

## **Health and Disability Green Paper Consultation Response**

### **Adequate Resources will be required to achieve the Green Paper proposals**

It is encouraging to see the steps that have been taken since 2018 to improve the training of work coaches, increase the number of Disability Employment Advisers (DEAs) and add the skills of occupational health specialists (page 28, paras 131-133). However given the predicted increase in demand for disability benefits by 2025/26 (page 60, para 288) it will be important to ensure that the number of work coaches and DEAs keeps pace with the larger number of disabled people applying for these benefits.

So, to implement the proposals in the Green Paper in every part of Great Britain a big challenge will be whether sufficient funds are allocated to provide the range and scale of employment support and number and quality of DWP staff required.

### **Chapter 1: Providing the Right Support**

#### **15) What more could we do to improve reasonable adjustments to make sure that our services are accessible to disabled people?**

- Reasonable adjustments need to apply throughout the process of claiming and maintaining disability benefits. Paras. 74-75 list the reasonable adjustments the department aims to have in place. However, we have evidence from our clients that the reasonable adjustments listed are not always available through the whole process of administering disability benefits: for instance, where contractors such as Independent Assessment Services (IAS) are involved.
- One of our clients, for example, has a severe speech impediment. She was told that the only alternative to a telephone appointment (which is not feasible in her case because of her disability) to discuss her PIP claim with IAS was a paper-based assessment relying on the judgement of professionals detailed in the client's review form and documents submitted. The client wished to communicate her own perspective via video conference or online chat but was told that no other form of assessment was available. This caused stress to the client.
- As well as improving and consistently implementing reasonable adjustments throughout the client journey, the department should be more flexible in the way it enforces deadlines with certain client groups, such as those with severe mental health issues. For example, one of our clients with severe mental health issues did not open her post for long periods and missed PIP renewal letters as a consequence. This resulted in her PIP claim ending and as a consequence the client lost income of £89 per week with no warning, plunging her further into

debt. It would help if DWP could phone claimants with relevant mental health issues before closing claims or alternatively request that someone else the client trusts, such as their GP, is used as a backup for contacting the client if their claim is at risk.

- Letters and UC Journal entries need to be clearly expressed and laid out, with Plain English as standard. Checks must be made to ensure their intent is understood and acted on by disabled people. Letters added to UC Journals need an entry by the Work Coach to say what they are. Otherwise, important letters can easily be missed, particularly when surrounded by other content. One client asked repeatedly about her WCA as there had been multiple problems submitting her UC50. A decision that she was fit for work because she had failed to complete the UC50 was added as a link in her Journal, but nothing was explained in the Journal, even after further queries, and the letter was missed, with serious long-term consequences.
- There need to be clear and simple routes to enable disabled claimants to deal with debts being deducted from benefits, whether by themselves or with the help of a debt adviser. Although current DWP policy is to explain why deductions are being made, our experience is that this sometimes does not happen in practice. Care should be taken to make sure that claimants understand any deductions – that they have easy access to full details of how the debts arose, who to contact to challenge them or to ask for them to be written off, and a quick and easy route to reducing deductions when they are causing hardship. This is particularly important for disabled people, where debts and reduced income can both have negative impact on health. In our experience the Debt Management helpline is difficult to access, and letters are often inadequate.

#### **16) What more information, advice or signposting is needed and how should this be provided?**

- Work coaches should be more proactive and actively look out for mistakes, particularly where claimants are under-claiming – e.g. when clients are receiving UC/ESA at the wrong rate and are currently in the wrong group but may not realise it. For example, one of our clients had been receiving ESA at the WRAG rate for many years but had not been called for any work-related activity for a long time. Our assessment was that the client should have been in the Support Group, which DWP may have tacitly acknowledged by not asking him to engage in work-related activities. We think that DWP should be actively looking out for claimants who for some reason are not being subjected to WRAG conditionality, to see if there are reasons for that, and indicators that they are in the wrong group.
- Work coaches can often be inconsistent or unclear. An example of this includes one of our clients who believed they were submitting a written Mandatory Reconsideration (MR) and did not realise that their call with a DWP staff member was being treated as the formal MR itself. As a result, crucial evidence was missed out of their claim, leading to a lower amount received. Work coaches should always ask clients if they have any questions on phone calls and explain what they are doing rather than assuming the client already knows.

- Other actions coaches could take include proactively looking out for clients who appear confused and are asking multiple, perhaps repetitive, questions. For example, one of our clients did not realise PIP and UC WCA were separate applications and asked repeatedly on her UC Journal for information on her PIP claim, although she had not made one. But her work Coach did not appear to notice or deal with the confusion.

**17) Do you agree with the principles we have set out for advocacy support?**

- We know from our work on Help to Claim how important advocacy support can be in helping certain clients navigate the benefits system. We support the principles outlined in para. 90, but we would add that simplifying the benefits system, and removing unnecessary steps (such as too frequent assessments of certain client groups – e.g. with health conditions already assessed as deteriorating), is also crucial. As Citizens Advice said in a report on Halving the Disability Employment Gap (<https://www.citizensadvice.org.uk/Global/CitizensAdvice/Families%20Publication/s/Halvingthedisabilityemploymentgap.pdf>) the systems people have to navigate are often poorly aligned, leave gaps in eligibility and frequently require people to submit duplicate information. Delivery and design of services is often as important, if not more important, to disabled people as the policy behind them.

**18) How might we identify people who would benefit from advocacy?**

- An option to be contacted about advocacy support should be included when people initially apply online or by phone. DWP staff should also actively reach out to those who are struggling – e.g. people who have not been communicating as much or are consistently missing deadlines.

**Chapter 3: Improving Our Current Services**

**31) During the coronavirus pandemic we introduced assessments by telephone and video call as a temporary measure. In your view, in future, what mixture of methods should we use to conduct assessments?**

- We note that video call assessments were introduced during the pandemic, but as mentioned above, some of our clients were in fact told by IAS that only telephone or written submissions were possible.
- We support the greater use of triaging (para 177), and the objective to go through face-to-face assessments only where these are necessary.
- We know that many of our clients would welcome the continuation of video assessments, although this will not be suitable in all cases.

**32) How could we improve telephone and video assessments, making sure they are as accurate as possible?**

- Telephone and video assessments should be recorded (with appropriate information given to claimants that a recording is being made, and how it can be used to check that the assessment was conducted appropriately), as this

evidence is needed when clients need an MR and do not have evidence of their call, or when they have experienced an insensitive response on a phone call.

- For example, one client received a small compensation payment from IAS after a second stage complaint following an insensitive PIP phone assessment. As the call was not recorded, it was the client's word against IAS's, which meant that the complaint (and subsequent compensation) took longer than necessary to be resolved.

### **33) What more could we do to reduce repeat assessments, where someone has a condition that is unlikely to change?**

- We support the key priority of reducing unnecessary repeat assessments (para 184).
- Letters (including decision letters) and records need to give clear details of a client's medical conditions, to avoid errors, and there needs to be a better way of recording those with multiple, severe conditions to eliminate unnecessary assessments.
- Despite the introduction of the government's Severe Conditions criteria which stops repeat assessments on ESA/UC for people with the most severe and lifelong conditions, our experience is that severely disabled clients with multiple conditions continue to face repeat assessments, causing distress to vulnerable people. So, while we welcome the intention, our experience is that the Severe Conditions criteria process has not in practice been implemented consistently. This needs urgent improvement.
- For example, the parents of a young man with global learning difficulties contacted us after his PIP claim was stopped after an assessment which, while upheld at the MR stage, was overturned, following our involvement, by a senior DWP manager as the appeals process started. Another of our clients, with multiple deteriorating health and mental health conditions, had her enhanced DL PIP claim terminated on renewal three times. On each occasion the decision was overturned on appeal, sometimes with compensation payments. Our client experienced significant unnecessary additional anxiety.

### **35) What other changes could we make to improve decision making?**

- Improvements to the efficiency and effectiveness of the system are needed to reduce repeated challenges to incorrect PIP decisions. For example, clients are being awarded continued goodwill payments from IAS due to multiple incorrect decisions on their PIP claims, leading to great distress around continued reassessments. Some clients are left without any benefit income for several years.
- The DWP is the ultimate decision-maker, but we have sometimes found that DWP does not respond to complaints, even when there are repeated bad decisions for the same claimant. The DWP, as a public service for disabled people, is accountable for the whole benefit claiming process, even where some parts of this are subcontracted.
- Where a claimant's health and disability conditions are continuing, it is very important that evidence from the initial claim and/or previous renewal

assessments should be consulted again when making decisions. We find that this does not always happen.

- A consistent problem is poor administration of decision making, causing unnecessary hardship. For example, a client contesting her PIP assessments was not sent the necessary Mandatory Reconsideration Notice (MRN) necessary for her appeal. Instead, she received a letter which said “no award” was being made for a 2018 claim, but also that a back payment would be made for that claim. The letter did not mention appeal rights. These errors are sloppy, preventable and cause unnecessary hardship (financial and emotional) to vulnerable people.
- PIP Award decisions should always reflect the information provided, as often this is not being taken into consideration, leading to these unnecessary challenges. Decisions should be double checked by a second assessor and a record should be made to show that the information provided has been read.
- Greater support is needed for those who do have to appeal. For example, the application for PIP and subsequent appeals has been so stressful for one client, they attempted to give up at several points throughout the process and would have done so if not for support from Citizens Advice Richmond.
- Reducing the very frequent and long delays for areas such as PIP Mandatory Reconsideration requests, supersession of ESA requests, LCWRA payments and MR decisions, is urgently needed. Busy phone lines and lengthy response times leave clients missing benefit payments they need and are entitled to. And it unnecessarily worsens their mental health. This could be achieved by improving phone services and response times. This would save DWP resources in the long run, as in most cases these long delays are linked to other problems such as worsening mental health conditions, unnecessary reassessments, administrative errors, etc. and increase inefficiency and costs.
- Better and more frequent communication from the DWP is needed. For example, a client who had her PIP removed had to challenge the decision three times, before an urgent MR reinstated it. Despite complaints, there was no response from the DWP and the IAS said their assessment met their standards and disagreed with her PIP being reinstated. DWP needs to work with its contractors to ensure better communication and a more efficient, consistent service.
- Unfortunately, we see many other examples of poor administration from DWP. For example, clients have requested forms which are then not sent out, despite reminders, or the wrong form is sent. There is clearly a need for better training and supervision of front line DWP staff to help prevent careless errors.
- In deciding which work-related activity group to allocate applicants, an earlier, realistic assessment, should be made of whether an applicant could realistically obtain and keep any available paid work. This would be facilitated by taking account of the applicant’s education, training and previous employment experience.

## **Chapter 4: Re-thinking Future Assessments to Support Better Outcomes**

**42) How could we improve assessments or the specialist support available to assessors and decisionmakers to better understand the impact of a person's condition on their ability to work or live independently?**

- We endorse the objectives for future assessments set out in para 227.