

Personal Independence Payment (PIP) issues raised at Citizens Advice Hart District

September 2021



Overview

- 1. Purpose of this report
- 2. Government statistics
- 3. Citizens Advice Hart District statistics
- 4. Number of PIP issues raised at Citizens Advice Hart District comparison between April 2019 March 2020 (pre-pandemic) and April 2020 March 2021 (pandemic)
- 5. PIP evidence forms raised during the pandemic period
- 6. Adviser comments
- 7. Demographics
- 8. Conclusion

Report prepared by Sana Abdul Khaliq

Edited by Daniella Ereny and Katie Jennings

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1. Purpose of this report

This report looks at the Personal Independence Payment (PIP) issues that Citizens Advice Hart District (CA Hart) dealt with prior to and during the pandemic.

2. Government statistics

The following graphs are taken from gov.uk¹.

Monthly Registrations for initial claims, award reviews and changes of circumstance, all claims to January 2021



¹https://www.gov.uk/government/statistics/personal-independence-payment-statistics-to-january-2021/personal-independence-payment-statistics-to-january-2021



The above graphs illustrate the monthly registration of initial new claims, initial DLA reassessments, changes of circumstance and award reviews during the period up until January 2021. They show that, following the introduction of COVID-19 provisions in March 2020, there was a reduction in registrations. The DWP has identified that "There were major changes in DWP policy and customer behaviour, with:

- a reduction in activity initiated by customers (registrations for new claims and reported changes in circumstance)
- a temporary halt to DLA reassessment and award review activity except where a DLA customer reported a change in circumstance."²

They also confirm that "Planned award reviews restarted during July 2020, and customer-initiated activity has gradually resumed. Some DLA reassessment activity also restarted during July 2020..."

3. CA Hart statistics

The chart below shows the number of PIP issues (left) and clients (right) that CA Hart dealt with during the period of 1 April 2019 - 31 March 2020 (pre-pandemic) compared to 1 April 2020 - 31 March 2021 (pandemic).

Pre-pandemic

A Eligibility - daily living	105	89
AA Eligibility - mobility component	81	68
AB Eligibility - DLA reassessment	7	6
B Poor administration	4	3
D Change of circumstances	10	10
DB Challenging a decision (not appeals)	30	25
E Appeals	33	28
EV Medical evidence	11	11
F Backdating	2	2
H Renewals & reviews	18	15
M Motability	4	3
Not recorded/not applicable	106	87
Q Additional evidence (medical or other)	9	9
RN Normal rules	1	1
U Face to face assessment	8	8
Y Making and managing a claim	97	83
Z Other	9	9
Total	535	238

Pandemic

A Eligibility - daily living	46	42
AA Eligibility - mobility component	31	27
AB Eligibility - DLA reassessment	4	4
B Poor administration	4	4
D Change of circumstances	7	7
DB Challenging a decision (not appeals)	28	23
DE Request for decision evidence	3	3
E Appeals	29	22
EV Medical evidence	9	9
H Renewals & reviews	16	15
M Motability	2	2
Not recorded/not applicable	50	43
Q Additional evidence (medical or other)	3	3
RN Normal rules	1	1
U Face to face assessment	1	1
Y Making and managing a claim	68	53
Z Other	14	14
Total	316	152

²https://www.gov.uk/government/statistics/personal-independence-payment-statistics-to-january-2021/personal-independence-payment-statistics-to-january-2021
³ Ibid



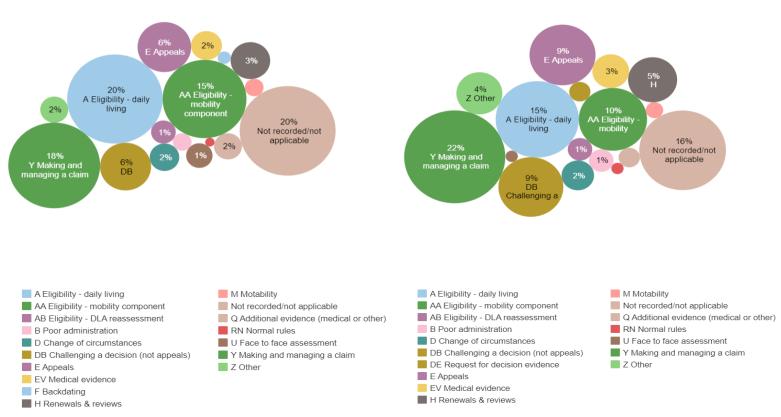
The above figures demonstrate that CA Hart experienced a reduction in the number of clients seeking advice on PIP and in the total number of PIP issues recorded during the pandemic period.

It is suggested that Hart CA's statistics might, at least to some extent, mirror the government statistics as set out in section 4 above. In addition, it is surmised that the reduction in PIP clients and issues might also be attributed to remote working arrangements and lockdown restrictions. It is suggested that these circumstances might possibly have disproportionately affected those claiming disability benefits.

Despite the overall decrease recorded in clients seeking advice with respect to PIP issues, the data shows that there continued to be a large number of queries related to certain sub-categories of PIP. Making and managing a claim, eligibility (daily living), eligibility (mobility component), appeals, and challenging a decision (not appeals) remained common areas of inquiry. Conversely, face to face assessments saw a dramatic reduction, no doubt in direct correlation with coronavirus restrictions.



4. CA Hart - types of PIP issues



2019 - 2020 2020 - 2021

Figure 4: Source: Casebook report - Tableau.

Figure 4 provides percentage figures for the types of issues raised during the pre-pandemic period of 1 April 2019 - 31 March 2020 in comparison to the pandemic period of 1 April 2020 - 31 March 2021.

Figure 4 shows that prior to the pandemic:

o 35% of the issues were related to 'Eligibility – daily living or mobility component'. The daily component of PIP is applicable to those who have a physical or mental condition that limits their ability to carry out day-to-day activities. The mobility component is applicable to those who have a physical



or mental condition that limits their ability to carry out activities involving journeys and moving around.

- o 18% of the issues were related to 'Making and managing a claim'.
- o 12% related to 'Appeals or challenging a decision which was not an appeal'.

Figure 4 shows that during the pandemic period:

- o 25% were related to 'Eligibility daily living or mobility component'.
- o 22% of the issues were related to 'Making and managing a claim'.
- o 18% related to 'Appeals or challenging a decision which is not an appeal'.

The high percentage of issues concerning eligibility is understandable, considering that Citizens Advice is one of the most regularly-used organisations for clients to get guidance or help on the eligibility of their PIP claims. The government website includes a reference to the Citizens Advice service for individuals to get help on understanding PIP⁴.

However, there was a 6% increase in the proportion of cases relating to 'Appeals or challenging a decision which is not an appeal', and a 4% increase in 'Making and managing a claim'. It is suggested that this might be because of problems encountered by claimants in making their initial claims during the pandemic period. This therefore resulted in a high number of mandatory reconsiderations and appeals.

5. PIP evidence forms raised at CA Hart during the pandemic (1 April 2020 - 31 March 2021)

CA Hart, along with other local offices, raises evidence forms and submits these to the national Citizens Advice. These aim to highlight the impact of unfair policy or practice, and feed into national research and campaigns work.

28 evidence forms were raised in respect of PIP during the pandemic period of 1 April 2020 - 31 March 2021. These forms can be sub-categorised as follows:

- 'Appeals' and 'Challenging a decision, not being an appeal' (9 evidence forms)
- 'Making and managing a claim' (6 evidence forms)
- 'Renewals and reviews' (3 evidence forms)

⁴ https://www.gov.uk/pip



- 'Poor administration' (3 evidence forms)
- 'Eligibility mobility component' (2 evidence forms)
- 'Medical evidence' (2 evidence forms)
- 'Change of circumstances' (1 evidence form)
- 'Additional evidence' (1 evidence form)
- 'Other' (1 evidence form)

Some of the key issues raised in these evidence forms include:

- **Telephone assessments:** Challenges experienced as a result of not having face to face assessments.
 - During telephone assessments, clients felt unable to communicate effectively using this channel and explain verbally the impact of their health issues on their daily lives. Clients felt that the decision letters issued did not accurately reflect the information provided in their application forms or during the telephone assessment. Clients often felt a strain on their health due to the application process.
- Language barriers: Issues were also raised regarding language barriers. In one instance, an interpreter was arranged to assist in communication during the telephone assessment. The call followed a strict script, which prevented the client from gaining clarification through more spontaneous interaction. Therefore, they felt unable to communicate effectively.
 - Hart CA also found arranging conference calls with translators difficult. More generally, reading and completing the application forms and following the process is more difficult when a client's first language is not English.
- **Delays:** Evidence forms also show that clients have experienced significant delays, particularly when they have reported a change in circumstance and need to be reassessed with a view to receiving a revised payment.
- Mental health: In addition, the evidence forms indicate that several clients with mental health issues felt restricted in their ability to manage and maximise their claim. A few clients had physical impairments alongside their mental health issues; the system does not seem well-enough adjusted to meet these clients' needs.



6. CA Hart Adviser comments

Our advisers witness and understand the problems that our clients experience. The following commentary from some of our experienced advisers highlights some of the key issues:

"The system seems to devalue people living in very difficult circumstances, as evidenced by the long delays and the way in which information written in application forms is ignored. This makes clients think they're not believed. There are also concerns that there are insufficiently informed clinical assessors who do not have the understanding of the nuances of various disabilities, particularly the effect of remitting and relapsing illnesses and the nature of mental illness."

Adviser A

"The main concern is the inability of telephone assessors to fully appreciate the mental health issues that some PIP claimants face. The depth of a client's issues along with the consequential impacts on their daily life may be obscured. The lack of assessors properly trained in identifying the potential implications only adds to the claimants' stress. Additionally, the assessment criteria in part 2 of the gov.uk PIP Assessment Guide, which sets out what the assessor should look for, says very little about mental health and concentrates on the physical aspects."

Adviser B

"The pandemic has meant that it is more difficult for us to help clients to complete their PIP form. Many find it difficult to describe how their condition affects their day-to-day living, as they are so used to finding solutions to work around their issues. Even face to face, I have to persuade people to remember what it was like before they found ways to deal with their conditions. Many are so used to finding ways around problems that they struggle to articulate what effect their condition is having on them. Face to face, it is easier to see the effect of physical conditions in particular. Some of our clients are also very proud of how



they deal with the conditions they have, and don't want to be seen as weak in any way. This can hide the true impact of their conditions not only from us, but also from the DWP when a telephone assessment is taking place. The ability to see them face to face is important, and coronavirus has taken that option from us. I also worry that, without us physically completing forms for people, some who have no other means of support will just not make the application."

Adviser C

"I helped a client for whom English was not their first language. The initial claim had to be done via a conference call with the interpreter. It was very difficult for the client to understand the questions being asked. The PIP official worker used a script and could not deviate from it. The call took forever! Why do we and the client have to bear the costs of the interpreter? There seems to be no mechanism within the DWP to offer help during telephone contacts for those with language difficulties."

Adviser D



7. Demographics

The following data compares the profile information of Hart CA clients who have sought advice in respect of PIP during the last year (1 April 2020 to 31 March 2021) compared to the previous year (1 April 2019 to 31 March 2020). (Note: blue represents 2020/2021, while yellow represents 2019/2020.)





The following themes can be identified from the above data. During the pandemic period (1 April 2020 - 31 March 2021):

- There was an increase in the percentage of PIP issues raised by clients who identified as 'female'.
- There was a large increase in the percentage of PIP clients within the age ranges of **25-29**, **30-34**, **35-39** and **40-44** years old. This is a concerning increase in working-age clients, both from an economic and a health perspective. Clients claiming PIP often require it for many years, as well as needing increased access to health services. Economic success requires a healthy workforce. Factors affecting the figures could be related to the pandemic's impact on this particular group of client's personal needs, and the challenges they face in accessing PIP.
- There was an increase in the percentage of PIP concerns raised by clients with mental health issues, multiple impairments, and other disabilities.

8. Conclusion

- Government statistics show that, upon introduction of Covid provisions, there was a decrease in registrations in respect of PIP claims (section 2 above).
- CA Hart statistics similarly show a decrease in the number of clients seeking advice in respect of PIP and of PIP issues recorded. There are a number of possible reasons for this (section 3 above).
- Since the 2020 2021 pandemic, there has been a 6% increase in the proportion
 of cases concerning appeals or mandatory reconsiderations, as compared to
 other issues. This demonstrates the inadequacy of the current assessments.
 Appeals are costly for the government and time consuming for the DWP and
 clients. Delays with assessments have caused financial hardship and further
 health problems for clients. We have also seen a 4% increase in the proportion of
 cases relating to making and managing a claim (section 4 above).
- A number of concerns have been highlighted in respect of the PIP claim process. In particular, we have identified problems with telephone assessments, language barriers, interpreters, the lack of properly-trained assessors, written information being ignored, and delays (sections 5 and 6 above).
- There has been a shift in the profile of clients seeking advice on PIP. A higher percentage of clients identify as female, and are of the younger age groups. There has been an increase in the percentage of clients seeking support in



respect of PIP who say they have mental health issues, and a decrease in the percentage who say they have physical impairments (section 7 above).

We would suggest that improvements need to be made to the PIP application and assessment process to incorporate the above points and to improve access for people who find communicating by telephone difficult in particular. In addition, changes need to be implemented so that we can better understand and appreciate the impact of mental health conditions on people's lives and more properly and rigorously apply the eligibility criteria in respect of these.



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