**Independent Review of the Assessment Process (Northern Ireland)**

**January 2018**

**Response Booklet**

We invite individuals and organisations to submit evidence to help the independent reviewconsider how the PIP assessment process is operating by answering the following questions. The set of questions you should answer depends on whether;

1. you are an individual who has claimed PIP for yourself or on someone’s behalf (Please answer Part 1);
2. you are an individual or organisation with a professional interest in the PIP process (Please answer Part 2).

**Part 1**

Questions for individuals who have claimed PIP for themselves or on someone’s behalf

**About you**

**Q1. Are you responding as;**

• Someone who has claimed PIP for yourself? ☐

• A friend, carer or family member acting on ☐

behalf of someone claiming PIP?

• Prefer not to say ☐

**Q2. From where else do you/ the person claiming PIP receive support to help manage your/ their condition?**

• A GP ☐

• A hospital doctor ☐

• Other healthcare professionals

(e.g. specialist psychiatric nurse, occupational therapist) ☐

• A social worker ☐

• Prefer not to say ☐

• Other (please state below)

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| Peer advice support |

**Q3. Who did you/ the person claiming PIP receive support from to submit your/ their claim?**

• A carer ☐

• A family member ☐

• A friend ☐

• A support / advice organisation ☒

• A health or social care professional ☐

• Other (please state below)

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| North West Forum of People with Disabilities |

**Q4. We may want to seek further information from you or quote your evidence in our report. If you are happy for us to contact you please provide the following details;**

• Name

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| North West Forum of People with Disabilities |

• Address

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| --- |
| 58 Strand Road,  BT48 7AJ,  Derry |

• Email

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| tony@nwdisabilityforum.org |

**Claimant Experience**

Consider the PIP claim process. This includes making a claim, the assessment and getting a decision.

**Q5. Overall how satisfied were you with the claim process? Why?**

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| The North West Forum of People with Disabilities is a human rights organisation dedicated to the protection of disabled people’s human rights. In this endeavour, we provide a number of services:   * Advocacy peer support services, * Consultation responses to government policies and legislation, * Disability Equality Training, * Training on domestic equality legislation and relevant international human right instruments including the UN Convention on the Rights of Persons with Disabilities, * Information referral service on welfare, goods facilities and services, employment, transport, housing, social integration and inclusion.   The North West Forum is made up of disabled people from across both communities. Our membership includes people with mental health issues, hidden disabilities, learning disabilities and those with physical and sensory disabilities. Our management committee is 100% user-led, and all voting rights and direction of the organisation is controlled by disabled people. |

**Q6. Could anything have improved your face to face consultation with Capita? Please briefly explain your answer.**

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| Our evidence is based on 11 case studies from across Northern Ireland. All individuals have received advocacy support from the Forum on an ongoing basis throughout their claim for personal independence payments. We believe there are a number of improvements that can be made to improve the face-to-face consultation with Capita:   * Clarify the role of advocates/companion in responding to the assessor’s questions, * Explore alternative means of interview with the applicant without the use of a computer and blocking eye-to-eye contact with the applicant, * The initial correspondence should be sensitive and recognise the anxiety and stress applicants feel when being asked to apply for the benefit. The language is sharp and cold, and non-contextual, * All applicants should be given the same option of having their assessment at home or at the assessment centre, * Questions from the assessor relating to the person’s claim are often not relevant. For example, why a blind person is required to stand on their toes to assess the impact of their impairment is not relevant to that particular individual, * Questions from the assessor should be specific to the impact of the individual impairment. This is not the case at present, * The assessor,having agreed a time for the appointment, should stick to the time of the appointment, and not arrive up to an hour earlier to assess the client. We have advised all applicants that they’re entitled to have their assessment at the agreed time. For several of our clients, the assessor has come far too early, and sometimes their companion or advocate has not arrived on site. |

**Q7. Did you ask DfC to reconsider its original decision on your entitlement to PIP? If so, please tell us about your experience of the reconsideration process.**

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| A number of our clients, 6 to be precise, made the phone call to the department to ask for mandatory reconsideration of their case. All applicants were asked the 7 questions, which covers all of the descriptors set out in the Personal Independence Payment process. We recommend that applicants are encouraged to respond only to those questions relevant to their impairment. |

**Q8. Did you appeal your PIP decision? If so, please tell us about your experience of the appeals process.**

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| 5 of our clients were successful in attaining the appropriate enhanced rate or standard rate award. The other 6 are currently undertaking and appeal. 2 clients did not pursue an appeal, and therefore did not receive the supplementary payment of their DLA had they chosen to pursue an appeal. We were advised of this situation after the fact. In both cases, we believe both applicants would have had a successful appeal and we have encouraged them to reapply. We have directed both applicants to the Citizens Advice. |

**Q9. Have you had experience of other similar assessments (e.g. a social care assessment, an occupational health assessment, a Work Capability Assessment for Employment and Support Allowance)? How did the PIP assessment compare to the other processes of which you have experience?**

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| A number of our clients have experienced the work capability assessment for employment and support allowance but were placed in the supported category rather than the work-related category. The support we provided did not concern itself with the Work Capability Assessment Framework. |

**Q10. Has your PIP award had an impact on your ability to stay in, or return, to employment? Please briefly explain your answer.**

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| N/A |

**Q11. Consider the whole PIP process. (This includes making a claim, going to a face to face consultation, the daily living and mobility criteria used in the PIP assessment and getting a decision.) What improvements could be made? Please explain how these improvements would help.**

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| Disabled people need to be advised of the various thresholds that are evident within all 12 descriptors. For example, what is meant by the term “in a safe and timely manner”. Relating this example to the mobility criteria, “Can you dress in the morning?”. This question needs to take account of pain management techniques and time management techniques used to complete this task. If a person dresses in the evening and wears their clothes to bed in order that they are able to leave early in the morning for a particular appointment, this practise should not be deemed a safe and reasonable manner. When the person is asked if they can cook and prepare food, there should be prompts from the assessor to guide them what they mean by this question. Preparing a bacon sandwich or a microwave-ready meal should not constitute an ability to prepare and cook food.  The North West Forum notes that to date, the process does not adequately reflect the experience of people with fluctuating conditions or those with mental health issues. Several of our clients, one with a severe form of agoraphobia and insomnia scored 0 points, despite being only able to shop with assistance from her 89-year-old mother. The client in question has had both these conditions for over 25 years. We failed to understand how this person did not automatically qualify for the enhanced rate of the moving around criteria and the mobility criteria. We understand that recent case law in the area of mental health has led to a review of cases and we would expect this particular client to successfully appeal the original 0 score (decision).  We are concerned about the evidence-based criteria used in the decision making for PIP awards. In particular, the weight given to appropriate medical evidence and the views of the applicant. In some cases, decisions have been made without proper examination of the evidence, and in at least 2 cases, the assessor had not read the evidence presented by the applicant in the application form. We believe that such action is prejudicial to the fair and just outcome for any client. We need further information as to what determines the need for a face-to-face assessment versus paper-based reviews. We believe that in 4 cases, a face-to-face assessment was unnecessary as the person’s condition had not improved, and whose impairment was evidence of a progressive condition. We would welcome further information as to what constitutes an ongoing long-term award i.e. 10-year awards as opposed to short-term awards of 1 to 3 years. In all our 11 cases informing this evidence, all applicants had previously been awarded lifetime awards under the Disability Living Allowance framework.  At the mandatory reconsideration stage, we would recommend that applicants should only have to respond to those questions specifically related to their impairment and not be concerned with additional questions for which their impairment has little or no significant impact.  In all 11 assessment reports given to applicants after the assessment, both in letter form and in report form, 3 observations are made: applicants do not appear to suffer personal self-neglect, applicants held eye-contact, and finally, applicants spoke well/or were articulate in expressing their views. The forum fails to understand the merit of these observations or their place in any conclusions provided in any assessment, as none of these observations have any relevance to any number of impairments or the person’s ability to conduct daily activity or move around. We should strongly recommend that these observations are removed from all reports, unless any of these observations have a direct relevance to an individual impairment. In all our 11 cases, none of these observations are relevant.  The written application form is both lengthy and unnecessarily elongated. The overarching question replaced by specific questions in each category is unnecessary. We recommend 1 overarching question in each category, with various written prompts to the applicant to clearly show what evidence they are seeking.  Greater effort is needed to ensure forms/correspondence are in accessible formats, and that appropriate timelines are extended to ensure applicants have been fully supported to understand everything that is required of them. |

**Further evidence**

During the PIP claim process, claimants are asked to provide any relevant evidence or information they already have that explains their circumstances (this is known as further evidence). Claimants can send further evidence,supportingtheclaim they have made, with their ‘How your disability affects you’ form but they do not have to do so. Evidence might include:

• prescription lists

• care plans

• reports or information from professionals who help the claimant, such as a GP, hospital doctor, specialist nurse, community psychiatric nurse, occupational therapist, social worker, counsellor or support worker.

If appropriate, when conducting an assessment and providing advice on a claim to DfC, Capita health professionals can consider requesting additional evidence to help them from people listed on the claimant’s form. Most assessments require a face-to-face consultation, but some assessments can be completed on the basis of a review of the available paper based evidence. As part of this independent review we are seeking information which will help us to consider:

• how effectively further evidence is being used to assist the correct claim decision and identify whether a face-to-face consultation is required

• the balance between how much and the type of evidence DfC sources itself and what the claimant is asked to provide.

**Q12. In addition to your claim form, did you send any further evidence as part of your claim? If yes, what was this further evidence?**

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| We have encouraged our clients to send in as much evidence about their condition as they possibly can. However, we have said to them not to pay for medical reports from GP’s and other health care professionals. We have advised clients that Capita have a duty to write to the relevant health care professional to seek the appropriate information. We are aware that GP’s are paid fees by Capita for medical evidence supporting applicants claims.  We believe that the collection of evidence and the analysis of relevant data should be undertaken by Capita, and not placed as a burden on the applicant. We welcome Capita’s assurance that evidence from carers, family members, the applicant themselves will be given due weight and consideration. However, the evidence criteria needs to be clearly outlined and a list of suggestions of what might help applicants should be listed on the form. |

**Q13. Was it clear what further evidence you should or should not provide? Please briefly explain your answer.**

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| This issue was not highlighted in our case studies list. |

**Q14. Did you have additional evidence in the form of, for example a GP, hospital doctor, specialist nurse report? Did you submit this evidence and why?**

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| In some cases, additional evidence was submitted, including statements from carers, social workers, but in 9 cases, no medical evidence was provided by the GP to either support or nullify the applicant’s claim. |

**Q15. When you submitted the claim, how important did you think it was to submit further evidence and why?**

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| We collected no specific commentary or data in this regard. |

**Q16. Please tell us whether you think further evidence is being:**

**a. Requested appropriately by Capita?**

**b. Provided on time?**

**c. Used appropriately and fairly to inform decisions?**

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| A; there is some evidence that Capita is not requesting evidence available to it from medical professionals or taking account of applicants’ personal support network i.e. friends, family, carers etc. |

**Q17. If you went through the appeals system, did you provide further evidence?**

1. **If Yes, please briefly explain what you provided.**
2. **If you did not provide any further evidence please tell us why.**

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| We have not formally gone through the appeals system with any of our clients at this stage, however, several of our clients are currently undergoing appeal with support from the advice sector and 2 others with separate legal representatives. |

**Additional information or evidence**

**Q18. Please provide any additional evidence or information you think might help inform the review.**

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**Part 2**

Questions for individuals or organisations with experience of the PIP process

**About you**

**Q1. Are you responding as?**

• **An individual**

• A healthcare professional ☐

• Capita staff ☐

• DfC staff ☐

• Other (please state below)

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| --- |
| Peer Advocate and as disabled people. |

• Prefer not to say ☐

• **An organisation or part of an organisation?**

• Name of organisation

|  |
| --- |
| North West Forum of People with Disabilities |

• Who does the organisation represent?

|  |
| --- |
| Disabled People |

• Where applicable, explain how the views of the members were gathered.

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| --- |
| 11 case studies of clients who used our peer advocacy service. |

• Does your organisation directly support people claiming PIP?

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| --- |
| Yes |

**Q2. We may want to follow up further information with you or quote your evidence in our report. If you are happy for us to contact you please provide the following details;**

• Name

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| --- |
| North West Forum of People with Disabilities |

• Address

|  |
| --- |
| 58 Strand Road,  Derry  BT48 7AJ |

• Email

|  |
| --- |
| federert@gmail.com |

• Telephone number (Home / Mobile)

|  |
| --- |
| 07802852152 |

• I do not wish to provide further information ☐

**Claimant experience**

Consider the PIP claim process. This includes making a claim, the assessment and getting a decision.

**Q3. From your experience, how could the PIP claim process be improved? Please provide examples or suggestions.**

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| --- |
| We have made recommendations above. |

**Q4. From your experience, what impact do awards of PIP have on claimants’ ability to stay in, or return, to employment?**

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| We believe that loss of entitlement of DLA through transition to PIP is likely to have an adverse impact on applicants’ attempts to enter the labour market, i.e. loss of support costs related to disability. |

**Q5. How does the PIP process compare to similar assessments (e.g. ESA, an occupational health assessment)?**

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| Data was not collected in this area. N/A |

**Q6. In your experience, what are the reasons for people making an appeal to The Appeals Service and what is their experience of this process? Please provide examples.**

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| N/A; we have no direct experience of the Appeals process. However, a number of our members who have, have submitted separate questionnaires to the independent review. |

**Assessment criteria and process**

The PIP assessment considers the impact of an individual's physical, mental, cognitive, sensory or learning condition on their daily life, taking account of multiple or fluctuating conditions. It is designed to measure the impact of a person’s condition on their ability to participate in, or carry out, daily activities, rather than the condition itself. It does this by looking at a number of key daily living and mobility activities.

Most assessments are carried out as a face-to-face consultation in a clinic or the claimant’s own home. Where there is sufficient evidence available already, sent in by the claimant or gathered from other sources, some assessments can be completed on a paper basis. People claiming under Special Rules for terminal illness are not required to attend a face-to-face assessment.

**Q7. Where you have evidence of any of the following, please describe how effective the PIP assessment is:**

a. For people with one condition?

b. For people with more than one condition?

c. For people with conditions that change (fluctuating conditions)?

d. For terminally ill people?

e. In identifying whether someone is eligible for the standard rate or the enhanced rate?

f. In identifying those eligible for the mobility component of PIP as a result of needs arising from their condition?

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| Our response to these questions is included our response to previous questions. |

**Further evidence**

During the PIP claim process, claimants are asked to provide any relevant evidence or information they already have that explains their circumstances (this is known as further evidence). Claimants can send further evidence, supporting the claim they have made, with their ‘How your disability affects you’ form but they do not have to do so. This might include prescription lists, care plans, reports or information from professionals who help the claimant, such as a GP, hospital doctor, specialist nurse, community psychiatric nurse, occupational therapist, social worker, counsellor or support worker.

If appropriate when conducting an assessment and providing advice on a claim to DfC, Capita health professionals can consider requesting additional evidence to help them from people listed on the claimant’s form. Most assessments require a face-to-face consultation, but some assessments can be completed on the basis of a review of the available paper based evidence without the need for face to face consultation as there is sufficient evidence available.

As part of this independent review we are seeking information which will help us to consider:

1. how effectively further evidence is being used to assist the correct claim decision and identify whether a face-to-face consultation is required;
2. the balance between how much and the type of evidence DfC sources itself and what the claimant is asked to provide.

**Q8. In your experience what types of further evidence do claimants send in as part of their claim?**

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| Previously responded to in earlier questions. |

**Q9. In your experience what further evidence does Capita request on claimants’ behalf? Is this requested on time and used appropriately and fairly?**

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| This particular issue was not identified as important in the delivery of our service to date. |

**Q10. Is it clear what further evidenceclaimants’ are being asked to provide?Please briefly explain your answer.**

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| N/A |

**Q11. From your understanding, when a claimant submits their claim how important do they think it is to submit further evidence? Please briefly explain your answer.**

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| N/A |

**Q12. Are there any barriers for a claimant in providing further evidence? Please provide examples.**

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| N/A |

**Q13. In your experience, when a claimant goes through the appeals system do they submit further evidence at this point? Why?**

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| N/A |

**Additional information or evidence**

**Q14. Please provide any additional evidence or information you think might help inform the review.**

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| N/A |