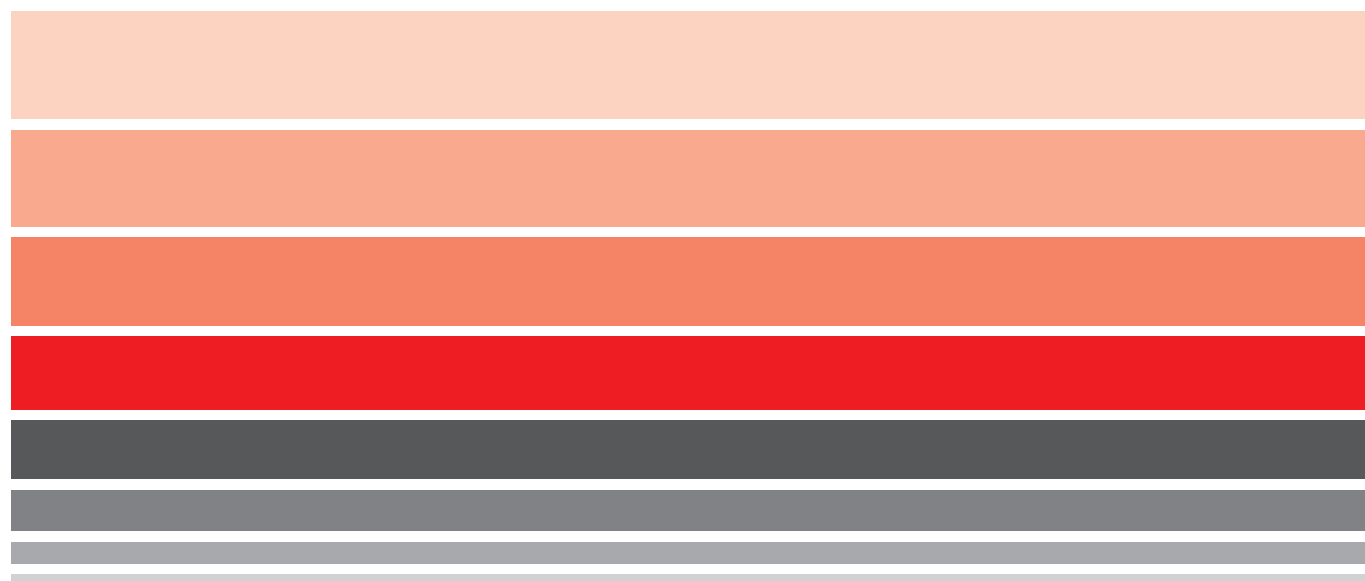


'WHAT'S GOING ON IN GLASGOW: PERSONAL INDEPENDENCE PAYMENT'



Written by
Fiona McHardy,
Research and Policy Officer
The Poverty Alliance

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About the project

Welfare Trackers is a collaboration between the Poverty Alliance, Glasgow Council for Voluntary Services and Scottish Drugs Forum and funded by the Big Lottery Fund. The research briefings form part of 'evidence' stream of the project which involves understanding the impact of welfare reform on organisations and service users on the frontline within the Glasgow area.

Introduction

This briefing reviews current literature around the introduction of the Personal Independence Payment (PIP). Personal Independence Payment began to replace Disability Living Allowance (DLA) from 2013. The qualifying assessment for PIP was made more stringent than that for DLA.

This briefing also provides information on the experience of claiming PIP from case studies of claimants and support services. Case studies were gathered through a process of outreach with community based voluntary organisations across Glasgow at part of the Welfare Trackers project. In addition a focus group, of both PIP and DLA claimants, was conducted in Glasgow to get their views, experiences and expectations of the processes. Evidence was also collected through Welfare Trackers workshops.

PIP is a significant issue for Glasgow. The city has higher levels of disability than in Scotland as a whole. It also has the highest levels of any local authority in Scotland. Compared to other Scottish cities, Glasgow has the highest level of reported disability among working age adults (24%).¹ The introduction of PIP will be critical for the financial wellbeing of people affected by ill health and disability in Glasgow. Research by the Charity Scope in 2014 found that disabled people pay on average £550 per month on extra costs related to their disability. This can include special dietary needs, transport and other costs.

Key Findings:

- Personal Independence Payment provides a very different system of support. Both claimants and support organisations need to be aware of the differences in the administrative process and the rates of payment. This applies to claimants migrating from DLA to PIP and for those making new PIP applications.
- Many claimants were unsure of the eligibility criteria for PIP and if they would be entitled to support. There was uncertainty amongst claimants currently on DLA about the future experience of applying for PIP. Claimants wanted to know the worst case scenario in order to prepare mentally for the process.
- PIP claimants who had been supported by specialist advice agencies through the process reported having reduced stress levels. In particular specialist support through the medical assessment stage was seen as crucial by claimants.
- Timescales for responding to PIP invitation letters were seen as too short. Both claimants and support services raised concerns about the implications of claimants being afraid to open mail from the DWP and therefore underestimating the importance these invitations had for their future support.
- Travel to medical assessment centres was a key issue for both services and for claimants. There were reports of claimants being sent to assessment centres out with their home city.
- Overall, participants reported that claimants were affected by stress and anxiety in relation to PIP. This related both to the size of award that they may receive and the process overall.

What is the Personal Independence Payment?

Personal Independence Payment (PIP) was created as part of the Welfare Reform Act 2012. PIP replaces Disability Living Allowance (DLA) for those aged 16-64 with long term health conditions or disabilitiesⁱ.

PIP is a non means tested benefit intended to help with the additional costs arising from a disability or ill healthⁱⁱ. PIP consists of two components:

- A mobility component which is based on an individual's ability to get around;
- A daily living component based on their ability to carry out other key activities necessary to participate in daily life.

Each is paid at two rates, standard or enhanced.

| PIP Weekly Rates (Dec 2014) |
|---|
| Daily Living Component weekly rate |
| Standard -£54.45 |
| Enhanced- £81.30 |
| Mobility Component Weekly rate |
| Standard - £21.55 |
| Enhanced -£56.75 |

Personal Independence Payment exists for new claims and people currently receiving DLA are subject to a phased transfer. As a result of the migration processes it is anticipated that there would be a reduction in expenditure by the DWP. This was estimated to be around 20 per cent on the basis DLA claimants being moved from higher rate DLA awards to lower rate PIP awards and through caseload reduction whereby people would lose entitlement to benefit^{iv}.

A stated aim of the UK government's implementation of PIP is to focus support on those "who face the greatest challenges to living independently"^v. This has been subjected to wide criticism by charitable organisations who are concerned about the projections for the number of people currently receiving DLA who will lose support under PIP.

Critics claim this contravenes the United Nations Convention for Disabled People. Article 28 of the Convention states:

Right of persons with disabilities to an adequate standard of living for themselves and their families, including adequate food, clothing and housing, and to the continuous improvement of living conditions, and shall take appropriate steps to safeguard and promote the realization of this right without discrimination on the basis of disability.^{vi}

The financial costs of the living with a disability or long term health condition or illness can be very high. For example, increased costs are associated with specialist equipment and aids, assistance with transport, additional energy costs for heating and the use of electrical medical equipment^{vii}. This has been described by Amartya Sen as the 'conversion disadvantage', many disabled people need to spend more than non-disabled people to achieve the same standard of living.

Another core aim of the changes in benefits for people with disabilities is to deliver savings in welfare spending. Government projections reported by Fullfact indicate that by May 2018 without reform the whole DLA caseload would be around 3.6 million people compared to 3 million people under PIP.^{viii} This indicates that around 600,000 people would lose support. This would result in an estimated expenditure reduction of £2.5 billion pounds by the time PIP is fully implemented^x.

Research by the Centre for Welfare Reform has shown that some of the heaviest losses from welfare reform changes have been borne by disabled people^x. This is estimated to be £1.5bn by 2016^{xi}. Estimated figures for Scotland show that in terms of expenditure in 2013/2014, £1.5bn was spent on DLA. Estimated figures for expenditure on PIP in Scotland are estimated to be around £17 million.^{xii}

Only 9% of current PIP claimants have been reassessed for PIP.^{xiii} By January 2015, 3,456 people received PIP^{xiv}. However in May 2014 there were 340, 520 who received DLA. Therefore a significant proportion of claimants have still to be transferred within Scotland to the new system.^{xv}

Application process

Knowing how to navigate the application process for PIP is crucial for both claimants and those supporting them such as family and support organisations. Concerns have been raised about the application process, some of which are outlined below.

Research by Inclusion Scotland (2015) explored the impact of welfare reforms on disabled people and highlighted barriers that people may face when applying for PIP. These include issues such as the complexity of the application process and a lack of faith in getting a successful outcome. Individuals also reported having to turn to support organisations to assist them with this process.

Inclusion Scotland (2015) also highlighted barriers that impact on the application process such as knowledge of services available to support claimants and having anxiety about accessing support.

These concerns were reinforced in the focus group discussions for this study. Participants raised concerns such as where to find the right service to assist people in their community, the confidence to go and access that service, the fear of potential financial hardship while going through the process or as a result of a failed application and dealing with any appeal process.

“I was told I wasn’t eligible, that put me off”
(Focus group participant)

Participants told of services being very busy and having to wait a while to get support and of periods of not hearing about applications.

“I have been waiting to hear about the result”
(Focus group participant)

For those waiting to be transferred from DLA to PIP, the uncertainty about when they would be invited to apply was stressful. Respondents were fearful of receiving the invitation letter and the process that would follow.

“I want to know the worst case scenario so I can prepare myself”

(Focus group participant)

Those who had been able to access support with the application, found that it had assisted them greatly. Participants described the support they were given to articulate their health needs and how it impacted on their life. Inclusion Scotland (2015) also found that participants stated they had difficulty explaining impairments or conditions satisfactorily on application forms and during face-to-face assessment. Having support was particularly important when it came to mental health and the fluctuating nature of their condition.

In terms of benefit take-up, Finn and Goodship (2014)^{xvi} argue that non take-up of benefits is a result of a number of factors such as lack of knowledge and accuracy of information about entitlement and eligibility. This was combined with the perceived cash value of the benefit compared to the effort involved in claiming it. They highlight the importance of ensuring people are notified of support at key trigger points, taking information into communities through outreach activities, and of welfare rights advice being made available in local, trusted and accessible settings.

However, the level of caseloads and demands for advice and support has become greater for support services. Recent research conducted through Poverty Alliance as part of the Welfare Trackers project on the impacts of welfare reform found that organisations reported an increased and more complex caseload as result of ongoing changes impacting on service users^{xvii}.

During the Welfare Trackers project there were other concerns raised about the application process. For example the timescales for responding to PIP invitation letters was viewed as being too short by many practitioners. Another example highlighted was that some claimants had started to ignore their mail as they were worried about what it may contain. There were particular challenges for services supporting claimants who required home visits etc. in terms of the capacity of services to undertake this and for services to be aware of how to target which claimants might require support.

CPAG have also raised concerns about the PIP application process. Specifically these concern individuals who had learning disabilities or mental health problems or sensory impairments being told that there is no alternative to phone based applications. This is despite claimants being allowed to make a paper based claim if there are special circumstances.^{xviii} Inclusion Scotland argued that people with learning difficulties or autism do not always understand what they are required to do with respect to the application process.^{xix}

An independent review conducted by Paul Gray on PIP in 2014 discovered several problems with the PIP process^{xx}. The review highlighted the issue of trusted intermediaries who were supporting claimants being refused permission to speak on their behalf during assessments. An example was given of a frontline official requesting to speak directly to a claimant with dementia, rather than with the person who was supporting them.^{xxi}

Evidence from Welfare trackers citywide sessions in Glasgow suggest this is still an ongoing problem for those acting on behalf of claimants. Particular issues were raised with security questions used as part of the telephone claims. These were problematic for those assisting people with memory issues or other impairments.

Assessment Process

As part of the decision making process for PIP claimants have to undergo an assessment. This assessment will determine whether a claimant qualifies for support and if they do, at what level. Atos Health is the assessment agency in Scotland. They have subcontracted to Salus and Maximus. Once a claim is completed and the form (including any additional medical support evidence) is submitted it is then passed to a health professional for a decision.^{xxii} Claimants will then be asked to attend a face to face assessment and their health circumstances or their claim will be assessed by written evidence of their health conditions and needs. The face to face assessment was raised in the focus group discussion and was described as stressful for claimants. People described feeling anxious at having to explain the details of their condition to a stranger who was assessing them.

Participants cited being worried in particular about the impact of having 'invisible' conditions such as mental health or being in recovery from addiction. People were concerned about the knowledge and understanding an assessor would have about their condition. Concerns were raised about the fluctuating nature of these conditions and whether people would be deemed to be healthier than they were. For those who undergone assessments for PIP they said the advocacy support they had received from support services as being vital. This had included support to attend assessments which had helped people to manage their stress and anxiety and articulate their health needs more effectively.

"They were there alongside me"
(focus group participant)

The change from DLA to PIP has been subject to significant changes in terms of the rates of support people receive as well as the criteria against which claimants are assessed. This can result in significant changes in income for individuals. Figures from the DWP estimate that of the 1.75million DLA awards being reassessed for PIP, 29% will see their award increase, 15% will see no change in their award and 55% will see their award reduced. Of those who will see their award reduced nearly half (47%) will lose their entitlement entirely. This is equivalent to around a quarter of all current DLA recipients.^{xxiii}

Evidence from the 2014 review of PIP^{xxiv} raised a number of concerns with the assessment stage. These included insufficient notice of appointments, people receiving letters after assessment appointment dates, cancellations at late notice, home visit assessors failing to attend, the location of assessment centres, lack of appropriate facilities within assessment centres, and concerns about treatment by assessors.

In addition points were raised about whether there was the need for face to face assessments for particular clients and whether decisions could be made on the basis of the written evidence submitted.

This was reinforced by findings from the Welfare Trackers project. For example, people in Glasgow were being asked to go for PIP assessments in Edinburgh which could mean 90 minutes travel for a claimant. This is despite Glasgow having its own assessment centre. Claimants can request different appointments at a location more suitable but this was not widely known.

Claimants faced financial barriers that prohibited them from attending appointments. For example a peak rate train ticket between Edinburgh and Glasgow is £23.90 plus costs of getting to and from the station. This was putting severe strain on an already stretched income. Transport delays have led to people missing appointment times by only a few minutes. Missed appointments, even if only by a few minutes, can lead to claimants having their benefits stopped.

Decisions and Components of PIP

Concerns have been raised regarding the effectiveness of the PIP decision making process. For example, delays have been a significant issue impacting on many claimants.

The National Audit Office (2015) reported claimants having to wait months for assessments as part of their Personal Independence Payment (PIP) claim. Criticising the DWP, the NAO argued that reforms need take account of new processes, and use expert and stakeholder input to understand likely responses^{xxv}. This followed earlier criticisms published by National Audit Office (2014) whereby backlogs were identified at each stage of the claimant process and that fewer claims had been processed than expected^{xxvi}.

The UK High Court in 2015, responding to a test case, found delays in claims to be unlawful. The test cases, brought by claimants C and W, had waited 13 and 10 months respectively for decisions^{xxvi}.

Alongside delays as a core factor, there is also the issue of the components that make up the PIP award in the changeover from DLA. Evidence has indicated that PIP has a stricter process on the mobility component. For those who lose eligibility for this component they will lose approximately £55 per week. Estimations also show impact on the enhanced rates of support. The stricter test is expected to lead approximately 45,000 fewer disabled people in Scotland being in receipt of enhanced mobility rate^{xxvii}.

Also under the system of PIP there is no lower care component which was previously a feature within the DLA system. Figures indicate that this puts potentially 62,000 claimants at risk of losing payment of £21 per week equivalent to £1092 a year^{xxix}.

Several front-line service organisations that participated in the trackers project argued that delays in claims being processed were affecting their service users. For those with newly diagnosed conditions this could be particularly difficult, as they do not have access to this money until they get the award. This also has other impacts such as the award of passported benefits can also be adversely affected by outcomes from the decision making process.

Under DLA, particularly for the middle and higher rates, the award is also a gateway to other forms of help, allowing eligible recipients to access further benefits and income such as disability premiums, and support for carers^{xxx}. Under PIP there is also passported support which includes carers. However, if a claimant is not awarded PIP then this support will be lost. Given that when fully introduced, it is expected that around 600,000 fewer people will receive PIP than would have got DLA the effects of this should not be underestimated^{xxxi}. Aside from the financial loss, claimants' quality of life and independent living will be adversely affected.

The following case studies illustrate some of the issues highlighted within this briefing:

Case Study 1:

A mental health support service reported the challenges faced by one of their clients while they supported them to apply for PIP. The service was supporting the woman with her mental health and the trauma she had experienced. The service user was a parent and was experiencing long term mental health difficulties because of a complex trauma resulting from an abusive relationship and childhood experiences of abuse. The effects of the abuse included anxiety, depression, and weight loss. The service was providing day-to-day support as well as monitoring the service user's well-being. The service, with help from a local money advice team, helped the woman make an application for PIP. The application was unsuccessful on the grounds that the service user was not taking medication for their condition. This decision is currently being appealed. The service criticised the limitations within PIP application which did not allow them to explain fully the impact the trauma had had on their client. The whole process had increased the stress experienced by the service user.

Case study 2:

A service reported on the anxiety and stress that the PIP assessment was placing on a client. They had been involved in providing ongoing support to the service user with their mental health and supporting them through traumatic experiences. The client was very nervous and anxious during the assessment and did not disclose that they had attempted suicide some months previously.

The support worker had to assist them to ensure they fully and accurately explained their circumstances in order that a correct assessment of their needs be made.

Without this support the service believed the process would have been more stressful for the client and would have led to an incorrect assessment and further distress to the client.

Case study 3:

A parent is the main carer for their son. He is 16 year's old, has Asperger's Syndrome and has experienced childhood trauma. The parent is also his legal appointee. After his 16th birthday he was invited to attend an assessment for PIP. The assessment was to take place in another city rather than the one in which they live. This would involve a big change in their daily routine as well as a period of travel for them both. The parent was concerned about the distress this process would cause their child as they had difficulties in dealing with healthcare settings and other formal environments. The parent was also concerned about how their son would deal with the questioning at the assessment and his ability to articulate the impact that his condition had on his life. Should their son be unsuccessful in obtaining PIP, the parent was concerned about the financial hardship it would cause as they would not be able to support his therapeutic activities without this income.

Case study 4:

A service user reported being unaware of their entitlement to PIP. They lived with their partner and had been unable to work for a period of time due to their illness. They had undergone a prolonged period of suffering from both physical and mental ill health and addiction issues. After a suicide attempt the individual was provided with a key worker. Despite having had ongoing contact with health professionals this was the first time they were informed they may be entitled to PIP. Due to a previous failed application for DLA, as a result of a cancer diagnosis, they initially had reservations about their entitlement and were reluctant to apply. The caseworker supported and encouraged them to access the welfare rights support. Their local welfare rights agency supported them with their application and accompanied them to their medical assessment.

The assessment process had a positive outcome for the service user. Without support from the welfare rights service they said they would have been very stressed by the medical assessment due to their mental and physical health on the day. Being awarded PIP has enabled them to improve their mental health and wellbeing as they can now afford to undertake therapeutic activities within their community and their home.

Case study 5:

A service highlighted a case of a single person who suffered complex mental health difficulties as a result of the death of a family member with whom they had lived. The service user suffered from anxiety, depression, agoraphobia and paranoia. They experienced difficulties with personal care and going out in their local community. A welfare rights advisor helped them apply for PIP. The service user was then invited to attend a medical assessment. The assessment was in another city from where they lived. This brought considerable distress to the client who was too unwell to make the journey. The journey would have involved travel for over an hour and a half during peak time on public transport. Their welfare rights advisor then requested for an assessment nearer to the service users home. Another assessment appointment was sent but again this involved a period of significant travel again at peak time. A home visit was then offered but they were too distressed for this to take place.

As the service user was unable to obtain an appointment at their nearest assessment centre due to lack of availability a decision was made on evidence from their GP and the evidence in their claim. PIP was awarded and this has enabled them to access further entitlements. Without the intervention of the welfare rights officer to advocate on behalf of their case they would have lost their entitlement on the basis of their failure to attend an assessment.

Case study 6:

A welfare rights service was working with a single claimant who was living in temporary accommodation. The service user had mental health problems and suffered from Post-Traumatic Stress Disorder. The service helped them make an application for PIP. The service user received a letter stating that they had not been awarded PIP. They had not gained a sufficient number of points in both the daily living component and the mobility component. A mandatory reconsideration was then requested by the welfare rights service. Additional information from medical staff was obtained and submitted by the service in support of the application.

A period of three months then passed during which the welfare rights service remained in contact with the DWP about the application. They were informed that the mandatory reconsideration was still being considered. A month later, four months after the original application, the service user contacted the decision makers twice regarding their mandatory reconsideration. On both occasions they had requested to speak with a manager but never received any call back.

A complaint was submitted by the service about the time taken for the reconsideration as well as the DWP's treatment of the service user. Eight days later a mandatory reconsideration was issued outlining the change from the original award. The service user was awarded additional points for both the mobility and daily living components. As a result the claimant is now able to access further entitlements such as a concessionary travel pass.

Conclusions

The implementation of PIP continues to be challenging both for claimants and services supporting claimants. The introduction of stricter assessment criteria and the rates of care means there will be winners and losers with this policy change which have implications for claimants and their quality of life.

A number of conclusions can be made on this evidence within this briefing:

- More information on where to go for advice and support needs to be made available for those who may be entitled to PIP or are currently on DLA. This will ensure people are fully informed of the processes involved in accessing support. Support organisations, both statutory and voluntary, should be conducting a system of outreach to ensure people are aware of the support available.
- Further research is needed on the experiences of those who have been placed on lower rates when transferred from DLA. It is also required for those who have been awarded PIP. This will enable us to understand more fully the impact these decisions are having on people's quality of life.
- Applicants for PIP should be assessed at centres which are within their area and easily accessible. Applicants should not be placed under additional pressure by being expected to travel to centres that are outwith their own area. Evidence shows that excessive travel is both a financial and emotional burden for claimants and puts extra pressure on already very busy support services.
- The role of local welfare right advice service is vital in ensuring that individuals can make appeals when their claims for PIP are unsuccessful. The Scottish Government and Local Authorities should ensure that these services are adequately supported as the roll out of PIP continues

Footnotes

- i http://www.understandingglasgow.com/indicators/health/comparisons/with_other_places/disability_scottish_cities/scottish_cities
- ii Gov.uk (2015) Check how Personal Independence Payment affects you .<https://www.gov.uk/pip-checker>
- iii Kennedy (2015) House of Commons Library- Independent Review of the Personal Independence Payment Assessment
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- vi United Nations (Convention on the Rights of Persons with Disabilities. [online] Available at: <http://www.un.org/disabilities/convention/conventionfull.shtml> [Accessed 11 Jul. 2015].
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- x Duffy, S. (2015). Briefing on How Cuts Are Targeted | All Library Items by Date | Library | The Centre for Welfare Reform. [online] Centreforwelfarereform.org. Available at: <http://www.centreforwelfarereform.org/library/by-date/briefing-on-how-cuts-are-targeted.html> [Accessed 7 Aug. 2015].
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- xii Scottish Government (2015) 'Social Security for Scotland Benefits being Devolved to Scotland' [online] www.gov.scot/Resource/0047/00473452.pdf
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- xiv ibid
- xv Ibid
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- xxi Ibid
- xxii DWP (2013) Personal Independence Payment : The Claimant Journey
- xxiii DWP Personal Independence Payment: Reassessment and Impacts , 2012 , Table 6 cited in Welfare Reform (Further Provision) (Scotland) Act 2012 Annual Report 2014
- xxiv Gray, P (2014) 'An independent review of the Personal Independence Payment' https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/387981/pip-assessment-first-independent-review.pdf
- xxv National Audit Office (2015) Welfare Reform – lessons learned. Page 13
- xxvi National Audit Office (2104) in Royal Court of Justice Hearing Dates 14-15 May 2015
- xxvii BBC (2015) 'PIPs disability benefit delay unlawful, says High Court' <http://www.bbc.co.uk/news/uk-33020987>
- xxviii Welfare Reform (Further Provision) (Scotland) Act 2012 Annual Report 2014 page 21
- xxix Welfare Reform (Further Provision) (Scotland) Act 2012 Annual Report 2014 page 22
- xxx Disability Living Allowance and work: Exploratory research and evidence review by Andrew Thomas and Rita Griffiths
- xxxi Kennedy (2015) House of Commons Library- Independent Review of the Personal Independence Payment Assessment

The Poverty Alliance

162 Buchanan Street

Glasgow G1 2LL

Tel: 0141 353 0440

Fax: 0141 353 0686

Email: admin@povertyalliance.org

www.povertyalliance.org

