WELFARE REFORM COMMITTEE

‘YOUR SAY’ – PERSONAL INDEPENDENCE PAYMENT

WRITTEN SUBMISSION RECEIVED FROM EDINBURGH CYRENIANS

Background

Edinburgh Cyrenians welcomes and thanks the Committee for the opportunity to comment on our experience of the new welfare system. This evidence on PIP is based on the experience of Cyrenians Making Advice Work Service.

We offer free, confidential and independent welfare rights and debt advice to anyone who lives in Edinburgh and needs help with any of the following issues:

- Benefit checks
- Help with benefit forms
- Benefit problems such as benefit overpayment, backdated benefit, gaps in entitlement etc.
- Benefit appeals and tribunal representation
- Budgeting
- Debt issues
- Housing problems

We are funded by the Scottish Legal Aid Board to help maximise people's income and address debt issues. Edinburgh Cyrenians is authorised and regulated by the Financial Conduct Authority for the provision of debt advice. We also offer a visiting support service to prevent homelessness, which can be offered in addition to ongoing welfare rights and money advice.

Our experience of The Personal Independence Payment (PIP)

PIP1 phone claim

A major problem for our clients is having to make the initial claim over the phone (the PIP1 stage). The PIP1 stage is for claimants to give their contact details, details of their GP and bank details, and answer some basic eligibility questions. They are then sent an application form to describe their medical conditions as well as their care and mobility needs (the PIP2 stage). Under the old DLA system, new claimants were able to phone up just to request an application form and all their details (both administrative and medical) were included on that one form. Having 2 stages for PIP applications creates additional access barriers for people with mental health issues who have difficulties speaking on the phone.

There is also an issue with the fact that claimants are read out a lengthy script when they phone up to claim PIP. Even support workers/advisers who phone on behalf of claimants have to sit through the whole script and there is no way of completing the phone claim any quicker. This takes even more time when there is an interpreter
involved. The PIP1 stage often takes longer the 20 minutes indicated by DWP at the start of the phone call.

Even if a third party answers the questions on behalf of the client, the latter must still be read out a statement on two occasions during the phone call (a statement about consenting to DWP contacting their GP and a statement about repaying any overpayment). Some of our clients had to actually go and lie down during the phone call due to exhaustion or pain. The application process should make adjustments for people for whom a simple phone call is not feasible. We understand it is possible to request a paper claim for PIP1. However this fact is not widely advertised and the process for getting the PIP1 form is not straightforward.

**Medical assessments**

The waiting times between completing the PIP2 form and attending a medical assessments have significantly improved, which is a welcome change. At the start of the PIP roll-out some of our clients had to wait over 26 weeks for a medical, which caused them significant distress and financial hardship.

When waiting times were very long, some of our clients were offered a medical assessment in England (Berwick Upon Tweed) or in other Scottish cities – to make it less of a wait for them. Perversely the fact that they were able to travel to these places then counted against them for the PIP assessment.

We welcome the new DWP guidance to health practitioners/assessors recommending more paper assessments when enough evidence is provided with the paper form PIP2, instead of systematically doing face-to-face medical assessments in all cases. We hope this trend can continue.

It needs to be easier for claimants to 1) request home visits; and 2) request that the PIP assessments be recorded. This could be requested in advance of the assessment on the PIP2 form for example. Claimants would be able to put their case across in writing with help from their representatives.

There needs to be better consistency of practice across medical assessments. More effort should also be made to ensure that adequate questioning is carried out for claimants with mental health issues. Many of our clients still report feeling misunderstood or un-cared-for following their medical assessments.

It is unclear whether GPs are routinely and systematically contacted as part of the medical assessment. From our experience of representing clients at PIP appeals, GPs or other health professionals are not always contacted for medical evidence prior to medical assessments.

**PIP descriptors**

The 20-metre distance threshold (for people with mobility issues) is unrealistic. Most of our clients have substantial mobility issues and yet are able to walk 20 metres. Therefore they cannot score 12 points under the Moving Around component to qualify for the enhanced rate, unless they also have mental health issues that give
them additional mobility problems (e.g. they need to be accompanied outdoors), in which case they may be able to score more points by adding up the points for several activities of the Moving Around component.

The descriptor for “Engaging with People Face to Face” only applies if the claimant needs actual social support to engage with others, not just someone who accompanies them (for moral support) but actual assistance/prompting from another person. This means that a lot of claimants cannot score points under that activity despite social anxiety.

Claimants who need accompanying by another person when following the route of a journey, because of a mental health condition, are covered solely by descriptor 11 (b). ‘Needs prompting to be able to undertake any journey to avoid overwhelming psychological distress to the claimant’. This descriptor scores just 4 points, not enough for an award of PIP mobility to be made. The higher scoring descriptors 11(d) and 11(f) will not be awarded to claimants who require someone with them for support only, as this is covered by descriptor B. The accompanying person should be actively navigating for these descriptors to apply. This makes it very hard for claimants with debilitating social anxiety to claim enough points under this activity to qualify for the Moving Around component.

The PIP descriptors should be made available to claimants early on in the claim process (not just at the appeal stage in the appeal papers). For example it could be provided as part of the guidance notes for completing PIP2 form. The assessment process should be more transparent so people understand how they are assessed and why they are deemed to qualify for the benefit or not. This would also ensure people are treated with more dignity.

**Decision notification**

Representatives who complete PIP application forms should be able to receive notification of whether any award has been made. Claimants who have difficulties dealing with their affairs may miss appeal deadlines because they do not open their mail unless they get assistance with it. If a mandate is provided, a copy of the decision letter should be routinely sent to representatives. There could be a space at the end of the PIP2 form for claimants to sign a declaration authorising a third party to be notified of the outcome of the claim. A similar system is already in place for housing benefit claims for Edinburgh Council for example.

**Other eligibility rules that differ from DLA**

The fact that DLA continues to exist for children under 16 creates confusion for claimants.

The new eligibility rule whereby a claimant must have lived in the UK for 2 out of the last 3 years is unfair to migrants or UK nationals who lived abroad for some time.