



# *Shaping future support: the health and disability green paper*

## **Consultation response from Citizens Advice Sheffield**



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Citizens Advice Sheffield is the operating name of Sheffield Citizens Advice and Law Centre Ltd

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## Introduction: our expertise in disability issues

Citizens Advice Sheffield (CAS) is one of the largest local Citizens Advice services in the country, providing free, impartial advice to residents across the city. Our services include the following specialisms:

- a Deaf advice team, offering advice in BSL;
- a mental health team taking referrals from healthcare professionals and assisting psychiatric in-patients;
- a hospital team providing support at the [Cancer Care Centre](#), the Haematology Department at the Royal Hallamshire Hospital, and the Spinal Injuries Unit at the Northern General Hospital;
- delivery of [statutory advocacy services](#) including for people with learning disabilities or mental illness, including in-patients on hospital wards; and
- delivery of the national Help to Claim service since 2019.

We are active in campaigns and social policy, locally and nationally, with a long-standing interest in disability benefits. For example:

- securing a change in Regulations on PIP for terminally ill people (2015);
- meeting DWP staff to discuss improvements to the .gov.uk website content on terminally ill claimants;
- participating in a successful legal challenge to interpretation of PIP mobility descriptors ([the “MH” judgment, 2016](#)); and
- publishing two reports on [PIP and the transition from DLA](#), leading to a meeting with the Minister for Disabled People.

In the financial year to date we have so far advised 13,855 people, of whom 30% reported that they had a disability or long term health condition. Within this total figure, we helped 2,546 clients whose main query was about designated disability benefits (PIP, DLA, Attendance Allowance, ESA) and 557 on the Limited Capability for Work elements of UC. Beyond these numbers, we also know that disability and health conditions can be an underlying factor for clients whose ‘headline’ problem concerns, for example, employment, housing or debt.

This response to the [green paper consultation](#) draws on the knowledge and experience of staff working in our targeted specialist services as well as general advisers supporting clients with disability benefits, including establishing eligibility, supporting the claim process, help with mandatory reconsiderations and preparation

for Tribunal hearings. We record every interaction with our clients and our response draws on this rich, detailed evidence base of real-life experiences of disability benefits.

As far as possible our response is organised around the consultation questions but we have selected the ones to answer and have also included additional points we consider important, and which we believe ought to have been covered in the green paper. Furthermore, it would be ineffective to approach disability benefits in isolation so we set out below some broader contextual points which need to be addressed if the aims of the green paper are to stand any chance of being achieved:

- Universal Credit (UC) significantly disadvantages disabled claimants financially in comparison with legacy benefits and this needs to be redressed. Clawing back cash from the most vulnerable in society is unfair and is not the way to encourage them into employment.
- We agree that work - fairly-paid, with fair working conditions - is beneficial for some disabled people and they should have full support to get and keep jobs. But DWP must recognise that some are not, and never will be, capable for work: it must not harass them, by system design or staff behaviour, to do what they can't do, and must be careful to avoid implying that people who can't work are somehow less valuable in society.
- The gig economy and zero hours contracts, with poor working conditions and no sick pay, can compel people to continue working when this exacerbates disability or medical conditions. Government must address systemic labour market unfairness and we therefore welcome the proposals for a Single Employment Rights Enforcement Body and would like to see rapid progress on this. In the meantime, staff supporting disabled people into work must ensure they are not placed - or coerced - into poor quality, exploitative jobs.
- In our experience there is often a significant gap between Government's policy declarations and the day-to-day operation by individual officials. This gap needs to be addressed, and there is little merit in making further policy promises if delivery mechanisms are ineffective.
- The increased spending on disability benefits noted in the green paper is more likely to be the result of changing demographics than an indication of overspending on individuals. Furthermore we could anticipate further demands on these budgets in the wake of the Covid pandemic, as the effects and extent of 'long Covid' become clearer, and the backlog of routine NHS procedures prolongs and exacerbates the impact of health conditions for many.

## Chapter 1: Providing the right support

Our response deals with the following questions posed in the green paper:

- **What more information, advice or signposting is needed and how should this be provided?**
- **Do you agree with the principles we have set out for advocacy support?**
- **How might we identify people who would benefit from advocacy?**
- **What kinds of support do you think people would want and expect from advocacy?**

We have seen first-hand the changes forced by the pandemic on the application processes for disability benefits, and the impact this has had on clients. The option of completing a form electronically online can be very helpful to claimants and their advisers, so we urge DWP to accelerate the process of refining the online UC50 and PIP2. As the green paper acknowledges, these forms are lengthy and complex to complete and the facility to tackle them in stages, share and discuss responses is invaluable. Pending forms being fully designed for on-line completion, as a minimum we think DWP should make available downloadable, editable PDFs to complete. There seems to be no consistency as to the form format claimants are receiving, which makes it difficult for advisers to plan the most effective assistance, and we ask that all organisations providing support to claimants are notified in good time of format changes. In parallel to digital developments, however, we expect to see a continued commitment to ensuring that non-digital routes are always readily available for those that require them.

The green paper rightly observes that many claimants with disabilities and chronic health problems benefit from support, advice and assistance to navigate the claims process where they are able to access it. However we find the term “Advocacy”, as used in the document, to be confusing: as a provider of both advice (at all tiers) and statutory advocacy services we view the “support” described as most akin to first level advice as it requires a good understanding of the legal framework of these benefits in order to provide effective support.

We would also stress that in order to be effective and build trust it is essential that support services remain fully independent of the DWP. Any service set up to fill the gaps must also meet this requirement and, apart from the simplicity of self-selection,

our experiences with clients with a wide range of capabilities would suggest it would be difficult to design and operate a fully-effective triage to determine who qualifies for it.

Among claimants in need of support to make and manage claims, special consideration is required for people with mental health issues, some autistic people, and people with cognitive impairments. In [a 2021 survey of UC claimants with experience of mental health problems](#), over half (57%) said they have needed help from family or friends to manage their account, and more than one in four (27%) always or often needed help. [Using a digital platform can require complex cognitive abilities](#), such as spatial ability (searching for information), verbal ability (reading information) and sustained attention (focusing on the screen/information). Consequently, many of the 'invisible' symptoms that people with mental health problems suffer from have an impact on their ability to submit and manage a digital claim. Some further examples include: memory problems (forgetting to update journal, forgetting log-in details), low energy (unable to complete tasks), difficulty processing complex information (reading and acting on instructions, understanding statements), and headaches (reading, screen time). In addition, claimants with anxiety are likely to delay or not complete tasks and not attend jobcentre appointments. [Claimants with psychosis are likely to avoid using digital services due to security concerns](#).

The increased responsibility on UC claimants to manage their claim (compared to legacy benefits requirements) and the consequences of failing to keep up with online journals and claimant commitments can create a vicious circle of increasing stress and financial hardship, [potentially causing people's conditions to worsen further](#).

Following a report from the Social Security Advisory Committee and statement from the Secretary of State for Work and Pensions, DWP agreed to consider making changes to the procedure surrounding explicit consent for third parties to assist UC claimants - yet this has not come to fruition, and arguably the process has become even stricter over the past 12 months. The current explicit consent procedure means that claimants must state clearly which tasks they need help with and who the third party is, and this process may sometimes need to be repeated throughout the claim.

As .gov.uk states: *“Explicit consent does not last forever, it usually lasts until either the specific request is completed or the end of the assessment period, after the one in which the consent was given.”* Our advisers are noticing inconsistencies when speaking to UC call-handlers about their clients’ claims, even when the client is present in a three-way call.

The existing application of Explicit Consent Requirements with the Help to Claim service needs redesigning as these can, in effect, result in claimants being denied the support they need. For example the requirement for a digital claimant to post a message on their online journal granting explicit consent may seem straightforward, but in reality this is an example of the very task they may need help with. This sometimes defeats the key purpose of this DWP-funded service being to help claimants submit and manage their digital claims.

We recommend that DWP makes adjustments to its explicit consent policy, in particular with regard to Help to Claim and other third party support to claimants, so that the requirement to renew consent repeatedly throughout a claim is removed. All call-handlers must be well-trained on consent policy so that they are not incorrectly refusing claimants third party support.

We also recommend that DWP develop a clear ‘reasonable adjustments’ procedure for UC claimants with mental health conditions managing a digital claim, building on best practice by local JC+ staff (e.g. considering what time of day suits a person who is on medication that makes them sleepy) and adding information to the online platform explaining how to request such reasonable adjustments. The service design team behind UC should involve a diverse range of people who can draw on their own lived experience to advise on what makes an accessible digital platform.

## Chapter 2: Improving employment support

Our response deals with the following questions posed in the green paper:

- **What more could we do to further support employers to improve work opportunities for disabled people through Access to Work and Disability Confident?**
- **How can we support people who have fallen out of work to identify and consider suitable alternative work before their Work Capability Assessment?**
- **What further support or information would help work coaches to have more effective conversations with disabled people and people with health conditions?**
- **What has been your experience of receiving employment support? What was good about the support? Are there further improvements that can be made?**
- **How can we make the most of the knowledge and expertise of local organisations to support disabled people and people with health conditions into employment?**
- **What more could we do to work with other organisations and services, such as local authorities, health systems, and health services offered in the devolved administrations, to provide and join up employment support in health settings?**
- **What can we offer that would encourage people in the Support Group or LCWRA to take up our employment support?**
- **Would you be happy to access employment support digitally? Please tell us why/why not.**
- **What should we consider when developing a digital support offer for disabled people and people with health conditions?**
- **How can we better support young disabled people and people with health conditions who are moving out of education to find appropriate work?**

We see a lot of scope for improving the processes to support disabled people into employment - including ensuring they are made aware of the services available to them. It is unrealistic to expect generic work coaches to have the necessary insight into the employability needs and potential of people with the full gamut of physical and mental health impairments. Nonetheless, this expertise is necessary if disabled

clients are to get effective, realistic support that takes into account their individual circumstances (e.g impact of commuting, care needs at work, etc.). At one time there were at least nominally some specialist JC+ staff assigned to work as 'Disability Employment Advisers', and although our experience of these was mixed, overall this offered a better service to would-be workers than what is available now. We suggest that DWP employ more people with disabilities and health conditions as work coaches so that lived experience can inform their own practice and that of their colleagues.

There are excellent, well-established models of effective practice that could be emulated more widely, and we recommend the Working Win project in Sheffield City Region, for which CAS delivers welfare benefits advice and support. This brings together consistent, personalised one-to-one support by skilled, knowledgeable, experienced coaches who are able to build rapport with clients and with local employers receptive to the potential of people with health conditions or disabilities, given the right support, to become valued members of their workforce. It is not uncommon to hear from *Working Win* clients that generic JC+ work coaches have previously given negative, discouraging and even incorrect messages about moving into work, one reporting, for example: *"I was told I can't work or I'll automatically lose my ill-health status on UC"* which is not the case.

Employers have varying degrees of understanding of the Access to Work (ATW) scheme. We have seen instances of employers refusing to support disabled employees with the ATW process and some have ignored the scheme or discouraged employees to apply. Far more needs to be done to demonstrate the benefits of these schemes to employers, through promotion across all sectors of examples of effective use. The ATW application process should be more straightforward, with information provided in British Sign Language for Deaf applicants.

The Disability Confident scheme, currently voluntary, should be made compulsory given that the Equality Act 2010 makes it unlawful to discriminate against disabled people in the workplace.

There is a diverse range of partners with established and trusted links with disabled individuals and communities, often run by disabled people themselves, which can offer timely and meaningful consultation with, and education about, their clients. We urge DWP, locally and nationally, to build ongoing links with them - and to recognise the value of the time and expertise offered. Disability awareness training should be a



regular feature in work coaches' career development, preferably provided by disabled people themselves.

The removal of permitted work arrangements for UC claimants with health conditions and disabilities (arrangements available on legacy benefits) runs contrary to the principle of encouraging disabled people to try out work and contradicts the aims of this green paper. Research has shown that permitted work has resulted in long-term unemployed disabled people securing permanent employment. The Government itself promotes trialling permitted work to disabled people on its website but has chosen to remove this simplest incentive under UC. Some aspects of UC are positive in that the working hours rules have been dispensed with in favour of earnings being key. However our experience is that awareness of the 'work allowance' for claimants with limited capability for work is low and the arrangements are not promoted.

Any plans for expansion of digital services also require careful consideration of the needs of people who are digitally excluded. Provided it is designed and set up in an inclusive manner, digital delivery can be a useful model for some people. However DWP must avoid the assumption that everyone has adequate literacy skills and access to appropriate technology to be able to navigate generic online services. There is also a vital need for systems to incorporate flexibility: frequently it is the rigidity of processes, along with a lack of disability awareness from DWP staff, which creates barriers for disabled people in accessing opportunities and support to reach their full potential.

People seeking to return to work (e.g on a phased return) do not have access to specialist Occupational Health assessments as of right, but are largely dependent on the size of their employer. We understand that the Flexible Support Fund (FSF) is occasionally used for this purpose but as this budget is subject to local discretion it cannot be depended on. We recommend that DWP take steps nationally to encourage its staff to use the FSF in this way. An independent high-quality occupational health report could be used to hold employers to account where they are ignoring or avoiding consideration of 'reasonable adjustments' for returning staff.

## Chapter 3: Improving our current services

Our response deals with the following questions posed in the green paper:

- **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?**
- **How could we improve telephone and video assessments, making sure they are as accurate as possible?**
- **What more could we do to reduce repeat assessments, where someone has a condition that is unlikely to change?**
- **Decisions can be changed after an appeal has been lodged but before a tribunal hearing takes place. How can we improve the way we communicate a new decision in this situation?**
- **What other changes could we make to improve decision making?**
- **How could we improve the experience when people claiming Child DLA are invited to apply for PIP?**

The pandemic forced changes to the way that assessments were carried out. As the green paper notes, many claimants find the whole assessment process very stressful and intrusive, and for some the introduction of telephone assessments was very beneficial as it meant that they didn't have to travel to unfamiliar locations and sit around for long periods. Others, however, feel that they are not able to communicate their limitations adequately during a phone interview - with knock-on implications for their award. We therefore recommend that DWP makes three channels (face to face, telephone and video call) routinely available to all claimants so that they can choose whatever is most appropriate to their circumstances.

We support proposals that enable cross-referencing of medical evidence between benefits where relevant and appropriate - most commonly PIP and Work Capability Assessment (WCA). We would also ask that assessors pay proper regard to all relevant medical evidence as soon as it is drawn to their attention. The following two case study illustrates that this is not the case at present, even for the most vulnerable clients:

*Sarah is a client with severe and enduring mental health issues including suicidal ideation. A telephone assessment for WCA had to be abandoned because she became so distressed. Although she was flagged on all DWP systems for her extreme vulnerability, it took our adviser 15 months of representations, including involving Sarah's MP, before DWP would agree that evidence from her GP could be taken into account to complete the assessment.*

*Maureen is a young woman with a range of serious physical and mental health problems. Her New Style ESA expired before she had a WCA and it took intense representations via her MP's office to get a phone assessment scheduled. She waited over a year for an assessment despite substantial documentary evidence of her health conditions already being available to DWP, including in her PIP claim.*

The overriding problem during the pandemic has been hardship caused by the backlog of assessments, which left people well below their full entitlement to benefit for long periods. Where New Style ESA was in payment this was cut off before some people could establish their place in the Support Group. Also, delays to WCA can cause people to be inappropriately subject to conditionality on Universal Credit, causing distress to the claimant and wasting DWP resources, as Vera's story below illustrates. We recommend that DWP prioritises action to reduce the assessment backlog created by the pandemic.

*Vera is a 61 year-old woman who uses a wheelchair as the result of an accident. She also has diabetes, heart failure and kidney problems. She was forced to claim UC as the 'working age' person in a mixed-age couple when her husband reached state retirement age. While awaiting her WCA she received repeated calls from JC+ asking her what she was doing to find work..*

The green paper rightly notes that many claimants distrust the assessment process. Routine recording of assessments was recommended several years ago (in the [Gray Review 2014](#)) and we see no reason why this should not be available at the claimant's request, in face-to-face, telephone and video assessments, as a way of ensuring transparency and building trust. With claimants' consent, these could also be used as a learning tool for assessors to develop the quality of their work.

Appeals against PIP decisions still have such a high success rate (currently over 70%) that it points to an urgent need to improve the quality of assessments and decision-making earlier in the claim process. Our experience does not support DWP's assertion that appeal success is due to introduction of new evidence at that stage: in the majority of cases no new evidence is offered, so that decisions are changed because evidence already available is more carefully considered by an independent body. We are also concerned that conditions for which a client receives no treatment are discounted by DWP (explicitly, in appeal submissions) even though this is not a reliable indicator of need, given shortages and waiting lists (especially for mental health support).

Claim forms ask for contact details for the client's GP and other relevant healthcare professionals - thus establishing a natural expectation that DWP will contact these people about the claim (why else would they ask?). In practice we know this rarely happens. The form ought to be amended to make it clear that DWP does not, in fact, do this, and that the onus is entirely on the client to collect supporting evidence in this way. The level of such help from GPs varies from practice to practice, and some make a charge for providing evidence. It does not seem fair that a client's chances of success may depend to some extent on their GP's policy, and/or their own ability to pay: we suggest that an approach from DWP would secure a more consistent and equitable response from all GPs, levelling the playing field for clients.

## Chapter 4: Re-thinking future assessments to support better outcomes

Our response deals with the following questions posed in the green paper:

- **Is there anything about the current PIP activities and descriptors that should be changed? (Yes/No/Don't know)**
- **If yes, what changes to the PIP activities and descriptors should we consider?**
- **Is there anything about the current WCA activities and descriptors that should be changed? (Yes/No/Don't know)**
- **If yes, what changes to the WCA activities and descriptors should we consider?**

**When responding to these questions, please consider:**

- **What the best way to capture the impacts of health conditions that fluctuate might be.**
  - **How we could ensure the activities and descriptors capture the impact of all health conditions and disabilities fairly;**
  - **How we could simplify the assessment criteria; and**
  - **Any possible PIP or WCA activities that are no longer a barrier or that are less of a barrier to employment or independent living, due to modern working practices and advances in assistive technology.**
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- **Should we seek evidence from other people, such as other health professionals and support organisations?**
  - **What type of evidence would be most useful for making decisions following a WCA or PIP assessment, and should there be a standard way to collect it?**
  - **How could we make sure the evidence we collect before a WCA or PIP assessment directly relates to a person's ability to do certain things?**

We believe that changes should be made to the PIP criteria to give greater support to some of the most vulnerable people who may not qualify under the current descriptors. In particular:

Mobility descriptor for "Planning and following a journey": The weighting of points within this descriptor should be changed. 10 points are currently given under 1(e) if a claimant "Cannot undertake any journey because it would cause overwhelming

psychological distress to the claimant.” but 12 points are given to people who can only undertake a familiar Journey if accompanied. It is illogical that people who cannot follow any journey should attract fewer points than those who can undertake journeys to familiar places when accompanied. Both the Mobility descriptors 1(e) and 1(f) should attract 12 points.

Mobility descriptor for ‘Moving around’: PIP has reduced the help for many claimants with severe physical mobility needs. We welcome the fact that PIP allows points gained under ‘Planning and following a journey’ to be combined with those in the ‘Moving around’ descriptor, but people with purely physical mobility problems have lost out. This is because the PIP Enhanced rate under ‘Moving around’ is restricted to people who cannot walk further than 20 metres, a huge reduction from the DLA Higher rate awarded to people who cannot walk more than 50 metres. This has meant that many claimants with substantial mobility problems get far less assistance, because people physically unable to walk 50 metres get only the Standard rate - a difference of nearly £40 per week (Enhanced rate £62.55; Standard rate £23.70). In addition, the Enhanced rate offers further help with mobility issues, particularly through the Motability scheme. In order to help more people with severe physical mobility needs get out and about, including to work, we believe that the Enhanced rate should be awarded to people who cannot walk 50 metres.

Daily Living descriptors for ‘Communicating verbally’ and ‘Reading’: The definition of complex verbal information and complex written information set out in the PIP Regulations (Schedule 1 pt2) is confusing to explain to people who are trying to see if they meet the descriptor. It would be helpful if it reflected the everyday accepted definition of complex as something complicated or consisting of many different and connected parts.

Exceptional Circumstances: PIP has no exceptional circumstances provision (unlike the Limited Capability for Work and Limited Capability for Work-Related Activity provisions) and substantial risk of harm to the claimant or others is only considered in one descriptor, ‘Engaging with others’. We recommend DWP consider designating this ‘substantial risk of harm’ criterion as a distinct ‘Exceptional Circumstance’ to help ensure that the most vulnerable and all conditions are captured. The following case studies illustrates why this is needed:

*Simon has severe mental health issues. He is also alcoholic and uses crack cocaine. However, he claims that most of the time he can carry out all the PIP descriptors, and told the assessor that he can do so, so he would therefore not be entitled to PIP on this basis. Yet he is under the care of the Mental Health Crisis Team after repeated comments about suicide and attempting to slash his wrists.*

Changes are also needed to the WCA descriptors in order to simplify them and to help the most vulnerable people. The top priorities here are as follows:

'Standing and Sitting' descriptor: the wording should be simplified and only consider how long someone can, for the majority of the time, stay sitting or standing before they feel significant discomfort. The current wording considers standing while being "free to move around" but the whole descriptor concentrates on needing to "move away", which is confusing and over-complicated.

'Reaching' descriptor: DWP should consider awarding 15 points for not being able to raise either arm to the top of the head, as this indicates a high level of disability. The descriptor relating to putting something in a top pocket could therefore be removed.

'Continence' descriptor: DWP should consider increasing the points to 9 for people at risk of loss of control if not able to reach a toilet quickly, as this is a very significant disability.

'Learning tasks' descriptor: the example of the alarm clock is anachronistic and should be replaced.

'Personal actions' descriptor: this needs completely re-thinking and simplifying. The concept of sequential actions (i.e 13 (a)) should be removed and 15 points should be awarded for (b) which looks at two personal actions. Frequently not being able to complete at least two personal actions should attract 9 points, rather than 6 points, to reflect the severity of the disability.

'Getting about' descriptor: being unable to get to a familiar place without being accompanied should attract 15 points. This would reflect the level of the disability and bring the criterion in line with the PIP descriptor 'Planning and following Journeys'.

'Appropriateness of behaviour' descriptor: uncontrollable episodes of aggressive and or disinhibited behaviour should always attract 15 points as it is not acceptable in any workplace.

'Managing medication - needing prompting' descriptor: we believe this descriptor should attract at least two points in view of the potentially serious consequences of missing important medication and its implications for daily functioning, including at work.

Descriptors relating to the function of the upper limbs should be redesigned to take account of the disabling effects of loss of function to one limb only, where that affects the dominant side e.g hemiplegia consequent to stroke or other neurological injury.

We also have comments on the Limited Capability for Work-Related Activity or Support descriptors, as we believe these currently deny help to some of the most vulnerable claimants. We recommend that all the WCA descriptors that attract 15 points should be included in the Support descriptors.

We also see the following as important:

Fluctuating Conditions: consideration of these should begin by looking at how someone is most of the time but should also consider the impact of unpredictability and the risk that fluctuations in the condition can pose to the individual.

The claimant's evidence comes first: the most important evidence that directly relates to a person's ability to do certain things is that provided by the claimant. Naturally consideration then has to be given as to whether this evidence is consistent with the medical conditions, but this must take account of: i) the possibility of huge variations the way a condition affects different individuals; and ii) the fact that clients may not have chosen, or had the opportunity, to discuss all conditions or aspects of conditions with GPs and other health professionals.

Whether treatment is in place: we are very concerned that instances where no treatment is in place is equated to there being no real problem (a point made earlier in our response in reference to PIP appeals). For instance, it is a very common scenario that patients have abandoned pain medication or mood-altering drugs where they have found these to be ineffective or creating troublesome side effects.



## Chapter 5: Exploring ways to improve the design of the benefits system

Our response deals with the following questions posed in the green paper:

- **How could we simplify the system for people applying for multiple health and disability benefits?**
- **Universal Credit (UC) has many features, such as the work allowance and taper, that aim to make it easier for people to move into work. How can we ensure that disabled people and people with health conditions are aware of these features, and encourage people to try out work on UC?**
- **How could the current structure of benefits be changed to overcome people's financial concerns about moving towards employment?**
- **How could the current structure of benefits be improved so people can better manage changes in benefit entitlement?**
- **While continuing to focus financial support on people who need it most, how could we more effectively support disabled people with their extra costs and to live independently?**

While we support the general aim of a simplified benefits system for people applying for multiple health and disability benefits, experience of past waves of similarly-ambitious welfare reforms tells us that often simplification can perversely lead to increased complications and can be to the detriment of the people it purports to help.

The introduction of Personal Independence Payments (PIP) exemplifies this. PIP was a major element of the Welfare Reform Act 2012, replacing Disability Living Allowance (DLA) as the new benefit for people of working age, and was introduced by the Government with the explicit aim of being simpler to administer and easier to understand than its predecessor.

Our own research among our clients proved that these aims were not fulfilled. Our 2017 report on the [introduction of PIP and the reassessment of DLA claimants](#) (discussed at the time with the Minister for Disabled People) found that:

- The more restrictive PIP criteria adversely affected many disabled people with severe walking problems, with older people particularly badly affected.
- A growing cohort of older people had no opportunity for a review of their benefit if their condition worsens.
- The assessment process presented specific access problems for deaf clients and placed a particular strain on people with mental health issues.
- There were questions over the quality of DWP decision-making, given the high proportion of decisions reversed by the independent appeals Tribunal, and many clients spend months without benefit while going through the appeal process.
- DWP decisions can be confusing and even contradictory when award letters notify clients of a review date earlier than the end of their award period.
- Reduced awards under PIP can have a serious knock-on impact on other 'passported' benefits, with sudden and substantial losses and deterioration in overall quality of life.
- The PIP process, and subsequent decisions, are far from easy to understand for many clients accustomed to DLA arrangements

Prior to this, in 2015 we reported on the rushed [introduction of PIP](#) and failure to pilot the benefit process properly. We found then that many of our disabled clients experienced long and unacceptable delays in their PIP being assessed and granted, and that the process was proving to be inaccessible and cumbersome for them, as some of the most vulnerable people in society. We also found that the DWP had significantly misjudged the number of face-to-face assessments that their providers would need to carry out, and the time these assessments would take: this resulted in significant delays to benefit decisions and a growing backlog of claims. The unacceptable level of service provided created uncertainty, stress and financial costs for claimants, and put additional financial and other pressures on disability organisations and public services that support claimants.

Drawing on our findings we made these overarching recommendations to all future 'welfare reformers', which we feel are still very relevant:

- that they look closely at the administration of existing benefits in order to learn the lessons from past mistakes and successes and to see what works well and what does not;
- that all new benefits are properly tested in order to ensure that they work as intended before being fully launched; and
- that the overriding principle should be the well being of those who need to claim the benefit to ensure that they are not allowed to suffer detriment due to poorly-implemented new systems and processes.

With these in mind, we suggest the following improvements to UC. Some are specific to claimants with disabilities and health conditions, others highlight operational and design flaws that affect everyone but which cause more hardship for vulnerable clients least equipped to deal with the demands and financial hardships of a UC claim.

Introduce arrangements akin to 'Permitted Work': this would ensure that people whose conditions limit their capacity to work, whether permanently or temporarily, still have an incentive to do as much as they can to make their own living and thus retain some independence and have a financial incentive to try out working opportunities (a point made in our response to Chapter Two).

Restore disability allowances: the extra costs of disability and ill health were recognised in legacy benefits through the inclusion of disability premiums. However such premium or 'elements' were removed from UC, making disabled people some of the biggest financial losers under the new system. There appears to be no rationale for the change under UC except cost-cutting. Disability premiums and allowances should be restored so that disabled claimants get the same deal under UC as they would have done under legacy benefits.

Use PIP as a passport benefit: allowing PIP to be a passport benefit to the LCWRA element and its work allowance, pending a Work Capability Assessment, would encourage take-up of work opportunities.

Improve systems for recording and sharing information on vulnerable claimants with complex needs: numerous issues flow from failure to acknowledge and accommodate claimants' difficulties (such as mental illness, or lack of English) despite DWP's own guidance including a lengthy list of potentially vulnerable categories. The UC IT system is very poorly designed to record this information, though it is vital it should, since each claimant has to deal with numerous different DWP staff - Work Coaches in

Jobcentres, case managers at DWP Service Centres who don't know them personally, and possibly also DWP visiting officers. We want DWP to improve its system for recording client vulnerabilities in a prominent and lasting way that all officials will easily see. This should also include details of specific adjustments required to mitigate their difficulties, to ensure readily-accessible payments and a realistic claimant commitment avoiding the risk of sanctioning. Good, regular, ongoing DWP staff training is also required to ensure all Work Coaches and case managers understand the range of issues and barriers that vulnerable claimants face.

Improve the Claimant Commitment challenge process: currently there is no formal right of challenge to a Claimant Commitment, however unrealistic or over-demanding, until a breach is deemed to have occurred and a financial sanction imposed. Only then can the terms of the Commitment be challenged, through MR and, if necessary, appeal, meaning that any changes take many months to achieve. Conditionality rules should be reformed to make the content of a Claimant Commitment appealable before a breach.

Facilitate systems to allow trusted partners to act on claimants' behalf where appropriate: The processes associated with GDPR have, unfortunately, hampered the ability of legitimate third parties to act on behalf of vulnerable clients with their consent. The current application means that DWP only deals with such third parties on a single narrow, time-limited query, insisting that client consent be re-established from scratch, and defined as narrowly, every time another issue arises. We need to explore and agree processes that ease these restrictions while ensuring data is correctly protected e.g. such as a Trusted Partner system or third party log-on for the digital system as is used for medical records in some GP systems.

Abolish the five-week wait: people who have been on low pay struggle with the initial five-week wait that is a deliberate element of UC design. Although this problem is now tempered to some extent by concessions secured from DWP, such as provision of an advance payment, there are still gaps that create immediate and severe financial pressures, and the advance payment itself also creates an immediate cycle of debt since it has to be repaid (and recovery rates are higher in UC than in legacy benefits).

Date entitlement from the start of the claim process, not completion: currently, the date of claim, and calculation of entitlement to benefit, runs only from when a completed claim is submitted, which must be preceded by setting up an account – both relatively taxing processes requiring large quantity of supporting information

which can take time to assemble. UC rules should enable claimants to register a date of claim when they first make contact with DWP (as is done for PIP, for example) so that payment is calculated from that date.

Allow flexible payment frequency by choice: the calendar monthly cycle as the default arrangement in UC causes significant financial and other pressures for many claimants used to budgeting weekly or fortnightly, or who struggle to budget at all.

Reform the Minimum Income Floor rule for self-employed people: currently, after 12 months UC allowances are calculated on the basis of a notional, rather than actual, income figure, resulting in financial hardship and acting as a disincentive to try to work at all. While we understand the need to deter obviously false self-employment, we believe the current MIF arrangements are too harsh. This is a particular problem for people with health conditions and disabilities who choose self-employment as a flexible work option that accommodates times when they are unwell or have a variable capacity for the number of hours they can do per week.

Simplify security processes: at present new claimants are required to set up and manage an email account and a UC account including names and passwords, a series of set security questions (many of which have no relevance to their own circumstances) and a personal security number. Unsurprisingly, it is common for people to lose some of this information and find themselves unable to access their UC account. In addition almost all claimants need to undergo ID verification in person at Jobcentre Plus. Security questions should be reformed to make them readily relatable for claimants, and the familiar NINO (used for PAYE and legacy benefit purposes) should be restored as a security identifier. Wider use of alternative ID processes could significantly relieve hardship for vulnerable groups without compromising security.

Make the digital platform optional: there is a significant minority of people who will always struggle badly with making and managing a claim online, and ignoring this is the cause of avoidable hardship and anxiety for many claimants. Our experience shows that DWP staff remain resistant to allowing vulnerable clients to make a non-digital claim, and we want to see all officials putting into practice DWP's own guidance which explains that this is permitted for such groups. Ideally, when a non-digital claim is taken, a digital account and journal should still be created so that the claimant has the option to use this later if their IT access and skills improve.

Reconsider the approach to mixed-age couples: pension-age claimants with a younger spouse no longer have the option to claim Pension Credit, but must claim UC, though

this contains no age-related addition and the financial differentials are staggering. DWP should introduce a form of pensioner premium in UC where one member of a couple is over pension age so that claimants' position is closer to what it would have been under legacy benefits.

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