Written evidence from the Wiltshire Citizens Advice (HAB0118)

About Wiltshire Citizens Advice

Wiltshire Citizens Advice provides free, confidential and independent advice to help people overcome their problems. In 2021, we helped almost 15,000 people over the phone, by email and web chat. 48% of the people we help are disabled, have a long-term health condition or both.[1]

Introduction

Benefits and tax credits is the largest category of problems dealt with by Wiltshire Citizens Advice. In 2021, Wiltshire Citizens Advice helped with more than 12,500 benefit and tax credit issues. Problems with health-related / disability benefits, including PIP and ESA, is one of our biggest areas of work, ranging from issues relating to understanding eligibility, and making and managing claims, through to challenging decisions and appeals.[2]

This evidence is submitted by Wiltshire Citizens Advice and reflects the experience of the clients who come to us for advice and support with benefits and the health and work capability assessments.

Methodology

This response is based on the following evidence sources:

- Evidence forms (EF) submitted by our advisers at Wiltshire Citizens Advice. These forms allow advisers to highlight cases they think can inform wider policy understanding.
- Case notes from our management information system.

The geographical scope of this response covers Wiltshire Unitary Authority.

Recommendations are in bold at the beginning of each evidence statement.

Suitability of assessments

1. **Better understanding and quality of assessment for those with mental health conditions.** From the experiences we hear from our clients, in assessments it appears there is often a disregard of mental health conditions and that DWP policies do not account for difficulties faced by those with mental health difficulties. In certain cases, assessors do not believe claimants and disregard medical evidence from professionals who support the claimant with their mental health condition. One example of a policy that is detrimental to claimants with mental health conditions is requiring claimants to submit a mandatory reconsideration within 1 month. One client reported that they did not challenge the decision they felt was incorrect because it would have caused them overwhelming psychological distress. For some clients they must find time to receive support from a carer or support worker to review the evidence and then explain precisely why the original decision is incorrect, before submitting the MR. In some cases this also involves contact with their local Citizens Advice for further support. To complete these tasks within one month can be challenging for claimants.

Assessors should be trained in the condition/s of the claimant they are assessing and trust the claimant's experience. Our clients tell us that for both mental and physical health conditions,

[1] 2021 Management information system

[2] 2021 Management information system

assessors are not necessarily medically trained in a claimant's conditions. This can lead to incorrect assessments of the effect of a claimant's condition on their life. For example, one client told us that the assessor had stated the client's mental health issues were not as bad as losing a leg, which is an inappropriate comparison to make and lacks understanding of the effect of mental health conditions. Claimants are sometimes disbelieved when explaining their experience of their conditions and the assessor does not always explore the claimant's disability or health condition enough, leading to inaccurate assessments. For example, an assessor assumed that a claimant's ability to drive meant they had sufficient dexterity and adequate movement in their whole body.

Assessors should ensure they consider any aids used or circumstances in which a claimant completes an activity. For example, one claimant was awarded 0 points on their PIP assessment, even though their eye test was only performed with their glasses on which are specially adapted to help with double vision. Additionally, a client was assessed as able to walk half a mile even though they need to take frequent breaks.

Assessors should treat medical evidence with more importance. In some cases, where medical evidence has been submitted in support of the claimant's application, it seems this evidence has been disregarded in favour of the assessor's own assessment/views to the contrary. For example, a claimant had a very clear supporting letter from a community psychiatric nurse (CPN) outlining areas of support needed by the claimant. In the decision letter the assessor concluded that, because the client was not on medication for one of their conditions and did not have a formal diagnosis of the other, they should be awarded 0 points. The CPN had stated that both of these conditions were symptoms of the claimant's mental health issues.

Assessors should ensure accuracy of reports. Some of our clients have received reports which they state are inaccurate representations of their medical assessment. For example, one claimant received a report which stated that they had been observed to stand up from a chair even though they had not sat down during the medical assessment and are unable to sit due to pain. Another claimant stated their answers were used in the wrong context. For example, when asked where the closest bus stop was located the claimant stated the location, but in the report this was interpreted as the claimant being able to walk to this location.

The input of carers, support workers, partners etc. should be welcomed and inform the assessor's decision. We have seen cases of carers, support workers or partners requests to participate in discussions being refused. For example, a claimant had requested in advance that their care coordinator be present on the assessment call for PIP. At the time of the assessment, the PIP assessor did not understand/allow this. The claimant's partner tried to explain the request but the assessor refused to talk to the partner without written consent.

Claimants should be able to easily have a home visit where this is the best for the claimant, and this should not cause the claimant difficulties. Some of our clients have had difficulty in requesting or being allowed a home visit, including where GP evidence has been submitted. For example, one claimant had previously had home visits for medical assessments and their GP had provided information for this. However, they received a letter for an appointment at an assessment centre. When they disputed this, they were told to go back to their GP and ask the GP to email the evidence even though this should be done by the assessment provider.

2. No comments.

3. **There should be additional descriptors for Long Covid.**

More explanation should be given on the PIP form to give claimants more information on what they are scored on. There is no longer a question about any aids needed by the claimant, despite the descriptors scoring clients according to the use of aids.

PIP descriptors need to be made adequate for mental health issues. Our clients find that currently the PIP descriptors do not readily fit claimants with mental health issues. These claimants are often very ill but it is hard to describe their condition within the criteria.

It should be easier for claimants with less well-defined conditions to be awarded PIP. For example, one claimant had ME but this was not recognized as a condition eligible for daily living component. The MR denial mentioned that the claimant was not seeking treatment but there is no treatment available. It appears the assessment does not make allowances that there are 'good' days and 'bad' days for these types of conditions.

Broader circumstances need to be considered when awarding points. Some clients we have supported have been awarded zero points for certain descriptors despite never carrying out the activity. For example, one claimant was unable to learn how to operate a washing machine but took their clothes to a launderette where someone would do their washing for them. The client scored 0 points for this descriptor. Another client was awarded 0 points for route planning because they cannot go out and so do not need to plan a route.

4. **The descriptors for ESA/UC should be updated and clarified.** For our clients, some questions are ambiguous, such as question 39 regarding putting something in a 'top pocket of a coat or jacket'. This does not specify the height of the pocket or the distance the arm/hand must move in order to do this, so some claimants will interpret this differently to others. Other descriptors do not adequately assess a claimant's ability to do certain jobs. For example, factory jobs could require repetitive lifting but there is not a question in section 4 which asks how many times a claimant can do a certain picking up/moving things task. It also does not mention whether claimants should be able to do this easily or pain free, which would affect their ability to work in jobs requiring this task. Some do not consider more modern technology, such as question 68, 'Can you learn how to do an everyday task such as setting an alarm clock?'. Many people use their phones as alarms now which are different to standard alarm clocks and have more options.

The discrepancies between LCW and LCWRA descriptors should be evaluated. There are discrepancies between 15 points awarded on the LCW and LCWRA descriptors, specifically those in LCW but not in LCWRA. For example, question 5(b) and 6(b) are in the LCW descriptors but not the LCWRA descriptors.

5. No comments.

6. **DWP decision makers and assessors should rely more on medical evidence.** Our advisers have seen numerous examples, such as the one outlined in response to question 1, where assessors have awarded the claimant 0 points in contradiction to medical evidence provided. It appears the medical evidence is ignored, or the assessor has determined that the medical evidence is not relevant for most of the time. This is especially true for claimants with mental health conditions. For example, one claimant had a PIP interview which focused on physical issues. In the assessment report their mental health condition was dismissed as having little impact on the claimant and all the medical evidence was dismissed as not being relevant for the majority of the time.

7. **Better service and administration should be given to claimants during the first stages of the process, to prevent claimants having to go to Tribunal to receive a correct award.** From our experience supporting clients, in some cases poor service and administration mean that claimants have to take the decision to Tribunal to get their entitlement. One client stated the assessor did not ask fully or take full account of their disabilities and this was reflected in their assessment report which awarded them 0 points on both daily living and mobility. At Tribunal 2 years previously, the claimant was awarded higher mobility and standard living, and the claimant may have to go through the Tribunal process again.

8. **If DWP combine assessments, they would need to decide clearly what they are assessing and make this clear in the form to the claimant.** From our experience supporting clients, it would be necessary to clearly label and explain the form and assessment to the client, especially whether they are being assessed on ability to work or ability to do daily activities.

Benefit departments should share information with other departments, including other benefit departments. Even if the assessments were not combined, from the experiences of our clients it appears that improved communication is needed between benefit departments so that claimants do not need to inform multiple DWP departments of a change in circumstance. Claimants may not be aware they need to do this. For example, one client informed Universal Credit of their change of address but did not realise that this information would not be shared with PIP. Subsequently their PIP was stopped and they had to reapply and lost out on income while awaiting an assessment. The Tell Us Once service can be used to inform multiple government agencies of a death, so it would be beneficial to have a similar service to report change of circumstances.

9. No comments.

10. **Claimants should be given greater control over how they receive their assessment.** Some of our clients found they were more comfortable doing a telephone assessment because they were in their own home environment. However, for other clients an in-person assessment is better because their condition is difficult to properly present with a telephone assessment and, if required, claimants cannot be physically examined via a phone assessment. Additionally, claimants' requests should be respected and allowed where reasonable because it can be detrimental for the assessment if these requests are ignored. For example, one client with a mental health condition requested that the PIP assessor not call from a withheld number and was assured the assessor would call from a dummy number. However, the assessor called from a withheld number and then insisted the interview went ahead even though the claimant was now paranoid.

Assessors should understand how different assessment types affect claimant responses and how well they can assess the claimant. During the increase in phone assessments during the pandemic, some of our clients felt that assessors based their assessment on how the client sounded on the phone without fully considering the client's environment and other factors. For example, one client was moving from DLA to PIP and had a telephone assessment due to the pandemic. They had been at home due to Covid-19 and so had not experienced situations which made them feel overwhelmed. The claimant was awarded 0 points and the assessor stated that what was presented on the PIP form did not seem consistent with the evidence presented at assessment. Lots of medical and educational documents were provided by the client but they felt the decision maker had ignored these.

11. No comments.

12. **There should be a dedicated phone line to UC, ESA and PIP for third parties who are supporting clients.** From the experience of our advisors, it appears that escalation routes locally are not always adequate and calls often go unanswered.

Supporting persons should be able to use implicit consent to talk to DWP on the claimant's behalf. Our advisors struggle to effectively help claimants if they cannot speak to DWP about their issues.

More flexibility should be given to claimants who are unable to submit their application or MR before the deadline. Due to postal delays, a number of our clients have sent off their applications before the deadline but they have not been accepted because the form arrived after the deadline. Additionally, one client's support worker made a request for an extension to an MR deadline but this was refused, despite the claimant having a disadvantage due to their disabilities.

The impact of assessment/application on claimants

13. **Reduce the time taken for the complete process.** The wait to receive the decision of entitlement to health-related benefits can cause financial difficulties. One client had been waiting 6 months for a PIP assessment and so was not receiving their PIP entitlement within this time. The client had multiple health conditions which had worsened and they were struggling to manage with their only income from ESA.

Claimants with disabilities and long-term health conditions which will not improve should not be required to go through repeat assessments/reassessments. We see clients that have had to attend reassessments for their health-related benefits or when moving from DLA to PIP, despite not having a change in their health circumstances. This has resulted in loss or reduction of awards for some claimants. This can cause stress and even affect their personal relationships. For one client, their condition had not changed since their last PIP award but they were awarded 0 points at the latest assessment. They lost their PIP and full Council Tax Reduction which caused financial issues. The client's relationship with their partner then broke down, which they put down to the stress of the assessment and resulting financial strains.

Claimants' experiences should be respected and believed. Our clients report that they feel their experience of their condition is frequently not trusted by assessors. As explained in point 1 above, claimants can face disbelief from assessors when explaining their experience of their conditions. Additionally, medical evidence submitted by claimants is sometimes ignored by assessors. This can be detrimental to claimants' health, particularly their mental health. For example, one client received a reduced PIP award on reassessment and they were stressed and anxious that the assessor did not believe their mental health condition. They also felt that the medical evidence from their mental health team was dismissed. This led them to become concerned that they were wasting their mental health team's time and that their condition was not severe, despite this not being the case. Subsequently, the client had to be visited more frequently by their mental health team due to increased stress.

It should be easier for claimants to check the progress of their claim, especially for ESA. Clients say they find it difficult to get through on phone lines to check the progress of their claim. This is particularly difficult for those wanting to check their ESA claim progress.

Decision letters should be of a higher quality and more accurate and appropriate to the claimant. We have supported clients who report that their decision letters and assessment reports do not reflect accurately what happened at their medical assessment and in some cases contain information not relevant to the client. Additionally, there appear to be cases where stock phrases

are used which show a lack of understanding of a client's condition. For example, one client found that the assessor's description of what they could do and the reality of the client's life were so different that the client rang the DWP to explain that they had been sent another claimant's letter by mistake.

14. **Waiting times for assessments should be reduced and claimants should be kept updated on the progress of their claim.** Recently, the clients we have supported have waited between 3 and 15 months for a Work Capability Assessment for Universal Credit. Consequently, these claimants have not received any additional financial entitlement which would result from receiving LCWRA. Similarly, clients have reported excessive waits for PIP assessments. This causes financial difficulty for some clients, for example one client needed PIP to pay for 2 carers but had to wait at least 6 months for their assessment. Another client waited between 4 and 5 months with no contact from DWP as to the status of their application. When the client contacted DWP they were only told that their case was being processed. The client had yet to receive information about their health assessment and as a result of the delays they were suffering a financial detriment.

15. Not applicable.

16. **More care and consideration should be taken to prevent loss of claimants' paperwork and to rectify any loss without detriment to the claimant.** We have heard from clients that they have sent health assessment paperwork and claim forms with proof of postage and signature on receipt from DWP, however DWP have either denied receipt of the forms or have lost the forms. The claimants are then required to send the information again, causing a delay to their assessment and additional costs to send the information.

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