HOUSE OF COMMONS

Work and Pensions Committee

Oral evidence: PIP and ESA assessments, HC 177

Wednesday 18 March 2020

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Watch the meeting

Members present: Stephen Timms (Chair); Shaun Bailey; Steve McCabe; Selaine Saxby; Dr Ben Spencer; Chris Stephens; Sir Desmond Swayne.

Questions 1 - 36

Witnesses

I: Joe Lane, Principle Policy Manager, Citizens Advice, James Taylor, Executive Director of Strategy, Impact and Social Change, Scope, Eleanor Southwood, Chair, Royal National Institute of Blind People, Ayaz Manji, Senior Policy and Campaigns Officer, MIND, and Marc Francis, Disability Benefits Consortium.

Examination of witnesses

Joe Lane, James Taylor, Eleanor Southwood, Ayaz Manji and Marc Francis gave evidence.

Q1 **Chair:** A warm welcome and thank you all very much for coming in these rather difficult circumstances. We were keen to continue with the session and I am grateful to all of you for being willing to take part with us.

We want to explore in this session claimants' experience of PIP and ESA assessments, particularly in the last couple of years since the previous Committee took evidence about this. Also, given the current crisis, we want to take the opportunity to explore some very immediate issues arising from the impact of coronavirus, so we will start with some questions about that.

First of all, can I ask each of you—perhaps beginning with Eleanor—to introduce yourselves for the record? Then I am going to ask each member of the Committee to introduce themselves as well so you know who we all are. Eleanor Southwood first.

Eleanor Southwood: Thank you. I am Eleanor Southwood. I am Chair of the Royal National Institute of Blind People.

Ayaz Manji: My name is Ayaz Manji. I am a Senior Policy and Campaigns Officer at Mind, the mental health charity.

James Taylor: I am James Taylor, Director of Strategy for Scope.

Joe Lane: I am Joe Lane. I am a Principal Policy Manager at Citizens Advice.

Marc Francis: I am Marc Francis. I work for the Zacchaeus 2000 Trust and I am here representing the Disability Benefits Consortium.

Selaine Saxby: I am Selaine Saxby, Member of Parliament for North Devon.

Shaun Bailey: I am Shaun Bailey, Member of Parliament for West Bromwich West.

Chair: I am Stephen Timms, Chair of the Committee and Member of Parliament for East Ham.

Dr Ben Spencer: I am Ben Spencer, Member of Parliament for Runnymede and Weybridge.

Sir Desmond Swayne: I am Desmond Swayne, New Forest West.

Steve McCabe: Steve McCabe. I am the MP for Birmingham Selly Oak.

Chris Stephens: I am Chris Stephens. I am the MP for Glasgow South West.

Q2 **Chair:** Thank you all. Let me begin with some questions about coronavirus. The Chancellor said yesterday that people who fall ill or have to self-isolate, who are not eligible for Statutory Sick Pay or a contributory Employment and Support Allowance, can claim Universal Credit. I am interested in how well that is going to work in practice.

I particularly want to ask Joe about this because Citizens Advice came up with some proposals yesterday. You have suggested that the Government should take some additional steps on Universal Credit. Could you outline for us what those additional steps with UC are and why they are important at this particular time?

Joe Lane: Yes, absolutely. I guess everyone can appreciate that the context people are in—in particular, people going through big changes in their lifestyle—has changed dramatically in the last couple of weeks. That is something that we should all acknowledge—that that shines a light on the experience of everybody who has gone through that process not in this context. Around nine in 10 of the people Citizens Advice helps with financial difficulties have recently been through a change in circumstance such as losing a job or becoming ill. That is something that many more people are going through.

At Citizens Advice, we do not think the existing setup of Statutory Sick Pay or of Universal Credit applications helps people to manage that scenario. In our output that we published a few days ago, we set out initial steps. One of those was converting advance payments into grants. We think the most important thing is to get money in people's pockets as quickly as we can, and DWP has a mechanism to do that through Universal Credit.

Since then, we have done analysed lots of Citizens Advice data—so budgets that we collect from people when we provide financial help as well as the Living Costs and Food Survey. We think there is a very good case that both Statutory Sick Pay and the core element of Universal Credit need to be significantly increased temporarily to help people manage time off work because of coronavirus. Our initial modelling suggests that that figure would be around £180 a week. That is based on some careful modelling of the costs people will face, as well as analysis of our own data on what people need to make ends meet.

Q3 **Chair:** Thank you. I raised with the Chancellor yesterday when he made his statement the suggestion that advances ought to be made non-repayable grants for now. His response was that people who are self-isolating can claim contributory Employment and Support Allowance. That is true even if they are not themselves ill but someone else in their household is ill and, therefore, they have to self-isolate.

You are suggesting that that is not enough. Why is it that something needs to be done in Universal Credit beyond what has been done already?

Joe Lane: The scenarios that people will find themselves in are incredibly complex and all bits of the system need to be adjusted for that complexity. Different people will find themselves in slightly different scenarios or entering the benefit system in slightly different ways. It is important that, however they enter that, the bit of the benefit system that they enter works for them. For lots of people that is a new Universal Credit claim and to be asking people to take time off work, apply for Universal Credit and wait for five weeks or take on debt feels completely unacceptable given the context.

Q4 **Chair:** Quite a lot of people in my constituency are working lawfully in the UK but have no recourse to public funds for the time being. I wonder whether Joe or any of the other witnesses have thought about this. As things stand, it seems to me, it is going to be quite difficult for them to self-isolate because they would then lose all income and will not have any help from Universal Credit or anything else. Is that an area where the Government ought to make some changes?

Joe Lane: This comes back to the point about the many bits of the puzzle. The social security safety net needs to be adjusted. It is particularly important that Statutory Sick Pay is sufficient to allow people to manage their household finances. We have not looked at the issue of people with no resource to public funds. That is definitely something we can go away and do quickly and come back to you and the Committee.

Chair: I would really welcome that.

Marc Francis: In our experience as a charity—Zacchaeus 2000 based in Westminster, which went live full service about 18 months ago—we have seen lots of problems with clients coming to us who are struggling to demonstrate their right to reside for the purposes of Universal Credit claims. That is caused by some of the challenges internally within DWP. It is about making sure that all of their staff understand the habitual residence test and the implications for claimants going through that.

We have had lots of difficulty. For example, only a few weeks ago we had somebody who, after challenging six times a refusal on the basis of the right to reside, was finally granted and awarded nearly a year’s worth of back payments. That illustrates some of the challenges that people have.

Can I say something about sufficiency of social security as well? As the Committee knows, benefits have been depressed for a long period of time as a result of the freeze. That is something that we thought needed to be addressed, so we were already among those who were calling for the value of benefits to be pegged back to their true value in 2015 or even 2010 before the freeze and those kinds of linkages kicked in. That is something that Ministers need to be thinking about very carefully, bearing in mind that day-to-day living costs are likely to increase quite substantially and already are for many people. A 1.7% increase is not going to address that sort of problem with the cost of living, so that needs to be revisited urgently.

Q5 **Dr Ben Spencer:** I want to unpack a bit what Mr Lane and Mr Francis have said there about the increased costs for people. Could you explain a bit more? What increases do you anticipate people are going to be facing going forward? You mentioned that the money needs to be pegged up a bit and you also mentioned increased living costs. Can you unpack that a bit in terms of what you expect to see and what your main concerns are?

Joe Lane: There are two issues there. The reason we are asking these questions is that we are not confident that our existing mechanisms are enough to cushion people entering a very uncertain period due to coronavirus.

On the specific amounts, Citizens Advice has adjusted elements of the standard expenditure down and adjusted some up, based on what we think plausible lifestyle changes might be due to self-isolation or a longer lockdown. For instance, within our modelling we have reduced transport spending by around 75%. We have reduced spending on household durables, things like clothing, and have pared back what households would be required to spend, which is what gave us this £240 a week figure for an average household.

We multiplied that by the percentages in our own data for what a single person needs to get by, which is about 75% of the average household we help, which gives us that £180 figure. That is based on assumptions of slightly reduced expenditure in some areas and an overall reduction with slight increases on food because we think people will be spending more time in the home, particularly children—it will be incredibly likely that children who currently get food at school will not be—and increases in energy bills. We think there are some mechanisms to meet some of those purposes. Cold Weather Payments could be repurposed, for instance, to help people who are self-isolating to meet additional energy costs.

Marc Francis: The Disability Benefits Consortium has argued for an end to the freeze and also for benefits to be reinstated to their value. I could not quantify what people might need in the current circumstances, but history shows that these sorts of economic and societal shocks are likely to result in quite significant inflation in the price of day-to-day necessities. That is something that we feel the Government need to be alive to very quickly.

James Taylor: I wish to add to that from a disabled person’s perspective. At Scope we have found that the average disabled person faces a monthly extra cost of around £580 simply because of their disability, which is related to higher expenditure on energy and the need to spend on medical equipment or specialist equipment. Sudden shocks and drops in income mean those costs still need to be met somehow. Things like SSP simply do not go far enough to help disabled people meet those costs in the first place.

Q6 **Dr Ben Spencer:** Thank you. The Department for Work and Pensions announced earlier that face-to-face assessments are going to be suspended. What is your take on that process, particularly from Mind's perspective? Everyone else can chip in.

Ayaz Manji: We welcome the move. We think it is absolutely sensible, at a time when many people with underlying conditions are going to need to stay home, that they not be required to go out and attend these face-to-face assessments.

We do have a big concern that it doesn't go far enough because, as far as we can tell, the Department still plans to proceed with award reviews either on paper or by telephone. The situation many people with mental health problems may find themselves in, when they have an award review in the next few months, is that access to relevant medical evidence—which we know makes a huge difference to people's awards—is probably going to be harder to come by. Many people rely on face-to-face advice to understand how their experiences are relevant to the criteria to be able to put their case across. Access to that advice may become more difficult.

Also, for the reasons we have just heard, disabled people should not be experiencing shocks to their income particularly at this time. We have an assessment process that can still be very unreliable. We know that when cases get to appeal, 70% of cases are overturned.

When you put together the difficulty people might have in putting their case across with award reviews and the risks to people's incomes, we think there is a strong case for suspending those reviews altogether in the near future so that we can safeguard people during this time.

Marc Francis: We would agree with that, and add that one of the issues that we have, as an organisation that is supporting some people during the assessment stage but also supporting them through the stages where they challenge at mandatory reconsideration and then at the appeal as well, is there is a lot of uncertainty around those later two stages.

In terms of the assessment itself, we do not have that much confidence in paper-based assessments. When we have seen paper-based assessments elsewhere in the social security system, we have seen lots of problems. There is an opportunity here to think about this assessment process itself. It is a time of crisis and something needs to be done urgently. We certainly would agree with Mind and others who are calling for there to be a moratorium on reviews of people who are existing claimants.

I want to say something about the MR stage as well—that is mandatory reconsideration when people have been disallowed benefits. The problem that we foresee is that there are lots of people who are in that stage at the moment and those people who are in that stage have no entitlement to continue with ESA. Once they go to appeal they can apply for ESA pending appeal, but it is not automatic. It certainly can be a bit of a trial to obtain that, but it is someone’s entitlement. Getting into that stage is helpful. At least they have the assessment rate of ESA.

In the meantime, we anticipate that there are tens of thousands of people who are stuck in the MR stage for Employment Support Allowance as a result of the Work Capability Assessment. They do not have an entitlement. Ordinarily, they would be encouraged to apply for Universal Credit. That is not something that we would encourage them to do. If we think that the MR stage is going to be relatively short—and DWP has managed to get that down a little bit—we would say, “Stick it out. See if you can live on your Personal Independence Payment and maybe a little bit of savings to tide you over so that we can get you onto the assessment rate”. We are anticipating that there are going to be quite long delays in MRs being completed. We cannot have people left for months on end without being able to apply for that.

Q7 **Chair:** I was going to ask Eleanor whether, from RNIB’s perspective, you want to comment on this announcement that there will not be face-to-face assessments for the time being.

Eleanor Southwood: Broadly speaking, I would absolutely echo what colleagues have said. We welcome the reduction in the face-to-face assessments. However, it obviously relies on paper-based assessments being reliable and—as might come up later in our discussion—there is some significant evidence of poor and ineffective use of written evidence in the existing system. We would have a significant concern that removing face-to-face assessments compounds that issue.

However, in the pursuit of streamlining the process more generally, this could be an opportunity to learn about how to manage if reducing face-to-face assessments. Certainly, we would support the suspension of any reassessments during this period. Picking up on the previous point made. There could well be a capacity issue over the next couple of months, so suspending reassessments would help to ensure that people who need the help can get it over the coming months.

Q8 **Dr Ben Spencer:** One of the things that you have brought up that is of particular interest to me is the comment about the medical evidence. If the medical workforce is being fully tilted now towards tackling coronavirus, how is that going to play out around these assessments? I have written PIP letters, for example in my past life, and I suspect, as important as they are, in pressing times we focus minds on different things, on how to avoid debt and to make sure there is still that safety net.

Ayaz Manji: We think reducing unnecessary face-to-face assessments in any context is a good thing, to avoid people being put through that process when they do not have to be. However, if the only measure is taking the current process and system and removing the face-to-face assessment from it, it is not going to work.

Part of the reason for that is too often we see the DWP privileging certain kinds of medical evidence when there is already sufficient testimony from the person themselves, from their previous assessments and from people who know them, which would allow them to make a more sensible decision. The question of requiring people to gather evidence unnecessarily becomes even sharper now, but it is a problem in the system more generally.

Joe Lane: Looking back at what the Committee has said in the past, recommendations were made on better guidance for medical professionals on what type of evidence would be useful, checkboxes for healthcare professionals in terms of how they have used evidence, which could aid a paper-based system and also help with transparency and better communication with people making a new claim or going through the application process. Those are things that have not happened but could mean that the Department is in a better position to move to paper-based assessments in this period.

I definitely echo that point about the opportunity for further learning on this. A lot of that is the overall approach to gathering evidence and making an assessment, which I see as moving from almost an exam for the person to a process where the system helps them to gather the right evidence. If it is a case of "Submit your form and then get your answer", with little communication or transparency, in the black box, that will not work well. If you are able to have a flexibly communicated back-and-forth where the assessors say, "This evidence is not quite right but if you could look for something a little bit different", that process could work much better and might put us in a situation where we would be able to do fewer face-to-face assessments, which I think everybody supports in terms of streamlining and making the system work better for disabled people.

Q9 **Shaun Bailey:** I want to touch a bit on the Government's announcements around Statutory Sick Pay and, in particular, the extension that we have seen towards people who are self-isolating as well as the possibility of small businesses being reimbursed. Do you think the measures that have been announced so far are enough? Is the current level of Statutory Sick Pay sufficient or should it be increased? You briefly touched on that, but you may want to go into a bit more detail.

James Taylor: They are both welcome measures. It is quite clear from what we have heard already and from what we hear at Scope that they probably do not go far enough. We are seeing, sadly, this crisis shining a light on the experience that many disabled people who are forced to go on Statutory Sick Pay have been experiencing for years and years and years. We know that many are stuck between taking the time off that they might need to recover from an illness, a condition or an operation, versus having to go back to work to be able to have enough money to get by.

We heard from someone called Michelle, who has fibromyalgia. She used to earn £1,600 a month. She went off sick and ended up on £94.25. She was forced to sell lots of her personal possessions to get by and was forced to go back to work. She ended up having to take more time off and struggled to get by on that amount of money.

We want to see an announcement that goes further and, at the very least, brings Statutory Sick Pay in line with the National Minimum Wage and is payable to everyone from day one.

Joe Lane: I would re-echo my points. Citizens Advice has the beginnings of a model both as to an increase and the level we think it should be at. That comes out at around £180. We think that should also be replicated in Universal Credit as a temporary measure.

The fundamentals of that are the context and the challenge. We are asking people not to provide for themselves and their families as a social measure. The idea that they then have to put themselves in a situation where they cannot make ends meet feels almost irresponsible. That flows through to macroeconomic considerations and the crisis of confidence people will feel if they are in that situation and are not sure how long they will be there or whether they will be in that situation again.

The big policy issue of the moment is: how do we get money into people's pockets, restore confidence and make sure that they can make ends meet? Statutory Sick Pay and the core element of Universal Credit are the best mechanisms that the state has of doing that and, absolutely, that should be where people's attention is focused.

Marc Francis: We would absolutely agree with that. To remind you, the standard Jobseeker's Allowance is still currently £73. It is due to go up a small amount in a couple of weeks' time. That includes some disabled people in receipt of the equivalent of work-related activity as well. That is something that we think needs to be addressed urgently. The DBC argued previously that the old RAG rate needed to be reinstated. In this context, I hope that people would look at that.

Q10 **Chair:** Those are the issues that we wanted to raise on the coronavirus, so we will move on now to the questions about PIP and ESA assessments. Steve McCabe has some questions on that.

Steve McCabe: Good morning. I want to ask a couple of questions about transparency and trust in the assessment system for PIP and ESA. The first one I want to ask is a question about whether there should be some recording of the assessment process. Back in October, the Department told the last Work and Pensions Committee that it was committed to doing this, and I think the officials were about to give advice to Ministers, but we seem to have stalled. What is your own view? Would it help? Is it something that should be mandatory with the right of a claimant to opt out?

Ayaz Manji: From our perspective at Mind, we definitely think there needs to be more transparency in the process. We regularly hear from people who say that what they read in their report and what they read in their decision did not match the experience they had in their assessment. As an example, someone I was talking to recently had mentioned in the assessment that she goes to a book club. She has a friend pick her up from her house and take her to the book club because she cannot use public transport due to anxiety and panic attacks. When she got her assessment report back, it reported that she was able to travel independently to and from this book club and she did so weekly.

There are very basic things that are factually incorrect about the assessments. At the moment, the only recourse people have in that situation is a very lengthy MR and appeals process. Transparency, in terms of recording and giving people their reports by default, we think is crucial. It seems a real shame and a missed opportunity and everything else that that does not seem to be taken forward.

One thing I would say, though, is that everything about the current process still puts the onus on the person going through the assessment to have to challenge it at a time when they are very unwell. Even if we do take measures to increase transparency, that is still not going to make the process successful for lots of people who have to take forward that appeal themselves at a time when they cannot do so.

We carried out surveys a couple of years ago of 800 people with mental health problems claiming the PIP. Over a quarter said that they were unable to challenge their decision because of the impact of their health condition. They could not go through with it. Transparency is important, but we also think that there is a strong case for more independent accountability in the system. That may look like a form of regulator for social security. When we are seeing these inequities in such a widespread way, it cannot be left to individuals to have to deal with what is a systematic problem.

Eleanor Southwood: Quality control feels like an important missing feature at the moment. We get very frequent reports of people feeling that their condition and its functional impact has not been taken seriously in an assessment. We have not seen any evidence of assessment reports or conclusions being challenged or queried in terms of quality of decision-making.

Where that really comes to the fore for the people we are supporting is around the poor use of any written evidence supplied, but on top of that the use of ad hoc sight tests, which are completely inappropriate. Where you might have a certification of visual impairment provided by an ophthalmologist, it is disregarded or downplayed in favour of an ad hoc sight test that takes precedence, which the person sees recorded in a report. One example is somebody who had in their report that their visual acuity was expected to be normal for somebody who could drive. This person is certified as having sight loss. There are some really serious issues with the quality and consistency of assessment and that element of quality control would help.

It would also help us understand how what is learned from appeals is fed back into the process. There is no evidence so far of that feedback loop, which is about evidence that, as appeals are won and lost, what is learned is fed back into what the assessors are doing on a day-to-day basis. Some kind of formal recording would really help in that.

We would also support the idea of some external verification in the process, whatever that might look like—a regulator or a standards panel, which I think there once was. How effective that was I do not know. Some kind of verification process is needed.

Marc Francis: The DBC would absolutely support the institution of audio-recording by default. The Committee was quite sympathetic to that idea previously and the DWP's response to that has been to introduce a pilot video-recording, which, understandably, many disabled and seriously unwell people are quite suspicious of. What is the purpose of that? It is not something that organisations had focused that strongly on calling for previously and, in fact, it feels like it is being used as a bit of an excuse instead of doing audio recording by default.

We have so many examples of our clients at Z2K and other DBC members saying that their experience was that what they said was completely different to what was written down in the assessment. That is when they actually get hold of a copy of the assessment as well. We would also want to see that go to claimants by default.

Q11 **Steve McCabe:** You take me on nicely to what I was going to ask you. You want audio recording by default, but you are also saying that people should get a copy of their report by default. You can get it if you go through the helpline and ask for it, apparently, but at the end of the day it is your report.

James Taylor: Absolutely. I would echo what my colleague from Mind said. The onus is so much on the individual going through the process to go out and speak to lots of people and try to get all of these things back, whether it is recording or giving the formal assessment back to them when it should be given to them by default.

Q12 **Steve McCabe:** The Department has to send out an outcome notice anyway, so why is it so hard to send the report? I would not have thought there were massive additional administrative costs or anything. Why is it so difficult to send it?

Marc Francis: We do not think it is difficult. It is a question for the Minister, but we think one of the reasons why those are withheld and are only provided on request—often it becomes quite difficult to insist on obtaining that—is that the Department holds back on the basis on which its decision is made. In fact, it is not even just about the report itself.

Under Universal Credit, it is about whether people are being provided with the outcome logged on their UC journal as well. People do not know the basis on which they have been scored, and quite often that is wrong. That is another example of holding back information from claimants that is essential in terms of the decision notice in terms of being able to pursue, first of all, a request for mandatory reconsideration but, more importantly, an appeal, where they have a 75% chance of winning.

Joe Lane: Going back to that. Your starting point was on trust, which is something that the Committee looked at previously. Citizens Advice has done some recent research on people's trust in the system, and a really worrying thing is that people who have recently been through the process are more reluctant and more concerned about going back through that than people who have not been through it recently. You would imagine that should be the other way around—you approach something difficult, you do it and think, "Actually, I will be able to do that next time", whereas people's experience of applying for disability benefits does the opposite. They do it and they think it will be hard in the future.

Transparency within that is important for two reasons, and I think people have covered those. It improves people's experience of the process. They feel like they have an opportunity to question. They feel like they are informed. It is also a way to contribute input into further performance improvement and, as people have said, it allows for auditing.

The fundamental point, though, is that transparency is only one lever with which to improve that performance, and the trust doesn't come from transparency. It comes from good outcomes. That means making the process far more reliable—hopefully we will get an opportunity to come to this in more detail—and faster, essentially. The two things that people experience are that it takes far too long, whether that is waiting for an initial decision, and in particular whether you need to challenge it, and far too often it is unreliable. We have heard that around 75% of decisions are overturned at tribunal. Often those are incredibly wrong, with people going from zero points to enhanced awards. Everybody here will have case studies and people in their organisations who have helped where they have seen things that are completely inexplicable.

On trust, the fundamentals are that the system needs to work better for more people, as well as being more transparent.

Q13 **Steve McCabe:** Let me ask very quickly about appeals and mandatory reconsiderations. There seems to be a lot of scepticism, or at least there has been in the past a lot of scepticism, about mandatory reconsiderations—whether they just rubber-stamp the process and whether there may be informal targets. Have you noticed any improvement in the way mandatory reconsiderations have been addressed in recent times?

Marc Francis: My former colleague sat here two years ago and said to the Committee that he thought MR was a rubber-stamp and was failing completely. Since then, partly as a result of the Select Committee taking such a close interest in the MR stage, there has been some improvement. Certainly when you talk to officials within the DWP, they are clear about some of the efforts they have made to try to improve the quality of MR. They also talk about the changes that they are making in the initial decision-making stage as well. There have been some improvements.

Q14 **Steve McCabe:** What have been the improvements?

Marc Francis: DWP being willing to speak to claimants themselves who have been disallowed but have requested an MR and to ask whether they have any additional medical evidence that they would like to provide. That has been one improvement, and it is genuine. I am not sure that that is happening in all cases. Lots of our clients who have come to us are not being asked for that at the MR stage and have to go through a prolonged wait for an appeal before they get the chance for a genuinely independent review.

DBC would like to see these decisions looked at afresh. We would like to see that the MR decision-maker is not looking at the previous decision but is looking at the case afresh. We think that gives claimants a real chance to have the decision overturned.

I should say that, even though they have improved, the rates are still very low—only around a third—and certainly that is a really big problem when so many claimants who then go on to appeal are seeing the original decisions overturned.

Q15 **Steve McCabe:** MR is effectively a review of the existing decision. You are saying you want the decision looked at in its entirety again?

Marc Francis: Afresh, yes.

Q16 **Steve McCabe:** Is that a view shared by all of you?

Eleanor Southwood: Yes. The evidence that MR is not as effective as it could and should be is that while the general rate of overturn at appeal is about two-thirds, for people we have supported it is 96%. That tells you a great deal about what has or has not happened up to that point where somebody is in a position where they themselves need to instigate an appeal.

Joe Lane: Yes. It comes back to the role of the decision-maker. Is it to judge based on the information that they have in front of them or is the process set up to elicit the information they need to make an accurate decision?

On the point about how at tribunal new evidence emerges and oral evidence is considered, the insight from our advisers suggests that often it is just a different or better interrogation of existing evidence, but that oral evidence or new evidence should have been uncovered at the stage of assessment and certainly at mandatory reconsideration.

Q17 **Steve McCabe:** What is the Department's explanation for why so many appeals—75%—succeed? New evidence is presented? Is that your experience? You are saying, no, it isn't; it is that the existing evidence is looked at differently?

Joe Lane: Advisers commonly say that they have experienced supporting someone through the tribunal process and that the tribunal analyses and interrogates existing evidence that the adviser knows was in place for the initial assessment.

It is worth making the point that—even if it is new evidence—that is still a problem with the assessment process because the job of assessment is eliciting evidence. If that is not happening, we need to look at why that process is not working.

Marc Francis: Your colleague Neil Coyle asked about that when the DWP came up with that 75% statistic. It eventually explained that 66% of that 75% was cogent new oral evidence and 9% was new written evidence. That cogent oral evidence is basically questioning by the panel that sits in the tribunal. That illustrates how badly that initial decision was taken if none of that information was coming through at the assessment stage, or subsequently at MR or even at the new final stage that has come forward in the last couple of years, which is the last-minute review before the DWP itself steps into a tribunal, which is a bit of an issue in itself.

Q18 **Sir Desmond Swayne:** Thank you. Has there been any improvement since 2018 in the use by assessors and decision-makers of the additional material that is submitted by claimants in support of their claim? If not, what more do we need to do to ensure that it is properly taken into account at the initial point of decision?

Ayaz Manji: We certainly have not seen any significant changes in how that works, based on what we hear from people with mental health problems and what we hear from local advisers.

In terms of what the Department could be doing to make better use of that evidence, as Joe mentioned earlier, some of it is about gathering evidence in a more targeted way. A really common experience for the people we talk to is that people will go out and try to gather anything they can get to show that they have a very serious mental health problem, but with the nature of the criteria for WCA and PIP, that is not everything you have to prove.

Q19 **Sir Desmond Swayne:** How do we wise up the applicants as to what constitutes good evidence?

Ayaz Manji: Also, going back to another point, this should not be necessarily a burden that falls on people going through the process. There are things that the Department and assessment providers could do in terms of the questions they ask of GPs, psychiatrists and other health professionals. They could ask questions in a more targeted way that means that they are getting in the evidence they need. That is certainly part of it.

The other half of this as well is that there are also plenty of occasions when we see that all of that relevant evidence is there but people are still being called in unnecessarily for face-to-face assessments and not getting the decisions they need. Particularly at reassessment stage, we think the Department could be making much better use of the data it already has to say, "We assessed this person a couple of years ago. They still have relevant medical evidence. There is simply no need to call them in again". There does not seem to us to be any barrier to the Department doing that far more often than it currently does.

James Taylor: Since this Committee last met on this issue, we have continued to see huge problems with accuracy of awards. We have seen tribunal rates going up in favour of the claimant from 70% to 75%, which demonstrates that it is still a big issue. We would like to see learnings from those appeal decisions and putting them back into the assessment process. We all agree that the assessment process should be gotten right first time, and the DWP should be looking at how evidence that is being used at appeals and tribunals could be better signposted to claimants in the first place—saying, "This is what you need to bring".

Joe Lane: I would agree with that point. The outcomes speak for themselves. The fact that we are still seeing such a high proportion of decisions overturned at tribunals suggests not. From a Citizens Advice perspective, we have seen a slight increase in the proportion of our caseload, which is helping people on issues of evidence. That will be a mixed bag. In some instances, it will be an indication that people are identifying that they are uncertain of the evidence they need. That is clearly very problematic. In your words, they have not been helped to wise up through the information in the system provided by DWP.

Again, looking back to what the Committee has said before, the position of the Committee's previous report was positive on giving clearer guidance to medical professionals, ensuring that healthcare professionals had a system or a process to work through additional evidence and that that was communicated more transparently with disabled people. Those are not in place. There are things that the Committee has supported and that would improve the way evidence is used.

Q20 **Chair:** Can I bring in Eleanor from the RNIB on this?

Eleanor Southwood: Like I said, the fact that 96% of appeals result in decisions being overturned points to a significant issue here. There is certainly a point about improving the quality of evidence provided. In our experience, there is also a significant issue about evidence that is provided not being used or taken into account. A certification of visual impairment from an ophthalmologist taking second place to an ad hoc sight test conducted by an assessor who is not an expert in visual impairment is a significant concern.

The other issue is the criteria used. For us, a specific issue is that the ability to read Braille or capacity to learn Braille is used from the outset to deny you the opportunity for further support in a support group. There is an issue about the quality of evidence, whether that evidence is used and also about the criteria being inappropriate. Our position is that your ability to read Braille or capacity to learn Braille—everyone in this room has that capacity—is an irrelevant consideration in terms of real-world experience in employment or day-to-day living.

Q21 **Sir Desmond Swayne:** The Scottish Government have proposals to make greater use of expert medical evidence. How do you react to that? What of the possibility of deciding on the basis entirely of expert medical evidence?

Eleanor Southwood: Clearly in some situations a paper-based exercise is not sufficient, but we welcome and are looking forward to learning from the Scottish approach, where there is certainly a move against using these ad hoc sight tests and also giving claimants the opportunity to engage with the system in a format that works for them, whether that is digitally or on the phone. Those things will help to improve confidence in the system. We can learn a lot from that and certainly from the stopping of ad hoc sight tests.

Marc Francis: We agree. That initiative takes us back much more to the previous systems and benefit regimes that were in place, which we would have a lot of sympathy for. It is not strictly about medical evidence, though. There is a point about evidence from family members and other people who are involved in care and support. Overall, the evidence that is provided needs to be engaged with and there needs to be some kind of demonstration back from the assessor and from DWP itself. If evidence is not taken into account in demonstrating that people have an entitlement, they need to explain why. That is not something that we have seen at all at the moment. The DBC feels really strongly that that needs to happen. In fact, we feel that if assessment companies are not doing that, penalties need to be in place to try to make sure that that happens.

Ayaz Manji: I echo the points about the importance of paper-based assessments where possible and the use of a wide range of evidence. There is a risk or a concern around the over-privileging of specifically medical evidence. To take an example of a problem we see in the current system around medication, we frequently hear from people with mental health problems who are turned down in their assessment report on the basis of what medication they are taking.

That is a complex question for someone in terms of whether or not the reason they might be taking something is due to side-effects, due to previous experience or due to the availability or lack of availability of other kinds of help. The perception they are getting from the assessment report is that that is being used as a crude proxy by the assessors or by the DWP to understand the way in which that person's mental health affects them. That example illustrates that, even if you move to a more paper-based system, you cannot remove the element of it about needing testimony in writing from people about their own lives or from those who know them and support them.

Q22 **Sir Desmond Swayne:** The Department has indicated that it might incorporate elements of PIP and ESA assessments into the Health Transformation Programme. Do you know what that looks like? Have you been taken into the Department's confidence about these proposals at all?

Ayaz Manji: Our understanding at Mind of these proposals is that the Department is looking at creating a single application system for both benefits. Here there has been a lot of confusion around communications, and certainly we are not entirely clear because sometimes there is a suggestion or perception that this is about bringing both benefit assessments together into one assessment. At other times the Department talks more about streamlining the processes so that, for example, you could use relevant evidence you have submitted for one assessment in support of the other. It is important for us to get clarity on those issues because those are two very different things.

We are supportive of any attempt to streamline processes, so that people do not have to unnecessarily carry on repeatedly submitting evidence and that can be easier for people, but the idea of combining them into a single assessment we think is potentially really risky in a number of ways.

Very briefly, the first one is that already people do not always have a great understanding of the criteria and the purpose of two different benefits. If you bring those together into one, it becomes even harder for people to recognise that PIP is a benefit relating to the extra costs of being disabled and people's independence and the WCA is about out-of-work support.

The second is that potentially it causes a risk for people as well. We do not want to see, given the level of inaccuracy in the assessments at the moment, one bad assessment potentially leading to people losing most of their income or a decent proportion of their income in one go. The risk pooling and the slight conflation of the two benefits are the worries we would have around that. Our understanding is that it is about processes and it is not about combined assessment, but we want the DWP to be clearer on what it is talking about.

James Taylor: I absolutely echo those points. Streamlining is a positive thing, but you still have an assessment process that fundamentally does not capture all of the costs that disabled people face. Many of those are hidden costs, but they do add up. It is one thing to streamline information, but we also need to see the DWP look in the round at the actual assessment process itself.

Q23 **Sir Desmond Swayne:** Is the Department any good at involving people with disabilities in the design of its policies and programmes?

James Taylor: In my personal experience, I would say it is getting better. It still has a long way to go. The forthcoming Welfare and Benefits Green Paper could be a really good opportunity for the DWP to go out and engage with lots of disabled people, DPOs, organisations like Citizens Advice and Mind and the RNIB, too, and design something based on the needs and experiences of disabled people rather than trying to guess what those are.

Joe Lane: Citizens Advice is working with the DWP on the Health and Work Transformation Programme in the north-east, I believe, to do a bit of user design and user testing. We are engaging with that.

On that more fundamental point, again, I would echo that the Green Paper separately from that is an opportunity to be quite ambitious in thinking about how the system of disability benefits is designed. Absolutely, that needs to put disabled people's experiences and expectations at the forefront to design a system that works better.

Marc Francis: The Department has engaged with the DBC. We have met with officials and we have talked about the Green Paper on a couple of occasions. We have been invited individually and collectively to contribute. The process of the Green Paper itself has now become a quite protracted one and is likely to be further delayed. We would like to see this opportunity with the Green Paper for the Department to go to claimants who have been through this process. We know we are talking about millions of people but, ultimately, those are the people who have lived experience of what this assessment process has been like. That is for good as well as ill. Obviously, I acknowledge that there are lots of people who are awarded ESA or PIP when they first apply, but there are so many people who have had such a negative experience.

Your own predecessor Committee, when it took evidence, was inundated with evidence from claimants. We think that is something that only the Department and the Minister at the time very belatedly engaged with, but the Department now has an opportunity and, frankly, a responsibility to do much more in this process. We do not want this to be a very prolonged process, but we do think people can be engaged through a survey and proactively engaged by the Department itself, not just speaking to organisations but speaking to claimants, too.

Eleanor Southwood: The Committee asked earlier about trust and confidence in the system. There is an opportunity, the responsibility and also a chance here to develop that confidence in a system that is co-created with the people that it is there to support, ultimately. The big risk here is recreating and compounding some of the flaws in the existing process and system.

The RNIB has been involved in stakeholder events. Quite often they are organised at quite short notice and for many disabled people to organise travel and get about, notwithstanding current circumstances, can be challenging enough. We would absolutely welcome increased opportunities for that.

Ayaz Manji: The Green Paper is a big opportunity because at the moment we see that the Department will talk to people more often at the start of a process through things like analysing people's needs and doing research with people. It will then do more user testing once it has come up with a process or an idea. What it is not doing—and it feels like the Green Paper is an opportunity, as everyone has said—is actively engaging people with lived experience in questions of policy and where they go next. At the moment, we are seeing more of an attempt to understand people's lives, but not fully an attempt to involve people in how those decisions are made. It feels like that needs to be the next step.

Q24 **Chris Stephens:** As a member of the Select Committee the last time we looked at this, I do remember the flaws in the system being identified, including the evidence we had of a male who was advised that he was pregnant, which suggests that there are major flaws in the system.

Eleanor, you may be aware that I had a meeting with RNIB, Scottish War Blinded and the assessors in Scotland about six months ago, about putting an end to these ad hoc sight tests. From what you are suggesting in your evidence, despite that commitment, these sight tests are still going ahead. Is that the case?

Eleanor Southwood: It is the case, yes.

Q25 **Chris Stephens:** Thank you. That is something we will take up. Eleanor, there are media reports that the DWP is telephoning people who have appealed a PIP decision and giving them a decide-right-now offer over the phone to settle their claim.

Is that a problem and do you believe from an RNIB perspective that that is acceptable?

Eleanor Southwood: It is absolutely a problem. We have supported 30 people so far who have had these often time-limited offers to settle immediately in a phone call. This has happened to 8% of the people we have supported in the past six months.

We have the example of somebody who declined to take the right-now offer and then at appeal was awarded over £3,000 more than the offer had been. We have examples of people who were given an hour to make a decision and somebody who was phoned at 9am on Christmas Eve and told that they had to decide by lunchtime. That case is now going to appeal. They did accept the offer initially. We frequently get reports of people feeling very pressured. The process has inevitably gone on for quite a long time by then and there is a very human desire to have the thing over with. Some of the mental health impacts of a prolonged process do encourage people sometimes to want to get it done. That appeal will go through.

Absolutely, we are seeing this. It is an enormous problem. If there is one single thing that undermines the credibility and confidence in the system it is the perception that people are being pressured into accepting offers that are, in all but one case in our experience, lower than what an appeal then finds their entitlement to be.

This was raised with the Minister. He expressed surprise and concern that this was happening, but to date we have not seen any action on that. Clearly, there is occasionally an absolute role for reviews involving telephone calls, but that is not what is happening here.

Marc Francis: We would agree with that. As an organisation, Z2K will be on record. Every time we have submitted an appeal on behalf of a client, we are on record as their advocate and as representative and we are cut out of that process. That is entirely inappropriate. As Eleanor said, pressure is being applied in terms of time and people are being told that their chances of winning in the tribunal are limited and, "This is quite a generous offer in the circumstances". We do not think that that is right. Certainly the time and certainly cutting out advocates is not the right way to go.

Ministers have argued that this is part of a process. If that is correct, then presumably there has to be some kind of procedure that staff are going through. We have not seen any evidence about what that procedure is. Also, we have not seen any evidence about the data itself. If they do lapse these appeals in advance of the tribunal happening—which can be beneficial because it means that people do not have to go through the stress of the tribunal, although they have spent a stressful six months waiting for that tribunal—they put too much pressure on people to accept a standard rate offer, which is generally what it is, when they have a much better chance of getting an enhanced rate if they go to tribunal.

Q26 **Chris Stephens:** It seems like an episode of "Deal or No Deal".

James Taylor: A very bad one. It highlights another reason why many disabled people feel like they have been caught out, being offered these one-time limited deals, "You need to take it now", without any more information about whether, if they did go to tribunal, as Marc said, they could be entitled to much more.

Q27 **Chris Stephens:** That sounds like a double-glazing sale when the discount is only available for a couple of hours.

Joe Lane: The theme runs through a few of the things we have talked about. In terms of the use of paper evidence or additional evidence and hearing about the sight tests and misuse of information given about going to a book club, the theme is a "gotcha" moment. It is almost an adversarial relationship between the claimant and the decision-maker or the assessor. They are trying to barter them down when the process should all be about getting to the best and most accurate decision. That should all be about eliciting more information and having a very positive attitude to all the information and evidence that can be gathered.

Coming back to the disabled people that Citizens Advice helps, we have seen an increase since the Committee report about two years ago in cases of people who need help with PIP claims and ESA and UC disability element claims. We are seeing those issues that flow through at each stage of the process, from understanding eligibility to managing an appeal. We are seeing that same issue with people not feeling like they are being supported and helped to get the most accurate decision possible in the current system, which should be everybody's aim.

Marc Francis: It would be incredibly helpful if the Committee shone a light on this lapsing of decisions in terms of the numbers. Also, presumably, the DWP has data on how many of those offers are at the standard rate and how many are at the enhanced rate. That might reveal quite a lot.

Chris Stephens: We do have the Secretary of State with us next week, Chair. I suggest that we ask that question because I am not aware that this "Deal or No Deal" or double-glazing sale is part of the procedure. That is something that we do need to look at.

Chair: Chris, it may be that this is something we can drop a line to the Minister about before that session to see if we can find out.

Q28 **Chris Stephens:** Yes, that would be helpful, Chair. Thank you. Getting back to my colleague's other question about what the Scottish Government are trying to do in relation to, not medical evidence but expert evidence, which is the key thing here. Some of the problems that we are finding with PIP and the ESA is that people are going to these assessments and the assessors do not have specialist knowledge of the conditions that they are being asked to assess. That is the big problem, isn't it? Eleanor, could we start with you?

Eleanor Southwood: Yes, of course. Absolutely, it is. For us, the most egregious example of that are the sight tests, but there is also a lack of expertise about particular eye conditions and what their functional impact might be. We have produced a report that helps to elucidate some of that around conditions and some insight into what they mean in practical and daily life and employment, which is after all what all of this is about. We are not clear how and if that sort of evidence is currently being used and we would absolutely welcome an increased focus on expert evidence in the process. Even if that is delivered through a general assessment structure, the presence of expertise is absolutely essential.

James Taylor: I totally agree with that. Often the assessments can be cursory and focus on what an individual cannot do, which is a very medical way of looking at disability and something the community has fought hard against for the last 20 or 30 years or so. It is just a problem with society that makes us disabled. Having that expert testimony would help, but there is no greater expert than the individual on how their condition impacts their day-to-day life, their ability to work and how much cost they face due to that condition. That needs to be looked at.

Marc Francis: The Committee's recommendation two years ago was, "We recommend that the Department introduce a checklist, requiring HCPs to confirm whether and how they have used each piece of supporting evidence supplied in compiling their report. Decisions not to use particular pieces of evidence should also be noted and justified". That was not accepted then. We would argue that that support needs to happen now. If claimants could see that a piece of evidence that a healthcare professional or someone involved in their care had provided had been considered, but it had been decided that something else outweighed that, at least they would understand. They then also have a basis for their challenge at MR and subsequent appeal, but at the moment it feels like information is just ignored.

Joe Lane: There are two things we are talking about. There is the way expert evidence is used—paper evidence and additional evidence—and then there is the expertise of the assessor themselves and whether they are knowledgeable in the specific challenges facing the individual.

On the first point, there is a good case that medical evidence can be used to do a good paper-based assessment and to say, "Given the evidence we have, we can make a decent judgment on the needs of the person." But that should not ever be used to say what needs they do not have. That is because the medical diagnosis or their position will not allow the assessor to make that decision. There are already special rules that allow that to happen.

On the expertise of the assessor, the point is that there will be instances where expertise is absolutely required and a better auditing process and more transparency to help the Department and others understand where that expertise is needed would lead to an improved experience for disabled people.

Ayaz Manji: To add to that, there are some areas of the process where it becomes fuzzy, whether the problems are being caused by the assessor's lack of expertise or by other issues that are hardwired into the process.

Something that we often hear from people with mental health problems is that they will ask for a copy of their assessment report and will see a set of observations about them written there. Frequently it might be, "Appeared well dressed and well groomed", or, "Could make eye contact". Very often we will read the observation that somebody was not rocking back and forth. When people see these in their reports and do not entirely know how these observations have been used to inform the decision that has been made, their first assumption is that it is because this assessor simply does not understand mental health and has made all of these assumptions.

When we see how often the same phrases appear across reports, it becomes clearer that these are standard observations that assessors are being asked to note down routinely as part of the structure of the WCA. People perceiving the assessor not understanding mental health is something more fundamental about how the WCA is designed. It can be very difficult to untangle which one is going on, whether it is an individual assessor who should have better expertise and better understanding or they are being required to make these assumptions as part of the process.

Q29 **Chris Stephens:** Thank you. There are obviously problems in the system. What is the top priority? Eleanor, we will maybe start with you. What is the top priority in terms of trying to fix this system?

Eleanor Southwood: For us, there are a number of priorities. There is something, though, which happens to the people we are here to support before they even get to the process, and that is around the Department's continuing inability to communicate in an appropriate manner. We have been working with the Department since 2013. We have seen limited and very slow progress on this.

To make this real, this is about sending out printed letters to people who cannot see and expecting that to be an appropriate start to a process. The actual application forms are not accessible electronically. The PIP 2 form is not available to the general public and the PIP 1 form is not accessible; ditto the ESA 50 and UC 50 forms. We have provided support to the Department to resolve that issue, but nothing seems to have happened yet. There is no way of recording people's communication needs in the process.

The reason why I highlight this as a priority is that, going back to what we have discussed in terms of the emotional toll that these processes can take on people, all of that happens before you even get to the process, before you are even considering whether your ability to read Braille is a relevant consideration in terms of your employment, before you even get to whether somebody is performing an inappropriate eye test when there is a perfectly valid ophthalmologist's letter explaining your visual impairment. Before you get to all of that is the battle to engage in the system. That is why I would highlight that as our top priority.

Ayaz Manji: For us, there are a couple. One has to be reducing the number of unnecessary face-to-face assessments. Even in the last couple of months I have spoken to people who during their assessments had to recount the detail of suicide attempts, who have had to show their assessors self-harm scars, who have had to go into detail about trauma and abuse in their childhoods.

When you talk to these people, they often have long-term mental health conditions that have affected them in largely the same ways across the course of their life and this is something that they have to go through—if they are claiming PIP and ESA—yearly if not more frequently. There are huge issues about how you change the assessment so that it is not distressing in that way. At the very least, stopping people from having to go through it when they have already been through the process before has to be the top priority.

The second is about increasing the independent accountability of the system. A lot of the things we have talked about today from the take-it-or-leave-it offers to the lack of clarity about how people's evidence is being used all comes down to the fact that there is not a mechanism that holds the Department to account for the decisions that it makes. The groups of people going through these assessments are people who, by the nature of having a significant mental health problem or impairment, are less likely to be in a place where they can challenge it. Creating an independent process by which the DWP can be regulated has to be a top long-term priority, so that all of these issues can be fixed in a more systematic way.

James Taylor: I would support those comments. The top priority for us is to overhaul the assessment process so it can accurately capture those extra costs that disabled people face and, in the WCA, look at the wider factors that impact the probability of disabled people being able to move into work.

Joe Lane: Yes. A lot of what we have talked about today has been criticisms. There is some positivity here, which is that the Government have indicated they are very willing to look at problems that disabled people face and the disability benefit system. There is an opportunity for policy change.

Our priority would be that the Green Paper process needs to be ambitious in looking at what a better disability benefit system would look like. In particular, that should look at the balance between how intrusive it is and what the system is delivering. The current process that we imagine enables the DWP or private contractors to accurately assess people's needs on a fairly regular basis in quite an intrusive way is a system that is set up to create some of the problems, which we have talked about today, in terms of the high-stakes nature of decisions that are very wrong, in terms of the way people are treated and the way their evidence is treated. As the Department looks at that Green Paper process, it needs to be ambitious in its scope of thinking about the system.

Marc Francis: The DBC has 21 recommendations, which I am happy to provide in writing. I want to pick up two things. First of all, audio-recording would reinstate some degree of equilibrium in the balance between the claimant and the Department and the assessor. That is essential for transparency.

There is the feedback loop. At DBC we have had fairly persuasive representations from Atos, Maximum and Capita about how they feed back decisions that are overturned or that they feel are overturned by the Department. We have never had a persuasive account by the Department about how it feeds back to its decision-makers decisions that are overturned at the tribunal. That is quite a big problem.

For us, as an organisation that stands with people in the tribunal and at their appeals, the key thing is for more people to have that sense of advocacy. Many more people could pursue beyond mandatory reconsideration if they had the confidence that someone would be there with them. We do that because we get a little bit of support from trusts and foundations to do that. We get some pro bono support from lawyers across London as well and there are many other organisations doing it.

What we see is that, even in London—which has as much representation as any other region in England certainly—fewer than 20% of claimants who go to a tribunal have a representative with them. If that figure was increased, more people would pursue an appeal and even more people than 75% would win their appeal. As Eleanor explained, when people go with an advocate, generally well over 90% of those appeals are won.

Q30 **Selaine Saxby:** This is initially to Mind, but then opening up. Some of this you have already touched on. The previous Committee heard that the assessment process was having a negative impact on the mental health of claimants. Since the Committee reported in 2018, has there been any improvement in this aspect at all?

Ayaz Manji: Not that we have seen. I have talked a bit about some of the experiences we hear of what people are asked to go through during assessments. Since the Committee's last report, the Money and Mental Health Policy Institute published research with a large number of people with mental health problems with experience of assessments. That study found that around nine in 10 people experienced deterioration in their mental health before the assessment and a very similar proportion afterwards. It is both worry and anticipation, but it is also the impact the process has on people. We have not seen those improvements.

One concrete thing the Department needs to grapple with and take more seriously is the idea that the questions they ask, in terms of the conversation they have during a face-to-face assessment, can have very serious implications for people's mental health. The lines in the evidence the Department currently relies on are taken on evidence from medical settings. For example, there is good evidence in medical settings that asking people about things like self-harm or suicide ideation is not harmful to someone's mental health. That is in the context of someone's treatment and support.

There is no evidence formally about what the impact of having those conversations is during an assessment, other than the sorts of feedback we get and other studies of people's experiences. The Department has a responsibility to take seriously the impact these processes are having on people's mental health.

Selaine Saxby: Does anyone else on the panel want to add anything?

Eleanor Southwood: I would just add that the context of all this is an individual's life and circumstances. From our experience, lots of people who go into this process may very recently have started to lose some or all of their sight, which I think the Committee would agree, by itself, constitutes a serious event in somebody's life. The potential for that alone to cause distress is significant.

Layer then on to this a process in which people feel that their condition and its impact on daily life is not being taken seriously, when they see reports that—or rather do not see them because they are not in accessible format—do not reflect reality, that can be harmful. The time taken compounds that, particularly if somebody then needs to go to appeal, and words like "distress", "anxiety", and "a roller coaster of emotions" are the kinds of things that people we support tell us they feel.

Marc Francis: Just to add a small comment to that. The majority of the clients that we help with their tribunal—we did 450 appeals last year—will have mental health problems. The majority, as they describe back to us in surveys afterwards, say that their mental has deteriorated during the course of that process. If they win, and they generally win, there is a bit of an uplift, but the difference between what we would see now and what the Committee was maybe seeing two years ago is that some of those clients have been through two more assessments in that period.

The sense that people are on a constant treadmill that they cannot escape is something that we have become increasingly conscious of, and our advisers are conscious of as well. People are coming back to us in a worse situation mentally than they were when they first approached us four or five years ago.

Q31 **Selaine Saxby:** Do you think there is anything the Department do to address this?

Marc Francis: Reduce the frequency of reassessments especially. I would agree with the points that Ayaz made.

Joe Lane: From a Citizens Advice perspective, research we have done with disabled people we have helped suggests that people who have recently been through the process have a worse perception of it than people who are further away from it, which is counterintuitive and suggests that the process of going through the decision-making process is a negative one.

In terms of what the Department should do, it should think that there are two levels. One is the process itself—so are things like communication and transparency of the process flexible and adequate? Do they make the process we have the least intrusive, demeaning and harmful possible? Then there is the design of the process itself, so that is the frequency of assessments but also the high stakes nature of the fact that people can go from a position of one entitlement to something very, very different fairly quickly. That has a dramatic impact on their lives. The policy design, as well as the process or delivery, is important in terms of people's experience of the process.

Q32 **Selaine Saxby:** Did anyone else want to add to that? I had a very specific question in mind. The Department said it would report back on the issue in 2019. Have you heard anything about where this research is up to?

Ayaz Manji: Not as far as we are aware, no.

Selaine Saxby: Do you want me to go straight on to the follow-up?

Chair: By all means.

Q33 **Selaine Saxby:** Do you think that the problems with PIP and ESA assessments can be addressed within the current systems, or is more fundamental reform needed? I would love to hear from all of you.

James Taylor: Fundamental reform, and use the opportunity that the DWP and the Government have with the Green Paper to ask themselves and disabled people: what do we want the system to look like in 10 years' time? Not what tweaks can we make now to fix some of these problems but how do you make a benefit system that increases trust, increases transparency and reduces lots of the issues that we have heard about?

Eleanor Southwood: We would absolutely agree with that. The risk of tweaking is that we compound the flaws already existing in the system. This is a good opportunity to privilege lived experience in an appropriate way; to look at how the system is experienced by people, but also to revisit what the policy objectives are and—as increasingly in Scotland—hopefully, we will see expertise coming through; not just medical but expertise on how somebody's circumstances impact their cost of living or their ability to work.

Ayaz Manji: Just to add from our perspective, it feels like the criteria of these benefits is the biggest issue; we think you cannot address it without fundamental reform. Some of the other things we have talked about in terms of reducing reassessments you can do within the current system, but for a lot of people we hear from the questions they are asked and the criteria they are assessed against just do not capture the full impact of the mental health condition on their life. That is the thing that you need to change to fix the whole system.

To give an example of that, take something like the WCA. There are criteria around whether or not you can build relationships with other people, but you would not score points in those criteria if it was shown that you could go to your local shop every couple of weeks, have a conversation with the shopkeeper there, and buy a pint of milk and some bread. That does not mean that you could do a job that involved a heavy amount of social contact, talking to many different people each day, dealing with people, including customers who might be angry, or resolving problems with colleagues.

The support you would need to do that sort of work could be significantly different and you might experience more challenges, but there is no way within the current assessment framework that that can be captured. That is just one example of how the assessment systems need to be better at responding to—in the case of the WCA—the reality of work and the reality of people's lives. You cannot do that unless you talk to people with lived experience and understand what those things are.

Joe Lane: Hopefully, the capacity of the Department allows it both to make improvements to the existing system, such as the Committee has made recommendations on previously, as well as to use the ongoing policy initiatives—in particular the Green Paper—to look at fundamental reform. Analysing the cases of 300,000-odd disabled people that Citizens Advice had last year suggests that those big problems—the system being incredibly slow, so many wrong decisions, the process being intrusive and often harmful—are baked into the policy design for those outcomes for some people, but not all people are baked into the policy design. Only fundamental reform will make those problems less frequent.

Marc Francis: We feel that these assessment processes are not fit for purpose and we want to see fundamental reform of them. We understand that that is going to take time. There will need to be a Green Paper and then presumably legislation, even if the Department were minded to do that. That is going to be a problem because every year hundreds of thousands of claimants have to go through an MR process, and 100,000 have to go through a tribunal process in which they are waiting six months—in some parts of the country, nine months—to get the benefit that Parliament have said they are entitled to. Much more urgent interventions are needed to try to improve the quality of decision-making initially, especially at MR, and also then to speed up the process of appeal. There is a long wait for people to get to a tribunal in some parts of the country and that is a denial of access to justice as well. Essentially, people are being told to take the risk that they will get the benefit that they are entitled to at the end of a very long wait. That is a bit of a problem.

We would also encourage you, as a Committee, to think about recommendations to the Ministry of Justice and the Courts and Tribunal Service, and maybe DWP in terms of the contribution it can make to increasing the number of panel members overall, so that they can speed up the timeline for appeals.

Q34 **Chair:** Thank you. Just a couple of final questions from me. The Committee previously expressed worry that assessments are sometimes inaccessible for some disabled people. Does there seem to have been any progress in addressing that over the last couple of years or is that still a problem that you are aware of?

Eleanor Southwood: I do not think we have seen any tangible improvement in that. There are the practical aspects of accessibility that I mentioned earlier in terms of the process. Of course, for many disabled people who are required to attend a face-to-face interview, there is quite a considerable layer of additional challenge. For many of the people we support, that might be a costly taxi journey. It may be other life things that need to be rearranged that are not easy to rearrange, such as PA support, perhaps other things.

We talked earlier about the reduction of face-to-face and, from our perspective, that is one of the reasons why we would support that because of all the additional difficulties that can come with that. We have not seen any material improvement in some very basic aspects of accessibility; the Department seems unable to make any progress.

Marc Francis: If I could come back to you from the DBC perspective; I will check in with colleagues and just see. That might be more useful because we operate only in London and, obviously, most of the assessment centres are relatively close. We have probably seen a reduction in the numbers of claimants that have been asked to go across to the other side of London to have their assessment and probably, also, a reduction in the numbers of people whose assessment cannot take place because of accessibility.

I do think there is an issue that probably arises from the closure of some of the Jobcentres where some of the assessments were being carried out. We are based in Westminster; most of ours will be done in Marylebone. Previously there were other centres that people could go to. Again that might be something that the Committee might want to poke the Minister on in terms of the numbers or the distance that people have to travel.

Chair: You will see if the DBC can—

James Taylor: I will come back to you on that.

Q35 **Chair:** The final point is the Department recently announced a trial, in which it will undertake these assessments on a pilot basis. Otherwise the model is carried out by the three external providers whom we have mentioned. Do you think the Department should be encouraged to move away from the external provider model? Do you think the Department doing these things itself would be a positive step or do you think the external provider model should work okay?

James Taylor: DWP doing this itself will be an opportunity to check against the provider model. They can see and compare. I guess there is a potential that they will be marking their own homework. That perhaps comes back to the calls that colleagues have made around whether we need a benefit regulator or more auditing of the assessment process in the first place. Trialling new ways of doing assessments with different providers—in this case DWP—is a good thing to do.

Eleanor Southwood: We would also welcome that, with the proviso that it is an opportunity that it has taken to look at the substance of the assessment. Irrespective of who is conducting it, we would want to understand how DWP would ensure the use of expertise and evidence, in conducting assessments itself.

Joe Lane: It should hopefully be a massive opportunity for learning, in terms of the direct comparison between the Department and the external providers but, also, trialling different approaches that are both substantive and in audit, so checking the in-house assessments in terms of overturn rates. Is DWP able to bring those down because it is able to have a more integrated process with the decision-maker? It is too early to say that is the right process, both in terms of deliverability and outcomes, but certainly it should be an opportunity to understand better whether it is the right way.

Ayaz Manji: There is one potential practical benefit of DWP doing assessments. We hear quite a lot from people with mental health problems who, when they go through the process, are very confused about who is responsible for what. Particularly, if people feel they have been treated insensitively during their assessment you then have a difficult decision. Do you pursue a complaint about the assessment provider? At the same time, you might be trying to challenge your benefit decision. One is about the level of income you are on. People are always—again when they are unwell and have limited energy and capacity to do it—going to prioritise the challenge of the decision so the complaint gets dropped by the wayside.

There is something about, if it is all being done in one place, people being able to make those challenges in a more coherent way and make sure that their issues are raised.

Marc Francis: In those circumstances, the complaint is obviously dealt with initially by the assessment provider and then there is a very prolonged process that claimants have to go through, culminating within the Department in the independent case examiner, which we found problematic both on disability benefit appeals and on other benefit appeals, with very, very long delays in cases even getting into the system more than a year to get into the system.

DBC is obviously not ideological about it. We think that the introduction of this pilot is beneficial. One thing that we would say, though, is that the assessment companies have quite often been the lightning conductor for criticism of assessments—rightly, in many cases, from the experiences that people have had from the assessors. But ultimately DWP, at the moment, is getting what it pays for, what it asks for and what it is performance managing against. We have not been given sufficient confidence about the approach that it is taking when problems are raised on an individual basis but particularly on a collective basis from people.

Ultimately DWP is the decision-maker. That is something that it has not always accepted. On occasion it has talked about the improvements that it wants to see from the assessment side and much less so on the improvements that it is intending to make on its side.

Chair: Fine. Thank you all very much. You have given us a very helpful and informative session. I particularly want to thank all of you for being willing to do so in the current rather difficult circumstances. Thank very much indeed.