HOUSE OF COMMONS

Work and Pensions Committee

Oral evidence: PIP and ESA Assessments, HC 355

Monday 11 December 2017

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Watch the meeting

Members present: Heidi Allen (in the Chair); Andrew Bowie; Jack Brereton; Alex Burghart; Neil Coyle; Emma Dent Coad; Ruth George; Chris Green; Steve McCabe; Chris Stephens.

In the absence of the Chair, Heidi Allen was called to the Chair.

Questions 260 - 339

Witnesses

I: Anna Bird, Executive Director, Policy and Research, Scope, Victoria Holloway, Public Affairs Manager, Sense and Co-Chair, Disability Benefits Consortium, Kayley Hignell, Head of Policy, Citizens Advice, and Rob Holland, Public Affairs Manager, Mencap, and Co-Chair, Disability Benefits Consortium.

Written evidence from witnesses:

Scope

Disability Benefits Consortium

Citizens Advice

MENCAP

Examination of witnesses

Anna Bird, Victoria Holloway, Kayley Hignell and Rob Holland.

Q260 **Chair:** Thank you, everybody, for coming. You are competing with the Prime Minister in the House of Commons at the moment. I think we have a pretty good turnout, all things being equal. For today's session, could we start, Kayley, with you and work our way along the line, just a brief introduction and who you represent?

Kayley Hignell: My name is Kayley Hignell. I am the head of policy for families, welfare and work at Citizens Advice.

Victoria Holloway: Good afternoon. I am Victoria Holloway, public affairs manager at Sense and the co-chair of the Disability Benefits Consortium.

Rob Holland: Good afternoon. I am Rob Holland. I am the public affairs manager at the Royal Mencap Society and another co-chair of the Disability Benefits Consortium.

Anna Bird: Hello. I am Anna Bird. I am executive director of policy and research at Scope.

Chair: Brilliant; thank you very much, all of you. You have a B-grade chair today, because Frank is not with us. This is the third session we have done looking at the mechanics of PIP and ESA, the two assessment processes, whether they work and what we can do to improve them, and we have taken evidence, as I am sure you know already, from claimants and from other disability organisations. We are going to start off by looking at the way assessments are conducted, and Chris is going to kick off for us.

Q261 **Chris Stephens:** Thank you. Good afternoon. In the previous two sessions, this is something that has come up. In your experience, are claimants aware that they can be accompanied to their assessments, whether it is a PIP assessment or an ESA assessment? If we could start with Citizens Advice.

Kayley Hignell: We see mixed evidence and information about awareness around being accompanied. I think it is important to note that not everyone has someone who can accompany them, and quite often we try to support them as much as we can. There is not a particular pattern around whether people know that they can take someone with them or not, and there is not a lot of clarity around what that person can do: if I go along with a friend or somebody who I am caring for, what I am allowed to do in that session and whether I can speak for the person, whether I cannot, whether I am there to give evidence as a carer or a support worker or whether I am there to assist that person to get through that process. There seems to be a lack of clarity there.

Victoria Holloway: I absolutely support what Kayley has said. That is definitely the experience of the DBC and the organisations that are part of the DBC. Although there is guidance that says that an advocate can attend and indeed friends or family, what we are finding is that if people take a friend or family member or an advocate along, they are either being told that they are not allowed to speak or, if they do speak, that what they say is not going to be taken into account as part of the guidance.

Q262 **Chair:** Can I just check, is that PIP or ESA assessments, or both?

Victoria Holloway: It is both. We also think that the role of the advocate should be very clearly defined. As Kayley said, there is confusion about that. Whilst emphasising and promoting that there should be an advocate, it is also important to promote being very clear about their role, what they can and cannot say and how it is going to be used.

Rob Holland: Just on that point about whether claimants know that a companion can come with them, the Disability Benefits Consortium conducted a survey of 3,500 or so people who had been through the assessments. A third of those said that they did not know that they could have a companion with them, and so certainly companions are not being involved throughout that process.

For Mencap, of course, it is huge for people with learning disabilities. There are 400,000 people on Disability Living Allowance with a learning disability who are going through that process of reassessment. It is therefore important to ensure that companions are involved so that they can support in terms of prompting, supporting that person to give fuller examples so that the assessor can then make a much better judgment, but then, as Victoria and Kayley have said, it varies hugely as to how companions are involved in that assessment. We have examples of them being told to sit quietly, leave the room, not being able to take notes, and that guidance for assessors breeds the variation, because it says that ultimately it is up to the health practitioner's discretion. That seems to mean that companions may not be involved. Making it very clear to the assessor that companions play a really valuable role so that they understand why they are important is critical.

Anna Bird: We see very similar things through the calls to our helpline. There is not much more to add. I think the broader point is that disabled people whom we speak to are not clear about a broader suite of adjustments and support that may or may not be available to them. They are not clear about that, they are not sure how to find out, and so there is a wider issue there.

Q263 **Neil Coyle:** Rob has touched on one particular idea, but how would you best communicate who people are allowed to take with them? Where should that responsibility lie, and what should it look like?

Rob Holland: I think at the very beginning of the process it should be made clear that a companion can support someone throughout the process, from the initial phone call to completing the paperwork to attending the assessment and then even on to a mandatory reconsideration appeal. It should be made absolutely clear at the beginning. Perhaps there should be a question, "Do you have someone to support you?" and that should be a mandatory question that everyone should have to answer. That could be a way of ensuring that people understand that they can have a companion.

Q264 **Chris Stephens:** Just to check, then, do you all agree that the companion or the advocate should be allowed to speak at the assessment process and they should be allowed to speak on behalf of the claimant? Would you all agree with that?

All: Yes.

Q265 **Chris Stephens:** Thank you. My next question, then, is: should all assessments be recorded by default, and should claimants receive a copy of the report by default.

Anna Bird: We are supportive of recording. Certainly, one of the big issues that we hear from disabled people is around trust and transparency in the system, and the opportunity to be able to record, collect data, it being transparent and disabled people being able to see that recording would help a lot in tackling some of those issues that seem to come up time and again.

Rob Holland: From the big benefits survey we conducted, half of respondents said that the assessment report they received badly reflected what they had said during the assessment. An audio recording would be useful should they wish to challenge that and, as Anna said, provide transparency and hopefully build more trust into the system.

Q266 **Alex Burghart:** Just a very quick one on that survey that you carried out; those are quite stark findings. Have you submitted that survey to the Committee already?

Rob Holland: We have. That is part of our submission.

Alex Burghart: That is brilliant. Thank you very much.

Q267 **Chair:** Victoria and Kayley, do you have anything to add to that?

Victoria Holloway: I think claimants should without a doubt receive a copy of their report. It allows them to look at discrepancies. The DBC does support—it was a recommendation from Paul Gray's second independent review that says assessments should be recorded—but I think there definitely should be an opt-out option, because there will be some people who may not want to, and I think that should be made clear for those who do not want to have to be recorded as well.

Kayley Hignell: We agree that assessment should be recorded. Audio would definitely be helpful. It is probably worth looking at video at some

point, maybe not right away, just because there is so much taken in terms of observing things that happen, and there are quite often inaccuracies in those reports.

We also think there are extra benefits here not just for the claimant but for learning and quality for the assessors and providers of these assessments to look back and see what happened in those recordings. We would definitely welcome that as a default.

It is currently available for helplines. For example, in the past I have requested audio recordings of the tax credit helpline to support an appeal. It is not as out of the ordinary as it might seem.

Q268 **Chair:** Except it is not available by default at the moment, is it? If we were to have this tomorrow, that everybody, if they wanted to by default, unless they opt out, has an audio recording, at what point would that recording be shared with the claimant? Immediately? At the same time as the assessment was made? Beforehand, to perhaps in time pick up any anomalies that were captured? Does anybody have a view as to when that recording should be made available?

Victoria Holloway: I think it is something that needs to be discussed. Obviously, it needs to be used meaningfully. I think it is likely that someone would probably only request a recording if they thought that something had not gone right in the process. When you combine the written report with the video report, if everyone has by default a copy of the report, they can see that it has not been accurately assessed. I think then a person would probably go on to request an audio recording.

Q269 **Chair:** At the moment people do not get the report either, do they; they just get the decision, is that right?

Kayley Hignell: Yes.

Q270 **Chair:** Do you think the report should be made available, both the written documentation of the meeting and also the audio or video if we get that? Would you all agree with that?

All: Yes.

Kayley Hignell: Especially if you have a mandatory reconsideration stage it is impossible to do that without this information, really. We try our best without reports when they are not available. Sometimes they are, and we should make clear that on occasion we do see them. The helpfulness of the detail in them is sometimes questionable—you do see cut-and-paste stuff, or you see inaccuracies within them—but it allows us to target support for that mandatory reconsideration stage.

Rob Holland: I would add that the sooner an audio recording is available the better. For example, I supported someone through a PIP assessment. We had to provide our own audio-recording equipment, which was in this

case two Dictaphones, and we had to hand over one at the end of the assessment.

Q271 **Chair:** How easy was it for you to set that up, just out of interest?

Rob Holland: You have to provide very specific audio equipment. You cannot, for example, record the session on your phone. You have to take along recording equipment and hand over a copy, either a tape or a CD, to the assessor afterwards. In this particular case we agreed that we would take along two Dictaphones and hand over one at the end. We bought two Dictaphones for £25 each and handed over one at the end. It did mean that afterwards we could listen to the assessment and if there was something we felt we had missed, we could have provided further evidence.

Q272 **Steve McCabe:** I did not feel this was clear when we spoke to the assessors the other week. Where is it written? Is there a rule or is there written guidance that specifies that you must provide particular types of equipment? Where does this originate from, and is it the same for all companies that do assessments?

Rob Holland: Thinking of PIP, for example, it says on your letter when you are invited to the assessment centre, "You can contact us if you would like to record the session". The assessors themselves have guidance about the particular type of equipment you might use in an assessment. They say, for example, no tablets, no laptops, no phones—

Q273 **Steve McCabe:** Sorry, maybe the question is not clear enough. What I am trying to establish is: are the assessors interpreting some kind of guidance that is coming from DWP, or is there a standard DWP rule that says, "This is how it must be conducted", and "This is the equipment"?

Rob Holland: They are interpreting the assessors' guidance, which I presume is written by the DWP.

Steve McCabe: Maybe we should just check with our—

Q274 **Chris Stephens:** Just on that, then, it is not a data protection issue or anything like that? That is what I would have thought it may be, but are you aware of any data protection laws where there has to be a specific—

Chair: I think they are just following instructions from DWP, are they not?

Chris Green: My understanding of these instructions is it ought not to be in additional formats, because then that can be edited quite easily to change the evidence; it ought to be either a cassette tape or a CD that is burnt during the time and you hand a copy of each at that time—I do not know how many people actually have a twin CD-recorder, never mind a twin tape-recorder.

Kayley Hignell: We did actually have a case with somebody who tried to find the equipment, went to four or five different audio-equipment providers and could not actually source that equipment as was described.

We did not think of Dictaphones; we will do that in the future, if it is acceptable, although it is hard to tell whether it would be routinely acceptable. In the end anyway it would have cost money to do this, and we are talking about claimants who are at risk of having their income reduced.

Q275 **Chair:** But it should not be difficult in this brave new world of honesty and trust if you say two mobile phones at the same time, with the same recording, date and time. It should not be beyond the wit of man, really, should it?

Kayley Hignell: No.

Q276 **Neil Coyle:** Are you aware of anyone who has been recording on a mobile phone, asked to stop, failed to stop or been difficult about stopping and then had their assessment scrapped?

Rob Holland: Most people do not know that they can record the assessments, albeit by providing the correct equipment. Our helpline will tell people, "You can record the assessment—you can contact them—but you have to go out and buy specific equipment". We have not heard that particularly.

Q277 **Chris Stephens:** Just to finish off, then, the contractor can also record, and the claimant can ask the contractor to record. Are you aware of any issues in relation to the contractors not having recording devices available when a claimant has asked for that to be recorded? Is anybody aware of that? That came up in one of the sessions where we have been asking how many recording devices are available.

Kayley Hignell: We are seeing day to day quite a lot of confusion about who should be doing the recording. Claimants are quite often told that they need to provide the equipment. I have not seen anything suggesting that they can ask for it to be recorded by the provider. Often it comes back to the question we just had around: can you get that equipment, and what is acceptable equipment? We have not had a situation where we can request—I am not sure if you guys have had experience of that.

All: No.

Chair: I was just checking. I think the DWP guidance says that it can be recorded "if you let us know", but the reality is, there is not enough of this equipment to go round and so it rarely happens anyway. Alex, shall we move on to your question?

Q278 **Alex Burghart:** Thank you, Chair. One of the things we got into in the last session was the expertise or lack of expertise that assessors had about particular conditions, and I was just wondering if you would talk a bit about your experience of claimants coming up against a lack of expertise or perhaps positive stories when they have come up against people who really know how to handle their condition.

Victoria Holloway: As you have seen in previous evidence sessions, there is a definite issue about the knowledge and experience of assessors and advisers. The DBC believes that there needs to be more assessors with specialist knowledge and more robust training. This is one of the most frequently raised issues from organisations: that disabled people are describing assessments where inappropriate questions are asked and basic knowledge is lacking.

A case that recently came to Sense involved a claimant who had presented a Certificate of Vision Impairment—so, very clearly highlighted that they had visual impairment—the assessor asked them to read a Snellen chart, the chart that has the letters on, and also subjected her to other visual tests, which were just completely inappropriate when they had the CVI document right in front of them and caused her an enormous amount of distress.

There definitely does need to be specialists involved in some way, and how that is done—

Q279 **Chair:** Sorry, guys, when you are giving your answers can you be clear whether you are talking about PIP or ESA? I want to make sure that we know which we are talking about when we gather our evidence.

Victoria Holloway: Absolutely. I think for this question it is both. Definitely assessors' knowledge for both of the assessments is a problem. The example that I gave was for PIP, but definitely assessors need more specific knowledge. As Rob said, there is the big benefit survey that we submitted. When asked whether assessors understood their conditions, for ESA 62% disagreed or strongly disagreed, and this was 59% for PIP. When they were asked if the assessor took into account their symptoms and health condition, for ESA 62% said disagree or strongly disagree, and for PIP, the figure was 60%. From 3,500 people, that is, I think you will agree, an enormous amount of upset and wrong assessment.

Q280 **Alex Burghart:** It suggests that ESA and PIP are at about the same place as well. Would any of the rest of you like to comment on that?

Kayley Hignell: At Citizens Advice, we do think that expertise around a particular condition is definitely useful in assessing somebody's capabilities. We accept the assumption that no case is going to be the same, people will have different variants in terms of severity or type of condition and that people have multiple conditions and multiple needs, but we cannot see why having expertise in a subject does not give you more experience, the ability to ask the right questions and pick up on signposts, particularly around the observational stuff as well.

Just a point on mental health: we have seen PIP assessments saying, "Client was not rocking back and forward", in relation to mental health. This is quite low-level knowledge around those conditions, and that is included in written reports. The expertise definitely is welcome.

Q281 **Alex Burghart:** One of the things that was raised with us in the last

session was that the contractors suggested that their professionals had had training, which meant that they were capable of dealing with many and various conditions. Have any of your organisations been involved in the design of that training or in advising those organisations on it?

Anna Bird: I did just want to add on the point about training that it is really important that assessors have specialist knowledge of impairments and conditions but also we are interested in that real-world understanding of what it means to live with a disability and what relevance that has to the particular assessment. Of course, on PIP it is really important that the assessors understand how that applies to someone's extra costs. Similarly, when it comes to barriers to entering or staying in work, the understanding that comes, we think, from assessors trained not just in the specifics of impairments and conditions, but equality training that looks at a social-model approach to disability and the barriers that disabled people face, is really important in taking a slightly more robust approach to assessing need.

Alex Burghart: But am I right in thinking that none of you has been involved in helping these organisations set up their training programmes?

Rob Holland: The Disability Benefits Consortium is obviously a coalition. A number of our members are involved in advising the contractors on their training, whether that is delivering training or helping them with videos for training and things like that. That is not the case across all the contractors and all impairment groups. Obviously, there is a huge range of disabilities and health needs. The question is whether the assessors are getting that right level of knowledge across those groups, and it appears not.

Q282 **Alex Burghart:** Absolutely, and what I am trying to ascertain is whether the contractors are even seeking advice rather than whether they are acting on advice.

Rob Holland: In some cases they are, and a number of our members have been involved in working on training with them.

Victoria Holloway: Our members do feed back to us—as the DBC, we do not attend the groups, but our organisations do—that they have gone to a number of meetings over a number of years and have raised the same issues over the number of years at the same meetings.

Q283 **Chair:** Have they got any better in the last couple of years or not?

Victoria Holloway: Organisations have said not. Whilst the conversations are appreciated, it has not translated into improvements in the quality of assessments. Whilst they seem to be listening, the fundamental problems are not being fixed. Appeal rates are still very high, and there is no reduction in the calls to our helplines. In fact, if anything, it is increasing. I think there is a definite frustration amongst organisations who regularly attend these meetings that they are going but nothing is getting fixed on the scale that it should be.

Q284 **Alex Burghart:** Victoria, what are the particular issues that they are going back with time and again?

Victoria Holloway: The issues that the Committee have seen with regards to assessor knowledge, with regards to training, with regards to how they measure quality and also queries and questions around the sharing of assessments amongst providers. There are two providers for PIP, and there are different methods. Different companies run it slightly differently, and there does not seem to be a sharing of best practice across those. They are the issues that are regularly brought up at these meetings.

Q285 **Andrew Bowie:** Playing devil's advocate, what Capita and ATOS would say is that these are not medical assessments, these are functional assessments. How would you respond to that? Not just you, Victoria; I am talking to everyone.

Rob Holland: Disabled people tell us that the assessors do not understand their health conditions, the reports ultimately do not reflect the challenges that they face in day-to-day life and that does not result in the benefit levels to which they are entitled. We believe that there must be more specialism within the system.

Q286 **Chair:** How would your triage it? How would you set the system up?

Rob Holland: That is a good question. That is a challenge, considering the different impairments and things like that. Is it that certain people are referred to specialists; or should there be a way of matching specialists to claimant groups, some sort of panel that looks at those assessments?

One important point to make is that there is expertise being brought into the system, but at the wrong time in some respects. A lot of cases, of course, go to appeal. Between April and June 2017, 54,000 cases of ESA and PIP were at appeal, which involved input from doctors and a legally qualified judge. We are bringing expertise into the system but at the appeal stage, when in fact, if it is into the assessment phase, we would not have seen so many people going to appeals. But how we bring it in is an interesting challenge.

Q287 **Chair:** All the contractors were very clear, without exception, that it should not be GPs doing the assessments because they will try to fix you and almost medicate you, if you like, as opposed to looking at functionally how you can contribute, but I think most of us felt that there had to be some more specialist awareness, whether it is a musculoskeletal group or a mental health group, for example. Just picking up on Andrew's question and the skill that is there, are you familiar with or aware of the skill that is available at each of the contractors? They have, for example, mental health champions. Whether they are the people doing the assessments I think is another debate, but are you familiar with what expertise they have and how they engage it?

Kayley Hignell: I think it really varies, and it depends where you are in the country as well in terms of each assessment centre. The challenge that they have with matching, to be honest, is looking at their expertise within their staffing level in each local assessment centre for each day, for each type of claimant. I think you could definitely look at mental health and physical health, but, bearing in mind that you will have people who will have both, there may be a predominant condition.

I stress that occupational health is a specialism of functional ability and it was mentioned briefly with the assessors in their evidence session that there is a definite need to increase the amount of specialism in that area as well as potentially for these kind of specific conditions or groups of conditions, especially because it would also look at fluctuation, which is where we see so many problems, whether it is mental health or physical health, in the assessment criteria. What we get back from clients and then from our advisers as well, is that questions like, "Could you do it repeatedly?" "Could you do it reliably?" "Would you have to take a break?" and "Could you get up every day and know that that would be the same?", are quite frequently missing, and that is the kind of thing that somebody who is a specialist in occupational health would be picking up more often than not.

Occupational health professionals train potentially for years, not five or six weeks. There is a definite specialism, expertise and experience level that is there that would not be in the training that is currently provided.

Q288 **Chair:** Would you all agree with that? Do you think there is a lack of occupational health expertise within the assessment process?

Victoria Holloway: We have heard of disability champions. How they are used, how regularly they are used and how they fit into the process is still quite unclear. If there was a champion, for example, it may be, we have heard, that the assessor would have to see a case and then they themselves would have to decide to get in touch with them. It would not be a requirement; it is just if the assessor felt they needed extra knowledge. There is no requirement that they have to speak to that specialist or that champion.

Also, we know that there are not very many of them and they are for some conditions but not others. I think there needs to be a more detailed example of how they are being used. There is a range of options about how specialists can be introduced into the system, and I think that can be discussed more widely. There is a range of options that is currently not being used, and we definitely do not have the depth or breadth required for the range of conditions that are being assessed.

Q289 **Chair:** Perhaps before we come, Andrew, to your substantive question about face-to-face assessments, just to talk more about the stakeholder groups, I suppose you either have the perfect assessment system with the right medical knowledge, the right occupational health knowledge and specialist knowledge at the time of assessment or you have an productive

feedback loop that says it is not working and this would be better. Of those of you who are involved in these stakeholder feedback groups, have they improved things? I am getting a look of, "No", from Victoria, I think. Any evidence that it is working at all; and, if not, how could it be handled better?

Victoria Holloway: There have been discussions where there have been some changes. I think disability champions for some conditions were brought in, but, as I said, that may just have been one for a whole company. That is not to say there have not been some small changes, but definitely, bearing in mind the length of time that our organisations have been in conversations with the assessment providers, when you look at the appeal rates, the evidence where people are still coming to us speaks for itself. For all our organisations the most important thing is that the assessment is correct and the reports are correct. Whilst I say small steps have been taken, for the length of time that we have been engaging, what we would have hoped to see has not been seen.

Kayley Hignell: From a Citizens Advice perspective, we attend these groups when we can, and it is important to point out that there are three separate groups and DWP do not always attend those groups either. What can often happen and what the useful function can be is an update about changes that have been made, so you find out about disability champions or something along those lines. As a feedback loop, they are less useful, just because the way it is set up is more like, "We are telling you what has happened", rather than, "Let us have a conversation about how we can improve mental health assessments", for example.

I think the challenge as well is quite often the takeaway is to go back to DWP from the provider and then we are out of that loop at that stage. Because DWP do not attend necessarily, you are not necessarily getting to the right decision-maker.

Q290 **Chair:** A triad would be better, the contractor, the charity and DWP being in the room at the same time, so you would all come together?

Kayley Hignell: Yes, and potentially the *contractors* as well in that sense. It is not always clear, thinking about appeal rates, what is driving it. Is it poor assessment delivery? Is it the criteria? Is it the process? In reality it is a combination of all of those things. In some cases it is more obvious that it is an inaccuracy in the assessment, and that comes back to the assessment provider. In other cases it is probably things like medical evidence not being adequately used or given enough weight or the claimant's own testimony not being given enough weight within that process. It really is very difficult to untangle in the customer journey or the client journey, whatever you want to call it, who owns which bit of it in terms of fixing it.

Q291 **Neil Coyle:** Your individual bureaux or individual members have been involved in DWP stakeholder groups, the contractors' groups and in the independent reviews, and they have not delivered in the way you had

hoped by being engaged, so would a new review be at all useful, if it had more formal powers for revising specific aspects of the assessment process?

Anna Bird: From Scope's point of view, certainly our view is—and it is one that has been set up by the Disability Minister—we need to reform the assessment process. We need to see radical reform both of the PIP assessment and of the WCA. We could go through other reviews, we could make changes that improve the process for disabled people, but ultimately we need to see something much bigger than that, and we would like to see a commitment to a White Paper and ultimately to legislation to see reform of both assessments.

We think that is important because the ESA assessment does not really understand the distance disabled people are from the workplace and it does not really assess people's length of time and how much they are in need. Similarly, the assessment for PIP does not properly test people's extra costs; and so we are finding that people are not getting an accurate picture of their need, people are not getting the money they need and it does not help us get towards independence and where we ultimately want to get to for disabled people. I think ultimately probably not another review; we would like something a bit bigger than that.

Q292 **Chair:** Anna, without cutting you short, because I want to conclude with that conversation about whether as an inquiry we are looking too much at the minutiae and whether we need to be looking at larger-scale reform. We will perhaps conclude with that, but just before we move on, is there anything else anybody wants to say about just the feedback loop, how it is working at the moment and what could be done to improve that?

Kayley Hignell: I would just add a note of caution around complaints data at the moment with providers and even with DWP. The process of claiming disability benefits and then appealing and challenging if necessary is so lengthy that actually complaints are rarely done or completed, even when people have support. We have queues of people waiting to use our services. So I would just add a note of caution on looking at complaints data. For both ESA and PIP, and in general, to be honest, complaints are not made as frequently as they perhaps need to be. Data around quality should be a combination of complaints, tribunal outcomes, mandatory reconsideration outcomes and equality assessments.

Q293 **Chair:** It was certainly quite shocking to me; I do not know about the rest of the Committee. In the last session we heard that none of the contractors had ever hit their targets on any of the assessments ever. Do you think a more powerful, robust three-way feedback loop, including DWP, including organisations like yours, would help the contractors in the long term meet their targets?

Kayley Hignell: Absolutely. We do not get sight of their data or DWP's data to have a look at exactly where the pinch-points are within the journey. We know what our evidence tells us, but they have a huge weight of data, both providers and DWP, about what is happening at what stage. That is not a transparent process, so if we could map it out together, as I say, find those pinch-points and then look at what we know as organisations who support people with disabilities and health conditions day in, day out to help make that work.

Q294 **Chair:** It is fair to say that all of you would be more than happy to work as part of that process to improve it?

All: Yes.

Chair: Thank you. Andrew, shall we move to your question?

Q295 **Andrew Bowie:** Thank you, Chair. We all know, and I am sure you all know, that attending face-to-face assessments can cause some people undue stress and anxiety. At the risk of sounding like I am asking a stupid question, are face-to-face appointments necessary? Do all claimants need to attend face-to-face assessments?

Rob Holland: At Mencap we frequently hear of people being called to face-to-face assessments where we feel it could have been conducted on paper. We hear of people with complex learning disabilities, even living in residential care, who have been in receipt of lifetime awards under DLA, being called for a face-to-face assessment, which we believe is inappropriate and can be done through a paper-based method. We do hear that.

I do not think there is any data out there around—actually, I think one of the contractors in your last session said—it was quite a large figure. It was quite surprising.

Q296 **Andrew Bowie:** When the DWP introduced PIP, it was set up to have 75% attend face to face, and Capita and ATOS are asking 98% of claimants to attend a face-to-face interview. Why do you think that is?

Kayley Hignell: I would imagine some of it comes down to claim forms and evidence submission to be able to make the judgment about whether a face-to-face assessment is necessary, and possibly just process—timing of those forms coming in, the evidence coming in and the timetabling of the assessments—but I suspect there is an over-reliance on the face-to-face assessment within the process.

We do not think it is necessary in all cases. If we are looking at the changes to Employment Support Allowance that are due to come in around not reassessing full-stop for some conditions because there is a severity and lifelong element to that condition, we are not sure why you could not then say, "We have assessed this person face to face once. Do we need to do it repeatedly face to face, or do we take a paper route as well?" There are quite a lot of different levers within the system that

could be tailored to make the assessment process more efficient and certainly reduce the stress for individuals.

Victoria Holloway: I would definitely agree that there are a good majority of claims that could be assessed on paper. When you look at many long-term, degenerative neurological conditions such as Parkinson's, MND and MS, there are definitely people in those groups who would not need to be assessed. I think why it is maybe not working is that it ultimately relies on a brilliantly filled-out application form first off and assessors looking at that form, looking at the evidence, understanding the functional impact and then being able to make an accurate and meaningful decision.

Q297 **Andrew Bowie:** Do you think the fault lies in a lack of guidance going to those filling out of the form, or do you think the fault lies in the training given to those who are taking the form and assessing people on what has been written down?

Victoria Holloway: I think it is probably a bit of both. The accessibility of the form is something that came up at the first evidence session. There are some people who could not adequately describe their condition in detail. Natalie, for example, could very much describe in detail how it impacts on her daily life, whereas others probably could not.

I think it is also considering whether the claimant can fill out the claim form and then how it is accessible. For example, if we look at Sense, many people have British Sign Language as their first language, and that has a very different grammatical structure to English. Would they be able to understand the form and give a good enough example and good enough evidence on that form so that they did not need to be called to a face-to-face assessment? There are definitely concerns with both of those.

Q298 **Andrew Bowie:** Do you think that 75% attendance rate aim to get face-to-face assessments was realistic, from your point of view, considering we are at 98% now?

Victoria Holloway: I think it could be. If we look at the breadth of conditions, I think what we see is people are giving adequate evidence at that first stage. When we look at lots of appeal decisions, while people's appeals are overturned, they are often overturned on the basis of evidence that was submitted at the first stage, and if that is the case, assessors should be looking at that in more detail. Whether or not maybe there is something around healthcare professionals being able to understand the evidence—if someone was provided with an audiology test, for example, is an assessor going to be able to look at that? An audiologist could see straightaway and be able to not call someone to a face-to-face. If they do not understand the evidence they are being given, they are going to have to call people to a face-to-face assessment.

Kayley Hignell: I think to get to that 75% you would really need to look again at medical evidence more fundamentally. We frequently submit evidence, supporting individuals to submit evidence, where we have to provide quite a lot of support to get that evidence into a state that is usable and relates to the benefit rather than somebody's condition, and we often see people coming in with piles of paperwork, which is "my appointments at hospital" or "the last sick-note or fit-note I had", which would not necessarily be of much value to the process. GPs really vary, or other consultants or specialists; even when it comes to professionals who provide care like care workers or keyworkers, they really vary in their understanding of the system and what type of evidence would be useful.

There is an issue around timing—it can take quite a lot of time to get medical evidence, depending on who is involved and the support needs of the individual as well—but to get the face-to-face numbers down, you would need sufficient medical evidence to be able to make that decision.

Q299 **Chair:** Can I just ask a question on that? The Government recently announced that people with degenerative conditions would not be asked to have a second or a repetitive ESA assessment. Do you think that policy alone will be enough to get us to the numbers that we need to hit the 75%, or does it need further intervention in the process?

Rob Holland: I think, with regards to PIP, for example, and whether or not you should have a paper-based assessment, as Kayley has said it is very difficult to gather enough medical evidence in that four weeks initially to submit that so a robust paper-based assessment can take place, particularly, as Kayley says, in terms of getting input from specialists and things like that.

In terms of moving towards that 75%, in terms of reassessment and looking at those who are on DLA lifetime awards, for example, should they be given additional time to gather the evidence, which may be quite complex and involve multiple health professionals, carers et cetera?

Q300 **Chair:** There is a section on the form, isn't there, "If you need longer, give an explanation as to why"?

Rob Holland: Yes; and you can ring up, and sometimes they will grant you an extension, but—

Q301 **Chair:** Just as a quick summary, what else could be done to ensure that more people are excluded from face-to-face assessments where possible? Any other ideas we have not covered?

Kayley Hignell: There would be more room to provide templates for evidence beyond medical evidence, I think, for care workers, keyworkers and those kinds of people. At the moment it is literally, "Do you have anybody who can provide that?" and I know the providers are looking at that on the GP side or medical-expert side but not on the keyworker,

carer or family support or those kinds of things, which may gather some additional evidence that would be relevant.

I do think some of this comes back to weighting of evidence, though, to be totally honest. There are cases where tons of evidence are sent that really relate to function and are from experts and specialists or keyworkers, but we still get decisions that do not reflect that evidence. There is a question about who is weighting what evidence at what point in the claim form. That probably comes back to decision-makers' guidance and assessors' guidance.

Chair: That brings us neatly, I think, to Chris and your questions.

Q302 **Chris Green:** Thank you. Mr Holland, I think you referenced earlier that of the respondents who had seen their own ESA or PIP forms, 43% believe it badly or very badly reflects their actual answers given. What changes should DWP make in auditing processes to improve the accuracy of their assessments?

Rob Holland: We believe that the focus when it comes to auditing should be on auditing the quality of the assessment and ultimately whether the claimant has received the appropriate level of benefit, whereas our sense is that the focus for auditing is more on whether processes have been followed and the quality of the document and the report itself, including metrics, such as spelling, grammar, whether the right boxes have been ticked and things like that. Ensuring quality, the auditing should therefore focus on: was the assessment robust and correct? Did it take into consideration all the evidence? Was the outcome correct? I think that is critical.

Q303 **Chris Green:** Fundamentally, they are looking at the wrong areas at the moment?

Rob Holland: Yes, and we would certainly say that, as we look at the specification for contracts going forward, the DWP should look very carefully at what the quality measures are that those contractors are going to be measured against and involve disability organisations and others in terms of determining what those are. Is quality being measured in the right way?

Q304 **Chris Green:** There is a fair amount of work, no doubt, needed in this; if you could forward any suggestions to the Committee on that. The training, experience and qualifications of people who perform the audits is pretty important as well as that of the people who perform the assessments. Do you have any knowledge or any sense of whether the qualifications, experience and training are good enough for the auditors as well?

Kayley Hignell: For Citizens Advice it is not something that we see. We do not see that part of the process. I am not sure what their qualification levels are.

Q305 **Chris Green:** Is there within the system sufficient clarity to identify individual centres or individual assessors so that you can check to see their performance? Is there enough clarity?

Victoria Holloway: I think from our point of view we would welcome transparency around what those contractual standards are. We do not know what they are where there is no data available from contractors on what they are auditing. We would very much welcome seeing what they are auditing and feeding into that, because, as Rob said, the contractual quality standards are not measuring the accuracy of the report. They are not measuring the right things. This is something that the National Audit Office highlighted in their report in 2016, and I quote: "Report quality does not necessarily affect the benefit decisions made by the Department, and reports can be graded as below standard for errors in spelling and grammar". I think that quote says it all, really.

Q306 **Chris Green:** Not looking at quite the right things. You referenced the data being available. Is it that the data is not being generated in the first place or it just is not released so it could be judged?

Kayley Hignell: I believe it is probably management information for the system. What gets released is more about claimant numbers, appeal numbers, some stuff around the groups that people are in, but not management information routinely. There are loads of opportunities across the benefit system, around this management information and how it can be used, to fix problems within the system or design better processes. By and large across systems it is not transparent. It is not something that is provided.

Q307 **Chris Green:** In the evidence provided, Citizens Advice said that if they work with claimants, you see a dramatic improvement and a dramatic change in terms of the assessments.

Kayley Hignell: Yes.

Chris Green: Is that because of your involvement, the guidance you can provide, or is that because actually the assessors realise they are a bit more under the spotlight?

Kayley Hignell: Our input will vary in different locations across the country according to funding and the like. It could be assisting somebody to put a claim in and filling in that form to the best of someone's ability, getting all the information and medical evidence together. That in itself can lead to a better outcome. Our success rate that you can quote is around appeals and mandatory reconsiderations. Each office collects different datasets around this, each local citizens advice bureau, with varying reports of success rate at appeal. But the role of supporting somebody to understand what the system is trying to assess is the challenge. If you imagine the questions that are in the claim form or even the descriptors themselves, just thinking about, "Can you lift a large empty box?" the clients that we see are quite often, like, "Why do they need to know that? What is the value of that information?" Quite often we

are helping people to understand the process and some questions, meaning that we can get more meaningful information at an earlier point.

Q308 **Chris Green:** There is a clear role for other organisations, outside organisations, to check the quality of the standards and provide that feedback?

Kayley Hignell: Potentially, yes.

Q309 **Chris Green:** My final question: is the failure of all the companies consistently to meet their targets related to who is held to account, or is it related in some way to the incentives given? Should there be greater accountability? For example, for failure at the moment, presumably it is the management of each of the companies that is held to account. Should that accountability be transferred to the Secretary of State more directly?

Kayley Hignell: Potentially. As it stands at this point poor decision-making comes through in appeal rates, and that is the whole process: the assessment, then the submission of evidence and acceptance of that evidence, quality of decision-making at that stage and mandatory reconsideration. That sits with the Secretary of State, I would imagine, at this stage anyway. The question is about whether the assessment fits within that process or whether it is seen as somebody else's responsibility. I cannot see why it would not be a fundamental part of that process. DWP are intrinsically involved in the formation of that process, the guidance of it and the quality checking, all those things, on a day-to-day and case-by-case basis as well as on a contractual basis. Yes, we would support making that a whole-process accountability.

Rob Holland: In terms of how we boost the quality, the auditing process needs to take into consideration those assessments that went all the way through to appeal and were overturned in favour of the claimants, and the contractors need to understand why that happened, which part of the process failed, if you like. Secondly, there needs to be a piece of research looking at those claims in which the person received a lower or no award but did not then continue on to mandatory reconsideration and appeal, because we know that there are a number of people going through the system who do not get the benefit and then do not have the strength, the mental and emotional support, to actually go further. In terms of looking at quality and where things go wrong, those two bits need to happen. There needs to be a feedback loop from what happens to appeals to inform contractors, and there needs to be a bit of research around those who did not get an award and did not go on, because we know there are people that actually should be receiving something from the system but have not challenged it.

Q310 **Chair:** If we define quality as the right award first time and that is the ultimate goal, do we need more data—as you have just been describing, Rob, do we need to do more research to understand the bits of the process—or are there repetitive areas where this thing goes wrong? The Government will tell us that quite often the majority of appeals are

overturned because more data is presented, medical data that was not there to begin with. Is it that? Is it the way the forms are filled in? Could we make the forms easier? Is it that the assessment process is too robotic and they are not asking the right questions? Is it that the contractors are doing everything right but it is actually the DWP that then get hold of that report and interpret it? Do you have any sense of where those that go wrong are going wrong, and if not, do you have any recommendations about what data we should be asking from the DWP to help us identify where it is going wrong?

Anna Bird: Our experience in terms of where things go wrong is that it is not about additional evidence being delivered at a late stage that changes the decision at appeal; it is actually about a different interpretation, after all, of the presentation of the same evidence. I do not think it is about information that was not there in the first place. It is something about interpretation, and it is something about really getting to the bottom of what is being asked and why and the presentation of that data.

Q311 **Chair:** Rob, any thoughts?

Rob Holland: Yes, all the things that you have highlighted I think are important. For Mencap, of course, appropriate involvement of companions is really, really important. That would make a huge difference. In terms of additional data, of those being reassessed from DLA to PIP, 48% are receiving a lower award or no award, and we need to understand why that is. Looking at those who have received no award and data and information around that would be critical.

Q312 **Chair:** We do not have that data at the moment, to the best of your knowledge, then?

Rob Holland: No, we have the data that says, "These are the people who have received a lower award and no award", but what is the reason for—

Chair: But no further digging into that?

Rob Holland: No, not at all.

Q313 **Chair:** That is something perhaps we should look at. Victoria?

Victoria Holloway: Yes, I would echo those points. All the points that you raised are issues that come up regularly. I think it would be difficult to say that it is one particular something—

Q314 **Chair:** There is no overarching one that you think is at the heart of this?

Victoria Holloway: No, but what we do know as the DBC is that organisations regularly come to us and say that the quality of the assessment and the knowledge of assessors when people go to them with their conditions is low. That is something that is mentioned above and beyond everything else. I think understanding that, getting places for specialists and getting their involvement is really key but also looking at

the pinch-points and people talking, I think, and that loop is really, really key for us.

Q315 **Chair:** Kayley?

Kayley Hignell: I would echo what Victoria was saying about we are not necessarily at one overarching point, although again when we ask our advisers about inaccuracies in assessments, 92% report seeing inaccuracies in the PIP assessment and 81% report seeing inaccuracies in the Work Capability Assessment; so there is clearly an issue at the assessment stage.

I think there is lots of stuff around what we talked about before: management information that could be gathered data-wise around the timing of when evidence is available or what information is available to the decision-maker in DWP. Do they get anything that differentiates a 10-minute assessment from a 50-minute assessment? Do they know that so that they can weight that evidence according to its value? Do they know whether the assessor looked at additional medical evidence when they were making the assessment or not? With those kinds of things, I feel that if we could look at the journey, there would be some clear trends across to say, actually medical evidence was provided at the wrong stage or the way the process works means that it comes in at the wrong stage. I suspect there is not anything that says, "This assessment took six minutes, and this one took 25", to allow you to see as a decision-maker whether you should use it or not.

Q316 **Chair:** Recording would be a great start, would it not, to help with that?

Kayley Hignell: Exactly. You would gather all this data by taking some action on recording.

Q317 **Neil Coyle:** As things stand, the taxpayer is paying for the assessment itself for DWP to make a decision and mandatory reconsideration and pay millions towards the appeals. We have had 54,000 in just three months this year. Some of those appeals are about the accuracy, and it is not just spelling and grammar; it is people where the assessment says they are walking their dog every day and they do not have a dog. There is somebody in our papers that have been submitted who says they were told they could not possibly be pregnant because they are a man when actually they are a woman. Should there be penalties for individual assessors for making very basic and sloppy mistakes, or should there be greater fines on the overall providers of the assessments?

Kayley Hignell: From our point of view at Citizens Advice, I think it should be the provider rather than the individual involved. We obviously need to pick up on repeated poor performance by individuals, but quite often there is an issue involved in terms of the amount of time that assessor has available, the amount of time they have to look at evidence prior to going into the medical assessment or writing that up. That is more of a systemic issue. That is more of a set-up of the process.

It is quite hard to tell how long an assessment is going to take, but we do repeatedly get evidence from our advisers to say that people felt rushed during their assessment, and that can only be mirrored by the experience of the assessor doing that as well. We would advocate fines or some kind of penalty in the system for repeat inaccuracy, at the provider level, not the individual level.

Victoria Holloway: I completely agree with what Kayley says.

Chair: Kayley, I think, needs to go, by the way.

Kayley Hignell: My apologies.

Q318 **Neil Coyle:** Do you agree?

Rob Holland: Yes.

Anna Bird: Yes, absolutely. I just had another point about its being a systemic problem. I guess if we delegate responsibility down to an individual assessor, we are kind of taking away some of that accountability that absolutely has to be held at the top. I think we need to remember that this is a process where hundreds of thousands of disabled people are finding it incredibly stressful, incredibly difficult, every time they make these applications and go through the assessment process, and we know, as you rightly said, that it costs a lot of money. We need to see that as a systemic problem that we need to fix.

Q319 **Chair:** I suppose it the contractor's responsibility; how they manage their internal manpower difficulties is for them to manage, I guess, isn't it?

Q320 **Chris Stephens:** Surely the ultimate penalty, then, is that the contractor loses their contract? My question is: do you think or do you feel that DWP do enough monitoring of the contractors in terms of their performance, in terms of accuracy of reports and the overall service they are providing?

Rob Holland: I think it comes back to the discussion we were having earlier about how the DWP assesses the quality of what the contractors are doing. At the moment our sense is that it is looking at the quality of the reports that are produced rather than whether the assessment has been robust and the person has got their benefit at the level that they should have. But then the knock-on effect is, of course, the contractors' own internal quality purposes, which should hopefully highlight if there are particular assessors who are performing badly, and then, as Heidi said, you would expect performance management to kick in at that point.

Q321 **Chair:** A quick generic process question from me. At the moment it is a two-stage process: you have the assessment face to face or on paper by a contractor—that is the end of the road for them as far as that is concerned—and it then goes as a separate piece of information to a DWP person, who then makes the decision on the award. Do you think in general that that two-stage process works in terms of creating the right outcome and also the feedback loop for improvement and when things go wrong? Does it work, having this two-stage process? Do you want to

start, Victoria?

Victoria Holloway: I think people are definitely confused about the process. I think that people, when they see their assessor, believe that that is the person who is ultimately making the decision about their claim. We have raised a number of issues that are of key concern. Most people are ultimately concerned that their assessment is incorrect. Whether that is the two-stage process or whether that is the other issue that we have raised with regard to assessor knowledge, the use of evidence, the quality control and ultimately accountability, I am not sure. I think we definitely need to address all those issues first, and then possibly the two-stage-process issue may come out, but it is not something that has been raised with DBC organisations.

Q322 **Chair:** Rob?

Rob Holland: I guess it is a political decision in terms of if you contract these things out, which bits you contract out. As Victoria said, that is not what disabled people talk to us about when they talk about their concerns over the assessment. Certainly, if you were to contract everything out, you might question the accountability of that system, but then likewise if they were all to be officials doing that, of course the public sector is ultimately responsible as well. I guess for us it is: are the assessments of quality, and is there redress within the system that is independent? At the moment, obviously it goes up to tribunals but mandatory reconsiderations are done by the DWP.

Q323 **Chair:** In theory, a two-responsibility process does not worry you as long as the feedback and improvement opportunities work?

Rob Holland: Not the principle of it, no.

Anna Bird: On the transparency, there is an issue with it not being clear what information is being passed from the assessor to the DWP, and it not being transparent what is going on in that process and what information is there. People cannot see it; so I think that makes it more difficult to know.

Victoria Holloway: It is the accountability in the process.

Chair: That is the bit, I have to say, that concerns me.

Victoria Holloway: Organisations have been told about where people have made a complaint, it is said that that is to go to the DWP and the DWP have said, "No, it is for the assessor". I think there is some confusion. There needs to be clarity amongst the assessor and the DWP where the ultimate responsibility lies. For us, that is the DWP; they obviously contract out. Our organisations, whilst taking things up with contractors in certain forums, very much want the DWP and the Government to have ultimate accountability.

Chair: Thank you; Steve, mandatory reconsiderations.

Q324 **Steve McCabe:** Thank you. As I understand it, at present a very small proportion who use mandatory reconsideration get a decision reversed if they are applying for a PIP, and I think it is even smaller for ESA. Obviously, when they go to appeal, the reversal rate is much higher. I guess I am wondering what is wrong with mandatory reconsideration. How would you make it work more effectively?

Rob Holland: Fundamentally, we are not convinced that mandatory reconsiderations are a proper reconsideration of the case at that stage. The fact that the vast majority are upheld and then overturned at appeal would bear that out. We hear of mandatory reconsiderations coming back very quickly, within 48 hours, and we hear of others taking weeks. There is another point about data and transparency around the mandatory-reconsideration process in general. But in terms of improving it, it should be a thorough, robust re-looking at the case, possibly involving specialist input as well, and that is simply not the case.

At Mencap, for example, our advisers will tell people mandatory reconsideration is just a barrier, a hurdle, you have to get over in order to quite likely take your case to appeal. For us it feels very much like a hurdle that has been put in there to stop people getting the decision that they should be getting.

Q325 **Steve McCabe:** So, not a reconsideration?

Rob Holland: That is our sense of it, yes.

Victoria Holloway: We would absolutely agree. The DWP's own quarterly figures show that 84% of new PIP claims and 79% of reassessed DLA reconsiderations resulted in no change. There is a definite query about how sufficiently decisions are being looked at. It was something that was also highlighted in Paul Gray's second independent review. It said that further evidence is not properly considered as part of the process and that decisions are not looked at again in a sufficiently thorough way. I know there has been some media coverage with regards to tribunal judges about their scepticism about the MR process as well; so, echoing the two points that Rob made, definitely.

Q326 **Steve McCabe:** I am told that the Department has a key performance indicator to actually maintain the initial result, I think in 80% of cases. Is that a fundamental flaw in the mandatory reconsideration process?

Rob Holland: Yes, and I have seen the letter the Committee has written to the Department and published. It would be interesting, of course, to see their response. They have said that it is not a target, but by all means it is a target.

Anna Bird: I agree with what everyone else has said about that. I would come back to the issue that from our point of view we see the whole system as fairly flawed, and this is one very good example of where this is taking longer for disabled people to get the right result and causing unnecessary strain and financial hardship in the interim period.

But the question is: how do you fix it? For us, you can tweak the mandatory reconsideration process if you want to, but ultimately we think we need to see a more fundamental reform of the whole system if we are really going to make any big difference.

Q327 **Steve McCabe:** So I should conclude from that you do not think it is a reconsideration; you think it may be an obstacle on the route to appeal, and there is a question mark about the key performance indicator? Is that accurate?

All: Yes.

Q328 **Neil Coyle:** Are there some disabled people generally in your experience who are deterred full-stop from going to appeal because they believe mandatory reconsideration is the end of their route?

Rob Holland: Yes, that is the case. At Mencap our advisers will say to people, "The next stage is going to mandatory reconsideration, but the chances are that you won't get a different result; so we will then support you to go on to appeal". That is essentially the case.

Victoria Holloway: I think it is very concerning as well—Rob made the point—for people's health and energy, mental and physical health, about the length of time. Of course this is a process that should take two weeks, but anecdotally organisations tell us that it has turned around even quicker, sometimes within 48 hours, and sometimes it has taken up to four weeks, and we do not have any data on that. It would be helpful to know long MRs are taking so that we can find out if that is the case, because if it is taking two weeks, then fair enough if the decision is looked through in a sufficient way and is looked at properly, but if it is taking longer then it will put off people trying to fight to get the money that they need.

Chair: Ruth, I think that is your question, isn't it, about the process and how it affects people?

Q329 **Ruth George:** Yes. I wanted to ask if you feel that the assessment process affects claimants' health and wellbeing when you see them throughout the process from claim through to appeals in particular, and if so, if there are any specific elements that you feel are particularly harmful to claimants.

Victoria Holloway: Overall, organisations tell the DBC that there is a definite issue with people whose health and wellbeing suffers. I do not think it is just one stage of the process; I think it is the whole process. Hearing from claimants about how difficult it can be even just to get the forms—so, hearing from Natalie, if the only option for someone who is sensory-impaired is to ring up, obviously that is a hurdle, just getting the form, at step one. Then, filling out a form that is very, very difficult and draws on some very distressing experiences is not great. Being called to a face-to-face assessment that may be very far away when you may not be sure if your advocate can support you: again, another layer of anxiety.

If the assessment is not carried out properly—questions that are asked about a person's disability, someone who had Parkinson's, for example, was asked when they would be getting better—and that is just at the assessment phase. Then, to get to the stage of a decision award that you may not get, to then fight the decision to try to get more evidence for MR and to then go through another stage to appeal can take an extremely long time, it brings up extremely distressing things for people, and, I think the Committee would agree, it very much has a detrimental effect on people's health and wellbeing.

Q330 **Chair:** Rob and Anna?

Anna Bird: I totally agree with that, and I guess I would just add that when we speak to our helpline staff who speak to people every day about this kind of stuff, they are really clear that they see endless examples of people who are stressed, worried, getting into poverty, having to make really difficult decisions in their life, because they cannot get through the system quick enough and they cannot get the right benefits for them, but also that that kind of level of anxiety creates distrust, and that creates a systemic problem that we really do need to tackle. We know that there are disabled people who are unwilling to engage with the DWP in other areas of their life because of this, and it creates other problems in the system: so, yes to problems of health and wellbeing, yes to problems of financial security as well but a kind of wider mistrust and malaise that I think we really need to deal with.

Rob Holland: Speaking on behalf of Mencap, people with learning disabilities in particular tell us that the process is extremely stressful. By nature of your learning disability, you may not really understand the process that you are going through, and it is quite difficult to actually explain to sometimes what the process is. It is not assessing if you have a learning disability; it is a functional assessment about the impact on day-to-day living when it comes to PIP, and for ESA it is about your capability to work. These are quite difficult concepts to explain. You may be going through a process you may not understand. You may be going through a process with limited support. Some people come to Mencap or Citizens Advice or use friends, family et cetera; others may not have access to that. You may be going through a system without any easy-to-read information as well. All these things cause a lot of stress and anxiety. We have people, for example, where it has a knock-on effect in terms of family, personal life and not being able to concentrate on work while going through these processes.

There is not a huge amount of research out there looking at the physical, mental and emotional impact of going through these assessments and what you may need to do to support people coming out the other side as well. Of course, for Mencap we are in the business of trying to empower people to achieve their aspirations, they have gone through a process where they have had to describe in great detail their limitations, and so

then when you come out of the other side you need someone to pick you up again and say, "You can achieve X, Y and Z".

Q331 **Ruth George:** Do you have any specific recommendations for reducing the stress of the system, bearing in mind that parties on all sides of the House agree there needs to be some system for assessing benefits?

Rob Holland: Some of the things we discussed earlier, for example having a companion with you throughout the length of that process, will undoubtedly help reduce some of the stress levels. For learning disability, again, there is no easy-to-read information or videos or things like that that accompany the process; so you may not really understand what is going on. There are all the various things we have talked about today, and if there was action on all those, I would imagine it bringing the stress level down.

Q332 **Chair:** More transparency around the process, it seems, whether it is recording, "You can bring somebody with you", or, "This is how it is going to be. This is what to expect"?

Rob Holland: It is fair to say when a lot of people enter either of these assessments there is a very low awareness about what it actually is they are going through, but they do not trust it because of all of the media reporting around it and all of the rest of it. It is an incredibly fearful thing to embark upon.

Anna Bird: I think the way to really make a difference would be to do a really fundamental consultation into how you change the system that involves disability—

Q333 **Chair:** Well, if I can come on to that, Anna, because that is how I wanted to conclude, unless anybody has anything else they want to ask. It was really two questions: one about PIP and one about the Work Capability Assessment. I am very conscious that our inquiries have been very nuts and bolts about, "Can you tweak this bit?" "Can you make that a bit better?" "Can the form be improved?" but I would be interested to hear from each of you by way of conclusion whether you think PIP can be tweaked to be made better, whether it is descriptors or the process, and the same for the Work Capability Assessment

Certainly, looking at the Department of Health and DWP's *Improving lives* White Paper that has come out now, they do talk in response to the consultation quite openly about around half of respondents said that they thought the Work Capability Assessment did need reform, possibly splitting the financial conversation from the, "How is your health?" and "How are we going to get you back into work?" conversation. I would be interested in all of your views on: is this a tweak job or a fundamental reform piece of work for both PIP and the Work Capability Assessment?

Anna Bird: Across both assessments, we think there are problems around trust, problems around transparency and problems around accuracy, and we do not think that tweaks to the system are going to

tackle that level of difficulty. At Scope, we want to see reform of both assessments. On the Work Capability Assessment and on the ESA assessment, I think the *Improving lives* Green Paper last year provided a helpful starting point for meaningful consultation. It set out that there would be, as you mentioned, a separated financial-benefit assessment and then a conversation about the employment support needs of an individual, and we think that is really helpful. It needs proper consultation with disabled people. It is not straightforward, and in order to rebuild that trust back up I think we have a golden opportunity over the next two years to undertake that consultation so that when there is parliamentary time come 2019, we have a White Paper and we move to reform, but we need to see that—

Q334 **Chair:** They do talk about that in the document, don't they, opening the way for legislative change? They do mention that.

Anna Bird: They mention it, but we would like to see some real commitment, because in the Green Paper we definitely saw that as the direction of travel and it feels like that is been slightly less sure than it was. We would like to see a commitment and ultimately that consultation begin. I know, as you say, 50% and over of responses suggested that that was a welcome recommendation, and we would like to see that consultation begin and move to a White Paper. It does need big reform if we are going to make the difference.

On PIP, we are really concerned that we are starting to see tweaks to descriptors, tweaks to who is in or out and those tweaks are starting to restrict groups of disabled people from accessing some financial support that is there to support the extra costs of disability and actually should not be impairment-specific. We know that people with a mental health problem and people with mobility impairments may face the same extra costs in their daily lives, and if you start to restrict by impairment type, that is going to be problematic in all sorts of ways. The only way to reform again is to start to look at the basis for the financial support in the first place, extra costs, and to create an assessment that genuinely tests what extra costs people face. That is not a functional test; that is a test of extra costs. We think that we cannot do that with just tweaks to the system.

Q335 **Chair:** Perhaps before we come to Rob I will ask the same question; a good point. If you could have your moment of glory now, what one big change to the system would you make?

Anna Bird: For us it would absolutely be about getting that commitment to reform and starting consultation. It needs a reform of both assessment processes, looking at exactly what the purpose of those benefits is.

Q336 **Chair:** A blank sheet of paper and starting again?

Anna Bird: A blank sheet of paper, and let us start again; but let us do it in consultation, and that would do two jobs. One would be making sure

that the right people get the right financial support; and, secondly, building back up the trust that we have lost.

Q337 **Chair:** Thank you. Rob, do you agree? A white piece of paper for both systems?

Rob Holland: As Anna said, when it comes to the Work Capability Assessment, we want fundamental reform, a root-and-branch reform, of that. The descriptors, we feel, are far too narrow in focus and do not represent the challenges across myriad things that disabled people face in terms of moving closer to or into work right across things like relationships, housing, education and many other things.

In terms of Personal Independence Payments and a blank piece of paper, the main thing disabled people will say to us is that they feel that assessors do not understand their disability or health condition. It is how we build specialism into that assessment system so people feel that the assessment process understands them and ultimately they get the benefit level that they are entitled to.

Q338 **Chair:** Do you think with an injection of expertise in the right places PIP could be tweaked as opposed to a blank piece of paper? I am not trying to put words in your mouth; I am just trying to get a sense from you about your big-wish ask-for if you could pick one thing to change?

Rob Holland: Yes, it would be injecting specialism into the right places. A lot of our members have specific issues around some of the descriptors in PIP but also how they are interpreted by assessors.

Q339 **Chair:** Thank you. Victoria?

Victoria Holloway: I agree on the points with regards to the WCA. It just does not accurately assess someone's ability to work at all. It looks at people when they are in work; it does not even look at people getting to work. There is a whole other level of issues. It is not just about being in the workplace; it is getting to the workplace too. We would absolutely agree that there just needs to be a complete reform on that.

With regards to PIP, I think what the Committee has discussed with regards to processes will go a good way to ensuring that, if all the things are fixed that disabled people have raised with us, the benefit would work better, but I think ultimately there needs to be a discussion about a review of the descriptors and whether they are asking the right questions. Ultimately what we could see is a system that if the assessors are asking all the questions and noting it all down at the moment, the process still would not accurately assess a person's disability because the questions on the descriptors that are currently being used are not quite right. I think, looking at those and whether they are fit for purpose, looking at what PIP is for, there can be amends made to both the process and the descriptors that would ultimately make the system better.

I think disabled people will also be quite anxious. People tell our organisations as part of the DBC that they have obviously gone through an enormous change from DLA over to PIP. To then change into another completely different system, the impact on disabled people would be enormous; so I think having a review, looking at the descriptors, seeing if they are fit for purpose in what PIP is supposed to achieve and go from there.

Chair: Brilliant. Thank you all very much for your evidence this afternoon.