

Written evidence from Nottingham Trent University (HAB0056)

Summary

This response is provided by Richard Machin, Senior lecturer in Social Work and Health at Nottingham Trent University, and Fiona McCormack, Research Officer at the Centre for Health and Development at Staffordshire University.

The authors conducted a piece of qualitative research into the impact of the transition from Disability Living Allowance to Personal Independence Payment on claimants with mental health problems in Stoke-on-Trent. This response includes direct quotes from research participants whose names have been anonymised. The full findings and recommendations from this research can be found in the following paper from the journal *Disability and Society*:

<https://www.tandfonline.com/doi/full/10.1080/09687599.2021.1972409>

The responses below are significantly informed by this research as a major finding was that:

‘Everyone who took part reported increased anxiety, problems with claiming PIP, communicating with benefit officials and the medical assessment’

The response is also informed by the professional knowledge and expertise of the authors. Richard Machin is a social policy academic who specialises in social security, has a background in managing local authority welfare rights services. Fiona McCormack is an experienced qualitative researcher with an expertise in health and social inequalities, particularly those who may experience complex and multiple needs and/or who may have difficulty accessing universal services (e.g., connected to mental distress, homelessness, substance misuse, offending behaviour).

1. How could DWP improve the quality of assessments for health-related benefits?

- The research that informed this response focused on people with mental health problems and PIP assessments. A consistent issue that research participants raised was that the medical seemed formulaic and ‘tick-box’ in nature. This led to an impersonalised environment. One participant said:

‘She just seemed interested in this script, she was on her computer all the time, then she would look up and ask me a question and then type away.’ (Margaret, aged 55–64, Depression, and anxiety)

- Other research participants felt judged and misunderstood:

‘To be honest, I was just relieved when it was done, I don’t know if they understood my health problems.’ (Kevin, aged 45–54, Psychosis and bipolar)

‘It doesn’t seem right that the medical assessment is done by the same people if you have mental problems or not. I’m not sure they really got what I was trying to say to them’’. (Dave, aged 45–54, Schizophrenia)

- Recommendations:

- a. Assessors should have a specific medical knowledge of the health problems of the people that they are assessing. This is particularly important for people with mental health problems but is a broader issue for people across the spectrum of disability and health.
 - b. The assessment should be more tailored to try to listen and understand the care and mobility needs of individual claimants and move away from the current formulaic approach.
- 2. Do the descriptors for PIP accurately assess functional impairment? If not, how should they be changed?**

There are issues with the PIP descriptors in relation to claimants with mental health problems. This is often connected to the fluctuating nature of mental health which is not adequately recognised in the current descriptors.

This research found that there were particular issues with the following daily living descriptors:

- Preparing food
- Managing therapy or monitoring a health condition
- Washing and bathing
- Managing toilet needs or incontinence
- Dressing and undressing
- Taking nutrition

The above descriptors include points for prompting or supervision which can be particularly relevant for people with mental health problems. However, the above descriptors attract only 2 points for prompting (with the exception of taking nutrition which attracts 4 points). This compares unfavourably with the previous Disability Living Allowance rules, to the extent that one participant said:

'I was made to feel like I wasn't disabled anymore' (Dennis, aged over 65, Depression and anxiety).

- Recommendation:
 - a. Descriptors for preparing food, managing therapy or monitoring a health condition, washing and bathing, managing toilet needs or incontinence, and dressing and undressing should carry 4 points where the claimant needs help with prompting.

6. How practical would it be for DWP's decision makers to rely on clinician input, without a separate assessment, to make decisions on benefit entitlement? What are the benefits and the drawbacks of such an approach?

Our research found that additional medical assessments should only be relied on where there is a lack of existing clinician evidence.

Benefits: There is much value in independent clinician input, where the clinician has a good knowledge of the claimant and the impact of their health problems or disability. This research clearly demonstrated that participants felt that their own GP or consultant was in a much better position than an independent medical assessor to make an informed judgement of their needs. Particularly when the medical assessor was not a mental health specialist.

Drawbacks: There are time and cost implications if a GP or consultant is expected to complete a statement for all PIP claims. A health professional may not have a good knowledge of the specific care and mobility needs of a claimant and may shy away from focusing on the problems a claimant

has as they focus on capability rather than limitations. There is the potential for the relationship between the claimant and clinician to become strained if there are any disagreements about the evidence provided.

- Recommendation:
 - a. A medical professional should be asked, as standard practice, to complete a statement on the Personal Independence Payment claim pack

7. Appeals data shows that, for some health-related benefits, up to 76% of tribunals find in favour of the claimant. Why is that?

a. What could DWP change earlier in the process to ensure that fewer cases go to appeal?

The fact that 76% of social security appeals find in favour of the claimant clearly demonstrates that too many initial decisions are defective and inappropriate. One of the key issues is that the decision maker places significant emphasis on the report completed by the medical assessor; in most cases this evidence is preferred even when there is other evidence (which may be contradictory) provided by the claimant or another health professional. At a tribunal the panel will consider the needs of the claimant in a holistic way, clearly weighing up all evidence and deciding what evidence is most reliable and useful. The initial decision made by the DWP lacks this overview and discretion and often leads to inappropriate decisions which then need to be challenged – clearly there are cost implications here and stress for the claimant.

It should be noted that in this research, claimants with a mental health problem were reluctant to pursue an appeal even when they were dissatisfied with the initial decision:

'I don't know, I don't know whether I could have coped with it, I really don't know.' (Barbara, aged over 65, Schizophrenia)

Participants expressed a reluctance to prolong the PIP claims experience which has already caused considerable anxiety, were concerned that an appeal to a tribunal carries no protection of any existing award and identified a social security appeal tribunal as a daunting experience 'like going to court'.

- Recommendation
 - a. Decision makers should be encouraged to assess initial decisions in a more holistic and tailored way to ensure more initial decisions are correct. DWP Decision makers would benefit from the training and guidance provided to social security tribunal panel members.

8. Is there a case for combining the assessment processes for different benefits? If not, how else could the Department streamline the application processes for people claiming more than one benefit (e.g. PIP and ESA)?

There is not a case for combining the assessment process for different benefits such as PIP and ESA. The research findings which this response draws demonstrate that there is a lack of tailored decision making which adequately takes into account mental health problems.

There are real risks that a combined assessment process would lead to claimants simultaneously losing entitlement to two benefits. A combined assessment may lead to delays in payment and there are timing issues in rolling-up assessments. This would have very damaging health and financial consequences. Question 7 demonstrates the high level of initial decisions which are inappropriate or

defective and it is these which need to be addressed, rather than combining assessments for different benefits.

It should be recognised that the criteria for benefits such as PIP or ESA are very different, and a combined assessment would struggle to appropriately recognise and assess this.

9. What are your views on the Department's "Health Transformation Programme"? What changes would you like to see under the programme?

a. (For people claiming) Would you like to be able to manage your benefit claim online?

This research demonstrated that for people with mental health problems there should not be a 'one-size fits all' approach. For some the facility to manage claims online would be welcome but this should not be the default position.

b. What would be the benefits and drawbacks of DWP bringing assessments "in house", rather than contracting them to external organisations (Capita, Atos and Maximus)? In particular, would this help to increase trust in the process?

The benefits of bringing assessments 'in house' would be that the system would be more accountable, and less target driven.

There is the risk that there may be a perceived lack of Independence if the DWP were responsible for assessments.

10. What lessons should the Department learn from the way that it handled claims for health-related benefit claims during the pandemic: for example, relying to a greater extent on paper-based assessments, or using remote/telephone assessments?

a. Is there a case for making some of the changes permanent?

The key is for claimants, especially those with mental health problems, to be given greater choice. This can include paper-based assessment or remote assessments. However, this should not be the default position. For some claimants with mental health problems, it is important to be able to explain the challenges they face in person. It is crucial that regardless of how claims are handled, there is the opportunity for an advocate or representative to support a claimant.

12. DWP believes that applications for some benefits dropped sharply at the start of the pandemic because claimants weren't able to access support (for example, from third sector organisations) to complete their applications. What are the implications of this for how the Department ensures people are able to access health-related benefits consistently?

a. How can the Department best help the third sector to support claimants in their applications?

This research clearly demonstrated that claimants with mental health problems rely on support both from welfare rights organisations, and also more informal networks:

'If I'd not had the help, I don't think I would have got it' (Tony, aged over 65, Schizophrenia)

'At least they [welfare rights adviser] listen. I felt supported that someone was noticing me' (Dennis, aged over 65, Depression and anxiety)

Professional support included help completing the PIP claim pack, advice on the medical, assistance with gathering evidence to support the claim, advice on a mandatory reconsideration. Professional support was rated as particularly important given the lack of clarity provided by the DWP and Capita staff.

- Recommendation:
 - a. The DWP should provide details of local welfare rights and disability rights groups to claimants as a standard part of the claims process.
 - b. See question 16 below: the partnership work between the DWP and advocacy and advice groups, and between the DWP and claimants themselves needs to be significantly improved. Too often the system can seem adversarial for claimants with mental health problems, and a more considered and tailored approach should be adopted with the aim of making correct decisions at the earliest opportunity.

13. DWP recently published research on the impact of applying for PIP or ESA on claimants' mental and physical health. What would be the best way of addressing this?

There are striking similarities between the research undertaken by Machin and McCormack and the DWP published research on the impact of PIP on claimant's mental and physical health.

All the participants in our research stated that the PIP claims process was difficult to navigate and adversely affected their mental health:

'I was worried sick. My nerves, I suffer with my nerves anyway and I shake like anything, so yeah it has caused a lot of anxiety.' (Barbara, aged over 65, Schizophrenia)

Participants stated that claiming PIP was a difficult experience. They expressed particular concern about the reduced length of PIP awards/more regular reviews (particularly where it was clear that a mental health condition was not going to get better), uncertainty about the eligibility criteria and PIP points system, and concern about losing entitlement.

Poor communication with the DWP was a common concern:

'But the communication was terrible, it doesn't sound like they are giving you a clear message about why your DLA stopped' (Mark, aged 35–44, Depression, and anxiety)

'I also think that if they are going to send it to me, they could say in the next ... such and such a date, time, you will be getting your forms, so you would expect them to be dropping. But now it is like this thing, hanging over your head, you know it is going to come, but you don't know when it is going to come, and you have got a fair idea it will probably go wrong, so when you are living like this anyway, that's like a big worry.' (Margaret, aged 55–64, Depression, and anxiety)

A strong theme from our research was that claimants use disability benefits not only for health-related expenditure, but also for food and bills. This was because income from other benefits is low; this means there is a lot at stake for all claimants but particularly those with mental health problems who can find the process daunting.

- Recommendations:
 - a. There needs to be a review of all communications between the DWP and PIP claimants. Our research demonstrated that decision letters were unclear, and claimants often did not get clear answers when talking to staff on the telephone.
 - b. The PIP claim form should be redesigned to include detail and commentary on the PIP points system, the points that are awarded for each descriptor, and a section to allow a medical professional to complete a statement.
 - c. The DWP should make claimants aware of local organisations which can support disability benefit claimants with their claim.

16. How effectively does DWP work with stakeholders—including disabled people—to develop policy and monitor operational concerns about health-related benefits?

a. What steps could the Department take to improve its engagement with stakeholders?

Our research found that there is an urgent need for improvements in communication between the DWP and PIP claimants with mental health problems on all levels, and often the DWP failed to meet the most basic of customer service standards.

The DWP have adopted a ‘test and learn’ approach which for many people with mental health problems has been experienced as far too experimental in nature. Our research found that:

‘Careful stress testing of policy should be adopted with meaningful and timely equality impact assessments to ascertain how policy affects key claimant groups. These impact assessments must be undertaken alongside claimants with mental health problems.’

- Recommendation
 - a. The DWP should have dedicated liaison officers who work with all stakeholders, including claimants and welfare rights groups. While these provisions may currently be in place, too often DWP staff are responsible for too broad a geographic area and are moved to different areas of responsibility quickly through organisation restructure. Effective partnership work and liaison relies on building meaningful relationships and the DWP should focus on this in a sustained way and build local partnerships.

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