

Written evidence from Scope (HAB0083)

Introduction

Scope welcomes the Committee's inquiry into health assessments for benefits so soon after the publication of the Shaping Future Support Green Paper. The inquiry provides a significant opportunity to focus attention on the reforms to the assessments system that we know are much needed. Our response to this inquiry has largely drawn on the experiences of over 1,000 disabled people from our active networks, and from our research into the welfare system.

Against the backdrop of soaring costs of living, entering the winter months amid an energy crisis, increased job insecurities and the removal of the £20 uplift to Universal Credit, the need for financial security is particularly acute for many disabled people and their families. The Prime Minister recognised in his 2021 Conservative Party Conference speech that we have one of "the most imbalanced societies and lopsided economies" of the richer societies. We welcome his commitments to level up opportunities, but we would argue that this cannot be done without a welfare system that properly supports those who cannot work, and provides voluntary, tailored and flexible routes into meaningful employment for those who can.

The clear message from disabled people is that the welfare system is failing and that we are a long way off that vision. We urge the Committee to use this inquiry to highlight the urgent need for reform of the assessments process as the Government develops its White Paper on this issue.

Summary of recommendations

The Department for Work and Pensions (DWP) should use the forthcoming White Paper to:

- Introduce a right to request a benefits assessor with appropriate knowledge of the claimant's condition or impairment.
- Replace the Work Capability Assessment with a new assessment for financial support and a new, separate and optional assessment of employment support needs. The new assessment for financial support should take a 'real-world' approach, identifying the full range of barriers a person faces in order to gauge their distance from work.
- End the use of informal observations.
- Introduce improved promotion and signposting around the availability of adjustments at assessment.
- Introduce comprehensive training for assessors and case managers on the social model of disability.
- Replicate the system in Scotland where the principles of Dignity, Fairness and Respect are pillars of all welfare policy.
- Focus on adopting the social model of disability rather than the functional limitation model for assessments.

- Reform assessment criteria to build in flexibility which accommodates claimants' personal circumstances and fluctuating conditions. This should include more holistic drivers.
- Co-produce comprehensive and accessible guidance to enable disabled people to navigate the system with more ease.
- Record assessments on an opt-out basis or agree the content of the assessment report prior to submission.
- Offer greater transparency on the weighting of supporting evidence and build in more time for the collation of evidence prior to assessment.
- Focus on reducing the frequency of reassessments for each benefit, rather than looking to combine assessments.
- Ensure the single digital platform established as part of the integrated assessment service seamlessly allows claimants to share evidence submitted for one assessment in order to support another.
- Offer claimant choice over assessment format.
- Use learnings from telephone-based assessments to improve the quality of assessor reports for face-to-face assessments.
- Create an advice service for benefits advisers that can be used to raise queries about guidance and regulations.
- Publish more information on benefits that is specifically aimed at advisers, similar to the [Pension Credit guide](#).
- Continue to introduce wider changes which simplify the system and make the benefits application process more accessible to disabled claimants.
- Increase the capacity of case managers and assessors and offer clearer guidance on submitted evidence.
- Aim to deliver reforms to reduce the volume of reassessments.
- Pay all ESA claimants at the higher assessment rate regardless of age, and claimants who are entitled to a higher rate of ESA following their assessment should have this backdated to the beginning of their claim.
- End the 12-month time limit on New Style and contribution-based ESA for claimants in the assessment phase.
- Introduce an assessment rate within Personal Independence Payment for claimants awaiting their assessment and appealing their outcome. The Department must work with disabled people to establish the appropriate rate at which this is paid.

Suitability of assessments

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

“I think an overhaul of how the benefit system works is needed - it is like doing a battle and is so humiliating” – Scope Research Panel Member, September 2021

- 1.1 Assessment reform is urgently needed to ensure that disabled people get the right decision first time. Our analysis shows that for Personal Independence Payment (PIP)

alone, over 12,000 decisions are overturned every month, creating huge anxiety and waste. We are therefore pleased that DWP is already considering ways in which assessments can be improved to better understand the impact of a claimant's condition on their ability to work and to live independently, via the Shaping Future Support Green Paper.

- 1.2 Disabled people are not a homogeneous group, and many benefit protocols do not recognise this. The assessment system is inherently negative and demoralising, with inflexible criteria that is not reflective of "real world" barriers.
- 1.3 Trust in the system and the DWP as an organisation is sadly lacking, which generates a reluctance to engage or make any new claims, even if a person's condition has worsened.
- 1.4 Scope has previously been clear that we do not believe health assessments are fit for purpose for determining support requirements. This is substantiated by the consistently high rate at which initial decisions are overturned.
- 1.5 In terms of improvements, first, we would like to see the assessment for financial support separated from any discussions around employment support.
- 1.6 A separate financial assessment and employment discussion will make both interventions more effective. This would allow for more in-depth and open discussions around the factors impacting the probability of returning to work, as well as career aspirations.
- 1.7 Another change that Scope is calling for through our Disability Benefits Without the Fight campaign is the right to request an appropriate assessor. This was partly informed by a survey we ran in July 2021 to gain further insight into disabled people's experiences and opinions of benefits assessments. Some respondents shared detail of their previous experiences, explaining the difference appropriate assessor knowledge can make:

"I think we were very fortunate to have an assessor who clearly had an understanding of autism and the impact of mental health conditions and who allowed our son time to formulate his answers and allowed us as his advocates to add a more detailed explanation of his needs and to give examples of their impact on daily life, where appropriate."

"The assessor was a nurse with knowledge of physical injuries. They had no understanding of my Autism at all. I scored zero in all sections, but was finally awarded the enhanced rate on appeal."

- 1.8 If disabled people are assessed by somebody who better understands their condition or impairment we feel that it would vastly improve the claimant experience, and also lead to more accurate reports and therefore better outcomes in terms of getting the right decision first time.
- 1.9 Between 30 September and late November 2021, Scope has been running a petition as part of our Disability Benefits Without the Fight campaign. Of those people who signed the petition, 6,830 disabled people or their carers answered a survey question about their assessment experience. Over two thirds (68.5 per cent) thought their assessor did not properly understand their condition or impairment when completing their benefit

assessment. And only 12 per cent felt their benefits assessor properly understood their condition or impairment. We have recently launched a petition, calling for a right to an appropriate assessor. The petition has gathered over 22,000 signatures so far, including a number of prominent disability charities.

- 1.10 We are calling for claimants have the right to request an assessor with appropriate general knowledge of their impairment or condition.
- 1.11 We recognise there are operational challenges to assigning every claimant an assessor who has expertise in their condition or impairment.
- 1.12 However, this evidence strongly suggests that knowledge of a claimant's condition and/or the wider issues faced by disabled people could make a real difference in maximising the assessment process.
- 1.13 To achieve this, assessors could be broadly categorised into groups of specialisms, such as mental health, neurological conditions, musculoskeletal, learning difficulties and so on, and then be triaged to claimant cases accordingly.
- 1.14 Assessors should also be given the flexibility to ask relevant questions, have additional time to discuss the impact of a claimant's condition and provide a more comfortable environment to share their very personal experiences. This would lead to more accurate and insightful assessment reports, which would in turn mean that more disabled people get the right decision first time.
- 1.15 Many respondents to our July 2021 survey felt the overall experience of the assessment would be improved if their assessor had more training working directly with disabled people. Reasons offered include:
 - Assessors would only ask relevant questions.
 - Claimants would not have to explain (or repeatedly explain) their condition, which can be difficult and use up allocated time.
 - Claimants would not feel they are having to prove to/convince the assessor of their condition or impairment.
 - Assessors would make better accommodations, such as breaks throughout the assessment.
 - Assessors would make fewer assumptions (especially with invisible conditions).
 - Assessors would have a better understanding of how conditions can fluctuate and appreciate what they observe during the assessment is not indicative of the person's condition or impairment every day.
 - Assessors would have a greater understanding of how a person's condition affects them in everyday life.
- 1.16 In September 2021, Scope launched a short survey to our disabled networks asking a fundamental question: *What one thing would you most like to change about the benefits system?* 164 participants responded and clear themes emerged.
- 1.17 Many respondents highlighted issues with the attitude of their assessor. There are stories of how they felt treated with no sensitivity, empathy, or understanding of the impact their impairment or condition has on their daily lives.

- 1.18 Worse, others reported a perception that the assessor disbelieved them during the Work Capability Assessment (WCA) or were made to feel like “benefit scroungers”, trying to claim benefit payments they were not eligible for.
- 1.19 There was a strong call for the need of assessors to harbour a greater understanding of what being disabled is like and how it impacts on those with an impairment or condition.

“Every time my assessment period comes up I am crippled with fear and anxiety that I won't be deemed disabled enough that day from a person I have never met before who probably/usually doesn't understand my conditions...”

“I'm sure these assessors have absolutely no understanding, sympathy or even belief as to what a great effect some disabilities can have on a persons day to day life!”

- 1.20 When we recently asked disabled networks about the changes they'd like to see to assessment criteria, several criticised the use of informal observations, feeling that they do not accurately portray what they can and cannot do.

“I think that the observations of the way I present myself actually worked against me - I have standards to always put the best side possible forward. This is interpreted as I do not have life-changing challenges that I deal with on a daily basis.”

- 1.21 We believe that DWP should end the use of informal observations as they can result in inaccurate judgements about a claimant's capabilities. Assessors should instead rely on the information that the claimant is telling them, as well as the evidence submitted, to form a report.
- 1.22 Additionally, more must be done to promote the availability of adjustments such as breaks and spreading the assessment over a number of calls. DWP research found that nearly one in four claimants were unaware that they could make such requests (1), indicating that many disabled people are going without adjustments which could vastly improve their experience of the assessment process.
- 1.23 We make further recommendations throughout this response which, if implemented, would also contribute towards improving the quality of assessments. Such recommendations include claimant choice over assessment format, recording assessments on an opt-out basis and reform of assessment criteria.

Recommendations

To improve the quality of health assessments and ensure they fulfil their intended purpose, DWP should use the forthcoming White Paper to:

- Introduce a right to request an assessor with appropriate knowledge of the claimant's condition or impairment.

¹ Department for Work and Pensions (2021), Claimant experience of telephone-based health assessments for PIP, ESA and UC. <https://www.gov.uk/government/publications/claimant-experience-of-telephone-based-health-assessments-for-pip-esa-and-uc/claimant-experience-of-telephone-based-health-assessments-for-pip-esa-and-uc>

- Replace the Work Capability Assessment with a new assessment for financial support and a new, separate and optional assessment of employment support needs.
- Introduce comprehensive training for assessors on the social model of disability.
- End the use of informal observations.
- Introduce improved promotion and signposting around the availability of adjustments at assessment.

a. Have you seen any specific improvements in the process since the Committee last reported on PIP and ESA assessments, in 2018?

- 1.24 The Department has made some improvements to the process since 2018, the introduction of telephone and video assessments being the most significant.
- 1.25 In-person assessments can create additional and unnecessary barriers for certain groups of disabled people. This change has enabled more claimants to communicate in a way that works best for them.
- 1.26 It has not yet been established how a claimant's assessment format will be determined in the future. In order for this change to have its intended impact of ensuring the most accurate assessment report is produced, disabled people should have choice over their assessment method (face-to-face, telephone or video).
- 1.27 Another notable improvement is around recording of assessments. Prior to the pandemic, claimants would have to purchase specialist equipment to record their PIP assessment and provide a copy to DWP, at their own expense.
- 1.28 The introduction of telephone assessments has seen DWP offer audio recording to claimants since Autumn 2020. It was also announced in early 2021 that DWP are working with assessment providers to provide audio recording upon the reintroduction of face-to-face assessments.
- 1.29 Scope regularly hears from disabled people who believe their assessment report contains inaccuracies and misrepresentations. Recording of assessments will go some way towards addressing this issue and building much-needed trust in the system.
- 1.30 However, we believe the Department should go further by recording assessments on a default basis, with an option for claimants to opt-out.
- 1.31 Whilst these changes are most definitely improvements, they are ultimately tweaks to a process that is unfit for purpose. Too many disabled people are failed by assessments that do not result in the right decision first time. As well as poor outcomes, the experience of going through the assessment process can be stressful and exhausting.
- 1.32 Contributors to Scope's [Disability Account](#) told us that the assessment had a negative impact on their mental health and expressed fear of having to go through the process again. Some even reported that they were reluctant to apply for a different or higher rate of benefit, even when their condition had worsened.
- 1.33 We believe much more significant reform is needed in order to create an assessment process that truly works for disabled people. Our recommendations for reform are referenced throughout this response.

Recommendations

- Going forward, disabled people should have the option to choose the format of their assessment.
- The Department should record assessments on a default basis, with an option for claimants to opt-out.

2. Are there any international examples of good practice that the Department could draw on to improve the application and assessment processes for health-related benefits?

2.1. The “Time to Think Again” report by the Social Market Foundation on behalf of Scope highlights the example of the Scottish welfare system (2).

“The Government could follow the lead of Scotland where “Dignity, Fairness and Respect” are the key principles through which the Social Security system is viewed, policy formed and benefits delivered. This may seem like a small step, but by explicitly embedding these principles in the system, the Scottish Government has clearly signalled its ambitions for the Social Security system, how it expects claimants to be treated and how it expects those delivering the system to act.”

- 2.2. Reflecting this ethos of Dignity, Fairness and Respect, Scotland’s new Adult Disability Payment (ADP) is being phased in across many areas.
- 2.3. In this new system, the claims and assessment process will differ to how it is currently delivered in the rest of the UK, with a strong focus on evidence, both social and medical.
- 2.4. Wherever possible, Social Security Scotland will make decisions about entitlement for ADP using the applicant’s account of their circumstances and existing supporting information on diagnosis etc.
- 2.5. The hope is that the number of face-to-face assessments will be significantly reduced, only being necessary when it is the only practicable way to make a decision.
- 2.6. Where clarification is needed, most consultations will be conducted over the phone. When a face-to-face consultation is needed, it will be offered to be undertaken in a GP surgery or even at the claimant’s home if that is best suited.
- 2.7. Claimants will no longer be asked to carry out tasks to demonstrate how their disability, long-term illness or mental health condition affects them as part of the application process.
- 2.8. Supporting information will still be required for any applications and may include a social care needs assessment, a report from a community psychiatric nurse and information from a carer, but the time offered to gather this information will be more than adequate.

Recommendations

² Social Market Foundation (2021), Time to think again: Disability benefits and support after COVID-19. <https://www.scope.org.uk/campaigns/research-policy/disability-benefits-and-support-after-coronavirus/>

DWP should use the forthcoming White Paper to:

- Replicate the system in Scotland where the principles of Dignity, Fairness and Respect are pillars of all welfare policy.
- Adopt the social model of disability rather than the functional limitation model for assessments.

3. Do the descriptors for PIP accurately assess functional impairment? If not, how should they be changed?

- 3.1. In order to inform our Green Paper response, Scope surveyed a range of disabled networks to gather views on assessment criteria from those who have undergone a PIP assessment and/or WCA.
- 3.2. Rather than expecting individuals to forensically examine every aspect of the criteria, we set out to gather more general statements on the areas they feel need some attention.
- 3.3. To facilitate this, we offered a choice of statements for each participant to agree as most closely reflecting their views, with a maximum of two selections per respondent. A total of 576 disabled people offered their opinion.
- 3.4. The following statements are listed as percentages of the 576 disabled people who selected it as one of two options:
 - 77 per cent selected “Takes greater account of fluctuating and invisible conditions”
 - 56 per cent selected “Needs a complete rethink”
 - 53 per cent selected “Greater consideration for mental health conditions”
 - 52 per cent selected “More flexibility to be tailored to my personal circumstances”
- 3.5. Respondents were then asked to share further detail as to why they had selected their answers. On the topic of making the criteria more suitable for those with fluctuating and invisible conditions, as well as people with mental health problems, respondents told us:

“If anything is admitted to be inconsistent in nature, we get marked down or dismissed altogether – life fluctuates, no 2 days are the same for anyone.”

“More emphasis on mental health as these don’t seem to be taken into account: for example, your legs might allow walking, but overwhelming anxiety may prevent you from leaving the house! Also, fluctuations in illnesses – my chronic illnesses flare and I have good and terrible days. This makes it really hard to answer the questions.”

“There needs to be flexibility to the questioning to accommodate invisible health conditions as these are simply not understood and accommodated for.”

- 3.6. Others felt that the criteria need to be broader more generally to account for a wider range of situations and individual circumstances.

3.7. Several respondents commented that “one size does not fit all” when it comes to disability and described the system as a “tick box” exercise, which instead needs to better facilitate claimants to share their experiences without limitation.

“The PIP questions currently encompass a very narrow range of impacts on daily living...Questions need to be far more open and offer a wider range of responses to a broader range of situations and circumstances. There needs to be more space for free writing in explanation of the challenges and needs created by personal conditions.”

“Under DLA the assessment covered a wide range of normal activity - activities that you could pay someone to help you with, and were quite wide descriptors. The PIP descriptors are too narrow. Take for instance toileting: You are asked if you can clean yourself, but not asked if you can get to the toilet safely or in a timely manner.”

“Many questions have multiple choice answers which do not apply to a lot of people, there needs to be more consideration for this, with the option to enter your own answers; one size definitely does not fit all, we are individuals, not robots.”

3.8. Some felt that the functional questions do not reflect the reality of day-to-day life.

“The so-called functional questions like can you lift a box or milk carton are ludicrous & give no real idea into day-to-day life & how your condition affects you.”

“The forms ask questions about what we can physically do, but take no consideration as to the effects of doing these things, or if we can repeatedly perform them without consequences.”

3.9. In addition, respondents were given the opportunity to propose their own changes to the criteria and assessment process. Suggestions included:

“Different assessment process for physical disabilities and mental health, some areas will cross over but reasons for not being able to do tasks are different.”

“Criteria surrounding social engagement both physically and digitally.”

“[You should expand the criteria to include] PTSD, domestic abuse sufferers and the mental damage that does, and cultural issues.”

“[The assessment process would be improved by] assessors who don’t reject patient testimonies of their own health based on a visual assessment and take their word about their fluctuating conditions.”

3.10. Assessors should have more flexibility to personalise questions to the claimant and should have scope within the system to take the holistic view.

3.11. DWP must consider these broad areas in any redesign and to build a system that scores more transparently on medical evidence submitted at application, alongside a flexible assessment criterion where the assessors can be more driven by their good judgement.

Recommendation

- DWP should reform assessment criteria to build in flexibility which accommodates claimants' personal circumstances and fluctuating conditions. This should include more holistic drivers.

4. Do the descriptors for ESA accurately assess claimants' ability to work? If not, how should they be changed?

- 4.1. The survey responses outlined in answer to question three also relate to the Work Capability Assessment - we did not distinguish between different benefits when asking campaigners what changes they would like to see to assessment criteria.
- 4.2. Scope has consistently said that we do not believe the WCA is an effective or fit for purpose process for determining eligibility for financial and employment support under ESA and UC.
- 4.3. The assessment is medical in focus and does not appropriately account for the wider factors that impact an individual's probability of moving into work.
- 4.4. This view is supported by Scope research, in which there was a clear perception amongst participants that the WCA does not fairly assess whether or not someone is in a position to work (3).
- 4.5. Some participants felt that the questions were not necessarily specific to their support needs for work and they were being assessed on what they could not do, rather than what support they needed to complete tasks in the workplace.
- 4.6. Others reported feeling that assessors were trying to catch them out with their questioning or misrepresenting their answers to give the impression they did not need a high degree of support.
- 4.7. The rate at which decisions are overturned is also a strong indication that the WCA is an ineffective means of assessing support requirements. Between October 2013 and September 2019 100,000 appeals challenging an ESA WCA outcome were completed. Of those appeals, 66 per cent of decisions were overturned (4). More recently, figures from the quarter ending July 2021 show that 29 per cent of ESA Mandatory Reconsiderations (MRs) relating to a fit for work decision were revised and 70 per cent of those which related to a dispute over group allocation were revised (5).
- 4.8. We believe that DWP should replace the WCA with a new assessment for financial support and a new, optional assessment of employment support needs.
- 4.9. These should be two separate processes, recognising that an assessment to determine immediate need for financial support should take place at a different stage and in a different context to a discussion around person-centred support into work.
- 4.10. Any new assessment for financial support should identify the full range of factors which impact the probability of returning to work.

³ Scope (2017), Working for all? Experiences of employment support amongst disabled people with high support needs.

⁴ Department for Work and Pensions (2020), ESA: Work Capability Assessments, Mandatory Reconsiderations and Appeals: June 2020. <https://www.gov.uk/government/publications/esa-outcomes-of-work-capability-assessments-including-mandatory-reconsiderations-and-appeals-june-2020/esa-work-capability-assessments-mandatory-reconsiderations-and-appeals-june-2020>

⁵ Department for Work and Pensions (2021), ESA: Work Capability Assessments, Mandatory Reconsiderations and Appeals: September 2021. <https://www.gov.uk/government/statistics/esa-outcomes-of-work-capability-assessments-including-mandatory-reconsiderations-and-appeals-september-2021/esa-work-capability-assessments-mandatory-reconsiderations-and-appeals-september-2021>

4.11. Key considerations may include: qualifications; skills; previous work experience; whether employment will hinge on employers agreeing to specific adjustments; whether an individual would need to work less than full time; whether work is likely to require support from an interpreter or support worker; and mapping individual needs against local circumstances such as availability of jobs in different sectors locally.

Recommendations

- DWP should replace the WCA with a new assessment for financial support and a new, separate and optional assessment of employment support needs.
- The new assessment for financial support should take a 'real-world' approach, identifying the full range of barriers a person faces in order to gauge their distance from work.

5. DLA (for children under the age of 16) and Attendance Allowance usually use paper-based rather than face-to-face assessments. How well is this working?

5.1. Scope's helpline and online community mostly hear from disabled people seeking support with working-age benefits. Therefore, we cannot offer specific insights into the effectiveness of the paper-based approach for DLA and Attendance Allowance.

5.2. However, findings from Scope's longitudinal study *Our Lives, Our Journey*, suggest that young disabled people are more satisfied with the assessment process for DLA than PIP, which is largely face-to-face or telephone-based assessments.

5.3. Issues with the PIP application process included: being assessed in an unsuitable environment, failure to consider the unpredictability or fluctuating nature of the claimant's condition or impairment, as well as being asked questions that were not applicable.

a. Before PIP replaced DLA for adults, DLA was also assessed using a paper-based system. What were the benefits and drawbacks of this approach?

5.4. The overwhelming benefit of a paper-based approach is that it can prevent disabled people from going through a stressful, exhausting and sometimes humiliating and degrading assessment.

5.5. Scope frequently hears from disabled people who are nervous, stressed or anxious about their upcoming assessment. There are a range of factors driving this worry and fear. For example, fears around being assessed in an unsuitable environment or concern that the assessor doesn't have the necessary knowledge to accurately assess the impact of a claimant's condition.

5.6. We welcomed the announcement in *Shaping Future Support* that DWP want to reduce the need for face-to-face assessments by maximising the use of paper-based assessments (6).

⁶ Department for Work and Pensions (2021), *Shaping Future Support*.
<https://www.gov.uk/government/consultations/shaping-future-support-the-health-and-disability-green-paper>

- 5.7. A potential drawback to the paper-based approach, however, is that DWP decision-makers may not have all of the information that they need to make the correct decision. With a greater focus on paper-based assessments in the future, the necessary processes and guidance must be in place so that decision-makers have all of the right information or can access the right information with ease.
- 5.8. DWP must also monitor outcomes from paper-based assessments to ensure that this approach enables more disabled people to get the right decision first time.

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 drawbacks of such an approach?

- 6.1. Scope often hears from disabled people who feel that medical evidence they submitted to support a claim has not received enough credence or been dismissed entirely. Our campaigner survey on benefits assessments in July 2021 confirmed that many would like to see change in this area.
- 6.2. Scope recently asked campaigners about changes they'd like to see to assessment criteria. In response, a number of individuals told us they would like assessments scrapped altogether in favour of medical evidence and opinions, particularly where a claimant's condition is not going to change.
- 6.3. Respondents felt that GPs and consultants are better equipped to make a judgement due to their condition-specific expertise and knowledge of the patient, built up over a sustained period of time.

“The time given to access a person cannot possibly give a true picture of the individual's limitations. This is why any awards should be based on qualified GPs and Consultants views who have more detailed knowledge of the person in question often knowing the applicant for a number of years. Mental health is a delicate thing and the present system for applying for help could quite easily push someone towards suicide. To be accessed by an unidentified stranger for 40 mins. will not give an honest, accurate conclusion, how could it?”

- 6.4. Furthermore, adopting this approach could see an end to the unfair practice of disabled people being charged for crucial information to support their claim. Currently, GPs only have a statutory obligation to provide supporting evidence to DWP and assessment providers working on their behalf (7). A Citizens Advice survey of GP surgeries found that 70 per cent of surgeries who would provide evidence to claimants as part of the ESA process charged the individual for it in some or all cases (8).
- 6.5. Disabled people face extra costs of £583 a month on average (9) and should not have to bear yet another additional cost of obtaining medical evidence. If DWP were to

⁷ <https://www.bma.org.uk/pay-and-contracts/fees/fees-for-doctors-services/fees-for-benefits-certification> (last accessed 05.10.2021)

⁸ Citizens Advice (2014), GP attitudes and practices relating to the provision of medical evidence as part of the Employment and Support Allowance (ESA) claim process.

https://www.citizensadvice.org.uk/global/migrated_documents/corporate/results-of-gp-survey-14-may.pdf

⁹ Scope (2019), Disability Price Tag. <https://www.scope.org.uk/campaigns/extra-costs/disability-price-tag/>

use clinician input in lieu of assessments, it would only be appropriate that it bears the full costs of obtaining this information.

- 6.6. As we reference throughout this response, assessments can be extremely stressful for disabled people for a variety of reasons. For many, an overwhelming benefit of using clinician input would be that they no longer have to go through the assessment process every few years.
- 6.7. For all the positives, we know that there are practicality issues concerning funding and capacity. There are already significant challenges in obtaining clinician input to support the decision-making process. The Citizens Advice survey of GP surgeries found that 29 per cent did not provide medical evidence as standard to all patients (10). Reasons cited for declining requests include lack of funding for the service and time constraints.
- 6.8. If the Department were to rely solely on clinician input to make decisions regarding benefit eligibility, any capacity issues would be exacerbated. This is based on two assumptions: DWP would require more comprehensive and insightful information than is needed at present and demand for medical evidence would rise.
- 6.9. There is also a risk that decisions would be based on the medical model of disability if they are dependent on clinician input only. We believe a more holistic approach is needed, with DWP seeking evidence from other sources such as social workers and charities that support the individual.
- 6.10. Finally, assessments can present a significant opportunity for claimants to share their experiences first-hand. Clinicians will not always be able to present the entire range and extent of the challenges their patient faces on a day-to-day basis. This may mean that DWP are unable to fully understand the impact of a person's condition or impairment, which could in turn lead to a higher number of incorrect decisions.
- 6.11. We know from our survey on assessment criteria, however, that the current structure of the assessment does not allow claimants to share an accurate account of the challenges they face.
- 6.12. Several respondents commented that "one size does not fit all" when it comes to disability and described the system as a "tick box" exercise, which instead needs to better facilitate claimants to share their experiences without limitation. Assessment criteria must be reformed to enable this.
- 6.13. In summary, the benefits of clinician input in place of assessments include:
 - Condition-specific expertise and an existing relationship with the claimant puts clinicians in a strong position to support DWP decision-making.
 - A potential end to the unfair practice of charging disabled people for supporting medical evidence.
 - Disabled people would not need to participate in the assessment process, which can be stressful and exhausting.
- 6.14. The drawbacks are:

¹⁰ Citizens Advice (2014), GP attitudes and practices relating to the provision of medical evidence as part of the Employment and Support Allowance (ESA) claim process.
https://www.citizensadvice.org.uk/global/migrated_documents/corporate/results-of-gp-survey-14-may.pdf

- Exacerbation of capacity issues within the healthcare sector. This could in turn lead to longer waiting times for a decision on a claim.
- A risk that decisions are based on the medical model of disability rather than the social model.
- Clinicians aren't always able to share the range and extent of challenges that claimants face on a day-to-day basis, meaning that DWP do not fully understand the impact of a person's condition or impairment.

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

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

- 7.1. We are particularly concerned about the number of cases that go to appeal, and the impact that this has on disabled people's mental and physical health. We regularly hear difficult stories from disabled people and their families, who have had to face months of stress, fear, and anxiety of not being believed, in order to access financial support to enable them to live independently.
- 7.2. Scope analysed official data from both Mandatory Reconsiderations and tribunals for PIP over the past two years. The analysis found that:
 - Between July 2019 and June 2021, on average there have been 12,579 successful appeals (including MRs and tribunals) every month – equivalent to 600 every day.
 - Since July 2019 and June 2021, there have been a total of 301,899 successful appeals (11).
- 7.3. We know from conversations with our disabled networks that there is not a single identifiable driver for this, rather system-wide issues that result in many people not receiving the right decision first time.
- 7.4. It begins with the application process itself, where third-party assessors are often reported as having no knowledge of the claimant's impairment and/or health condition. Further, we often hear that their basic skills in communicating with disabled people is lacking, with the assessor appearing to have no knowledge in the social model of disability.
- 7.5. In order for more disabled people to get the right decision first time, we believe that they should have the right to request an assessor appropriate to their impairment.
- 7.6. Empathy and relevant medical knowledge will lead to a more accurate assessment. However, this in isolation will not resolve the problem.
- 7.7. We know assessments induce anxiety and stress for many claimants. The format and venue of the assessment interview are not conducive to the insightful and frank conversations required to gain an accurate and fair account of a person's capabilities.

¹¹ Analysis of [quarterly tribunals data](#) published by the Ministry of Justice, and monthly PIP figures Mandatory Reconsiderations published by the Department for Work and Pensions.

- 7.8. This is all further compounded by assessors using informal observations, which can generate a sense of defensiveness from the claimant.
- 7.9. The rigidity in the assessment criteria is an additional factor here. With the criteria too prescriptive and often too narrow in scope to accurately gauge a person's capabilities. Disabled people are not a homogeneous group.
- 7.10. Flexibility to encapsulate the wider variables at play in any disabled person's living situation with more discretion allowed in the scoring system would allow for more realistic and accurate reports.
- 7.11. Additionally, there should be more transparency, time and guidance offered to disabled people for gathering and submitting meaningful supporting evidence at application stage.
- 7.12. Clear parameters for what will constitute "good" evidence and realistic timelines for claimants to obtain it could save the high costs incurred by tribunals down the line as it would help the right decision being made first time.
- 7.13. All the above factors play into a regular disparity between the assessor's report and the claimant's real-world abilities, which lead to appeals.
- 7.14. Wider availability of recordings at MR could also reduce the number of cases needing to go to tribunal.
- 7.15. Although we recognise that there are logistical and operational challenges to recording of assessments by default, and there must be some flexibility in how it operates (such as the option to opt-out), we believe that DWP needs to find the simplest way of making this a reality.

Recommendations

The Department for Work and Pensions should:

- Introduce a right to request an assessor with appropriate knowledge of the claimant's condition or impairment.
- Introduce comprehensive training for assessors and case managers on the social model of disability.
- Co-produce comprehensive and accessible guidance to enable disabled people to navigate the system with more ease.
- Develop assessment descriptors with more flexible parameters, which better capture the bigger picture of an individual and accommodate fluctuate conditions.
- Record assessments on an opt-out basis, or agree the content of the assessment report prior to submission.
- Offer greater transparency on the weighting of supporting evidence and build in more time for the collation of evidence prior to assessment.

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

- 8.1. We do not believe it would be appropriate to conduct a combined assessment for people claiming more than one benefit.
- 8.2. ESA/UC and PIP are benefits designed to support disabled people in separate ways and for distinct purposes. Combining the criteria for each benefit into one assessment would be arduous for claimants. Not to mention that many disabled people do not claim both benefits, or circumstances mean they do not have a need to claim them simultaneously.
- 8.3. Scope has also long called for the link between financial and employment support to end. At present there are no employment-related requirements or incentives linked to PIP and it is essential that this remains the case.
- 8.4. Furthermore, the move to a single assessment could result in severe financial implications for disabled people.
- 8.5. Given the high rate of benefit decisions overturned at appeal, there is a very real possibility that disabled people would be incorrectly denied both benefits at once.
- 8.6. However, we do share the Department's view that the current system puts an unnecessary administrative burden on disabled people who make claims for both PIP and ESA/UC.
- 8.7. The single digital platform that is to be established as part of the integrated assessment service should enable claimants to share relevant evidence submitted for one assessment in order to support another, if they wish to do so.
- 8.8. Whilst this would mitigate the administrative burden of the application process, we understand that it would not necessarily decrease the number of assessments that disabled people are expected to go through year after year.
- 8.9. Instead of combining assessments for different benefits, the Department should instead focus on reducing the frequency at which claimants are reassessed for PIP and ESA/UC.

Recommendations

DWP should:

- Focus on reducing the frequency of reassessments for each benefit, rather than looking to combine assessments.
- Ensure the single digital platform established as part of the integrated assessment service seamlessly allows claimants to share evidence submitted for one assessment in order to support another.

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

- 9.1. The programme is exploring the right aspects that could improve the experience of claimants.
- 9.2. The piloted reforms that consider disabled people's needs and point of view such as triage, appropriate time to collect supporting evidence, and more cohesive working between the HCPs and the Case Managers are all welcome.

- 9.3. However, the piloted approach would need to be properly evaluated from an outcome standpoint before any firm position on efficacy can be reached. Both claimant satisfaction levels and MR/appeal rates would need to show improvement.
- 9.4. The programme could pilot some more fundamental changes to the system. For example, deploying assessors who have specialist knowledge appropriate to the claimant, trialling more flexibility in the assessment criteria, and gathering more holistic evidence extraneous to the assessment interview, giving it more credence in the decision-making process. All could make some headway towards achieving the goals of the programme.

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?

- 9.5. Any reforms of this nature should be tested and co-produced with disabled service users before being implemented. By doing this act, it's more likely that trust in the process will increase.
- 9.6. The UK is only nation with a comparable benefit system that uses a third-party provider to conduct the functional assessment process.
- 9.7. This is obviously beneficial in terms of managing the caseload of claimants (which is high in the UK), for setting standards via service specification weaved into the contract and having reduced likelihood of conflict of interests when appeals are necessary.
- 9.8. However, the added layer of bureaucracy, administration and indirect accountability generated by using an external provider can throw up obstacles.
- 9.9. There is a higher probability of delay, more confusion and anxiety for the claimant, potential for greater disparity of opinions, and a lack of continuity for the applicants.
- 9.10. Bringing the process in-house would mean improved accountability, more transparency of claim status, scope to share essential data on claimants across different benefits, and greater consistency of service.
- 9.11. Crucially, learnings from the HTP would need to be brought in here, as we recognise the positives of the piloted “in-house” medical expert available for consultation on assessment reports, and the HCPs sharing a space with Case Managers.
- 9.12. If the assessment process is moved in-house, it needs to be underpinned by clear and published standards that include expected timelines.

The impact of the pandemic

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

- 10.1. The suspension of in-person assessments during the pandemic was a positive development for some disabled people. The requirements of face-to-face assessments, such as travelling to the assessment centre and communicating in-person, can create additional, unnecessary barriers.

- 10.2. However, it became immediately clear that for certain groups of claimants, virtual assessments were unsuitable.
- 10.3. Going forward, where a paper-based assessment is not possible, claimants should have the option to choose the format of their assessment (face-to-face, telephone or video).
- 10.4. It would not be right for DWP or an assessment provider to determine format based on a claimant's condition or impairment, as two people with the same condition may have different circumstances or preferences.
- 10.5. In July 2021, Scope conducted a survey on benefits assessments. Of the 1,147 respondents, almost 40 per cent selected "Claimants have a choice over their assessment format" as an option when asked which changes they consider most important to improving the assessment process.
- 10.6. This follows a previous survey in Autumn 2020 in which Scope aimed to capture disabled people's experiences of telephone assessments. When asked their preferred assessment format (face-to-face, telephone or video), respondents expressed a range of views.

"Attending in person will use up precious energy I would prefer to use for answering the assessment questions themselves. Also due to my hearing loss, a video call is better because I can ensure I have zero background noise around me and the assessor is likely to be in a quieter place than I imagine an assessment centre environment to be."

"I think the stress of a phone call, lack of privacy in my house and me not being able to hear properly because of auditory processing issues might offset the benefit of them not being able to see me. At least in person they may be able to see me actively having a migraine, not making eye contact, stimming etc. even though I know through the physical act of travelling to the assessment centre they mark you down as "able to travel" (which is wrong because we have no choice in this case!)"

"I felt calmer speaking from my own home and found it less embarrassing to talk about without having to face someone."

- 10.7. In short, disabled people are best placed to determine what works for them. Enabling and facilitating choice over preferred format, and providing assurance that each can provide a consistent outcome, will put disabled claimants in the strongest position to convey their experiences during the assessment. In turn, this will increase the likelihood of an accurate outcome.
- 10.8. The Permanent Secretary for DWP recently told the Work and Pensions Committee that telephone-based assessments have translated into better quality reports from assessors (12).
- 10.9. This was attributed to the fact that assessors are not seeing individuals face-to-face and need to ask better questions to get to the heart of the issue. "They can't just

¹² House of Commons Work and Pensions Committee (2021), Oral evidence: The work of the Secretary of State for Work and Pensions, HC 514. <https://committees.parliament.uk/oralevidence/2514/html/>

make judgements on what they see face-to-face in a snapshot of the meeting that they have.”

10.10. Whilst this is positive for claimants participating in telephone-based assessments, we believe DWP should use learnings from this approach to improve face-to-face assessments, rather than relying on, for example, informal observations.

Recommendations

DWP should:

- Ensure disabled people have the option to choose the format of their assessment and are fully informed as to how it will work towards an accurate outcome.
- Use learnings from telephone-based assessments to improve the quality of assessor reports for face-to-face assessments.

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

10.11. We welcome the previous Minister for Disabled People’s confirmation that telephone and video assessments are to become a permanent feature of the welfare system (13).

10.12. It is essential, however, that the Department builds on this positive development by offering claimants choice over their preferred format.

10.13. Enabling disabled people to communicate in the way that works best for them puts claimants in the strongest position to convey their experiences during the assessment. This will in turn increase the likelihood of an accurate outcome.

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?

12.1. Scope firmly believes that, whilst some disabled people will always need support, the Department should prioritise making the system more accessible and less complex. This in turn should enable more claimants to navigate the system independently, where they wish to do so.

12.2. There should be emphasis on continuous improvement to processes with clear and accessible guidance, co-produced with disabled service users.

12.3. The proposed advocacy service, as suggested in the Shaping Future Support document, could go some way to addressing this if it is given the proper credence.

12.4. To succeed, it needs appropriate funding so that it is available to all claimants who need it.

¹³ House of Commons Work and Pensions Committee (2021), Oral evidence: Disability employment gap, HC 189. <https://committees.parliament.uk/oralevidence/2214/pdf/>

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

- 12.5. To inform our response to this question, we asked colleagues in our helpline team for their views. They told us that an advice service for benefits advisers that could be used to raise queries about guidance and regulations would be beneficial to the helpline team and other similar services.
- 12.6. They also felt that DWP could publish more information on benefits specifically aimed at advisers, similar to the [Pension Credit guide](#).
- 12.7. Such interventions must be introduced alongside wider changes, including reducing complexity within the system more generally and ensuring that claimants can complete benefits applications in the format of their choice.

The impact of assessment/application on claimants

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?

- 13.1. Building on DWP's findings, overwhelmingly, our disabled networks tell us how the application process for applying for benefits is detrimental to their health (see responses to questions one and three).
- 13.2. Harrowing stories of suicidal thoughts sit at the more extreme end, with many deciding simply not to claim when they know their impairment or condition has worsened due to the expected anxiety and stress caused by the process.
- 13.3. Rather than a piecemeal tweak of individual processes, we believe that significant reform of the system is ultimately required.
- 13.4. Implementing the many suggestions made throughout this response would go a long way to addressing the negative impacts on claimants' health.
- 13.5. Measures to improve transparency, reduce the need for reassessments, eradicate conditionality and sanctions and provide meaningful advocacy support available to all who need it will gradually generate the levels of trust that will mitigate the stressful effects of applying for benefits.

Waits for assessments

14. What could the Department do to shorten waits for health-related benefit assessments—especially for ESA/UC?

- 14.1. Currently, the system relies on a standardised scoring system, with little room for discretionary recommendations as an outcome of the assessment interview.
- 14.2. Applicants themselves are bound by a short time-limit to apply with the expected amount of appropriate evidence. DWP case managers will have clear parameters for how to reach a decision based on the balance of the assessor reports and the submitted evidence.

- 14.3. All these processes should not in and of themselves be time consuming to the degree that applicants need to wait over 13 weeks (in the case of ESA) for an award decision.
- 14.4. This suggests that the delays are an issue of staff capacity, both within DWP and the third-party assessment services.
- 14.5. We recommend taking positive steps to gauging demand using data from case numbers both prior to and during the pandemic, before increasing the capacity of assessors and case managers to meet the demand in a timeframe that is reasonable for mitigating stress of the claimants.
- 14.6. In addition, clearer guidance and increased lead-in time on gathering meaningful evidence to submit with the application could expedite any potential delays brought about by DWP chasing missing evidence, enabling more paper-based decisions.
- 14.7. As per our answer to question one, reducing unnecessary reassessments would also serve to increase the capacity for making decisions on new claims.

Recommendations

DWP should:

- Increase the capacity of case managers and assessors and offer clearer guidance on supporting evidence.
- Aim to deliver reforms to reduce the volume of reassessments.

a. How effectively does the “[assessment rate](#)” for ESA cover disabled peoples’ living costs while they wait for an assessment? Is there a case for introducing an assessment rate for other health-related benefits?

- 14.8 Disabled people face extra costs of £583 a month on average, even after receiving welfare payments designed to help meet these costs (14). Therefore, irrespective of whether they are paid the same as their benefit entitlement or less when on the assessment rate of ESA, it is not enough to cover disabled peoples’ living costs.
- 14.9 The assessment rate for ESA is either £59.20 or £74.70 a week, dependent on the age of the claimant (15).
- 14.10 This is roughly equivalent to the Universal Credit standard allowance for each age group (following the removal of the £20 uplift).
- 14.11 However, UC is not a disability-specific benefit. This is deemed the right amount to support non-disabled people who do not face extra disability-related costs.
- 14.12 Some claimants will find themselves significantly worse off during this period. Those aged under 25 receive £59.20 a week. If they are subsequently placed in the Support Group, this rises to £114.10. This means that, over the course of 13 weeks (the standard duration of the assessment rate payment), the claimant receives £714 less than their entitlement.

¹⁴ Scope (2019), Disability Price Tag. <https://www.scope.org.uk/campaigns/extra-costs/disability-price-tag/>

¹⁵ <https://www.citizensadvice.org.uk/benefits/sick-or-disabled-people-and-carers/employment-and-support-allowance/help-with-your-esa-claim/esa-how-much-you-can-get/> (last accessed 03.11.21)

- 14.13 All claimants awaiting assessment should be paid the same (higher) rate, regardless of age. Younger claimants receive approximately £200 less than the lowest rate of ESA during the 13-week assessment phase.
- 14.14 We also believe that those who are placed in the Support Group and entitled to a higher award should have this backdated to the beginning of their claim.
- 14.15 Scope heard from disabled people during the pandemic who were left with no income because of the ESA time limit. That is, claimants can only receive New Style or contribution-based ESA for one year unless they are placed in the Support Group. This time limit applies to those who are in the assessment phase.
- 14.16 Many disabled people, however, were unable to have a WCA within this timeframe during the pandemic due to the temporary suspension of face-to-face assessments and delays in the system.
- 14.17 Whilst it is out of the ordinary for claimants to wait over 12 months for a WCA, it is not right that an arbitrary deadline can leave disabled people with no income, particularly when it is a direct result of DWP processes and delays.
- 14.18 We would therefore strongly recommend ending the 12-month time limit for claimants in the assessment phase of ESA.
- 14.19 PIP offers claimants no financial support until they are awarded the benefit.
- 14.20 PIP is a valued benefit that provides disabled people with crucial financial support to help meet extra costs. However, waiting times for an assessment can be lengthy.
- 14.21 The most recent figures (July 2021) show that the average clearance time from registration to a DWP decision was 23 weeks for new claims under normal rules (16). Claimants can receive up to £152.15 a week on PIP and although awards are backdated to the beginning of a claim, 23 weeks is a long time to wait for such vital support.
- 14.22 Furthermore, DWP decisions on PIP entitlement are often incorrect, forcing disabled people to wait even longer without the right support whilst they appeal.
- 14.23 Latest figures (July 2021) show that the average clearance time for a PIP Mandatory Reconsideration was 59 calendar days for new claims (17). The average waiting time for a PIP tribunal in quarter one of 2021/22 was 27 weeks (18). Those who must go all the way to tribunal can therefore wait over a year for their PIP award as a result of poor DWP decision-making.
- 14.24 Whilst we ultimately believe disabled people should receive the right decision first time, there needs to be appropriate financial support for those don't.
- 14.25 Long timelines and incorrect decision-making mean there is definitely a case for introducing an assessment rate within PIP for claimants who are awaiting assessment and for those who are appealing their decision.
- 14.26 DWP must work with disabled people to establish the appropriate rate at which this is paid.

¹⁶ Department for Work and Pensions (2021), Personal Independence Statistics to July 2021.

<https://www.gov.uk/government/statistics/personal-independence-payment-statistics-to-july-2021>

¹⁷ Ibid.

¹⁸ Ministry of Justice (2021), Tribunal Statistics Quarterly: April to June 2021.

<https://www.gov.uk/government/statistics/tribunal-statistics-quarterly-april-to-june-2021>

Recommendations

- All ESA claimants should be paid the higher assessment rate regardless of age, and claimants who are entitled to a higher rate of ESA following their assessment should have this backdated to the beginning of their claim.
- DWP should end the 12-month time limit on the New Style and contribution-based ESA for claimants in the assessment phase.
- DWP should introduce an assessment rate within Personal Independence Payment for claimants awaiting their assessment and appealing their outcome. The Department must work with disabled people to establish the appropriate rate at which this is paid.

Policy development

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

16.1 We agree with findings from the Social Security Advisory Committee occasional paper entitled “How DWP involves disabled people when developing or evaluating programmes that affect them”.

“DWP’s intention to engage is genuine. There is clear evidence that DWP is not just “talking the talk” but is beginning to “walk the walk” in terms of engaging disabled people around the UK, as well as how they talk to larger organisations”. Further, we agree that “It is too early to say how far the DWP is acting on what it hears, or whether it will lead to demonstrable improvements” (19).

16.2 Throughout the Green Paper consultation process, we have welcomed the regular policy forum meetings, the consultation events directly aimed at garnering feedback from disabled people, the Health Transformation Programme Workshops, as well as open and accessible stakeholder and policy contacts from the DWP.

16.3 However, the effectiveness of this engagement will only be seen when the White Paper is published in 2022.

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

16.4 Building on the above, the first step should be to more open and public partnerships with relevant representative third sector organisations and DPOs to facilitate an accessible, safe and creative space to co-produce the new system of welfare delivery (complete with information and guidance on how to navigate it).

¹⁹ Social Security Advisory Committee (2020), How DWP involves disabled people when developing or evaluating programmes that affect them.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/946014/ssac-occasional-paper-25.pdf

About Scope

We're Scope, the disability equality charity. We won't stop until we achieve a society where all disabled people enjoy equality and fairness. At home. At school. At work. In our communities.

We're a strong community of disabled and non-disabled people. We provide practical and emotional information and support when it's needed most. We use our collective power to change attitudes and end injustice.

We campaign relentlessly to create a fairer society. And we won't stop until we achieve a society where all disabled people enjoy equality and fairness.

December 2021