

## Written evidence from Anonymous (HAB0053)

I write as an individual with experience of claiming Employment and Support Allowance (ESA) personally in the past, and of assisting a disabled adult family member in claiming Disability Living Allowance (DLA) in the past, and currently ESA and Personal Independence Payment (PIP). I am a retired GP.

I request that my personal details be kept confidential to the Committee, and any use of my submission be made anonymously, because the family member whom I support is a vulnerable disabled person who is dependent on Benefits income, and is terrified of repercussions from the Department for Work and Pensions (DWP) including refusal of future claims. Such is the effect of DWP policies on a disabled person in our experience.

I am sorry that I am unable to respond to your Call for Evidence point-by-point, as my caring duties have not left me sufficient time and energy for this before the deadline; I have no doubt that lack of time and energy will have limited or prevented responses from many claimants and their carers. I hope that these notes which I am able to send you will be of assistance in your good work. Please feel free to contact me if you require clarification or further information. Thank you.

My opinions expressed here are based on my personal experience, except for a few comments informed by reporting from the reputable press, all of which are asterisked. I have used the term "assessor" non-specifically to mean any person involved in the assessment process, whether working for DWP or a contractor. I suggest what changes I believe are needed under the headings Change of Culture, Change of Concept and Improvements to Current Process.

### **Change of Culture**

There needs to be a significant change of culture in the organisation managing health-related Benefits. It is difficult to see how this could be done by DWP given its past and present failings, and it may require an entirely new organisation\*. In addition it would be necessary for politicians to give appropriate leadership, both publicly stated and covert\*.

I would like to make clear that I am sure there are many honest and decent persons working for DWP and its contractors, and I feel very sorry for them having to work in a system which is so at variance with its statutory role.

Specific requirements are as follows.

- To understand, and use appropriate language to confirm, that payments are a Social Security right – not a "handout" (inflammatory term used in a DWP press release without apology, indicating the DWP attitude\*), or even a "Benefit" (suggesting something extra given to an individual, rather than appropriate support for a need which anyone might have) – and that this is to the advantage of both the claimant and society.
- The aim of DWP should be solely to make appropriate payments to qualifying claimants. It should not be to apply a quota (whistle-blower reports\*) or to cut costs (stated Government

intention on introducing PIP\* and claimants' experience of efforts made to dismiss or discourage appropriate claims).

- Change culture away from assuming all claimants are lying (as the process makes claimants feel).
- Assessors should never make dishonest statements. When this occurs (implying that there is pressure on them to disprove the claim) it should be investigated.
- End the practice of stopping a Benefit without warning, especially when there is little or no reason to do so.
- End the practice of starting a claim review early\*.
- Ensure it is always possible to contact DWP without fear of inappropriately triggering a review\*.

## **Change of Concept**

The current system of assessment is not fit for purpose. Since it is necessary for claimants to be assessed so that Benefits are paid solely to all who qualify, a better system needs to be designed.

Assessments should not be done and decisions should not be taken by staff, whether in-house or contracted-out, who do not have adequate knowledge of claimants' conditions.

The current system is one in which a claimant can present medical evidence that they have a condition, which is treated or managed as much as possible, describe difficulties consistent with that condition which mean that they need assistance with daily life and/or mobility (PIP) or are unable to work (ESA) which qualify them for a Benefit, and have this denied by assessors with no understanding of the condition. This is extremely damaging to the claimant's mental health and can result in them not receiving a Benefit for which they qualify. It is cruelty on an industrial scale carried out by an organisation whose statutory purpose is the assistance of the needy.

These problems particularly apply when the claimant has complex or multiple disabilities, a disorder affecting communication, or a disorder which is hard for lay people to understand.

Redesigning the assessment process would be a major and time-consuming matter and require input from multiple disciplines and stakeholders, but it is essential in order to provide a system which is fair to claimants, awards Benefits correctly and achieves value for money for the public.

My personal proposal is that decisions should be taken by relevant clinicians, preferably the claimant's own. This could usually be done "on paper" by a suitable report confirming that the claimant's description of their difficulties, or the fact of their claim, is consistent with their condition, this report to be commissioned by DWP. Such a process would probably be faster, cheaper and, crucially, much more accurate than the current system of assessment by under-trained staff without relevant professional qualification or experience using an inadequate and simplistic IT algorithm. In a small number of cases, where necessary, the claimant could be assessed in person by a clinician with experience in their condition, and for ESA specialist occupational health advice could be sought. I believe that an ESA system which genuinely sought to assist those able to work to do so, rather than trying to force those who are not, would be of benefit to all.

## **Improvements to Current Process**

- Increase the time allowed to claimants for returning claim forms, requesting mandatory reconsideration, appeal, or otherwise responding to DWP. The current deadlines are too short for some ill or disabled claimants. Be willing to allow extra time on request.
- Ensure there is a reasonable deadline for DWP to decide a claim or mandatory reconsideration.
- Improve descriptors to better reflect real-life difficulties of claimants.
- Improve claim forms -
  - Ask questions designed to elicit or eliminate descriptors, rather than relying on simplistic and misleading questions which do not give the option to explain how ability varies or is dependent on other factors.
  - Make clear where claimants need to use free text to clarify the claim
  - Ensure it is easy to add additional pages where necessary, eg for complex claims
  - State honestly when evidence from others will be required to support the claim
- Accept the medical evidence presented by the claimant.
- When conditions are known to be lifelong or long-term and have not improved, review claims should require only a simple statement of this fact, which should be accepted unless there is evidence to the contrary.
- Where assessment in person is required, there are advantages to each method, ie at a centre, by telephone, by videoconference and at the claimant's home, but for some claimants not all are suitable or accessible. Where the claimant can show a reason for a specific option, this must be respected and appropriate appointments offered.
- Making and keeping assessment appointments can be difficult for claimants because of their illness or disability, eg needing notice or needing assistance; this must be respected and appropriate appointments offered. It must be possible to rearrange appointments when needed without fear of the claim being refused.
- If an assessor thinks a claimant's presentation in a claim form or in person is incongruous, they should ask the claimant to explain, and not just assume it is a lie.
- Ensure that mandatory reconsideration is a genuine reconsideration.
- End the practice of making a decision before receipt of evidence of which DWP has been informed.
- End the practice of making a telephone offer of an award which is lower or for a shorter period than that for which the claimant qualifies.
- If the claimant challenges why an award was not made, give actual reasons for this, rather than the uninformative statement that insufficient points were awarded.
- When an award is made, state clearly for how long it applies and when the review process will start. Never start the review process earlier unless informed of a change.
- Notification of a change of address only should not trigger a review of the claim\*.
- Claims awarded at Tribunal for a specified period of time should be allocated a date to start the review process in the same way as those awarded by DWP, so that claimants are invited to seek renewal of the claim in the same way\*.

**November 2021**