatory reconsideration to be made. We are also concerned that this additional step in challenging decisions, as well as the associated delays, makes it more difficult for claimants to exercise their statutory right to an independent appeal.

There is also a particular issue for claimants who are requesting a mandatory reconsideration in cases where they have lost their entitlement to the Motability Scheme. Once a claimant loses that entitlement, they have to return the car within 21 days of their DLA payments stopping. This can often be before a decision on mandatory reconsideration has taken place, which can put the claimant in a difficult position.

- A East of Scotland CAB reports of a client who was moved from the higher mobility rate under DLA to the standard rate under PIP. She was told that her Motability car had to be returned in 6 weeks. However, the client wished to request a mandatory reconsideration and this was not completed by the time the client was due to return the car.

Given the problems with the mandatory reconsideration process, and the negative impact it has had for clients, a number of participants thought that when the powers are devolved, the Scottish Government should not keep a mandatory reconsideration process for disability benefits. People should have an automatic right to appeal a decision on their entitlement to an independent tribunal.

Benefits for carers

The current system

Under the current system, Carer's Allowance is available to those providing 35 hours or more care each week. It is available to people both in and out of work, but a person must not earn more than £110 per week. It is not available to people who are aged under 16 or are in full-time education. The current rate of Carer's Allowance is £62.10 per week.

Most participants felt that the current system does not meet the needs of carers. For example, 66% of advisers thought that Carer's Allowance does not currently meet the needs of carers (see Figure 14)

There appeared to be three key reasons for this.

1. The current weekly rate is inadequate

"The payment is so small that it does not address the sacrifice they are making".

"It is not nearly high enough to compensate carers for the work they do and for the loss they suffer in terms of wages if they have to drop hours at work or give up work".

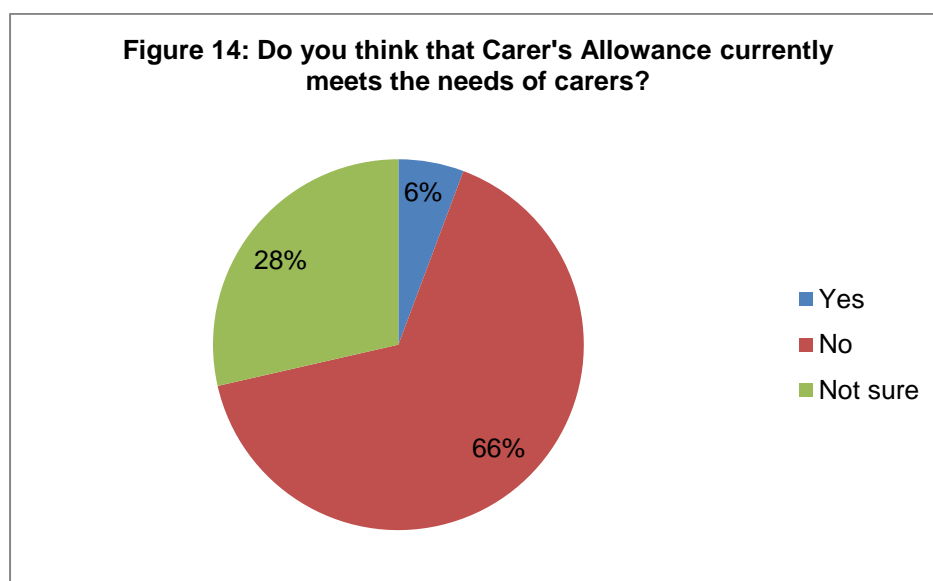
"Very little is paid financially which results in the carer suffering poverty or not able to give the amount of care required".

2. It is not available for carers who earn more than £110 per week in employment

"There are many people who work and also provide substantial care, but due to their earnings are not able to claim Carer's Allowance"

3. There is insufficient support from other services

Participants felt that there was limited support from other services, such as respite care. They commented that support services for carers varied depending on location and that there needed to be more consistency in provision.



Eligibility

Who should be eligible for benefits for carers?

The following key points emerged from participants' views on eligibility for benefits for carers.

- Most thought that benefits for carers should be provided to the primary carer or the person providing a substantial amount of care. Responses to the online survey included “those who have a prime role in caring for another person”, “the person that is caring for the disabled person the most”, “the main person responsible for caring for the person with health conditions” and “any individual undertaking substantial caring activity”.
- However, a number of responses suggested a broader approach – making “anyone in a positing of caring” or “all carers” eligible for the benefit.
- Some suggested that only those providing care for a minimum number of hours per week should be eligible, but views on the actual number of hours varied.

What improvements could be made to better meet the needs of carers?

Participants suggested a number of changes that could be made to the current system. The overarching theme was that much more needed to be done to recognise the contribution of carers.

Specific suggestions included:

- Increasing the level of payment. Some thought it should match the amount of Jobseeker's Allowance; others thought it should pay the national minimum wage;

and some thought the level of payment should better reflect the work done and the associated costs savings for the NHS and social care.

- Extending eligibility. There were two main issues here: (1) reducing the number of hours a person has to provide care for to be eligible; (2) removing the weekly earnings limit. Some participants also thought that carers over State Pension age should be eligible.
- Increasing the support available to carers, particularly the availability of respite care.

Conclusion

Overall, the views that we have gathered from bureaux and clients demonstrate that, while there is dissatisfaction with many aspects of the current system of benefits for disabled people and carers, there is little appetite for the system to be completely overhauled and replaced with an entirely new system. This is perhaps not surprisingly given bureau and client experience of the roll-out of PIP, which has for many been confusing and distressing.

What is clear, however, is that there are a number of aspects of the current system that could be changed to better meet the needs of disabled people and carers.

Priorities for change

As part of this consultation with bureaux and clients, we asked participants to identify their priorities for change.

Six key areas for change are set out in Figure 15. Some of these changes could be achieved relatively quickly – for example, reducing the number of face-to-face assessments or scrapping the mandatory reconsideration process. Others may take longer or be part of an ongoing process, such as changes to eligibility criteria.

Figure 15: Priorities for change

Area for change	Specific changes
Application process for disability benefits	<ul style="list-style-type: none"> • Multiple application methods and choice for claimants • Increased capacity to support claimants through process • Changes to the application form including reducing repetitive questions, including examples and prompts, and enabling claimants to fully capture the impact of their condition through the questions asked
Eligibility criteria for disability benefits	<ul style="list-style-type: none"> • Relax the criteria for the enhanced mobility rate by increasing the relevant distance from 20 metres to at least 50 metres • Reintroduce a lower daily living rate
The assessment process for disability benefits	<ul style="list-style-type: none"> • Much greater weight should be given to evidence from people who know the claimant including health and other relevant professionals, carers and family • The agency making a decision on eligibility should be responsible for gathering any further information and should bear the associated costs • The number of face-to-face assessments should be

	<p>considerably reduced: assessments should only be used where absolutely necessary or where the claimant requests one</p> <ul style="list-style-type: none"> • A face-to-face assessment should only be carried out by a suitably qualified professional with knowledge and experience of the particular claimant's condition(s) • If it is decided that a face-to-face assessment is required, then this should be carried out as quickly as possible and at a location local and accessible to the claimant • There should be a specific time limit for a decision on entitlement to disability benefits to be made • Reassessments should be carried out at time that is appropriate for the claimant's particular condition and circumstance
Mandatory reconsideration	<ul style="list-style-type: none"> • The mandatory reconsideration process should be scrapped and an automatic right to appeal to an independent tribunal reinstated
Carers	<ul style="list-style-type: none"> • The rate of Carer's Allowance should be increased
Communications	<ul style="list-style-type: none"> • Language used should be positive and inclusive, emphasising the value and importance of an adequate social security system for all • The starting point should be that we need to ensure that as many people as possible who need the benefit receive it • There should be a targeted effort to raise awareness of entitlement to disability and carers' benefit, with appropriate information available in a variety of formats and from multiple sources • Any changes should be effectively communicated to both potential/existing claimants, carers, health professionals and other relevant people/groups who support disabled people and carers.

A list of our recommendations is set out at the beginning of this report, in the Executive Summary.

Appendix A: Prompt questions for bureau focus groups and interviews

There are four main questions that we'd like you to cover. These are listed below, followed with some suggestions for supplementary questions if you feel the discussion is moving too slowly or is going off track. You **do not** need to ask all of the supplementary questions.

Question 1: What should the purpose of benefits for disabled people be?
<ul style="list-style-type: none"> • To help with the extra costs of having an impairment or health condition? • To compensate people with an impairment or health condition? • To tackle poverty? • To address barriers in society? • What do people feel they need their disability benefit for? • Could other services or public bodies do more to reduce the extra costs of living with a disability?
Question 2: How should people be able to apply for disability benefits?
<ul style="list-style-type: none"> • Where should applications be made - online, on the phone, in person, etc.? • What support do people need when making an application? • What should the application form cover?
Question 3: How should eligibility for disability benefits be assessed?
<p>Eligibility:</p> <ul style="list-style-type: none"> • What evidence should be required? • Who should be responsible for providing this evidence? • Who should be responsible for assessing eligibility? • Should entitlement to disability benefits be universal (available to all), or should they be means-tested and only available to people with a lower income? <p>Assessment:</p> <ul style="list-style-type: none"> • Should assessment for disability benefit be combined with assessment for other benefits or services? • When should face-to-face assessments be used, if at all? • How can the need to repeat the same information to multiple people be reduced? • How should the reassessment process work?
Question 4: What should the priorities for the Scottish Government be?
<ul style="list-style-type: none"> • What, if anything, about the current system around disability benefits needs changed urgently? • What, if anything, about the current system around disability benefits would you keep?

Appendix B: Participating bureaux

Bureau	Focus group	Client interviews	Additional clients interviews
Angus	✓		
Citizens Advice and Rights Fife		✓	
Citizens Advice Direct	✓		✓
Cumbernauld		✓	✓
Dundee	✓		
East Ayrshire	✓		✓
East Renfrewshire		✓	✓
Falkirk	✓		✓
Motherwell	✓		✓
North Ayrshire Citizens Advice Service (NACAS) - Irvine	✓		✓
NACAS – Largs/Kilbirnie	✓		
NACAS – Saltcoats/Annan		✓	
Nairn		✓	✓
Parkhead		✓	✓
Peebles	✓		
Skye & Lochalsh	✓		
Total	10	7	9



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Want advice online?

www.adviceguide.org.uk

Problems with goods or services?

Call 03454 040506 for the Citizens Advice Consumer Service

Citizens Advice Scotland

Spectrum House, 2 Powderhall Road, Edinburgh EH7 4GB

Telephone: 0131 550 1000 Fax: 0131 550 1001

Website: www.cas.org.uk